Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: AZ-502 - Phoenix, Mesa/Maricopa County CoC

1A-2. Collaborative Applicant Name: Maricopa Association of Governments

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Information and Referral

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Veteran Service Organizations	Yes	Yes
Faith-based Representatives	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

The CoC is overseen by a Board representing a broad intersection of the community. CoC workgroups include representatives from government, law enforcement, crisis response, correctional health, faith-based partners, grassroots groups, PHAs, youth, street outreach, advocates, formerly homeless individuals, providers, the VA, the Regional Behavioral Health Authority, school liaisons, and other interests. CoC staff seek input on the Regional Plan to End Homelessness from stakeholders throughout the region by networking with community and neighborhood groups. To ensure the voice of 'lived experience', formerly homeless persons are included on the Board, the Committee (broad stakeholder group), the Coordinated Entry Subcommittee, the Data Subcommittee, the CoC Youth Action Board, the ESG Subcommittee & employed by providers & community organizations. The CoC staff participates in the local Funders Collaborative led by the United Way to seek input from other local private and public funders/foundations. A 'Weekly Update' is emailed each Friday to more than 100 individuals to ensure constant communication on homelessness work in the region.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1) Membership in the CoC is defined as membership on the CoC Committee or the CoC Governing Board. Both groups use a similar application review process. An invitation is sent to the email distribution list (265 individuals), posted on the MAG website, and featured in the Weekly Update (the community's once a week newsletter w/100+ subscribers). Anyone is eligible to apply. Special outreach is made by the Board Membership Workgroup and Committee Membership Workgroup to recruit members of the community that represent HUD-defined relevant organizations that are not currently represented. This year the Board is working to fill the Public Child Welfare Agency position and seeking regional balance in membership. In addition, the Board is looking at racial disparity in the homeless services system to establish equitable representation on the governing board. The CoC Committee seeks broad representation from CoC-funded and non CoC-funded organizations in

the community. Approximately half of Committee members are CoC-funded agencies. Others represent funders, behavioral health, city representatives, and non-CoC funded providers. 2)The process for recruiting Board and Committee members is to issue a "call for new members" through the CoC email distribution list (265 individuals). The announcement is posted on the CA's website and repeated in the "Weekly Update" newsletter distributed weekly via email. 3)The Board solicits new members once a year. The CoC Committee seeks new members twice each year. 4) Both groups have representatives with lived experience. The CoC Board has a membership category "formerly homeless".Special outreach is done to ensure that people experiencing homelessness or formerly homeless persons are encouraged to join. That outreach is done primarily through our partnership with Street Outreach providers.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

On July 2, the CoC sent the NOFA announcement and a "Save the Date" for the local NOFA Kickoff Meeting to our email distribution list of 265 local officials, nonprofit representatives, community advocates, and past grantees. In addition, the NOFA was posted to the MAG website on July 3, 2018, along with timeline. The NOFA webpage was updated with an announcement that the CoC was accepting new and renewal applications on July 13. Related materials including the CoC scorecards, the Rank and Review Process, the new application form and the Reallocation Plan were posted on July 13. We have attached the file management report with the dates of postings. We have documented that there were 205 page views (114 unique) of the web page with NOFA materials between July 1 and July 31, 2018. The NOFA launch session was held July 16, 2018 with training on how to access e-snaps and submit applications. Notice to attend the launch session was sent through the email distribution list and announced on the website. We had three agencies attend the launch session that were not recipients of CoC-funding. All three submitted applications for review and the applications are included in the community's project priority list. Staff provides technical assistance throughout the process for all applicants. Applications were due locally on August 1, 2018, at 9:00 a.m.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1) The CoC governance structure includes the ESG Subcommittee comprised of the ESG Recipients and other funders in the community. The Subcommittee meets monthly to review performance data, align scopes of work and collaborate on planning and allocating ESG funds. CoC staff represent the

Board's priorities for funding. Other major funders in the community attend to align their funding and scopes of work with the ESG recipients. CoC staff consulted with ESG recipients and directly influenced funding decisions of several ESG Recipients this year as CoC staff was involved in the evaluation of proposals for the City of Mesa, the City of Phoenix and the AZ Department of Economic Security. The CoC participates in the Maricopa HOME Consortium, which identifies needs of member communities and discusses how funds will be used to increase and maintain affordable housing within Maricopa County. The CoC presented ESG specific priorities to the City of Glendale's Community Development Advisory Committee (CDAC), which makes recommendations to the City Council regarding the allocation of CDBG funds. 2) The ESG Subcommittee is one of five primary groups within the CoC governance structure that reports directly to the Board. The CoC presented PIT data, HIC data, and system performance measures, to the ESG subcommittee. The CoC also analyzed several local Con Plans and provided draft language to coordinate and enhance the plans. ESG performance data is reviewed in the Subcommittee on an ongoing basis.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?	Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1) The CE system protocols ensuresurvivors of DV are able to access any homeless program that is appropriate to their needs. When a person presents at an access point, questions about safety are a top priority. If the initial screening questions indicate the primary presenting issue is safety-related due to fleeing, or attempting to flee domestic violence, dating violence, sexual assault, or stalking, the Coordinated Entry staff will work with the victim/survivor to present options related to accessing domestic violence services, or emergency shelter through the Centralized Screening DV phone line. 2) Participants are not to be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of DV, dating violence,

sexual assault or stalking. Client choice is important to empower DV survivors. Survivors have safe & confidential access to the CE process & victim service providers, & immediate access to emergency services such as DV hotlines & shelter. Additional safeguards are put into place for any data associated with anyone who is, was, or may be fleeing or suffering from any form of DV, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers. HMIS records are only created with signed informed consent by the Head of Household in each family & only by non-Victim Service Providers. Families fleeing, or attempting to flee, DV, dating violence, sexual assault, or stalking have the option of having their HMIS record locked so that it is not visible to HMIS users other than the POA. If an individual declines having an HMIS record created then any data collected from them is not entered into HMIS. Instead, the data can be entered into a parallel database that is only accessible to users who are trained in responding to DV & who have passed a higher level of background checks and/or investigation.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

All Coordinated Entry staff must be trained annually in trauma-informed care, risk assessment, principles of domestic violence, safety planning, and confidentiality. Training and training providers are approved by the Arizona Coalition to End Sexual and Domestic Violence. In addition, the Arizona Coalition to End Sexual and Domestic Violence sponsors training in the community on these and other topics for housing providers who serve survivors of domestic violence, dating violence, sexual assault, and stalking. Training is available monthly and offered free or with a nominal fee to housing providers. In addition to topics listed above, the Coalition sponsors training on financial management, gender-based violence, reproductive coercion, orders of protection, traditional and technology safety planning, elder abuse, and Native Americans and the criminal justice system. Allie Bones, Executive Director of the Arizona Coalition to End Sexual and Domestic Violence, sits on the CoC governing board.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The community collects information related to domestic violence in HMIS. The Universal Data Elements include primary reason for homelessness which includes fleeing domestic violence. HMIS supports three victim services agencies with data collection in a comparable database. HMIS provider currently working with the Arizona Coalition to End Sexual and Domestic Violence to develop real-time data integration policies. We have a close partnership with the Centralized Screening hotline for domestic violence services. We review data from Centralized Screening to determine community needs. We partner with the AZ Department of Economic Security (a primary

funder of victim services) to collect data from shelters for the HIC/PIT report. In addition, we include a question on the Point in Time count asking whether the respondent is currently fleeing domestic violence. All of these efforts assist the community in determining needs. The CoC also prioritizes DV clients in the renewal program evaluation scorecard. Providers gave qualitative data to the CoC in their narrative responses to questions in 1A, 1C, and 5A in the renewal program evaluation scorecard.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	X
RRH	X
Joint TH/RRH	X

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1) The community utilizes the Centralized Screening hotline for those fleeing DV. The hotline was established to track available shelter & provide a single phone number to access services. A New Leaf operates & staffs the hotline 24/7/365 & connects callers with services & shelter if needed & available. Data is tracked in the CAP60 database & reported to the AZ Department of Economic Security. DES reports indicate in SFY 2017/2018 a total of 23,353 calls were received. Of those calls, 21,586 were related to DV & 6255 unique individuals requested shelter, indicating housing need. Of those 6255 unique requests, 2577 individuals were served in DV shelters, accounting for 129,023 bed nights with a 46-day average length of stay. In addition to CAP60 data, HMIS collects data which includes the primary reason for homelessness. HMIS data shows that of those served in CY2017, 1790 cited DV as a primary reason. Additionally, 4972 identified that they are a victim/survivor of DV of which 1,122 indicated that the incident of DV occurred within the past 3 months. HMIS also tracks the by-name list. On the current BNL, there are 188 (out of a total of 1950) households awaiting services that cite DV as a primary reason for homelessness. Of those households, 58 are waiting for RRH, 62 waiting for PSH, and the remainder are awaiting ES. 2) Centralized Screening data is collected through calls that are received & entered into the CAP60 database. Reports from CAP60 are generated to show data above. Referenced data is based on annual reporting of all Maricopa County domestic violence shelters combined. HMIS data is collected through Mediware HMIS ServicePoint administered by our HMIS Lead Agency. HMIS data is based on those served in

calendar year 2017. 3) The CoC collected the data through a request for reports to the operator of Centralized Screening, A New Leaf (ANL), a request to DES for Maricopa County reports and a request to the HMIS Lead for HMIS data.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1) Based on the numbers previously indicated, last year 2359 households were in need of housing or services in the Maricopa County area as reported through DES. 2050 were in need of housing as reported by HMIS for a total of 4409 individuals. 188 households are on the current BNL, showing the monthly demand for CoC resources through CE as reported by HMIS. 2) For the DES numbers, the 2359 households in need of housing or services is based on the 6255 unique requests for shelter. The 6255 requests indicate individuals including adults and children. We then extrapolated the households to total 2359. CE data is reported for the current BNL. 3) The community collects DV data through the CAP60 database. Data is collected on callers to Centralized Screening and reported to DES. HMIS data is collected at entry into the homeless services system & updated at each service transaction.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

1) Maricopa County is one of the largest counties in the country, boasting a population of over 4 million in an area that is also one of the largest, geographically, at over 9200 square miles. From a law enforcement and legal standpoint, Maricopa County has over 30 jurisdictions, most of which consider domestic violence related calls to be the most dangerous and most frequent calls they receive. There are currently over 30 programs listed on AZ 211 that report assisting victims. When someone is overwhelmed, in an immediate crisis situation needing to access shelter and/or other resources, it is vitally important for them to have one place to call. The current Coordinated Entry System has two different avenues, one for singles and one for families. Additionally, the coordinated entry points have some limited capacity for mobile access through outreach services. Accessing CE sites is a challenge for many DV victims who may lack transportation, childcare, or are experiencing trauma that may make it difficult to go to a CE site. The CoC is currently working to address the needs of victims of domestic violence and believes that adding a DV-specific coordinated entry site will make it easier for victims of domestic violence to access services. 2) Ultimately, the CoC sees lack of available housing as the most pressing

problem in the community. While we have approximately 15,000 people experiencing homelessness in the region each year, we are able to connect approximately 2000 households with permanent housing resources. The severity of our under-resourced homeless services system led to the CoC governing board prioritizing the addition of RRH resources for the 2017 and 2018 NOFA competitions. That community prioritization is reflected in our ranking of the DV Bonus Projects. The RRH DV Bonus project is ranked first among the DV Bonus projects, the joint TH-RRH is ranked second, and the CE project third. 3) The data used to quantify the unmet need for housing and services of DV survivors was a combination of HMIS data and data from the CAP60 a comparable database used to track needs of survivors of domestic violence. 4) While there may be some duplication between databases, our experience is that most of those actively fleeing domestic violence contact Centralized Screening for resources—particularly those that need emergency shelter services due the critical need for safety. The CAP60 data gives us the true scope of need for those actively fleeing domestic violence and in need of immediate assistance. HMIS data gives us additional information for those that may have resolved their immediate safety crisis but are still in need of housing resources. It is important to review both sets of data to accurately assess the need in our community.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The greatest need in the area is housing. According to HUD's Worst Case Housing Needs: 2017 Report, "more than one-half of the very low income renters residing in and around Miami, Riverside, Phoenix, and Los Angeles experienced worst case needs in 2015." The National Low-Income Housing Coalition's report, Out of Reach: the High Cost of Housing 2018 states that in the Phoenix area there are only 26 affordable housing units for every 100 extremely low-income households that need them. Affordability is of particular concern for those fleeing DV. Community-based case management services provide wrap-around support to help those fleeing DV to stay housed. The CoC prioritized DV Bonus applications that add housing resources to the community submitted by CPLC and NAC. In addition, we believe the SSO-CE Project will address the need for smoother access to services for those fleeing DV. The ACESDV SSO-CE Project utilizes the Centralized Screening hotline to assist victims in gaining access to resources including: community-based case management, shelter, and housing resources. Within the Domestic Violence Continuum of services, there are 8 agencies providing community-based case management, DES is funding two RRH projects and several TH projects. The Continuum of Care has one HUD-funded TH/RRH project. These existing resources will add to those requested through the DV Bonus Projects in this application. The SSO-CE Project would fund a Policy Specialist that would ensure Centralized Screening would adhere to HUD requirements, while also working closely with the Family and Singles CE projects to ensure smooth transition for any victim that prefers to access that avenue or vice versa. Also, the CoC new program evaluation scorecard asks for a narrative response that asks providers to demonstrate their understanding of the needs of the DV population and how providers will support the safety of DV clients.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

1) CPLC has operated the De Colores DV ES/TH since 1986. In that project, 63% of those exiting the program exited to a PH destination. The agency is proposing 20 units of RRH for DV survivors. In addition to the agency's expertise in victim services, CPLC has a for-profit affordable housing partner, Tiempo, Inc., that they intend to leverage in order to expedite housing placements. In addition to having developed, owned and managed five permanent supportive housing projects (325 units) in central Phoenix for chronically homeless individuals, NAC owns and manages the HomeBase emergency shelter for youth experiencing homelessness (18-24). NAC is redeveloping a small affordable housing community Sahuaro Ki, into 24 studio units specifically for youth. In 2016, despite losing HUD funding, HomeBase provided emergency housing for 86 homeless youth; 59/66 (89%) youth graduating from the program this year did so with a positive housing outcome. Centralized Screening has experience with locating ES for those fleeing domestic violence and will be working with survivors prioritized for RRH in the next year. 2) CPLC's housing retention for DV survivors is projected to be 90-94%. The agency is working with Tiempo, Inc. an affordable housing partner who will use a housing navigator to develop relationships with landlords and act as a liaison between program participants and landlords. NAC has experience in supporting project participants towards achieving housing stability and positive housing outcomes. The APR for Sunrise Circle, a PSH project serving chronically homeless individuals, indicates 96.8% remained in the program or exited to a permanent destination. 3) CPLC uses a victim self-sufficiency matrix using six domains and rating on a 5-point scale. On safety domain, 87% of those served by the agency reported feeling stable, safe or thriving at program exit. NAC will improve safety through case management and supportive services provided by NAC and one n ten, a nonprofit organization supporting LGBTQ youth in RRH and PSH. While in TH or RRH, youth will have access to case-management including safety planning and a housing plan, connection with mainstream benefits behavioral health services, connection with education, employment and/or job training, legal services, culturally sensitive, trauma-informed care and support for youth with histories of human trafficking and dating violence. The CE project will improve safety for those experiencing DV by providing housing assessments in the community where those fleeing DV seek services. It will not require victims to travel to CE sites thereby protecting their safety and privacy. 4) CPLC follows a Housing First model & works to overcome barriers to housing by leveraging its relationship with Tiempo, Inc. a for-profit real estate development and management agency that oversees a portfolio of 2500 apartment units & more than 50 single family homes. NAC currently operates five CoC funded PSH projects which all align with Housing First and will operate the Youth TH-RRH project in the same manner. The project will accept youth experiencing homelessness with substance use disorders, serious mental illness, poor credit and financial histories, absence of income, justice involved histories, chronic health concerns and physical

disabilities. The CE project will help clear barriers for victims of DV by utilizing shelters and other service providers to conduct housing assessments. Trained DV staff will provide the level of support and trauma-informed care to ease the assessment and placement process.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of Maricopa County	24.00%	Yes-Both	No
City of Phoenix	56.25%	Yes-HCV	Yes
City of Mesa	36.00%	Yes-HCV	No
City of Tempe	14.00%	Yes-HCV	No
City of Glendale	0.00%	Yes-Both	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

Not applicable.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description.
(limit 2,000 characters)

The CoC has a move-on strategy with the City of Phoenix for VASH recipients. VASH recipients are prioritized for the Housing Choice Voucher program if the

VA Medical Center indicates that the VASH participant no longer requires case management. This allows us to free the VASH voucher for another homeless veteran or veteran family. Many providers have move-on strategies for their clients. Two providers offer PSH and Low-Income Housing Tax Credit projects or affordable housing and work to identify PSH residents appropriate for moving into a unit not funded through the COC. The CoC supports efforts to increase the number of LIHTC housing developments and opportunities for providers to build referral relationships to assist residents to move on from PSH to other housing options. In addition, the CoC is in discussions with the Housing Authority of Maricopa County to institute a move-on strategy utilizing HCVs for PSH clients who have been stably housed for years. We will work to expand preferences for move-on with other PHAs over the next year.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

In the CoC Committee recruitment process, the group prioritized recruitment for agencies that represent the LGBTQ community to inform CoC policy. In addition, housing providers undergo training by the Southwest Fair Housing Council. Training is offered monthly and is free to all that attend. The Southwest Fair Housing Council's training program covers the HUD Gender Identity Equal Access to Housing Rule and other anti-discrimination policies. The Equal Access to Housing Rule is implemented through all ESG subrecipient contracts.The CoC has prioritized the adoption of a policy mirroring the Equal Access to Housing Rule in the next 90 days. CoC providers are designated with "Safe Space" signage and training for staff. Our coordinated entry system partners with HIV Care Directions for training and feedback. One CoC-funded project sets aside units for CE referrals from a local LGBTQ homeless youth organization, one n ten. One n ten actively participates in the CoC Youth Workgroup, advocating on behalf of LGBTQ youth and providing input on the needs and experiences of LGBTQ homeless youth. One n ten is also the subrecipient of a DV TH-RRH project application and provides foundational support for the Youth Advisory Board, hosting meetings and outreaching to LGBTQ youth. The Youth Advisory Board plans for services and provides input on the needs of LGBTQ youth and all youth in the community. The Youth Advisory Board is currently putting together a list of community resources with a special emphasis on safety and what services those with lived experience have felt safe in accessing.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes

3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	

1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC geographic area; (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach; (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and (4) attach CoC's standard assessment tool. (limit 2,000 characters)

1)The Coordinated Entry System covers the entire geographic area. The Family Housing Hub has four screening sites: one centrally located; 2 in the East Valley; and, one in the West Valley. In addition, the Family Housing Hub is on-boarding a street outreach team to provide assessment, diversion, and access for families on the streets or unable to access one of the other access points. The Singles Coordinated Entry System has seven access points: four offices (one centrally located, one in the East Valley, one veteran specific, and one youth specific); and three mobile coordinated entry access points through street outreach providers. Another youth access point will be added later this year. 2) Mobile access points ensure that people least likely to apply for homeless assistance are reached by meeting them "where they are". The PATH team provides continual engagement for people experiencing homelessness with a SMI, working to connect them with the system. Outreach teams engage those

actively experiencing behavioral health and substance use challenges, as well as those who may feel alienated by a negative experience with the homeless services system. Mobile access points also go to the Maricopa County Jail to assess those currently incarcerated but experiencing homelessness prior to incarceration. We understand transportation is a challenge in a region of this size and our mobile access teams are able to be deployed when families/individuals are unable to travel to an access site. 3) Our assessment process utilizes the HUD orders of prioritization: acuity, chronic homeless status, and length of time homeless. Case conferencing is held each week to match available housing with those most in need. During case conferencing, additional information is factored into the housing placement. Our community uses by-name lists for prioritization, case conferencing, and housing placement. 4)We have attached the VI-SPDAT and the Family VI-SPDAT to the application.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

The Program Performance Report Scorecard was based on an 95 point scale. 1) Three points were given based to projects that serve ‘hard to serve’ populations including those with multiple mental & physical health conditions. Housing First was given 11 points based on adherence to the USICH checklist. Ten points were awarded for housing stability & 10 points to income, with an income growth question paying particular attention to those that enter projects with zero income & the degree to which income and/or benefits are secured. Agencies that accepted 95% of referrals from the CE System were given 6 points. The CoC prioritizes housing placement via CE System & placements are based on the HUD Order of Prioritization(CH, length of time homeless, & acuity). 2) Projects were ranked solely based on scores with the exception of two RRH projects that were prioritized to meet the community needs of RRH beds. The Board-adopted priority for 2018 was an increase in RRH beds starting with families and youth (Board priority adopted 5/21/2018) for new and reallocated projects.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	CoC or other Website	X
Email	X	Email	X
Mail		Mail	
Advertising in Local Newspaper(s)		Advertising in Local Newspaper(s)	
Advertising on Radio or Television		Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X	Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program	Yes

Competition Application deadline? Attachment required.	
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.	Yes
2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).	Page 27-28 Governance Charter; pages 3-8 of the MOU
2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.	Yes
2A-3. HMIS Vender. What is the name of the HMIS software vendor?	Wellsky
2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.	Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	2,354	357	1,813	90.79%
Safe Haven (SH) beds	22	0	22	100.00%
Transitional Housing (TH) beds	1,862	147	1,045	60.93%
Rapid Re-Housing (RRH) beds	1,267	0	1,267	100.00%
Permanent Supportive Housing (PSH) beds	6,268	0	5,188	82.77%
Other Permanent Housing (OPH) beds	1,086	0	1,086	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

In the 2015 NOFA Competition, the community lost 180 units of Transitional Housing when HUD did not fund those projects. This has left our TH in the region with providers that choose not to use HMIS. Of the 33 TH projects in the Housing Inventory Chart, six are domestic violence programs, 10 are faith-based programs, two are HIV/AIDS programs, and one is RHY program serving underage youth. Projects that do enter HMIS data are GPD, Arizona Department of Economic Security funded TH, and a few privately funded TH projects. We are working with one host home youth project to use HMIS and expect that they will be entering data later this year. This project has 44 beds and will increase our coverage rate to 64%. For Permanent Supportive Housing, more than 1000 VASH vouchers are not entered into HMIS. While the VA is entering data into HMIS, the local PHAs are not. If those units were added into HMIS our coverage rate for PSH would be 99%.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/22/2018
2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

CoC staff made a more concerted effort to encourage participation in the HIC/PIT by identifying ES/SH/TH programs that were not previously included last year and making sure to include them this year. We substantially increased the training and emphasis on Data Quality this year for all providers both HMIS and non-HMIS. The HMIS Lead helped coordinate the sheltered count by first asking providers for capacity to get an accurate count before asking for utilization. In this past year we saw the closure of a major emergency shelter overflow program. This substantially decreased ES capacity and for the sheltered PIT count. We identified chronically homeless individuals/families based on their eligibility for CH programs. This may differ slightly from the HMIS program specifications but is in line with the defining Chronic Homelessness Final Rule. See HUD AAQ number 117668 which we submitted and received a response. CoC staff and the HMIS Lead worked diligently to verify data with all providers.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	1,506
Beds Removed:	776
Total:	730

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a No

change to the CoC's 2018 sheltered PIT count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

1) This year, there was a significant increase in volunteer participation, with over 700 volunteers participating in the 2018 PIT Unsheltered Count (more than double the number of volunteers from 2017). Regional coordinators increased their recruitment efforts and held robust local trainings. These efforts led to improvements in data quality and coverage. We also emphasized the importance of data quality in the trainings to ensure that surveys were complete with necessary data to result in the most accurate count. We successfully piloted a mobile app with teams in Phoenix, Mesa, Chandler, and Gilbert which made it easier for volunteers to quickly submit surveys electronically. Mobile app users may have been able to complete more surveys since it streamlined the process. This year, two additional questions were added to the interview surveys. One was a question that asked "If you had to pick one thing, what would be most helpful to you right now?" Another was an additional age category for "Older Adults 62+". All volunteers were given resource lists to hand out during the count and some local coordinators were able to equip their volunteer teams with extra resources for survey participants. 2) We believe the doubling of volunteers was partially responsible for the increase in the number of surveys completed during the PIT count and had an impact on our unsheltered numbers. There was a 27% increase in the unsheltered number this year, 2059 to 2618. Ultimately, it is difficult to discern whether the increase in volunteers was a result of each community's perception that the unsheltered population is growing or that more volunteers led to a higher count. Visually, it is apparent that we are seeing more people on the streets. Many communities that have not participated in a meaningful way in the past, stepped up their

efforts because of concern about unsheltered homeless in their jurisdictions.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?	Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

1) Four youth service providers, one n ten, Native American Connections, UMOM and Homeless Youth Connection, and youth with lived experience were key members of 2018 PIT planning team. 2) Two youth providers hosted magnet events. The timing and activities at the magnet events were planned with input from youth with lived experience (youth advisors). Providers and youth advisors suggested that conducting a specific youth count in the early morning hours at the off-loading areas of the regional light rail system would yield results since many youth experiencing homeless ride the system late at night. Providers and youth with lived experience shared information on known locations where youth may congregate. 3) Youth outreach teams, including youth with lived experience, deployed to known locations of unsheltered youth to engage those experiencing homelessness. Finally, we called youth on the community by-name list and conducted surveys of youth who indicated they were in an unsheltered situation and had not already been surveyed. As a result of these efforts, we saw a 34.2% increase in the number of sheltered and unsheltered unaccompanied youth (ages 18-24) counted this year.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1)To better count individuals & families experiencing chronic homelessness, PIT Count training this year included training on how to interact with SMI population & people who may be resistant to participating. Outreach workers shared their experiences working with this subpopulation, & equipped volunteers with skills on how to interact in a respectful & sensitive manner. In particular, time was spent on the survey's disabling conditions questions & length of time homeless questions to ensure that volunteers knew how to carefully ask these questions used to determine chronicity. The interview survey was written with a clear script for volunteers to read. Also as in previous years, many outreach workers that have experience working with chronically homeless individuals and families

were assigned to count areas with higher chronic numbers. 2) To better count families with children experiencing homelessness, family providers were key partners in PIT planning meetings. Family providers emphasized that families experiencing homelessness may not be out in the open since they often stay in vehicles or other hidden areas. We worked with the Families Coordinated Entry System staff to call & survey families on the by-name list who were known to be experiencing unsheltered homelessness. An interview survey was conducted over the phone, and information was confirmed through HMIS. 3) To better count veterans, veteran services providers took part in PIT planning meetings to advocate on behalf of veterans experiencing homelessness. We worked with the VA Community Resource and Referral Center to be able to provide same-day crisis response and outreach to veterans that were identified during the PIT Count. The PIT interview surveys included a phone number for volunteers to call, so the VA could check if a veteran was on their by-name list and/or was in need of services. Mobile outreach teams were deployed to veterans on the street to connect them immediately with services.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	9,746

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) The CoC reviews HMIS data analyzing first time homeless individuals and families with primary reason(s) for homelessness. In addition we review prevention data with our local prevention offices on what trends they are seeing in administering prevention funds. 2) The community's strategy for addressing individuals and families at risk of becoming homeless is a standardized nine-step diversion process that is completed with every person experiencing homelessness. The Coordinated Entry providers administer the diversion program which is based on international research around risk factors. Questions are designed to address the client's most immediate housing issue and help the client connect with their own resources to resolve their housing crisis. Knowing that diversion is a community responsibility and should not fall solely to the CE providers, the CoC sponsors diversion training led by a national expert on diversion. At the most recent diversion trainings, over 330 individuals: police officers, parks workers, ES staff, city workers, feeding program & food banks, outreach providers, PH providers, victim service providers, librarians, and others attended the half-day trainings. Our CE leads have started partnerships with the local prevention offices and we will continue to expand that this year. The Family Housing Hub (operated by UMOM for family coordinated entry) and the Singles Coordinated Entry System (operated by Lodestar Day Resource Center) are responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. 3) The CoC Board is responsible for providing direction and oversight of the two agencies' efforts.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1)The average length of time individuals and families remained homeless is 97 days. 2) The CoC uses a master by-name list to identify and track individuals and families experiencing homelessness and match them with available housing resources. In addition, the CoC implements regular case conferencing to ensure timely and effective use of resources. Family and single case conferencing occurs weekly. Veteran case conferencing occurs weekly and the VA has a daily referral call that all SSVF, VASH, and GPD providers attend to speed placement in those programs. The CoC adopted HUD's Notice CPD-16-11 to prioritize the most vulnerable, chronic, and long-term homeless individuals for housing resources. The Board recently added provisions to the Regional Plan to End Homelessness to work on prioritizing long-term shelter stayers for housing services. The CoC has adopted a standardized assessment tool to ensure the most appropriate level of assistance is provided, expending the most expensive resources on the most vulnerable clients. The community has a community-wide, standard diversion protocol and the CoC sponsors diversion training that is open to all service providers, city staff, first responders, and others that come into contact with individuals and families experiencing homelessness. Diversion ensures space in shelters for the most vulnerable, such as those with the longest length of time homeless. The CoC has coordinated outreach services that span the entire geographic area of the county as well as in-reach services in the form of housing navigators. These navigators provide transportation to clients, support gathering necessary identification and documentation, and guide clients through the process including accompanying clients on housing searches. The CoC prioritized building capacity of RRH which led to an increase of 120 new units as reported on the HIC this year. In this application, the CoC is proposing an increase of 172 RRH beds.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	33%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1)The CoC uses a standardized assessment tool, the VI-SPDAT, to ensure the most appropriate level of assistance is offered. Housing providers use a standard case management assessment, the SPDAT, for tracking progress & need over time. Training on the administration of the VI-SPDAT and SPDAT is provided by the Arizona Housing Coalition monthly. Based on results of the SPDAT and tracking outcomes, individuals and families may be targeted for progressive engagement to improve outcomes. The community has added navigators to provide in-reach services to clients. Navigators help to increase exits to permanent housing by providing transportation to assist with: housing searches, ID replacement, appointments for disability determinations, & guidance through the process. The CoC is focused on ensuring that all projects, ES, SH and TH are providing housing-focused case management. This is being accomplished through: system-wide diversion training, creating effective housing plans, mediating with family and/or landlords, and addressing issues that impede access to permanent housing. The CoC Board approved a community disability determination form to streamline processes for PSH placements. 2)Consistent efforts to engage and retain landlords are made to increase the availability of affordable housing units. HOM Inc., a local agency providing PSH and RRH administration, has a position solely devoted to engaging landlords. Another local agency, A New Leaf, has led trainings for providers on how to retain good relationships with landlords. For housing retention, the community works with local behavioral health providers to ensure effective supportive services for PSH residents. Services include assistance on tenant skills, life skills, mental and physical health issues, and assistance with conflict with landlords. Before involuntary program exit, every effort is made to connect individuals and families with other PSH resources.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	7%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is

responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1) The community by-name list is reviewed bi-weekly to determine the characteristics of the "inflow" of individuals and families. This list includes people new to the community, people previously marked as inactive because we had not been able to locate them in 30 days, and people returning to homelessness from either a private permanent housing destination or a homeless services program. Case managers look at each return from a PSH or RRH placement to determine whether the initial placement was appropriate. 2) The CoC sponsored RRH training in 2018 attended by 26 RRH staff from 10 organizations. Case conferencing looks at alternatives for the client (project-based, scattered-site, etc.) to determine other factors for successful housing placement. All projects, ES, SH, TH are providing housing-focused case management. Housing-focused case management includes: system-wide diversion training, creating effective housing plans, mediating with family and/or landlords, and addressing issues that impede access to permanent housing. Based on the administration of the full SPDAT and on outcomes, a progressive engagement policy has been implemented to improve outcomes for those whose first intervention was unsuccessful. This policy helps prevent returns to homelessness by identifying those whose vulnerability was not adequately captured by the VI-SPDAT. The CoC works closely with the Regional Behavioral Health Authority to provide a warm hand-off for clients moving to independent housing and in need of behavioral health services. The CoC is also working with the Maricopa County Jail System to improve outcomes for high users who cycle repeatedly between jail and homelessness. 3)The CoC Board is responsible for overseeing the strategy to reduce the rate individuals and families return to homelessness.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1) Housing providers partner with agencies such as Mercy Care, St. Joseph the Worker, Circle the City, the Arizona Department of Economic Security, the Arizona Department of Labor, the City of Phoenix Office of Workforce Development, and Maricopa County's Workforce Center to connect clients with resources such as job and income growth programs. Circle the City & St. Joseph the Worker have a mobile van that visits project-based housing units, supportive service providers, United Way Project Connect events (quarterly events around the region to connect those experiencing homelessness with services) and Emergency Shelter and Transitional Housing providers. WIC and SNAPs benefits are accessed through a single ACA on-line application. The CoC also prioritizes income growth in the program evaluation scorecard and monitors projects for income growth. The CoC Board and Committee have membership from the State DES office, City of Phoenix, and Maricopa County

to ease the connection between workforce development programs and homeless services. 2) The CoC will be offering training on income growth to providers in FFY 2019. Organizations listed above work with CoC providers to help individuals and families increase their cash income. 3) The CoC Board is responsible for overseeing the CoC's strategy to increase job and income growth from employment.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)	05/31/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter: (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	801
Total number of beds dedicated to individuals and families experiencing chronic homelessness	353
Total	1,154

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1) The CoC adopted a Regional Plan to End Homelessness that includes concrete steps to rehouse every household with children within 30 days. Steps include strengthening diversion services and coordinated entry. The CoC is committed to increasing exits to PH by removing barriers to affordable housing programs, retaining/enhancing support service needed to exit families to PH, implementing long-term extensive services for RRH to reduce recidivism and maximize the use of resources while investing in the service delivery system where there is the greatest need. 2) The CoC has adopted a progressive engagement policy that works to provide a more intensive housing intervention for those that may not be stabilized through RRH. The CoC is coordinating with affordable housing resources in the community including LIHTC, HUD Multifamily, Section 8, public housing, and others to prioritize families referred through the Coordinated Entry System. We have been working with the Housing Authority of Maricopa County to adopt a homeless preference in their Multifamily Housing. We anticipate the application will be submitted to HUD in September. 3) The Board is responsible for overseeing the CoC's strategy on this topic and has prioritized adding RRH beds to the CoC for the last two years. That strategy has led to an increase of 120 new units as reported on the HIC this year. In this application, the CoC is proposing an increase of 172 RRH beds.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	X
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	X
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1) The CoC has identified the following partners that are essential to building upon current resources & providing opportunities to increase coordination to prevent and end youth homelessness. Partners include: PHAs with rental assistance & housing that could be targeted to youth; faith-based organizations including those sheltering on an emergent basis and those providing street outreach; Community Action Programs (CAP) to connect youth with services and resources; behavioral health agencies; and, the City of Phoenix PhxCares program. Youth service providers in the CoC Youth Workgroup also work with the Youth Action Board (comprised of youth with current or former lived experience of homelessness) to understand their experiences and needs. In exploring opportunities with behavioral health services, we will strengthen processes for providing services to youth who are homeless but are not actively engaged in the homeless services system. In addition, the behavioral health system has housing resources available that could be set aside for homeless

youth. The PhxCares program responds to calls from individuals who see/interact with individuals experiencing homelessness who are sleeping in parks, streets, alleys, and other areas. The CoC will work with the City's homeless set aside for youth identified through PhxCares. 2) Projects that provide housing options for youth have been included in the Continuum for 20 years, however, recent losses in CoC funding leaves PSH the only intervention supported by CoC dollars. Within the region, the following resources are currently dedicated to youth: 57 Emergency Shelter (ES) beds; 88 Transitional Housing beds; 10 Other Permanent Housing (OPH) beds; 29 Permanent Supportive Housing (PSH) beds; and, 50 Rapid Re-housing (RRH) beds. The CoC Board has prioritized RRH for youth in the 2017 and 2018 NOFA completion. In this application, the CoC is proposing a potential increase of 45 RRH units for youth, 25 units for a youth-dedicated project and an additional 20 for families and/or youth.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1) Increases in youth resources as reflected on the Housing Inventory Chart will be measured to determine whether we are increasing both HUD-funded and community-funded resources. The CoC leverages partnerships with major funders including the State, municipal governments, the County, and the Valley of the Sun United Way so that all major funders in the region require HMIS entry and CoC participation. We are forming new partnerships with privately funded projects, including Homeless Youth Connection, and encouraging them to use HMIS and to partner with the CoC. This will allow us to look at outcomes of all youth projects and target training and peer support between projects to better serve the needs of youth. 2) The measures we use to calculate the effectiveness of programs are HUD performance measures. All projects are measured exits to permanent housing, increased income and returns to homelessness. This year we have started identifying where clients resided prior to project entry. We are working to increase the percentage of people who enter the system from literal homelessness. Our initial analysis shows that up to 40% of households enter ES from unstably housed situations. We plan to target those households for diversion to free up ES space for more unsheltered households. 3) The CoC uses objective criteria, reported from a transparent database like HMIS, as the appropriate way to measure effectiveness of programs whether HUD-funded or not. We are fortunate that most funders in the community are supportive of using HMIS and HUD identified performance measures to track success.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education

Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1) LEAs, the SEA and youth education providers are important partners in the CoC. A representative from Arizona State University's Opportunity for Youth office is a key member if the Youth Homelessness Workgroup. In addition, the Arizona Department of Child Safety representative assists with planning for former foster youth and connection to State resources for education and employment for those with prior involvement with foster care. Homeless Youth Connection, offers a host family program to provide host homes for those youth working to complete high school. 2) The CoC collaborates with McKinney-Vento education liaisons regularly through the LEA representative that serves on the CoC Committee. The representative is from the largest school district with the highest number of children and youth experiencing homelessness. Other LEAs serve on work groups, & assist with planning, oversight, & policy creation. The CoC worked with LEAs on the 2018 Point in Time planning to ensure the CoC makes every effort to count families & youth. The State Education Coordinator is a member of the Arizona Housing Coalition. The annual statewide conference has an education track with high attendance by McKinney-Vento liaisons. Finally, CoC-funded youth & family providers meet regularly with education liaisons to address the education needs & services for children & youth. 3) The CoC works with school districts through the LEAs. 4) The CoC has a formal agreement with the Arizona Department of Child Services and letters of support from the LEAs. We do not have formal agreements with school districts, the State Department of Education or local LEAs.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

CoC providers are required to have policies to connect homeless children and youth to education as soon as possible. All providers who serve families and youth up to age 25 must have a policy that includes the following language: “[the agency] must understand the local and state public education laws (which generally include youth up to age 22, but may also include youth over the age of 22) and must demonstrate that the project is establishing policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness; and for projects that provide housing or services to children, youth, and/or families (with youth up to age 22), that a staff person is designated to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.” In addition, the Arizona State University’s (ASU) Center for Human Capital and Youth Development supports opportunity youth (i.e., youth ages 16-24 who are not working or in school) in their educational and career pathways. CoC-funded youth providers work closely with OFY partner organization to refer youth (ages 16-24) to educational and workforce providers and to coordinate case-management, clinical services, and housing for youth. The CoC will be adopting language to the Governance

Charter later this year to reiterate policy on connection to education and career pathways and clarify connection with other educational and career preparation resources.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

Veterans presenting at Coordinated Entry (CES) or through street outreach programs are transported to the veteran coordinated entry site, the CRRC, and assessed for VA resources. If the veteran does not qualify for VA services, the veteran returns to the CES and is assessed for CoC resources. A veteran-specific street outreach team, Veteran Connections, works with unsheltered veterans throughout the coordinated entry process, through identification to housing move-in. The CES and the CRRC meet weekly for case conferencing around the by-name list of veterans prioritized for housing resources based on the HUD Orders of Prioritization. The VA hosts a daily call with SSVF, VASH, and GPD providers to provide instant referrals to those programs. The CoC hosts the bi-weekly Ending Veteran Homelessness Workgroup to iron out the process and adopt policies and procedures to document the process. The CoC seeks to connect veterans with VA services when at all possible in order to reserve CoC resources for humanitarians and other veterans that do not qualify for VA programs. The VA began inputting data into HMIS in September of 2017, which helps us to further knit our systems together. The CoC is one of the SSVF demonstration sites for the Rapid Resolution project. SSVF resources are used for eligible veterans as part of this project and for RRH and other SSVF

services.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?	Yes
3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?	Yes
3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.	Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	X
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	X

The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	X
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	X
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	X
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	X
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	X
Other:	

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC: (1) assists persons experiencing homelessness with enrolling in health insurance; and (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must: (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits; (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1) Clients are connected with AHCCCS benefits, Arizona's Medicaid, through the Health-e-Arizona Plus on-line system. The online application connects clients with services including AHCCCS, Kids Care, Nutrition Assistance, and cash assistance. Arizona's Department of Economic Security is co-located at the Human Services Homeless campus to connect those in emergency shelter to benefits while they are awaiting housing placement. Navigators, both outreach and in-reach, work to connect participants with benefits while navigating housing placements. Several CoC funded agencies serve as SNAPS (nutrition assistance) offices. 2) CoC staff serve on the state SOAR coalition & notify HUD grantees and others in the community of program changes through the Weekly Update email and by forwarding information sent to us by state

agencies. 3) CoC staff and officials from the AHCCCS office take the lead in overseeing the CoCs strategy for mainstream benefits. An AHCCCS official sits on the Coordinated Entry Subcommittee, one of the five main groups of the CoC.

4A-2.Housing First: Applicants must report: (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	41
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	40
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	98%

4A-3. Street Outreach. Applicants must: (1) describe the CoC's outreach; (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area; (3) describe how often the CoC conducts street outreach; and (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) Eleven agencies provide outreach in the CoC geographic area with services focusing on the areas that have the most visible street homeless population. Outreach contracts vary, some are funded by municipalities that limit Street Outreach to city limits, one is funded by the regional transit agency for outreach on the light rail system, a few are veteran focused, one is youth focused, three are faith-based programs, and one is the regional PATH contract. 2) Three of the eleven agencies cover 100% of the geographic area. 3) Agencies have varying hours with one agency covering from 7:30 a.m. to 7:00 p.m. seven days a week in targeted, high-density areas. Other agencies have coverage until midnight a few days a week. Community Bridges, Inc. (CBI) operates the PATH contract, and outreach contracts for two major municipalities. 4) CBI focuses on chronically homeless individuals with the longest length of stays on the street. This assists the CoC with engaging with those that are least likely to request assistance. The Street Outreach Collaborative meets monthly to coordinate services, review best practices, and plan targeted outreach events. The group works to coordinate outreach in target areas or to transfer clients between providers to try different approaches of connecting clients with services.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1) Projects adhere to fair housing & do business in accordance with fair housing laws. Marketing, websites & letters are required to display the fair housing logo& explicitly state that they do not discriminate on the basis of protected classes. Many of the organizations funded through the CoC program specialize in serving persons with disabilities. Four agencies are behavioral health providers & partner with the Regional Behavioral Health Authority in their network for services. We affirmatively further fair housing by asking all providers to attend fair housing training annually which is offered free in our region. 2) Providers employ bilingual staff for monolingual and bilingual Spanish speakers. Clients that speak other languages are assisted through translation services. With Coordinated Entry, providers do not engage in marketing their programs but rather rely on the system for referrals. The CoC requires that 85% of referrals are accepted for recipients of CoC funding.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	891	1,088	197

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administrativ...	08/09/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	City of Phoenix V...	09/02/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	MRCoC Coordinated...	08/31/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	MRCoC Objective C...	09/04/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	MRCoC Public Post...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	MRCoC Public Post...	09/07/2018
1E-4. CoC's Reallocation Process	Yes	MRCoC Reallocatio...	09/04/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	MRCoC Accepted fo...	08/31/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	MRCoC Project Rej...	08/31/2018
1E-5. Public Posting–Local Competition Deadline	Yes	MRCoC Public Post...	09/07/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MRCoC HMIS MOU an...	08/31/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	MRCoC HMIS Polici...	09/12/2018
3A-6. HDX–2018 Competition Report	Yes	HDX-2018 Competit...	08/07/2018
3B-2. Order of Priority–Written Standards	No	MRCoC Order of Pr...	09/01/2018

3B-5. Racial Disparities Summary	No	MRcoC Racial Disp...	09/17/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	MRCoC Regional Pl...	09/01/2018
Other	No	MRCoC Point in Ti...	09/12/2018
Other	No		

Attachment Details

Document Description: PHA Administrative Plans-Homeless Preference

Attachment Details

Document Description: City of Phoenix VASH Move On

Attachment Details

Document Description: MRCoC Coordinated Entry Assessment Tools

Attachment Details

Document Description: MRCoC Objective Criteria Scoring Tools

Attachment Details

Document Description: MRCoC Public Posting, Con App, Project Apps, Priority Listing

Attachment Details

Document Description: MRCoC Public Posting of NOFA Materials

Attachment Details

Document Description: MRCoC Reallocation Process

Attachment Details

Document Description: MRCoC Accepted for Funding Emails

Attachment Details

Document Description: MRCoC Project Rejected Email

Attachment Details

Document Description: MRCoC Public Posting Local Deadline

Attachment Details

Document Description: MRCoC HMIS MOU and Governance Charter Section

Attachment Details

Document Description: MRCoC HMIS Policies and Procedures

Attachment Details

Document Description: HDX-2018 Competition Report MRCoC

Attachment Details

Document Description: MRCoC Order of Prioritization

Attachment Details

Document Description: MRcoC Racial Disparities Analysis

Attachment Details

Document Description:

Attachment Details

Document Description: MRCoC Regional Plan to End Homelessness 2018

Attachment Details

Document Description: MRCoC Point in Time Report 2018

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/17/2018

Submission Summary	No Input Required

City of Glendale, Arizona
Community Housing Division

Section 8
Administrative Plan

Revision Date July 2018

EQUAL HOUSING OPPORTUNITY

4.11. *Informal Review*

If CHD determines that an applicant does not meet the criteria for receiving Section 8 assistance, CHD will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision, and state that the applicant may request an informal review of the decision within 14 business days of the denial. CHD will describe how to obtain the informal review. The informal review process is described in Section 17.2 of this Plan.

5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1. WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

CHD may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, CHD will use the assistance for those families.

5.2. PREFERENCES (§982.202, §982.207)

The following preferences, based on local housing needs and priorities, will be used to determine placement on the waiting list:

Names will be placed on the waiting list according to the number of preference points received, and then by the date and time of the application. Preference points are given based on the information supplied on the pre-application by the applicant. CHD will not verify preferences until eligibility. An applicant does not have any right or entitlement to be listed on the waiting list, to any particular position on the waiting list, or to admission to the programs (24 CFR §982.202(c)).

Glendale Housing utilizes a local residency preference. Use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on race, color, sex, ethnic origin, gender, actual or perceived sexual orientation, gender identity, marital status, religion, disability or age of any member of an applicant family.

A. CHD will select families based on the following local preferences, and then by the date and time of the application submitted by the family:

   1. Glendale residents;

   2. Glendale residents displaced by government action or disaster. . The action must not be associated with action or inaction by the resident, i.e., code compliance failure;

3. Persons working or hired to work within the city limits of Glendale,

4. Single persons who are Glendale residents and who are high risk homeless and are receiving assistance from a local agency serving the ongoing needs of homeless persons by providing long term case management. (The credentials of the agency providing the case management will be verified to ensure compliance with the Section 8 family obligations, and that the homeless person's needs are being addressed to prevent a return to homelessness.) See Section 5.2.G.

5. Single U.S. Military Veterans who are Glendale residents and who are at high risk of being homeless or who are high risk homeless. The applicant must be receiving assistance from the local Phoenix Veterans' Administration for homelessness or a local agency serving the ongoing needs of homeless persons by providing long term case management. (The credentials of the agency providing the case management will be verified to ensure compliance with the Section 8 family obligations, and that the homeless person's needs are being addressed to prevent a return to homelessness.) (the HUD definition of homeless must be met.)

6. Glendale residents who are victims of domestic violence, dating violence, sexual assault, or stalking. CHD requires referral from a domestic violence transition program, in which the applicant has completed or is nearing completion of self-sufficiency preparedness.

   By meeting the shelter program requirements, it would be expected that an applicant qualifying under this preference would be able to successfully transition to Glendale's Section 8 program and would remain program compliant.

7. Glendale residents who are displaced homemakers.

B. Applicants 62 years or older, disabled, handicapped, or receiving Social Security Disability, Supplemental Security Disability or any payments based on inability to work, will be given benefit of the working preference.

C. Applicants who are active military personnel will be given the benefit of the working preference. (See Section 5.2.G. for definition.)

D. The following admissions give preferences to a Glendale resident family whose:

1. Head or sole member is a person displaced by government action or disaster;

2. Head or sole member is homeless (See Section 5.2 G.).

3. Head, spouse, co-head or sole member is an elderly person or a disabled person over a single person that is not elderly, disabled, or displaced by government action or disaster;

4. Head, spouse, co-head, or sole member is a victim of domestic violence, dating violence, sexual assault, or stalking;

5. Head or sole member is a displaced homemaker.

E. Preferences will be applied to applicants in the following order:

1. Glendale residents who are displaced by government action or disaster.

2. Glendale resident-head, spouse, or co-head who is currently employed or elderly/disabled, or non-Glendale resident head, spouse or co-head who is currently employed in Glendale or are hired to work in Glendale and have:

   a. Last 6 months consecutive employment. (Previous 6 months from eligibility date.)

   b. Employment for the head, spouse, and co-head cannot be combined to meet the minimum requirement.

3. Glendale resident head or spouse who is currently employed or non-Glendale residents who are currently employed in Glendale or are hired to work in Glendale and have:

   a. Less than last 6 months consecutive employment. (Previous 6 months from eligibility date.)

   b. Employment for the head, spouse, and co-head cannot be combined to meet the minimum requirement.

4. Glendale residents who are unemployed

5. Glendale will reopen the application process before assisting non-Glendale residents who have no connection to Glendale. Applicants with no connection to Glendale will be pulled only as a last resort measure, if the waiting list cannot be opened or if opening is delayed beyond a reasonable period of time.

F. Additional preference categories:

2. Glendale residents who are victims of domestic violence, dating violence, sexual assault, or stalking;

3. Glendale residents who are displaced homemakers.

4. Single Glendale residents who are high risk homeless.

G. Definitions for Preferences: For purposes of ranking preferences only, the following definitions shall be used:

1. "Glendale resident" shall mean any family in which head of household or spouse/co-head, or sole member that:

   a. Physically reside within the city limits of Glendale, Arizona. (A mailing address will not automatically qualify an applicant for this preference; physical residence must be verifiable. A statement or certification by the applicant or a roommate is not sufficient evidence. Proof via lease, utility bill, driver's license, employment documentation reflecting physical address, or other form of legal verification as determined acceptable at the time of eligibility review. OR

   b. Are employed within the city limits of Glendale OR

   c. Have been hired for employment within the city limits of Glendale. The employer must be located in Glendale or the job must be solely in Glendale and not a temporary assignment or to be assigned to varying locations inside and outside of Glendale.

   d. At the time of eligibility, CHD will make the determination of whether or not the documentation supplied sufficiently and overwhelmingly supports Glendale residency.

2. "Employed" shall mean that the family (head of household or spouse):

   a. Has independent verifiable employment that generates annual income; or net income from operation of a business or profession equivalent to at least one half of permanent, full time employment. At time of eligibility, the head, spouse or co-head must be employed. CHD considers a minimum of 20 hours per week at the prevailing minimum wage, as employed. Employment for the head, spouse, and co-head cannot be combined to meet the minimum requirement.

      Must have 6 months consecutive employment. (Previous 6 months from eligibility date.)

   b. Employment through a temporary agency is considered current employment. Determination will be held for 14 calendar days in order to verify assignment(s) with the agency. The agency must be located in Glendale to be considered for Glendale residency

or the current assignment must be in Glendale (see working preference listed above) OR

3. Elderly or disabled will be given the working preference, and is:

   a. Head, spouse, co-head or sole member, who are age 62 or older, OR

   d. Has a head, spouse, co-head, or sole member, who are receiving social security disability, supplemental security income disability benefits, or any other payments based upon an individual's inability to work.

4. Active Duty shall mean head of household, spouse, or co-head, military members who are currently serving full time in their military capacity. Members of a reserve component are not generally considered active duty.

5. Victim of domestic violence, dating violence, sexual assault, or stalking shall mean an applicant who qualifies under VAWA. The incident must have occurred within the past six months.

   For victim of domestic violence, dating violence, sexual assault, or stalking, the applicant must verify that they physically resided in Glendale, or were employed or hired for employment within the city limits of Glendale for the period immediately preceding the event(s) that resulted in the person/family going to a domestic violence shelter.

6. Glendale residents who are victims of domestic violence, dating violence, sexual assault, or stalking. CHD requires referral from a domestic violence transition program, in which the applicant has completed or is nearing completion of self-sufficiency preparedness.

   By meeting the shelter program requirements, it would be expected that an applicant qualifying under this preference would be able to successfully transition to Glendale's Section 8 program and would remain program compliant. The family must meet all program eligibility requirements.

7. CHD will give preference to applicants who are displaced homemakers, defined as someone who has been providing unpaid services to family members in the home and who has been dependent on the income of another family member but is no longer supported by that income; and is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment. The person has spent at least five years as an unpaid homemaker. Circumstances leading a homemaker to be displaced include death, divorce, separation, or abandonment. If unemployed at time of

HOUSING AUTHORITY
of MARICOPA COUNTY

HOUSING CHOICE VOUCHER PROGRAM
ADMINISTRATIVE PLAN

Effective November 2, 2016

3.4 Local Preferences

HAMC will provide local preferences to applicants as follows:

1. **Local Residency** (10 Points) – Applicants who live, work or have been hired to work in the jurisdiction of HAMC for a minimum of 12 months.
2. **Veterans** (10 Points) - Applicants in which the sole member or the head of the household is a veteran of the armed forces.
3. **Elderly or Disabled** (10 Points) - Applicants in which the head of the household is 62 years of age and older or disabled.

The local preferences will not be verified prior to placement on the waiting list. HAMC will verify the preference at the time that the applicant is selected from waiting list for processing of final eligibility. Verification must confirm that the applicant qualified for the preference(s) at the time of initial registration for housing assistance. If the applicant is unable to verify one or more preference(s) claimed, they will be placed at the end of the waiting list and re-ranked based solely on the lottery number with no preference points.

Homeless Referral Preference (20 Points) - Families/individuals who are homeless (the family has a primary night time residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, such as welfare voucher hotels, congregate shelters or transitional housing designed for homeless persons, or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings) AND are participating in case management with an approved referral agency. A limitation on the number of housed referrals will equal a minimum of 5% of the current number of HAMC's Housing Choice Vouchers.

Homeless Families/individuals who live with friends or relatives and who are not currently in the transition system will be encouraged to apply for voucher assistance without preference or other available HAMC programs for which they may qualify.

3.5 Application Process

The application process may consist of either a two or three-step process:

1. Online application;
2. Lottery selection;
3. The formal application.

The online application will request information needed for placement on the waiting list and for applicant certification of any preference claimed. The lottery placement will be a random selection from the online applications received as specified in the public notice. Applications selected through this process will be placed onto the waitlist; applications not selected through the lottery will have an opportunity to reapply once the waitlist reopens. The formal application will be completed at the time of the application interview as described below. The application process will be outlined in the public notice regarding whether HAMC will use the two or three-step process. The two-step process will consist of step 1 and 3 and the three-step process will consist of steps 1, 2 and 3 above.

Online applications will be accepted as specified in the public notice. Upon closure of the

HOUSING AUTHORITY of MARICOPA COUNTY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

PUBLIC HOUSING PROGRAM

Approved by the Board of Commissioner 4/12/2017 to be

Effective Date June 1, 2017

Notices will be made available in accessible format upon the request of a person with a disability. An extension to reply to the purge notification will be considered as an accommodation if requested by a person with a disability.

Applicants are notified with confirmation of HAMC's receipt of their application that they are responsible for notifying the HAMC within ten (10) calendar days, if they have a change of address.

Upon applicant receiving and accepting an offer of housing, the applicant will be withdrawn from any other Public Housing waitlists the applicant may have applied to.

The applicant will be removed from the wait list(s) upon the applicant's request.

PART II: TENANT SELECTION

4-II.A. OVERVIEW

HAMC must establish tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. HAMC must not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. HAMC must not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list depends on the selection method chosen by HAMC and is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

HAMC must maintain a clear record of all information required to verify that the family is selected from the waiting list according to HAMC's selection policies [24 CFR 960.206(e) (2)]. HAMC's policies must be posted any place where HAMC receives applications. HAMC must provide a copy of its tenant selection policies upon request to any applicant or tenant. HAMC may charge the family for providing a copy of its tenant selection policies [24 CFR 960.202(c) (2)].

When an applicant or resident family requests a copy of HAMC's tenant selection policies, HAMC will provide copies to them at the applicant/resident expense of .25¢ per page.

4-II.B. SELECTION METHOD

The HAMC's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the ACOP.

Local Preferences [24 CFR 960.206]

Local preferences will be used to select families from the waiting list.

HAMC has selected the following system to apply local preferences.

- Homeless Referral Preference: Families who are homeless (the family has a primary night time residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, such as welfare voucher hotels, congregate shelters or transitional housing designed for homeless persons, or a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings) AND are participating in case management with an approved referral agency. A limitation on the number of housed referrals will equal a minimum of 5% of the current number HAMC's public housing units.
  6 points

  Homeless Families that live with friends or relatives who are not currently in the transition system, will be encouraged to apply for public housing without preference or other available HAMC programs that they may qualify for.

City of Mesa
Housing Authority

ADMINISTRATIVE PLAN

HOUSING CHOICE VOUCHER PROGRAM

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally-accepted data sources.

City of Mesa Housing Authority Policy

The PHA has the following preferences and applicants will be ranked and selected in the following order:
:

1. Chronically Homeless:

Applicants who applied prior to 7/1/2017 and determined to meet the Chronically Homeless preference will retain this priority according to the previous policy. The following definition must be met:

A chronically homeless person as defined by the U.S. Department of HUD: (either (A) a person with a disability who lives either in a place not meant for human habitation, a safe haven, or emergency shelter continuously for at least 12 months, OR (B) on at least four separate occasions in the last three years, where the combined length of homeless occasions is equal to at least 12 months. Each period separating the homeless occasions, or "break," must consist of seven or more consecutive nights where the individual is not living in a homeless situation.

Verification of this preference is 1) referral letter from a non-profit organization in which the applicant is enrolled or verifying their status as an unaccompanied homeless person with a disabling condition or 2) printout from the Homeless Management Information System (HMIS), with the exception for domestic violence victims.

Special Programs - The City of Mesa Housing Authority operates a number of programs which serve special populations, special needs or which were designed for special purposes. For these populations and programs, preference will be given

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its authorized units and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6]. PHAs may only operate a PBV program if doing so is consistent with the PHA's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

City of Mesa Housing Authority Policy

The PHA will operate a project-based voucher program using up to 20 percent of its budget authorized units for project-based assistance. Amount of allocations will be based on the City's goal of deconcentrating poverty, expanding housing and economic opportunities and budget authority

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, the PHA is not required to reduce the number of these units if the amount of budget authority is subsequently reduced. However, the PHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC [24 CFR 983.6].

Additional Project-Based Units [FR Notice 1/18/17]

The PHA may project-base an additional 10 percent of its units above the 20 percent program limit, if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).
- Are specifically made available to house families that are comprised of or include a veteran.
- *Veteran* means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.
- For these projects, the project cap is the greater of 25 units or 40 percent (instead of 25 percent) of the units in the project [FR Notice 7/14/17].

PHA Policy

The PHA will not set aside units above the 20 percent program limit.

Preference holders will be placed on the waiting list based upon preference weight and the date and time of receipt of their application. Homeless preference will be weighted at 2 points and Mesa preference will be weighted at 1 point. Non-preference holders will be placed on the waiting list based upon the date and time of receipt of their application.

Preferences for Escobedo at Verde Vista Apartments located at 125 E University Dr, Mesa, AZ 85201 ONLY

Mesa Resident:
Current resident of Mesa or a person who is currently working or hired to work in the City of Mesa.

Homeless:
"An individual and/or family who has experienced at least two episodes of shelter living and has a substantiated need for long term case management and supportive services. The individual must be registered in the Homeless Management Information System (HMIS), with the exception for domestic violence victims."

Income Eligibility
Your family's annual gross income is at or below 30% of the Area Median Income (ELI).

Preferences for LaMesita Apartments LP located at 2254 E Main St, Mesa, AZ 85201 ONLY

Mesa Resident:
Current resident of Mesa or a person who is currently working or hired to work in the City of Mesa.

Homeless:
"An individual and/or family who has experienced at least two episodes of shelter living and has a substantiated need for long term case management and supportive services. The individual must be registered in the Homeless Management Information System (HMIS), with the exception for domestic violence victims."

Income Eligibility
Your family's annual gross income is at or below 30% of the Area Median Income (ELI).

DETERMINING FAMILY UNIT (VOUCHER) SIZE [24 CFR 982.402]

For each family, the PHA determines the appropriate number of bedrooms under the PHA subsidy standards.

City of Mesa Housing Authority Policy

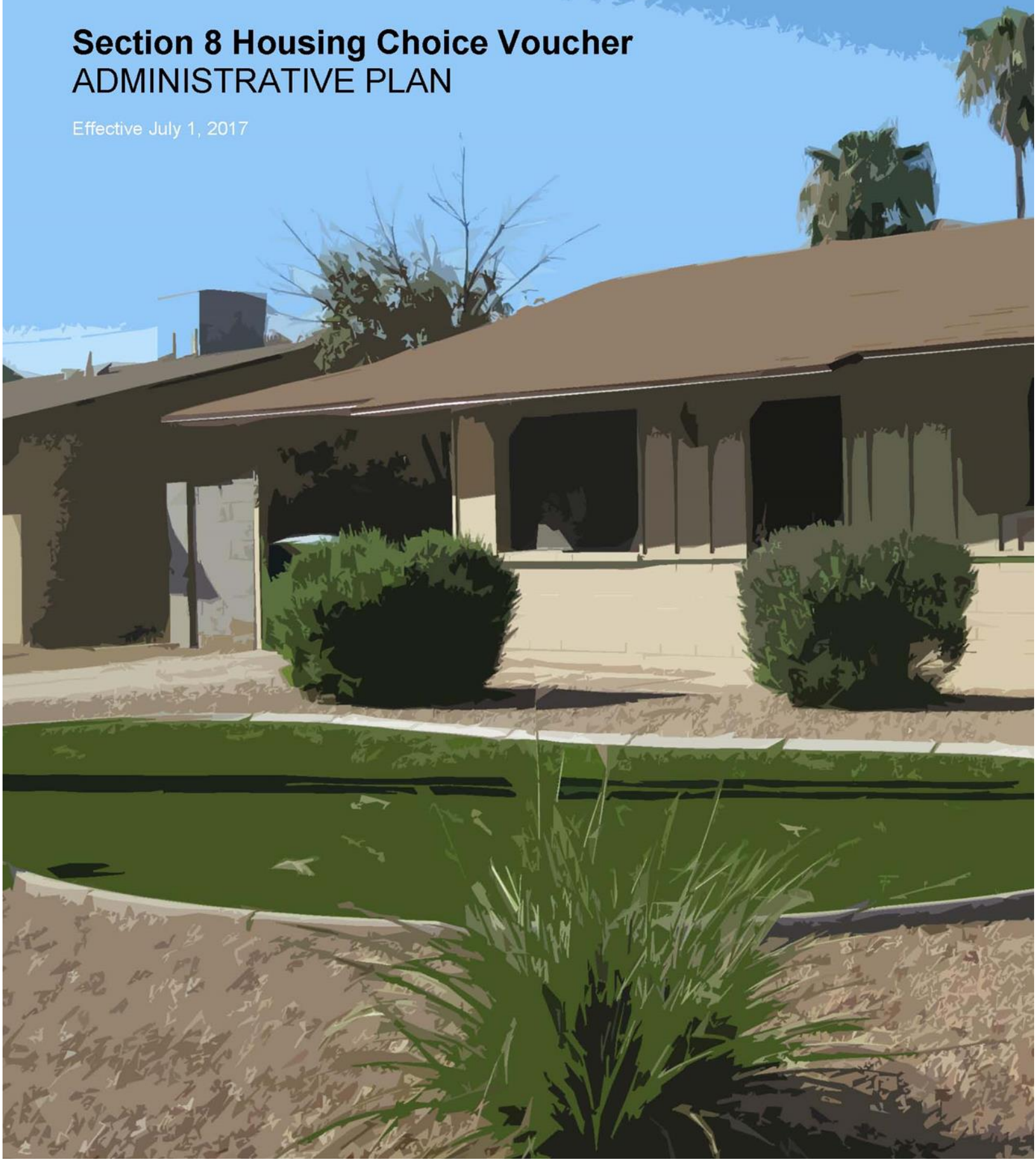
The PHA will assign one bedroom for each two persons within the household,

The PHA will reference the following chart in determining the appropriate voucher size for a PBV

City of Phoenix
HOUSING DEPARTMENT

Section 8 Housing Choice Voucher
ADMINISTRATIVE PLAN

Effective July 1, 2017



3) The City of Phoenix Housing Department operates a number of programs which serve special populations, special needs or which were designed for special purposes. For these populations and programs, preference will be given to applicants that are referred from various community organizations or divisions of local government which are under a Memorandum of Understanding (MOU), Memorandum of Agreement, or a Contract with the Housing Department (i.e. Homeless and Domestic Violence) in accordance with program regulations. (10 points)

B. Families that qualify for the following preferences are housed after the highest ranked preferences, but before applicants with no preferences:

1) Applicant families who live, work or have been hired to work in the City of Phoenix will qualify for a preference;

2) Elderly/disabled families will qualify for a preference.

3) All other families whose head or spouse is receiving income based on their inability to work. (0 points)

Applicants with one or more local preference will be housed before other applicants. Date and time of application or lottery will be used to determine the sequence of tenant selection after applying the above prescribed preferences.

5.1 Waiting List Admissions and Special Admissions

The Housing Department may admit an applicant for participation in the Section 8 Tenant-Based Assistance Program or a HUD-designated Special Program either as a special admission or as a wait list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Housing Department will admit these families under a special admission procedure. Special admission families can be admitted outside of the regular waitlist process per the particular eligibility requirements of HUD-designated special programs.

The Housing Department currently administers the Housing Opportunities for People with Aids (HOPWA,) Mainstream, Mod. Rehab. / Single Room Occupancy, Family Unification Program (FUP) and HUD-Veteran's Affairs Supportive Housing (VASH) Special Programs with applicants admitted under HUD-targeted special admission characteristics and eligibility requirements.

terminate the housing assistance payments at the expiration for this 30-day period. The Housing Department may make exceptions to this 60-day period if needed for reasons beyond the family's control such as death, serious illness, or other medical emergency of a family member.

5. All PBV participants will be screened in accordance with Chapter 3.7 of this Administrative Plan. Tenant screening may be moderated/modified for projects that the Housing Department has selected in order to serve special populations, special needs or which were designed for special purposes. Such as projects that will provide permanent supportive housing for homeless persons.

F. HAP Contract

The initial term of the HAP contract under the project-based program will be up to 15 years and is subject to future availability of funding under the Housing Department's Annual Contributions Contract. Any renewal of the HAP contract will be determined at the time of expiration of the contract and is subject to future availability of funding under the Housing Department's Annual Contributions Contract.

The contract establishes the rent for the unit(s), obligates the Housing Department to pay a rent subsidy and describes the rights and responsibilities of the owner and the Housing Department throughout the duration of the contract.

The owner has responsibilities under the HAP Contract:

1. The owner is responsible for managing and maintaining the building throughout the contract period.
2. The owner is responsible for developing written tenant selection procedures that are consistent with the purpose of improving housing opportunities for very-low income families and reasonably related to program eligibility and an applicant's ability to fulfill their obligations under the lease. An owner must promptly notify in writing any rejected applicant of the grounds for any rejection.
3. During the term of the HAP contract, the owner must lease contract units to eligible families that are selected and referred from the Housing Department's waiting list.

commissions, committees and the City Council should maintain the utmost standards of personal integrity, truthfulness, honesty and fairness in carrying out their public duties, avoid any improprieties in their roles as public servants, and never use their City position or powers for improper personal gain. As a department of the City of Phoenix, the Housing Department abides by the City's ethics policies.

It shall be the policy of the Housing Department that any violation of Departmental Procedures or City of Phoenix ethics policies shall result in disciplinary action, up to and including termination of employment.

Both the Section 8 Housing Choice Voucher Administrative Plan and the City of Phoenix Ethics Handbook are published on the City of Phoenix's website. All Housing Department employees are informed of the code of conduct.

24.0 HUD-VASH SPECIAL POLICIES AND PROCEDURES

The HUD-VASH Program is a collaborative effort between the U.S. Department of Housing and Urban Development and the Veterans Affairs Department. It is a national initiative that provides permanent housing and supportive housing to homeless veterans. The Housing Department will administer the HUD Veterans Affairs Supportive Housing Vouchers (HUD-VASH) in accordance with this Administrative Plan, 24 CFR part 982, and subsequent HUD notices, guidance, or regulations that amends or supersedes Docket No. FR-5213-N-01. The Housing Department partners with the Phoenix Veterans Affairs Medical Center (VAMC). The goal of the program is to enable homeless veterans to re-integrate in the community to lead healthy, productive lives.

24.1 Eligibility and Selection

1. The VAMC will screen homeless veterans for eligibility for the HUD-VASH program in accordance with its screening criteria except for income eligibility and sex offender status. Eligible homeless veterans that agree to participate in case management will be referred to the Housing Department for voucher issuance. The Housing Department will determine if the veteran is income eligible in accordance with 24 CFR 982.201 and Chapters 3.2 and 10.0 of this Administrative Plan, and may deny if not income eligible. Though the Housing Department is not required to include HUD-VASH Vouchers in the income targeting requirements, the Housing Department may choose to include the admission of extremely low income HUD-VASH families in its income targeting numbers for the fiscal year in which the HUD-VASH families are admitted.

2. The Housing Department will screen for sex offender status and will deny admission if the homeless veteran is a sex-offender with a lifetime registration requirement. If another family member in the household is the

24.6 Transfer from HUD-VASH to HCV Tenant-Based Voucher Assistance

If the VAMC determines the VASH participant no longer requires case management, the Housing Department may offer the participant/family a regular tenant-based voucher in the HCV program to free up the HUD-VASH voucher for another homeless veteran family. The offer of a HCV voucher is pending funding availability. The VASH participant/family is subject to the eligibility requirements outlined in Chapter 3 of this Administrative Plan.

24.7 Project-Based Assistance of HUD-VASH Vouchers

The Housing Department has Project-Based Vouchers at selected properties which were selected in a competitive process and include on-site services tailored for homeless veterans. The Housing Department may opt to increase the Project-Based Vouchers utilizing HUD-VASH Vouchers and must have the support of the VAMC and submitted for approval to the HUD in accordance with PIH Notice 2009-11 "Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers."

APPENDIX I

GLOSSARY

50058 Form: The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

1937 Housing Act: The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

Absorption: In portability, the point at which a receiving housing authority stops billing the initial housing authority for assistance on behalf of a portable family. (24 CFR 982.4)

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

Administrative Fee: Fee paid by HUD to the Housing Department for the administration of the Section 8 program.

City of Tempe

ADMINISTRATIVE PLAN

FOR THE

HOUSING CHOICE VOUCHER PROGRAM

Approved by the HA Board of Commissioners:

Submitted to HUD: April 27, 2018

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will use the following local preferences:

1. The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
2. The PHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who haves either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing program operated by the PHA.

   The PHA will work with the following partnering service agencies:

   - City of Tempe CARE 7
   - City of Tempe Homeless Outreach Program Effort (HOPE)

   The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.

The PHA will first assist families that have been terminated from the HCV program due to insufficient funding and then assist families that qualify for the VAWA preference.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to

PART I: GENERAL REQUIREMENTS

17-I.A. OVERVIEW [24 CFR 983.5]

The project-based voucher (PBV) program allows PHAs that already administer a tenant-based voucher program under an annual contributions contract (ACC) with HUD to take up to 20 percent of its voucher program budget authority and attach the funding to specific units rather than using it for tenant-based assistance [24 CFR 983.6].

Regulations and Policies listed below are in effect for Valor on 8th PBV Project.

PHAs may only operate a PBV program if doing so is consistent with the PHA's Annual Plan, and the goal of deconcentrating poverty and expanding housing and economic opportunities [42 U.S.C. 1437f(o)(13)].

PHA Policy

The PHA will operate a project-based voucher program using up to 20 percent of its budget authority for project-based assistance.

PBV assistance may be attached to existing housing or newly constructed or rehabilitated housing [24 CFR 983.52]. If PBV units are already selected for project-based assistance either under an agreement to enter into HAP Contract (Agreement) or a HAP contract, the PHA is not required to reduce the number of these units if the amount of budget authority is subsequently reduced. However, the PHA is responsible for determining the amount of budget authority that is available for project-based vouchers and ensuring that the amount of assistance that is attached to units is within the amounts available under the ACC [24 CFR 983.6].

Additional Project-Based Units [FR Notice 1/18/17]

The PHA may project-base an additional 10 percent of its units above the 20 percent program limit, if the units:

- Are specifically made available to house individuals and families that meet the definition of homeless under section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).
- Are specifically made available to house families that are comprised of or include a veteran.
  - *Veteran* means an individual who has served in the United States Armed Forces.
- Provide supportive housing to persons with disabilities or elderly persons as defined in 24 CFR 5.403.
- Are located in a census tract with a poverty rate of 20 percent or less, as determined in the most recent American Community Survey Five-Year Estimates.
  - For these projects, the project cap is the greater of 25 units or 40 percent (instead of 25 percent) of the units in the project [FR Notice 7/14/17].

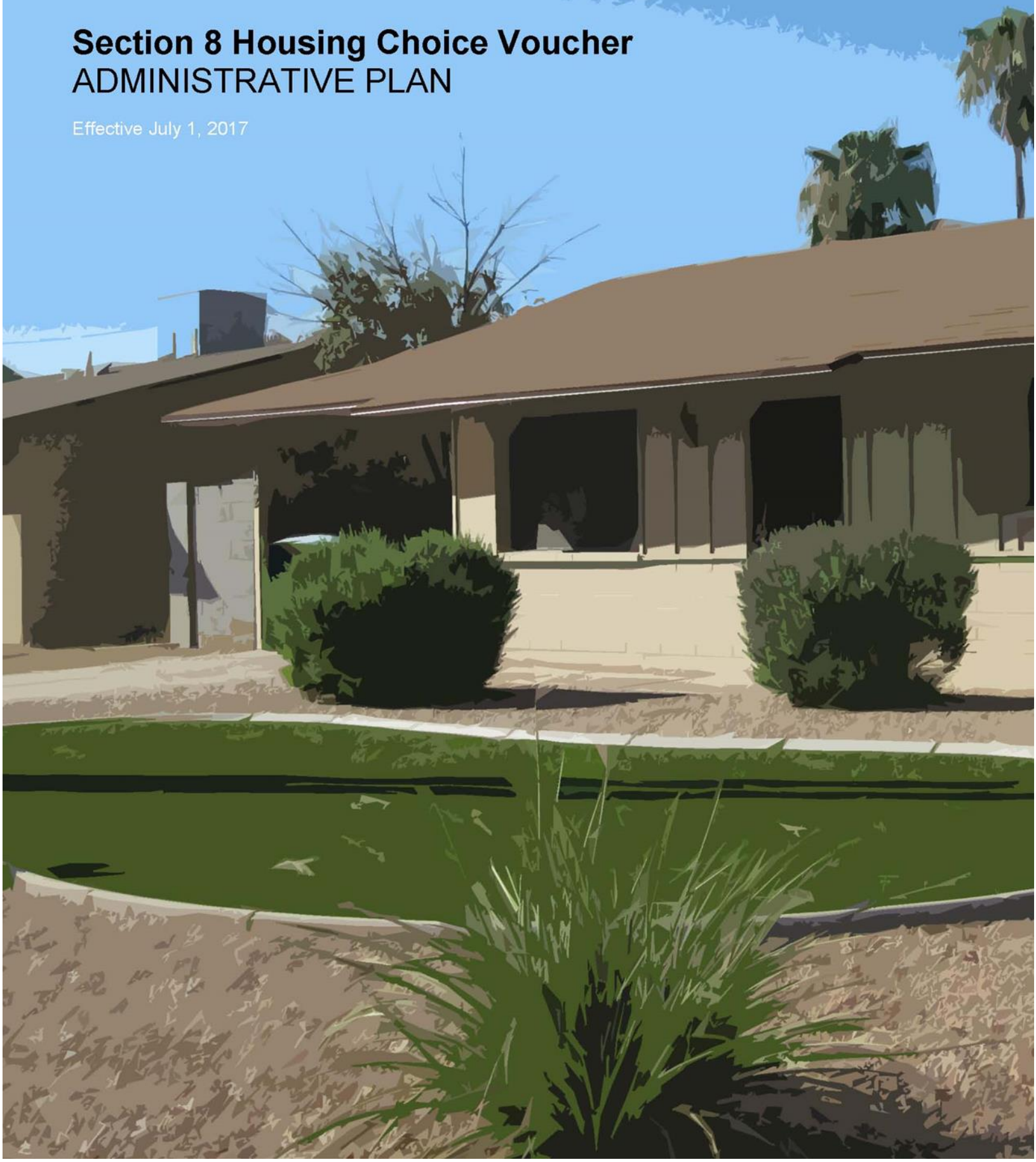
PHA Policy

The PHA will not set aside units above the 20 percent program limit.

City of Phoenix
HOUSING DEPARTMENT

Section 8 Housing Choice Voucher
ADMINISTRATIVE PLAN

Effective July 1, 2017



commissions, committees and the City Council should maintain the utmost standards of personal integrity, truthfulness, honesty and fairness in carrying out their public duties, avoid any improprieties in their roles as public servants, and never use their City position or powers for improper personal gain. As a department of the City of Phoenix, the Housing Department abides by the City's ethics policies.

It shall be the policy of the Housing Department that any violation of Departmental Procedures or City of Phoenix ethics policies shall result in disciplinary action, up to and including termination of employment.

Both the Section 8 Housing Choice Voucher Administrative Plan and the City of Phoenix Ethics Handbook are published on the City of Phoenix's website. All Housing Department employees are informed of the code of conduct.

24.0 HUD-VASH SPECIAL POLICIES AND PROCEDURES

The HUD-VASH Program is a collaborative effort between the U.S. Department of Housing and Urban Development and the Veterans Affairs Department. It is a national initiative that provides permanent housing and supportive housing to homeless veterans. The Housing Department will administer the HUD Veterans Affairs Supportive Housing Vouchers (HUD-VASH) in accordance with this Administrative Plan, 24 CFR part 982, and subsequent HUD notices, guidance, or regulations that amends or supersedes Docket No. FR-5213-N-01. The Housing Department partners with the Phoenix Veterans Affairs Medical Center (VAMC). The goal of the program is to enable homeless veterans to re-integrate in the community to lead healthy, productive lives.

24.1 Eligibility and Selection

1. The VAMC will screen homeless veterans for eligibility for the HUD-VASH program in accordance with its screening criteria except for income eligibility and sex offender status. Eligible homeless veterans that agree to participate in case management will be referred to the Housing Department for voucher issuance. The Housing Department will determine if the veteran is income eligible in accordance with 24 CFR 982.201 and Chapters 3.2 and 10.0 of this Administrative Plan, and may deny if not income eligible. Though the Housing Department is not required to include HUD-VASH Vouchers in the income targeting requirements, the Housing Department may choose to include the admission of extremely low income HUD-VASH families in its income targeting numbers for the fiscal year in which the HUD-VASH families are admitted.

2. The Housing Department will screen for sex offender status and will deny admission if the homeless veteran is a sex-offender with a lifetime registration requirement. If another family member in the household is the

24.6 Transfer from HUD-VASH to HCV Tenant-Based Voucher Assistance

If the VAMC determines the VASH participant no longer requires case management, the Housing Department may offer the participant/family a regular tenant-based voucher in the HCV program to free up the HUD-VASH voucher for another homeless veteran family. The offer of a HCV voucher is pending funding availability. The VASH participant/family is subject to the eligibility requirements outlined in Chapter 3 of this Administrative Plan.

24.7 Project-Based Assistance of HUD-VASH Vouchers

The Housing Department has Project-Based Vouchers at selected properties which were selected in a competitive process and include on-site services tailored for homeless veterans. The Housing Department may opt to increase the Project-Based Vouchers utilizing HUD-VASH Vouchers and must have the support of the VAMC and submitted for approval to the HUD in accordance with PIH Notice 2009-11 "Project-Basing HUD-Veterans Affairs Supportive Housing Vouchers."

APPENDIX I

GLOSSARY

50058 Form: The HUD form that housing authorities are required to complete for each assisted household in public housing to record information used in the certification and re-certification process and, at the option of the housing authority, for interim reexaminations.

1937 Housing Act: The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.) (24 CFR 5.100)

Absorption: In portability, the point at which a receiving housing authority stops billing the initial housing authority for assistance on behalf of a portable family. (24 CFR 982.4)

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which tenant rent is based. (24 CFR 5.611)

Administrative Fee: Fee paid by HUD to the Housing Department for the administration of the Section 8 program.

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) V.2

Prescreen for Individuals

Opening Script

Please fill out the VI-SPDAT as completely as possible. Missing and/or incorrect information will delay housing matches for the client. Before beginning the survey, please read the following script:

"My name is [interviewer name] and I work for [organization/agency name]. I have a short survey that I would like to complete with you; it should only take about 10-15 minutes. Most questions only require a Yes or No, while some may require a one-word answer. Your answers will help us learn about your health and social needs so we can match you with the most appropriate housing options available. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question. The information collected will be entered into a community-selected data system that is shared for the purpose of coordinating care.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

One last thing, this is not a survey meant for you or anyone else to tell me the answers you think I want to hear. In fact, there is no correct or preferred answer and no need to conceal information. This is about you and determining your needs. It's up to you, but the more honest you are, the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing."

General Information

Has the client signed a release of information? ☐ Yes ☐ No	
INTERVIEWER INFORMATION	
1. Interviewer Name	2. Interviewer's Agency
3. Interviewer's Email	4. Interviewer's Phone Number
5. Interview Date? _____/_____/_____	6. Location of interview (Name the City)
CLIENT INFORMATION	
1. First Name	2. Middle Name
3. Last Name	4. Social Security Number _____-_____-_____
5. HMIS #	6. Date of Birth (MM/DD/YY): / /
7. Client Email	8. Client Phone Number
9. On a regular day, where is it easiest to find you? (If someone needed to contact you about housing, where and when would they be able to find you?) List multiple times and locations below:	
Location	**Time**
_____ AT	_____:_____ AM/PM
_____ AT	_____:_____ AM/PM
_____ AT	_____:_____ AM/PM
Do you have a case manager or outreach worker that you are currently working with?	☐ Yes ☐ No ☐ Doesn't Know ☐ Refused
If yes, please list:	**Name** **Agency** **Phone** **Email**
If the person is 60 years of age or older, then score 1	

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) V.2

Prescreen for Individuals

A. HISTORY OF HOUSING AND HOMELESSNESS

QUESTIONS	Response	Refused
1. Where do you sleep most frequently?	☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ **Outdoors** ☐ **Other (specify):** _____	☐
If a person says anything other than "shelter," "transitional housing" or safe haven, then score 1		
2. How many MONTHS has it been since you lived in permanent stable housing?		☐
3. In the last 3 years, how many times have you been homeless?		☐
If the person has experienced 1 or more consecutive years of homelessness and/or 4+ episodes of homelessness, than score 1:		

B. RISKS

QUESTIONS	Response	Refused
4. a) In the past 6 months, how many times have you received health care at an emergency department/room?		☐
4. b.) In the past 6 months, how many times have you taken an ambulance to the hospital?		☐
4. c.) In the past 6 months, how many times have you been hospitalized as an inpatient?		☐
4. d.) In the past 6 months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		☐
4. e.) In the past 6 months, how many times have you talked to the police, because you witnessed a crime, were the victim of a crime, or the alleged perpetrator or a crime because the police told you that you must move along?		☐
4. f.) In the past 6 months, how many times have you stayed 1 or more nights in a holding cell, jail, or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		☐
If the total number of interactions equals 4 or more, then score 1 for emergency service use		
5. Have you been attacked or beaten up since becoming homeless?	☐ **Yes** ☐ No	☐
6. Have you threatened to or tried to harm yourself or anyone else in the last three years?	☐ **Yes** ☐ No	☐
If "Yes to any of the above, then score 1 for risk of harm		
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Yes** ☐ No	☐
If "Yes," then score 1 for legal issues		

8. Does anyone force or trick you to do things that you do not want to do?	☐ **Yes** ☐ No	☐
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Yes** ☐ No	☐
If "Yes to any of the above, then score 1 for risk of exploitation		

C. SOCIALIZATION AND DAILY FUNCTIONING

Question	Yes	No	Refused	Doesn't Know
10. Is there any person, past landlord, business, bookie, dealer, or any government group like the IRS that thinks you owe them money?	☐	☐	☐	☐
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐	☐	☐	☐
If "Yes to Question 10 or "No" to question 11, then score 1 for money management				
12. Do you have any planned activities each day other than just surviving that make you feel happy and fulfilled?	☐	☐	☐	☐
If "No" then score 1 for Meaningful Daily Activity				
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐	☐	☐	☐
If "No" then score 1 for Self Care				
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	☐	☐	☐	☐
If "Yes," then score 1 for Social Relationships				

D. WELLNESS

Question	Yes	No	Refused	Doesn't Know
15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐	☐	☐	☐
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐	☐	☐	☐
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐	☐	☐	☐
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐	☐	☐	☐
19. When you are sick or not feeling well, do you avoid getting help?	☐	☐	☐	☐
20. *FOR FEMALE RESPONDENTS ONLY*: Are you currently pregnant?	☐	☐	☐	☐
If "Yes," to any of the above, then score 1 for Physical Health				

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) V.2

Prescreen for Individuals

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐	☐	☐	☐
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐	☐	☐	☐
If "Yes," to any of the above, then score 1 for Substance Use				
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	**Yes**	**No**	**Refused**	**Doesn't Know**
a) A mental health issue or concern?	☐	☐	☐	☐
b) A past head injury?	☐	☐	☐	☐
c) A learning disability, developmental disability, or other impairment?	☐	☐	☐	☐
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐	☐	☐	☐
If "Yes," to any of the above, then score 1 for Mental Health				
If the respondent scored 1 for Physical Health and1 for Substance Use and 1 for Mental Health, score 1 for Tri Morbidity				
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐	☐	☐	☐
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐	☐	☐	☐
If "Yes," to any of the above, then score 1 for Medications				
27. YES OR NO: Has you current period of homelessness been caused by an experience of emotional, physical, psychological, sexual or other type of abuse, or by any other trauma you have experienced?	☐	☐	☐	☐
If "Yes," to any of the above, then score 1 for Abuse and Trauma				

Scoring Summary

Domain	Subtotal
Pre Survey	/1
A. History of Housing and Homelessness	/2
B. Risks	/4
C. Socialization & Daily Functions	/4
D. Wellness	/6
GRAND TOTAL	/17

Results

Score: Recommendation:

0-3: no housing intervention

4-7: an assessment for Rapid Re-Housing

8+: an assessment for Permanent Supportive

Does the client have any of the documents listed below (Check the box to the right of each document):

State ID	☐	**DD 214**	☐
Social Security Card	☐	**Proof of Income**	☐
Birth Certificate	☐	**Verification of Disability**	☐

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ____/____/_____	_:_ __ __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1				
First Name	Nickname	Last Name		
In what language do you feel best able to express yourself? _____				
Date of Birth	Age	Social Security Number	Consent to participate	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

PARENT 2				
☐ No second parent currently part of the household				
First Name	Nickname	Last Name		
In what language do you feel best able to express yourself? _____				
Date of Birth	Age	Social Security Number	Consent to participate	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

B. Risks

8. In the past six months, how many times have you or anyone in your family...
   a) Received health care at an emergency department/room? ____ ☐ Refused
   b) Taken an ambulance to the hospital? ____ ☐ Refused
   c) Been hospitalized as an inpatient? ____ ☐ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI MORBIDITY.** **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ **Y** ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ **Y** ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ **Y** ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ **N** ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ **Y** ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ **N** ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ **Y** ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ **Y** ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ **Y** ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score: Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

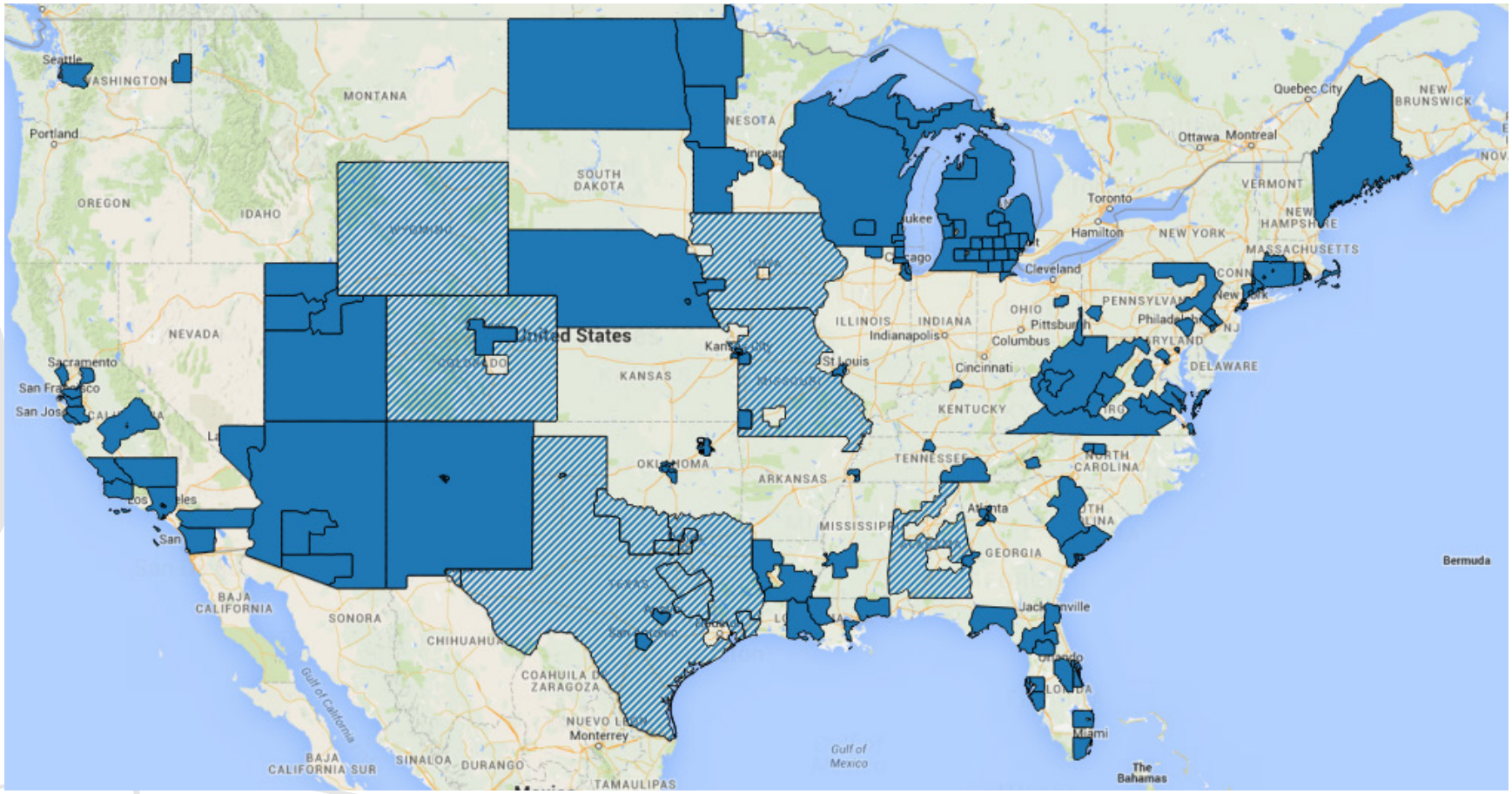
- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Maricopa Regional Continuum of Care Program Performance Report[i] FINAL				
Criteria	**Performance Standard**	**Data**	**Point Breakdown**	**Total Points Available**
1A. Project serves "harder to serve" homeless population. **PSH Only**	**A1** - Percentage of persons (or households) served by the program who meet locally defined "harder to serve" conditions at entry, listed on the APR: - Mental Illness - Alcohol Abuse - Drug Abuse - Chronic Health Conditions - HIV/AIDS - Developmental Disabilities - Physical Disabilities	APR Qs: 13a2, 5a **Calculations:** (Q13a2 Two Conditions + Q13a2 Three or More Conditions) ÷ Q5a Total Number of Persons Q13a2 Three or More Conditions ÷ Q5a Total Number of Persons If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 2 conditions 1 pt = *37% of persons* 3+ conditions 3 pts = *20% of persons* **PSH System Performance for 5/1/17 - 5/1/18:** 37% 2 conditions 20% 3+ conditions **Subcommittee discretion:** 1 point	**3**
1A. Project serves "harder to serve" homeless population. **RRH Only**	**A2** - Percentage of persons (or households) served by program that meet locally defined "harder to serve" conditions at entry, listed on the APR: - Mental Illness - Alcohol Abuse - Drug Abuse - Chronic Health Conditions - HIV/AIDS - Developmental Disabilities - Physical Disabilities	APR Qs: 13a2, 5a **Calculations:** (Q13a2 One Condition + Q13a2 Two Conditions + Q13a2 Three or More Conditions) ÷ Q5a Total Number of Persons (Q13a2 Two Conditions + Q13a2 Three or More Conditions) ÷ Q5a Total Number of Persons If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 1 condition 1 pt = *10% of persons* 2+ conditions 3 pts = *4% of persons* **RRH System Performance for 5/1/17 - 5/1/18:** 10% 1 condition 4% 2+ conditions **Subcommittee discretion:** 1 point	**3**
1B. Project serves "harder to serve" homeless population. **PSH Only**	**B1** - Percentage of adults (or households) served by the program who had zero ($0) income at entry.	APR Qs: 18, 5a **Calculations:** Q18 Number of Adults with No Income at Entry ÷ Q5a Number of Adults If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 1 pt = *30% of adults* 3 pts = *52% of adults* **PSH System Performance for 5/1/17 - 5/1/18:** 52% **Subcommittee discretion:** 1 point	**3**
1B. Project serves "harder to serve" homeless population. **RRH Only**	**B2** - Percentage of adults (or households) served by the program who had zero ($0) income at entry.	APR Qs: 18, 5a **Calculations:** Q18 Number of Adults with No Income at Entry ÷ Q5a Number of Adults If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 1 pt = *30% of adults* 3 pts = *52% of adults* **RRH System Performance for 5/1/17 - 5/1/18:** 52% **Subcommittee discretion:** 1 point	**3**

1C. Project serves "harder to serve" homeless population. **PSH Only**	**C1** - Percentage of persons (or households) served by the program who entered the project from a place not meant for human habitation.	APR Qs: 15, 5a **Calculations:** Q15 Total from Place Not Meant for Human Habitation ÷ Q5a Total Number of Persons If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 1 pt = *20% of persons* 3 pts = 34*% of persons* **PSH System Performance for 5/1/17 - 5/1/18:** 34% **Subcommittee discretion:** 1 point	**3**
1C. Project serves "harder to serve" homeless population. **RRH Only**	**C2** - Percentage of persons (or households) served by the program who entered the project from a place not meant for human habitation.	APR Qs: 15, 5a **Calculations:** Q15 Total from Place Not Meant for Human Habitation ÷ Q5a Total Number of Persons If using households, please submit the Detail Report and spreadsheets used to calculate.	***TOTAL 3 pts.*** 1 pt = *4% of persons* 3 pts = 8*% of persons* **RRH System Performance for 5/1/17 - 5/1/18:** 8% **Subcommittee discretion:** 1 point	**3**
2A: HUD Objective: Increase Housing Stability. **PSH Only**	**PSH Programs**: Percentage of persons in PH program who remained in the PSH program or exited to a permanent destination during the year, excluding any participants who passed away. – As reported in the APR.	APR Qs: 23a, 23b, 5a **Calculation:** (Q23a Permanent Destinations Subtotal + Q23b Permanent Destinations Subtotal + Q5a Number of Stayers) ÷ (Q5a Total Number of Persons – Q23a Deceased – Q23b Deceased)	***TOTAL 10 pts.*** -5 = below 65% -4 pts = 65-69.9% -3 pts = 70-74.9% -2 pts = 75-79.9% -1 pt = 80-84.9% 0 pts = 85-89.9% 2 pts = 90-93.9% 4 pts = 94-95.9% 6 pts = 96-97.9% 8 pts = 98-99.9% 10 pts = 100% **PSH System Performance for 5/1/17 - 5/1/18:** 94% **Subcommittee discretion:** 3 points	**10**
2B: HUD Objective: Increase Housing Stability. **RRH Only**	**RRH Programs**: Percentage of persons in RRH program who exited the program during the year who exited to a permanent destination, excluding any participants who passed away.. – As reported in the APR.	APR Qs: 23a, 23b, 5a **Calculation:** (Q23a Permanent Destinations Subtotal + Q23b Permanent Destinations Subtotal) ÷ (Q5a Total Number of Persons – Q23a Deceased – Q23b Deceased)	***TOTAL 10 pts.*** -5 = below 45% -4 pts = 45-49.9% -3 pts = 50-54.9% -2 pts = 55-59.9% -1 pt = 60-64.9% 0 pts = 65-69.9% 2 pts = 70-74.9% 4 pts = 75-79.9% 6 pts = 80-84.9% 8 pts = 85-89.9% 10 pts = 90-100% **RRH System Performance for 5/1/17 - 5/1/18:** 76%	**10**

			Subcommittee discretion: 3 points	
3A: HUD Objective: Increase project participant's <u>total</u> income. **PSH only**	**A1 -** The percentage of persons age 18 and older who increased total income at the end of the operating year or program exit, either by gaining a source of income or by increasing the amount of their total income. **PSH only**	APR Qs: 19a3, 5a, 18 **Calculation:** (19a3 Row 5 Column 4 + 19a3 Row 5 Column 5) ÷ (Q5a Total Number of Persons – Q18 Number of Adult Stayers Not Yet Required to Have an Annual Assessment)	***TOTAL 5 pts.*** 5 pts = >70% 4 pts = 60-69.9% 3 pts = 50-59.9% 2 pts = 40-49.9% 1 pt = 30-39.9% 0 pts = <30% **PSH System Performance for 5/1/17 - 5/1/18:** 51% **Subcommittee discretion:** 1 point	**5**
3A: HUD Objective: Increase project participant's <u>total</u> income. **RRH only**	**A2 -** The percentage of persons age 18 and older who increased total income at the end of the operating year or program exit, either by gaining a source of income or by increasing the amount of their total income. **RRH only**	APR Qs: 19a3, 5a, 18 **Calculation:** (19a3 Row 5 Column 4 + 19a3 Row 5 Column 5) ÷ (Q5a Number of Adults – Q18 Number of Adult Stayers Not Yet Required to Have an Annual Assessment)	***TOTAL 5 pts.*** 5 pts = >45% 4 pts = 35-44.9% 3 pts = 25-34.9% 2 pts = 20-24.9% 1 pt = 25-19.9% 0 pts = <25% **RRH System Performance for 5/1/17 - 5/1/18:** 25% **Subcommittee discretion:** 1 point	**5**
3B: HUD Objective: Increase project participant's <u>earned</u> income. **PSH only**	**B1 -** The percentage of persons age 18 and older who increased earned income at the end of the operating year or program exit, either by gaining employment or by increasing the amount of their earned income. **PSH only**	APR Qs: 19a3, 5a, 18 **Calculation:** (19a3 Row 1 Column 4 + 19a3 Row 1 Column 5) ÷ (Q5a Number of Adults – Q18 Number of Adult Stayers Not Yet Required to Have an Annual Assessment)	***TOTAL 5 pts.*** 5 pts = 12% or more 4 pts = 9-11.9% 3 pts = 6-8.9% 2 pts = 3-5.9% 1 pt = >0-2.9% 0 pts = 0% **PSH System Performance for 5/1/17 - 5/1/18:** 6% **Subcommittee discretion:** 1 point	**5**
3B: HUD Objective: Increase project participant's <u>earned</u> income. **RRH only**	**B2 -** The percentage of persons age 18 and older who increased earned income at the end of the operating year or program exit, either by gaining employment or by increasing the amount of their earned income. **RRH only**	APR Qs: 19a3, 5a, 18 **Calculation:** (19a3 Row 1 Column 4 + 19a3 Row 1 Column 5) ÷ (Q5a Number of Adults – Q18 Number of Adult Stayers Not Yet Required to Have an Annual Assessment)	***TOTAL 5 pts.*** 5 pts = 34% or more 4 pts = 28-33.9% 3 pts = 22-27.9% 2 pts = 16-21.9% 0 pts = <16%	**5**

			RRH System Performance for 5/1/17 - 5/1/18: 22% **Subcommittee discretion:** 1 point	
4: Effective use of federal funding.	Percentage of disbursed HUD funding for the most recent operating year.	APR Q 28, HUD Award List **Calculation:** APR Q 28 Total Expenditures ÷ Grant Award Amount Note: For any 2-yr grants, the grant award amount will be divided in half.	***TOTAL 2 pts.*** 2 pts = 98-100% 1 pt = 95-97% 0 pts = 90-94% -1 pts = 85-89% -2 pts = 80-84% -3 pts = <80% **Subcommittee discretion:** 1 point	**2**
5: HMIS; Data Quality and Training.	**5A –** Percentage of total HMIS fields, across all persons served, that are missing or in error based on the Data Quality Framework Report: Q2, Q3, Q4, Q5	APR Qs: 5a, 6a, 6b, 6c, 6d **Calculation:** (Q6a Sum of "Information Missing" + Q6a Sum of "Data Issues" + "Q6b Sum of "Error Count" + Q6c Sum of "Error Count" + Q6d Sum of "Missing Time in Institution" + Q6d Sum of "Missing Time in Housing" + Q6d Sum of "Approx Date DKR/Missing" + Q6d Sum of "Num Times DKR/Missing" + Q6d Sum of "Num Months DKR/Missing") ÷ (20 * Q5a Total Number of Persons Served)	***TOTAL 8 pts.*** 8 pts = 0% 7 pts = 1-1.9% 6 pts = 2-5.9% 5 pts = 6-8.9% 4 pts = 9-11.9% 2 pts = 12-14.9% 0 pts = 15% or more **Subcommittee discretion:** 2 points	**10**
	5B - Percentage of staff that have completed at least one HMIS training course within the past year (June 1, 2017 to May 31, 2018).	HMIS Lead Agency	***TOTAL 2 pts.*** 2 pts = 100% -1 pt = 95-99% -2 pts = 90-94% -3 pts = <90%	
6: Community Priorities and Standards	**6A - Participation in Coordinated Entry** By project, at least 95% of persons enrolled were referred through the Family Coordinated Entry System and/or the Singles Coordinated Entry System.	Report from Coordinated Entry Leads (Number of referrals accepted from the Family Coordinated Entry System and/or the Singles Coordinated Entry System June 1, 2017 to May 31, 2018) Self-report (Number of persons who entered the program June 1, 2017 to May 31, 2018) **Calculation:** Number of accepted referrals from the Family Coordinated Entry System and/or the Singles Coordinated Entry System during the operating year ÷	***TOTAL 5 pts.*** 5 pts = 98-100% 4 pts = 95-97% 3 pts = 90-94% 2 pts = 85-89% 1 pts = 80-84% 0 pts = Less than 80%	**11**

		Total number of persons who entered the program June 1, 2017 to May 31, 2018		
	6B - Participation in Coordinated Entry By project, housing providers accept 85% of eligible referrals from the Family Coordinated Entry System and/or the Singles Coordinated Entry System.	Report from Coordinated Entry Leads **Calculation:*** Number of eligible referrals from the Family Coordinated Entry System and/or the Singles Coordinated Entry System *accepted by* the program June 1, 2017 to May 31, 2018 ÷ Number of eligible referrals *made to* the project by the Family Coordinated Entry System and/or the Singles Coordinated Entry System June 1, 2017 to May 31, 2018	***TOTAL 6 pts.*** 6 pts = 95% or more 5 pts = 90-95% 4 pts = 85-89% 3 pts = 80-84% 2 pts = 75-79% 1 pts = 70-74% 0 pts = Less than 70% **Subcommittee discretion:** 2 points	
7: CoC Engagement and Participation	**4 points** for agency having a representative as a current member of the CoC Committee who attended at least 75% of meetings from June 1, 2017 to May 31, 2018.	Self-report in PRESTO/Meeting Minutes	***TOTAL 4 pts.***	**9**
	3 points for participation in one of the subcommittees or workgroups (refer to instructions below) from June 1, 2017 to May 31, 2018.	Self-report in PRESTO/ Confirmation with workgroup leader	***TOTAL 3 pts.***	
	2 points for participation in the 2018 unsheltered PIT count	Self-report in PRESTO	***TOTAL 2 pts.***	
8. Budget Cost Effectiveness	**2 pts:** Submit HUD Grant Agreement signed by both agency and HUD showing amount awarded and contract dates.	Signed HUD Grant Agreement	***2 pts.*** Signed Grant Agreement was submitted	**9** **Subcommittee discretion:** 2 points
	1 pt: The Total Project Budget includes HMIS and Administration expenses, or Other expenses that cover grant management and reporting, to ensure compliance with HUD's grant management and reporting requirements.	Total Project Budget	***1 pt.*** Total Project Budget includes HMIS and Administration expenses, or Other expenses that cover grant management and reporting.	
	2pts: Proposed supportive services expenditures are within 10% of the average cost per person to be served for projects of a similar type (PSH or RRH).	**Calculations:** Proposed Supportive Services expenditures ÷ Proposed number of persons to be served	***Proposed Services Expenditure Per Person*** **2 pts** = Middle 20% **1 pt** = Between 10 and 20% from average **0 pts** = Top or bottom 30%	

* This calculation was revised for feasibility. Based on data that is available from the community's Coordinated Entry systems, the calculation to be used for scoring is:

Number of referrals from the Family Coordinated Entry System and/or the Singles Coordinated Entry System *accepted by* the agency June 1, 2017 to May 31, 2018 + Number of referrals from the Family Coordinated Entry System and/or the Singles Coordinated Entry System June 1, 2017 to May 31, 2018 that are still pending (neither accepted nor denied)
÷
Number of total referrals *made to* the agency by the Family Coordinated Entry System and/or the Singles Coordinated Entry System June 1, 2017 to May 31, 2018

	2pts: Proposed housing assistance expenditures (Rental Assistance or Leasing + Operating) are within 10% of the average cost per person to be served for projects of a similar type (RA or Leasing).	Proposed Rental Assistance expenditures ÷ Proposed number of persons to be served OR (Proposed Leasing expenditures + Proposed Operating expenditures) ÷ Proposed number of persons to be served	***Proposed Housing Expenditure Per Person*** **2 pts** = Middle 20% **1 pt** = Between 10 and 20% from average **0 pts** = Top or bottom 30%	
	1 pt: - **Rental Assistance or Other Non-Leasing Projects only:** Show that at least **30%** of total project budget consists of non-HUD funded cash or in-kind sources. - **Leasing Projects only:** Show that at least **20%** of total project budget consists of non-HUD funded cash or in-kind sources.	Non-CoC Funded Amount ÷ Total Project Budget Amount	***1 pt.*** **At least 30%** (non-leasing) or **20%** (leasing) of total project budget consists of non-HUD funded cash or in-kind sources.	
	1 pt: - **Rental Assistance or Other Non-Leasing Projects only:** Show that **more than 30%** of total project budget consists of non-HUD funded cash or in-kind sources. - **Leasing Projects only:** Show that **more than 20%** of total project budget consists of non-HUD funded cash or in-kind sources.	Non-CoC Funded Amount ÷ Total Project Budget Amount	***1 pt.*** **More than 30%** (non-leasing) or **20%** (leasing) of total project budget consists of non-HUD funded cash or in-kind sources.	
9. Housing First Alignment	**9A - Housing First** Project commits to operating according to a Housing First model.	Self-report: USICH Housing First Checklist Core Elements of Housing First at the Program/Project Level	***TOTAL 11 pts.*** Project receives one point. for each box checked in the "Core Elements of Housing First at the Program/Project Level" section of the USICH checklist, indicating that the project meets that criteria. **Subcommittee discretion:** 2 points	**15**
	9B - Housing First Project takes proactive steps to minimize barriers to entry and retention.	Self-report: Narrative response in PRESTO (400 word limit)	***TOTAL 4 pts.*** Project receives 4 points if they describe **two ways** in which they proactively take a housing first approach in their project model. This narrative may include detailed explanations of how the project implements any of the 11 boxes they checked on the USICH checklist, or other examples of alignment with the Housing First philosophy.	

10. Commitment to Policy Priorities	**10A – Housing Cost effectiveness** Project is cost effective as compared to other projects funded by CoC funds. **PSH** Measured by average HUD CoC investment per person who stayed in the program or exited to a permanent destination. **RRH** Measured by average HUD CoC investment per person who exited to a permanent destination.	**APR Qs**: 28, 23a, 23b, 5a **Calculations:** **PSH** Q28 Total Expenditures ÷ (Q23a Permanent Destinations Subtotal + Q23b Permanent Destinations Subtotal + Q5a Number of Stayers) **RRH** Q28 Total Expenditures ÷ (Q23a Permanent Destinations Subtotal + Q23b Permanent Destinations Subtotal)	***TOTAL 5 pts.*** Top 25% = 5 pts Middle 50% = 3 pts Bottom 25% = 0 pts **Subcommittee discretion:** 1 point	
	10B - Exits to Homelessness The percentage of persons who exited the program during the year who exited to temporary destinations.	**APR Qs**: 23a, 23b, 5a **Calculation:** (Q23a Temporary Destinations Subtotal + Q23b Temporary Destinations Subtotal) ÷ Q5a Number of Leavers	***TOTAL 5 pts.*** PSH only: 5 pts = Less than 6% 4 pts = 6-9.9% 3 pts = 10-13.9% 2 pts = 14-21.9.9% 1 pt = 22-30% 0 pts = More than 30% RRH only: 5 pts = Less than 7% 4 pts = 7-10.9% 3 pts = 11-14.9% 2 pts = 15-22.9.9% 1 pt = 23-30% 0 pts = More than 30% **PSH System Performance for 5/1/17 - 5/1/18:** 13% **RRH System Performance for 5/1/17 - 5/1/18:** 14% **Subcommittee discretion:** 1 point	**10**
			Total Points Available	**95**

[i] Projects operated by victim service providers will be evaluated based on APR and other aggregate data reported out of each agency's comparable database.

Discretionary Points and Explanatory Narratives

Instructions for Discretionary Points

Provider Instructions

You may enter narrative responses into PRESTO questions 21 -33 for any criteria with discretionary points. These guidelines explain what panelists will and will not consider when using their discretion.

In your narrative responses, please provide rationale that falls within these guidelines and that is **preferably data supported**. If you cite data, you should **provide supporting documentation**.

Instructions to R&R Committee:

Discretionary factors are optional factors to consider. They are the bounds of what you may consider, but you don't have to consider any particular rationale or factor.

You may consider the discretionary factors in relation to how far or close a project performed to the benchmark or threshold for the scorecard metric. (E.g. A project that presents a compelling rationale and is very close to the next step in a scorecard scale, vs a project that presents a compelling rationale but is much farther away from the next step in the scale.)

Guidelines by Criteria

External Market Conditions – no discretionary points

Discretionary points **will not** be awarded on the basis of any of the following:

- Level of rents or amount of FMRs
- Scattered-site v project-based (except Q4)
    - Project-based housing: relatively quick to get a housing placement.
    - Scattered site: may be harder to find units to lease up.
- Landlords not willing to engage
- COLA: Federal increase that happens or not and applies to everyone
- Project performance that is very close to but does not reach the benchmark or threshold for receiving additional points

Global Factors – apply to metrics 1A, 1B, 1C, 2, 3A, 3B, 10A, 10B

Discretionary points **may be** awarded based on the following for **all criteria based on client outcomes**:

- Size of households served
- Size of project

Criteria 1A: Conditions at Entry

- Explain target population (e.g. survivors or domestic violence, human trafficking, and sexual assault; people with criminal background)
- Legacy clients that entered the project prior to the community's prioritization of chronically homeless and high-acuity clients
- CE referrals (may not impact everyone the same which potentially achievement of outcomes)

    - Families: 1:1 referral
    - Singles: multiple options are presented
- Size of households referred

Criteria 1B: Income at Entry

- If you enter client data into HMIS at the lease up date, you can explain how this might impact your data. (Current HMIS Data Standards require client data entry before lease-up date.)
    - For example, a project that enters clients into HMIS at the lease up date might have been working with the client to gain income prior to that date. The client might have had zero income when they started working with the project, but by the time they signed the lease the project had already helped them gain income.
- Cash assistance for families would be considered zero income at entry

Criteria 1C: Place Not Meant for Human Habitation Prior to Entry

- Explain target population. (e.g. survivors or domestic violence, human trafficking, and sexual assault may not come from place not meant for human habitation.)

Criteria 2: Housing Stability

- If you currently enter client data before the date of lease, you can explain how this might impact your data. (Current HMIS Data Standards require client data entry before lease-up date).
    - For example, a project that enters clients into HMIS prior to the lease-up date might have people exit without ever signing a lease. These leavers would be included in the Housing Stability metric.
    - On the other hand, if a project waits to enter clients in HMIS when they sign a lease, then any person who stops working with a program prior to signing a lease would not be included in the Housing Stability metric.

Criteria 3A: Increased Total Income

- Explain target population
    - Youth who are 18 in high school who don't work
    - Disabled, elderly
- Did the project increase income at any point since client entered the project?
    - E.g.: A client that received an entitlement benefit a few years ago may not have additional income
    - The project may have helped them get the income, initially.
- Clients who came in with disability benefits income and the project helped them to maintain that income
- Ways the project has worked with the client to increase their skills and employment opportunities, if the client is not currently working

Question 3B: Increased Earned Income

- Explain target population
    - Youth who are 18 in high school who don't work
    - Disabled, elderly
- Did the project increase employment income at any point since client entered the project?

    - E.g.: A client that received an entitlement benefit a few years ago may not have additional income
    - The project may have helped them get the income, initially.
- Clients who came in with employment income and the project helped them to maintain that income
- Ways the project has worked with the client to increase their skills and employment opportunities, if the client is not currently working

Question 4: Draw-down of Grant Funds

- Start-up project: Project is still ramping up the first year of a project. Give the start date of the project.
- Scattered-site v project based
    - Leasing Projects: Leasing, operating and services budget. Relatively predictable spending of funds.
    - Rental Assistance Projects: Rental assistance budget. Expenditures are more reliant on rents the project is able to negotiate or find for client. Thus, rental assistance projects may have a harder time spending down the funds than leasing projects.
- What applicants have done or are doing to mitigate the spenddown.

Question 5A: Data Quality

- Explain target population:
    - There are important reasons not to include identifying information for survivors or domestic violence, human trafficking, and sexual assault

Question 5B: HMIS Training

No discretionary points.

Question 6A: Coordinated Entry Participation

No discretionary points.

Question 6B: Coordinated Entry Referral Acceptance Rate

- Clients were denied because of ineligibility
- Applicant may explain how the Coordinated Entry workflow might have impacted its score.

Question 7: CoC Engagement

No discretionary points.

Question 8: Budget

- "Number of Proposed Persons to be Served" is based on the number of persons actually served in a previous grant year. Explain how changes to grant amount, capacity, or program design will change the number of people you expect to serve in the 2019-2020 grant year.
- Proposed cost for RRH may be different than the actual future expenditures. Harder to predict how many people will serve in a RRH, because RRH has built-in turnover.

Question 9A: Housing First

- Applicant may explain why they didn't check a checkbox.

Question 9B: Housing First Implementation

No discretionary points.

Question 10A: Housing Cost Effectiveness

- If you currently enter client data before the date of lease, you can explain how this might impact your data. (Current HMIS Data Standards require client data entry before lease-up date.)
    - For example, a project that enters clients into HMIS prior to the lease-up date might have people exit without ever signing a lease. These leavers would be included in this metric.
    - On the other hand, if a project waits to enter clients in HMIS when they sign a lease, then any person who stops working with a program prior to signing a lease would not be included in this metric.

Question 10B: Exits to Homelessness

- If you currently enter client data before the date of lease, you can explain how this might impact your data. (Current HMIS Data Standards require client data entry before lease-up date.)
    - For example, a project that enters clients into HMIS prior to the lease-up date might have people exit without ever signing a lease. These leavers would be included in the Exits to Homelessness metric.
    - On the other hand, if a project waits to enter clients in HMIS when they sign a lease, then any person who stops working with a program prior to signing a lease would not be included in the Exits to Homelessness metric.
- Number of leavers: A project with a very small number of exits may have a higher rate of exits to homelessness but very strong overall housing stability.

Maricopa Regional Continuum of Care New Project Score Card			
Criteria	**Performance Standard**	**Question(s) for Applicant**	**Total Points Available**
1A. Experience with proposed population and similar housing **Required Submissions:** Narrative response (500-word limit); Documentation of performance outcomes	**5 pts:** The applicant has experience working with the proposed population.	Describe the experience of the applicant and subrecipients (if any) in working with the proposed population.	**15**
	5 pts: The applicant has experience in providing housing similar to that proposed in the application.	Describe the experience of the applicant and subrecipients (if any) in providing housing similar to that proposed in the application. If the applicant and subrecipients (if any) do not have experience providing similar housing, explain how the applicant will supplement their experience through partnership with another organization.	
	5 pts: The applicant has demonstrated strong outcomes related to measures of housing stability and increased income in former or current housing programs.	Include outcomes related to the following or comparable measures of housing stability and increased income in the narrative response. Please also provide documentation of the data for each outcome cited. Note that all identifying client information should be redacted before submission. - **For permanent supportive housing:** Percentage of persons in program who remained in the program or exited to a permanent destination during the year, excluding any participants who passed away - **For rapid rehousing/transitional housing:** Percentage of persons in program who exited the program during the year who exited to a permanent destination, excluding any participants who passed away - **For all projects:** The percentage of persons age 18 and older who increased total income at the end of the operating year or program exit, either by gaining a source of income or by increasing the amount of their total income - **For all projects:** The percentage of persons age 18 and older who increased earned income at the end of the operating year or program exit, either by gaining employment or by increasing the amount of their earned income	
1B. Housing First alignment **Required Submissions:** USICH Checklist; Narrative response (400-word limit)	**6 pts:** Housing projects that the applicant currently operates are aligned with Housing First. Applicant receives .5 points for each box checked in the "Core Elements of Housing First at the Program/Project Level" section of the USICH checklist, indicating that the applicant's current housing project(s) meet that criteria. Applicant receives a full 6 points if all boxes in "Core Elements of Housing First at the Program/Project Level" are checked. If applicant does not currently operate a housing project, complete the checklist based on how the proposed housing project will operate.	Please complete the USICH Housing First Checklist "Core Elements of Housing First at the Program/Project Level" section based on a housing project or projects the applicant currently operates. If the applicant does not currently operate a housing project, complete the checklist based on how the proposed housing project will operate.	**10**

	4 pts: Applicant receives 4 points if it describe **two ways** in which it takes proactive steps to minimize barriers to entry and retention in housing projects it currently operates. If applicant does not currently operate a housing project, describe how the proposed housing project will minimize barriers to entry and retention.	Describe **two ways** in which the applicant takes proactive steps to minimize barriers to entry and retention in housing projects it currently operates. If applicant does not currently operate a housing project, describe how the proposed housing project will minimize barriers to entry and retention. This narrative may include detailed explanations of how the applicant implements any of the 11 boxes they checked on the USICH checklist, or other examples of alignment with the Housing First philosophy.	
1C. Experience in effectively utilizing federal funds **Required Submission:** Narrative response (500-word limit)	Applicant has experience in effectively utilizing federal funds including HUD grants and other public funding, including: - Spend-down of funds - Timely submission of required reporting on existing grants - Timely resolution of monitoring findings	Provide the following information regarding up to three of the applicant's most recently completed federal grants, including HUD grants or other federal funding sources: - Name of the federal funding stream - Type of project or purpose of funding - Start and end dates of grant - **Spend-down of funds:** The percentage of grant funding that was expended for each grant. - **Timely submission of required reporting on existing grants:** Due dates and submission dates of required reporting on each grant. - **Timely resolution of monitoring findings:** Description of any HUD or other grantee monitoring findings for each grant and steps taken to resolve them If the applicant has never received federal funding, respond to these questions based on up to three of the applicant's most recently completes state or local government grants.	**5**
2A. Design of housing and supportive services **Required Submission:** Narrative response (600-word limit)	Extent to which the applicant:	**Note:** This response should not duplicate your response to criteria 2B, which focuses specifically on services and strategies to minimize barriers to housing and ensuring that housing is safe, accessible, and affordable. Describe the applicant's plan for providing services to clients and/or referring clients to outsides services for support, including:	**17**
	- **5 pts:** Demonstrates understanding of the needs of the clients to be served o Projects dedicated to survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking, must demonstrate how they will support the safety of their participants	- The process for developing client service plans and matching clients with services that meet their needs o If the project will be dedicated to survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking, please describe how the project will support the safety of its participants	
	- **4 pts:** Demonstrates that the type, scale, and location of the housing fit the needs of the clients to be served	- The process for matching clients with the appropriate type, scale, and location of housing	
	- **4 pts:** Demonstrates that the type and scale of all supportive services, including the funding source, meet the needs of the clients to be served	- Supportive services that applicant will provide to meet the needs of the target population and the proposed funding source for those supportive services	
	- **3 pts:** Demonstrates how clients will be assisted in obtaining and coordinating the provision of mainstream benefits	- How the applicant will support clients in obtaining and coordinating the provision of mainstream benefits	
	- **1 pts**: Establishes performance measures for housing stability and increased income	- Performance goals for housing stability and increased income	

	that are objective, measurable, trackable, and meet or exceed any established by CoC benchmarks		
2B. Securing and maintaining permanent housing **Required Submission:** Narrative response (600-word limit)	- **5 pts:** The applicant has a plan to minimize barriers to housing placement and support highly vulnerable high-needs clients to rapidly obtain housing	Please describe the proactive steps the applicant will undertake to minimize barriers to housing placement and actively support highly vulnerable and high-needs clients to rapidly obtain housing.	**13**
	- **5 pts:** The applicant has a plan to ensure that housing is safe, accessible, affordable, and meets clients' needs, including identifying housing that is physically accessible or helping the client obtain reasonable accommodations.	Please describe the proactive steps the applicant will undertake to ensure that housing is safe, accessible, affordable, and acceptable to clients' needs, including identifying housing that is physically accessible or helping the client obtain reasonable accommodations.	
	- **3 pts:** The applicant has a plan for affirmatively furthering Fair Housing, including but not limited to: informing clients of their rights under the Fair Housing Act, checking for landlord compliance with Fair Housing requirements, supporting clients and working with landlords to ensure Fair Housing compliance, connecting clients with resources to address Fair Housing violations, and/or internal monitoring and staff training on Fair Housing.	Please describe the applicant's plan for affirmatively furthering Fair Housing. For example, this may include but is not limited to: informing clients of their rights under the Fair Housing Act, checking for landlord compliance with Fair Housing requirements, supporting clients and working with landlords to ensure Fair Housing compliance, connecting clients with resources to address Fair Housing violations, and/or internal monitoring and staff training on Fair Housing.	
2C. Increasing income **Required Submission:** Narrative response (400-word limit)	Clients will be assisted to increase income from employment or other sources.	Please describe how applicant will help clients secure employment and/or access mainstream resources to increase their income. For example: - What types of services will be provided in-house? - What types of services will require referrals? - What agencies will accept referrals? - How will the referral scheme ensure connection? - What is the process for developing client service plans and matching clients with services?	**10**
3. Timeliness **Required Submission:** Chart Outlining Detailed Schedule (1-page limit)	The project will be ready to start by HUD's statutory deadlines and has a feasible timeline for staffing, establishing site control, beginning to draw down funds, and otherwise complying with CoC Program deadlines.	Please describe the plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award, including the timeline for staffing, establishing site control, beginning to draw down funds, and otherwise complying with CoC Program deadlines.	**5**
4A. Audit **Required Submission:** Financial Audit and Management Letter; If any findings or concerns, documentation of resolution or attempts to resolve; OR explanation	**5 pts:** Most recent audit indicates no findings or concerns. **4 pts:** Most recent audit indicates findings or concerns, but all findings or concerns have been resolved. **0-3 pts:** Recent audit indicates unresolved findings or concerns.	Please submit your agency's most recent financial audit (Single Audit as required under OMB Circular A-133) and management letter or provide an explanation regarding why there has not been an audit.* If your audit indicates any findings or concerns, please provide any documentation that those findings or concerns have been resolved or documentation of the agency's attempts to resolve them. *The CoC Program Interim Rule section 578.99(g) requires all CoC recipients to comply with the audit requirements of OMB Circular A-133 "Audits of States, Local Governments, and Non-	**5**

regarding why there was no audit **Optional Submission:** Narrative explanation if audit contains findings or concerns, or explanation of reason for not having a recent audit (300-word limit)		Profit Organizations." Note that the audit requirement is dependent on the amount of total federal funding expended by the agency as a whole, and this requirement may not apply to some applicants.	
4B. Match amount **Required Submission:** Draft FY 2018 HUD e-snaps Project Application (PDF)	Project has secured the HUD-required 25% match commitments.	Please note that HUD requires programs to provide 25% match for all assistance requested through the CoC Program Competition excluding Leasing funds and including Admin funds. Applicants *should not submit* commitment letters or MOUs documenting match commitments as part of this local application. However, if your application is conditionally selected by HUD for funding, it is likely that HUD will request documentation of match commitments after awards are announced and before the grant agreement can be signed.	**5**
4C. Reasonable budget **Required Submission:** Please complete the budget and point-in-time capacity charts in Question 4C of the New Project Local Application form.	Budgeted costs are eligible under the Continuum of Care Program Interim Rule (24 CFR Part 578) and the 2018 Notice of Funding Availability.	The project budget in Question 4C of the New Project Local Application form should include CoC program funds and match. It should match the summary budget in Question 6J of the draft FY 2018 HUD e-snaps Project Application. The point-in-time capacity chart in Question 4C of the New Project Local Application form should estimate the number of people and households the project will be able to serve, **at full capacity on a single night**. It should match the numbers of people and households in question 5A of the draft FY 2018 HUD e-snaps Project Application.	**5**
5. Coordinated Entry Participation **Required Submission:** Checkboxes in Question 5 of the New Project Local Application form completed by authorized agency representative **Required Submission for Project with Existing CoC Grants:** Narrative response (300-word limit)	**3 pts:** Project commits to ensuring 100% of persons enrolled will be referred through the Family Coordinated Entry System and/or the Singles Coordinated Entry System.	Project commits to ensuring 100% of persons enrolled will be referred through the Family Coordinated Entry System and/or the Singles Coordinated Entry System.	**5**
	2 pts: Project commits to work with the Coordinated Entry Subcommittee to problem solve any onboarding or prioritization issues. If the applicant already receives a Continuum of Care grant, please describe the applicant's participation in the Coordinated Entry Subcommittee.	Project commits to work with the Coordinated Entry Subcommittee to problem solve any onboarding or prioritization issues. If the applicant already receives a CoC grant, the applicant describes its participation in the Coordinated Entry Subcommittee.	
Total Points Available			**95**

Maricopa Regional Continuum of Care New HMIS and CES Project Evaluation Criteria	
Criteria	**Performance Standards**
1A. Experience with proposed population and similar project **Required Submissions:** Narrative response (500-word limit); Documentation of performance outcomes	Describe the applicant's experience working with this community and/or the population to be served.
	Describe the applicant's experience in operating a project similar to that proposed in the application.
	Describe applicant's performance outcomes related to a project or projects similar to that proposed in the application. Please report data for any recent 12-month period. • If applying for an HMIS project, system-wide data quality outcomes for an HMIS that the applicant currently operates. If possible, please provide either a system-wide HMIS Data Quality Report or a system-wide APR. Otherwise, provide any system-wide data quality outcomes that are available. • If applying for a Coordinated Entry project, performance outcomes the applicant uses to track system performance in a Coordinated Entry system the applicant currently operates.
1B. Housing First alignment **Required Submissions:** Narrative response (400-word limit)	If applicable, describe how the proposed project aligns with Housing First, including the extent to which it aligns with items on the USICH Housing First Checklist "Core Elements of Housing First at the Community Level."
1C. Experience in effectively utilizing federal funds **Required Submission:** Narrative response (500-word limit)	Describe the applicant's experience in effectively utilizing federal funds, both HUD grants and other public funding, including: - Spend-down of funds - Timely submission of required reporting on existing grants - Timely resolution of monitoring findings
2. Design of project **Required Submission:** Narrative response (600-word limit)	Provide a narrative response that: - Demonstrates understanding of the needs of the clients, community, and/or agency partners to be served o For projects dedicated to survivors of domestic violence, dating violence, sexual assault, stalking, and/or human trafficking only, please demonstrate how you will support the safety of their participants - Describes the proposed project and demonstrates that the type, scale, and location of the project/services fit the needs of the community - Describes the performance outcomes or indicators that the applicant proposes to use to track in order to measure the success of the project.
3. Timeliness **Required Submission:** Chart Outlining Detailed Schedule (1-page limit)	Describe the applicant's plan for the project to be ready to start by HUD's statutory deadlines, including a feasible timeline for staffing, establishing site control (if applicable), beginning to draw down funds, and otherwise complying with CoC Program deadlines. Provide a detailed schedule, in chart/table format, of proposed activities for 60 days, 120 days, and 180 days after grant award, including the timeline for staffing, establishing site control, beginning to draw down funds, and otherwise complying with CoC Program deadlines.
4A. Audit **Required Submission:** Financial Audit and Management Letter; If any findings or concerns, documentation of resolution or attempts to resolve; OR explanation regarding why there was no audit **Optional Submission:** Narrative explanation if audit contains findings or concerns, or explanation of reason for not having a recent audit (300-word limit)	Most recent audit will be reviewed for findings or concerns. Please submit your agency's most recent financial audit Single Audit as required under OMB Circular A-133) and management letter or provide an explanation regarding why there has not been an audit. The CoC Program Interim Rule section 578.99(g) requires all CoC recipients to comply with the audit requirements of OMB Circular A-133 "Audits of States, Local Governments, and Non- Profit Organizations." Note that the audit requirement is dependent on the amount of total federal funding expended by the agency as a whole, and this requirement may not apply to some applicants. If your audit indicates any findings or concerns, please provide any documentation that those findings or concerns have been resolved or documentation of the agency's attempts to resolve them.

4B. Match amount **Required Submission:** Draft FY 2018 HUD e-snaps Project Application (PDF)	Project has secured the HUD-required 25% match commitments.
4C. Reasonable budget **Required Submission:** Please complete the budget chart in Question 4C of the New Project Local Application form and the budget narrative.	Budgeted costs are eligible under the Continuum of Care Program Interim Rule (24 CFR Part 578) and the 2018 Notice of Funding Availability.

Title VI

Title VI requires that no person in the United States of America shall, on the grounds of race, color, or national origin, be excluded from the participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which MAG receives federal financial assistance.

Get in Touch

Address: 302 N. 1st Ave., Suite 300
Phoenix, Arizona 85003

Phone: (602) 254-6300

FAX: (602) 254-6490

Email: mag@azmag.gov

Follow Us

© Copyright 2018 by Maricopa Association of Governments | Terms Of Use | Privacy Statement

File Management

Root > Documents

Enter search term

Views Actions

Documents

- Root
  - AZ-COGS
  - DNNEvents
  - Documents
  - Documents-Ext
  - FS_Documents
  - Images
  - img
  - Intermountain-MPOs
  - JobListings
  - JS_Files
  - LiveContent
  - MAG HTML Modules
  - MAG_Files
  - MAG-at-50_MAGAZine
  - Module Exports
  - News-Releases
  - Page Styling

Name	Date modified	Size
AvondaleTCS	4/6/2017 1:07 PM	
ALCP_FY2011-Update-Workbooks	4/6/2017 1:07 PM	
MRCoC_2018-09-13_Consolidated-Application-FY2018_Public-Posting.pdf	9/13/2018 5:21 PM	9.9 MB
MRCoC_2018-09-13_NOFA-Project-Applications.pdf	9/13/2018 5:11 PM	7.6 MB
CoC_2018-09-13_NOFA-Planning-Grant-FY2018_Public-Posting.pdf	9/13/2018 4:43 PM	377.2 KB
CoC_2018-09-13_NOFA-Project-Priority-Listing-FY2018_Public-Posting.pdf	9/13/2018 4:43 PM	40.3 KB
ATAN-policy.pdf	9/4/2018 1:40 PM	642.1 KB
Ari-Son_2018-08-23-MAG-Presentation.pdf	8/23/2018 5:46 PM	6.7 MB
Ari-Son_2018-08-23_Results-of-Mexican-Election-Cycle.pdf	8/23/2018 5:46 PM	4.7 MB
Ari-Son_2018-08-23_Presidential-Election.pdf	8/23/2018 5:46 PM	1.1 MB

Items per Page: 10 First Prev 1 2 3 4 5 6 ... Next Last

9197 items on 920 pages

MARICOPA ASSOCIATION of GOVERNMENTS

Select Language ▼

≡

Programs / Homelessness / NOFA

NOFA

The Maricopa Regional Continuum of Care is seeking new and renewal applications for homeless services funding. The 2018 HUD Continuum of Care Notice of Funding Availability (NOFA) has been released and applications are now available in e-snaps. HUD has posted notices on the FY 2018 CoC NOFA page and CoC Program Competition resources are available on the e-snaps Resources page on the HUD Exchange.

Please submit an Intent to Apply form to Kinari Patel by 3pm on July 20 if your agency plans to submit a new application and please contact Anne Scott if your agency would like to be included in the 2018 NOFA information distribution list. All local applications must be submitted in to MAG by 9:00 a.m. August 1. No late applications will be accepted.

2018 NOFA Materials

- NOFA Announcement
- NOFA Timeline
- Intent to Apply Form (due by 3:00 p.m., July 20)
- 2018 New Project Local Application Form (due by 9:00 a.m., August 1)
- Rank, Review, and Reallocation Process
- 2018 New Project Score Card
- USICH Webinar Recording: FY 2018 Continuum of Care Competition: Strategies for Success
- New HMIS/Coordinated Entry Project Local Application
- 2018 New HMIS/Coordinated Entry Project Score Card

Admin / File Management

File Management

Root > Documents > NOFA

Enter search term

Views Actions

NOFA

- Root
  - AZ-COGS
  - DNNEvents
  - Documents
    - ALCP_FY2011-Update-
    - ATAN
    - AvondaleTCS
    - Communications
    - Continuum of Care
    - Crash-Trends
    - Domestic Violence
    - FastFacts-Sheets
    - Heat-Relief
    - HISP
    - Homelessness
    - HSIP
    - I-10 I-17 Spine Study
    - MagContent

Name	Date modified	Size
2018-CoC-Review-and-Rank-Process-Scorecard-Discretionary-Points-Packet.pdf	7/3/2018 7:45 AM	407.3 KB
2018-Maricopa-HMIS-CE-Project Score-Card_7.12.18.docx	7/27/2018 11:09 AM	27.8 KB
2018-Maricopa-New Project-Application.docx	7/13/2018 10:03 AM	36.6 KB
2018-Maricopa-New-Project-Score-Card.docx	7/13/2018 10:03 AM	35.4 KB
2018-nofa-announcement.pdf	7/3/2018 8:24 AM	1.2 MB
2018-Phoenix-NOFA-Timeline.pdf	7/3/2018 7:42 AM	87.3 KB
FORM-2018-Maricopa-HMIS-CE-Application_7.17.18.docx	7/27/2018 11:09 AM	30.7 KB
FY-2017-CoC-Project-Awards.pdf	2/1/2018 11:29 AM	80.2 KB
Intent-to-Apply-form 2018.doc	7/16/2018 2:17 PM	38.5 KB

Items per Page: 10

9 items

© Copyright 2018 by Maricopa Association of Governments | Terms Of Use | Privacy Statement

REVIEW, RANK and REALLOCATION PROCESS

CoC Board Approved June 25, 2018

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

GENERAL PROCESS

A. Phase I - Renewal Project Scoring and Ranking

- The Collaborative Applicant (MAG) may receive input from HUD Grantees on the scoring tool (see attachment "Program Performance Report"). The Collaborative Applicant will finalize the scoring tool and review and rank process. The scorecard is based on objective criteria as reported in the project's Annual Performance Report submitted to HUD. Criteria include points for: serving clients with multiple conditions and those that enter with no income; projects that serve clients entering from a place not meant for human habilitation; projects whose clients increase housing stability and income; effective use of federal funding; and, projects with reliable data measured by data quality measures. In addition, the CoC awards points for participation in Coordinated Entry and the Continuum of Care; cost effectiveness; alignment with Housing First principles; and, exists to homelessness.
- The Collaborative Applicant initiates the first phase of the performance evaluation, communicates expectations and deadlines to project applicants, and collects required materials. The Collaborative Applicant will coordinate the collection of all reports and materials needed for the scoring tool and coordinate the scoring process for renewal projects.
    - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and need not submit any reports or materials for scoring.
    - Projects operated by Victim Service Providers or that do not use HMIS because they serve survivors of domestic violence, human trafficking, or sexual assault will submit data reports from the project's comparable database.
- The CoC Board will review data sources for community needs and gaps in the CoC program portfolio to make a data-informed decision on funding priorities.
- The CoC Board will review and approve a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant will recruit a non-conflicted Review and Rank Subcommittee (Subcommittee). The Subcommittee may include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Subcommittee and some Subcommittee consistency from year to

year. CoC Board members are prohibited from serving on the Subcommittee. Members sign conflict of interest and confidentiality statements.

- The Collaborative Applicant will finalize Subcommittee membership and compile renewal project application packets for Subcommittee review.
- Following release of the CoC Program NOFA, the Collaborative Applicant may collect additional information that is necessary to submit a more competitive Consolidated Application.
- Review and Rank Subcommittee members will be oriented to the process, trained, and receive applications. They will review renewal project application materials over a one- to two- week period. They will review and score renewal project applications using the discretionary points embedded in the scorecard based on the narrative sections provided by applicants in the scorecard (additional details below in attachment "Discretionary Points and Explanatory Narratives").
- CoC staff will ensure all renewal project applications pass Threshold Review (additional detail below).
- Subcommittee members will meet to jointly discuss each renewal project application and conduct short, mandatory interviews with applicants in person. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interview is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
    - A Collaborative Applicant representative attends Subcommittee meetings to staff the meetings and act as a resource.
    - In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community's system of care when generating recommendations for the CoC Board.
    - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and ranked at the top of Tier I.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include only renewal projects.
    - Option One: A ranked list based on raw scorecard scores.
    - Option Two: A ranked list based on scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
    - Option Three: A ranked list reflecting the Subcommittee's consideration of qualitative factors, as described above and incorporated into standardized interview questions.
- The Subcommittee will review the three options with the CoC Board to allow for explanation, questions, and meaningful dialogue between the members of the

Subcommittee and the CoC Board. The CoC Board will not approve the rank order of renewal projects at this time.

B. Phase II - New and Expansion Project Scoring and Ranking and Project Application Review

- Following release of the CoC Program NOFA, all renewal project applicants and new agencies interested in applying will be invited to attend a NOFA launch session. Public notice will be sent to all agencies with renewal applications, the CoC general distribution list, local governments in the region, and posted on the MAG website. The public notice will seek renewal and new applications. New and expansion project application requirements, process and timeline will be explained.
- The Collaborative Applicant will coordinate the collection of all reports and materials needed for scoring and coordinate the scoring process for new and expansion projects.
- Applicants will prepare and submit project applications.
    - Late applications received after the deadline or incomplete applications will not be accepted.
- The Collaborative Applicant will complete a technical review of HUD e-snaps project applications for completeness and technical errors. Applicants will be notified if technical corrections are needed and must complete technical corrections as directed.
- Emergency Procedure: MAG staff will do everything possible to ensure that an application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Subcommittee has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, MAG staff may solicit and submit further applications for the full available amount, with projects representing HUD priorities.
- CoC staff ensure all new and expansion project applications pass Threshold Review.

Threshold Review

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

- Project must participate or agree to participate in the Coordinated Entry system to the capacity the Coordinated Entry system is built out in the community.
- Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- All proposed program participants will be eligible for the program component type selected.
- The information provided in the project application and proposed activities are eligible and consistent with program requirements in 24 CFR part 578.

- Each project narrative is fully responsive to the question being asked and meets all criteria for that questions as required by the NOFA.
- Data provided in the application are consistent.
- Required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information that are dated between May 1, 2018 and September 18, 2018.

- Subcommittee members will review and score new and expansion project application materials over a one- to two- week period based on the scorecard for new projects.
- The CoC Board will review the CoC Planning Grant funding application.
- Review and Rank Subcommittee members will meet to jointly discuss each new or expansion project application and conduct short, mandatory interviews. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interviews is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
    - A Collaborative Applicant representative attends Subcommittee meetings to staff the meetings and act as a resource.
    - In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs and potential impact to the community's system of care when generating recommendations for the CoC Board.
    - Expansion projects will be evaluated using the same scorecard as new projects. If an expansion project receives a score higher than the renewal project it is expanding, the expansion project will be ranked immediately below the renewal project.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include all renewal, new, and expansion projects.
    - Option One: A ranked list based on raw scorecard scores.
    - Option Two: A ranked list based on raw scores for new and expansion projects and on renewal project scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
    - Option Three: A ranked list reflecting the Subcommittee's consideration of qualitative factors, as described above and incorporated into standardized interview questions.
- The CoC Board meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board.
- The CoC Board will consider the three options presented and approve a rank order of new, expansion, and renewal projects. CoC Board members that have an application for funding must recuse themselves from the vote and will be asked to follow the same

process as other project applicants.

- The CoC Board's ranking decision is delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact, as described in the "Appeals Process" below. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the Review and Rank Subcommittee will attend the Appeal Panel to provide information but will not be members of the Appeal Panel or have a vote.
- The CoC Board will meet to consider the ranked list generated by the appeals process and to approve a final rank order for submission to HUD.

REALLOCATION PLAN

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

1. Unspent funds and the ability to cut grants without cutting service/housing levels
    - Subcommittee members will receive guidance about the limitations related to spending CoC funds.
    - For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve)
2. Projects with consistently low scores
    - Scrutiny will be given to projects that scored in the bottom 10% in the past three years
3. Alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
4. Impact on the community in light of community needs
5. Non-compliance issues identified during the Review and Rank process

The impact of this policy is that both high-scoring and low-scoring projects may be reallocated if these considerations warrant that decision.

APPEALS PROCESS

The Review and Rank Subcommittee reviews all applications and ranks them for funding recommendations for approval by the CoC Board to be forwarded to HUD for funding. The CoC Board's funding recommendation decision is communicated to all applicants by email within 24 hours of the determination. All applicants are hereby directed to contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov) if no email notice is received.

1. Who May Appeal

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

2. What May Be Appealed

"An appealable ranking decision" is a decision by the Review and Rank Subcommittee that:

a. Reduces the budget to a lower amount than applied for;
b. Ranks the project in Tier 2, or;
c. Recommends the project for reallocation.

3. Scope of an Appeal

The main questions for the Appeals Panel are:

a. Was the review process followed consistently?
b. Were all applicants evaluated in a similar manner?
c. Did the Ranking Panel or the Continuum of Care make an error?

Disagreement with discretionary point allocations are not grounds for appeal. The Rank and Review Subcommittee will insure that discretionary points are applied consistently across projects.

If an error was made by the Rank and Review Subcommittee, the Board, or applications were not reviewed according to the same process, then an appeal may have merit and an appeal hearing may be granted.

An appeal does not have merit if the agency interprets the information differently or if they provide additional information after the application deadline and/or CoC Board decision.

There are issues that are important that are clearly beyond the scope of this body such as the importance of a program, the special needs of a target population, and the impact on other systems.

If the appeal hearing is not granted, the project remains on the project listing as approved by the Board.

If the hearing and appeal are granted, and project scoring and/or listing changes, the project

listing will be revised accordingly. This would impact other projects and therefore, the Continuum of Care Board will need to establish quorum, meet, and take action on the final project listing. The decision of the CoC Board will be final.

4. Timing

The ranking decision is communicated to all applicants within 24 hours of Board funding decision. The Board funding decision will take place at least 20 days prior to the NOFA due date. Applicants have 48 hours after the CoC Board funding decision to submit their appeal and should contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov. Applicants who are eligible and decide to appeal should submit a formal written appeal (no longer than 2 pages) to Kinari Patel (kpatel@azmag.gov). If an appeal will be filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

5. Initiating the Formal Appeal

The Formal Appeal must be submitted within 48 hours of the CoC Board funding decision (time countdown begins on the time listed on the agenda when the Board meeting ends). The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the CoC Board's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Kinari Patel (kpatel@azmag.gov).

6. Members of the Appeal Panel

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

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

The Appeal Panel will review the written appeal for merit. If the Appeal Panel believes there is merit to the appeal on the basis of facts, then an appeals meeting will be conducted either in person or by telephone with a representative(s) of the agency who filed the appeal. The Panel then will deliberate and inform appealing agencies of its decision.

If an appeals meeting is held, the CoC Board will approve the final project list for submission. If an appeals meeting is not held, the original project list will be upheld. The decision of the CoC Board will be final. Final decisions for projects being rejected or reduced and the reason(s) for the rejection or reduction will be communicated in writing and outside of e-snaps no later than 15 days prior to the FY 2018 NOFA application deadline.

CONSOLIDATED APPLICATION

- The Consolidated Application will be made available to community for inspection on MAG's website at least two days prior to the FY 2018 NOFA application deadline.
- MAG will submit the Consolidated Application to HUD.
- Stakeholders will be advised that the application has been submitted.
- Projects will have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.

REVIEW, RANK and REALLOCATION PROCESS

CoC Board Approved June 25, 2018

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

GENERAL PROCESS

A. Phase I - Renewal Project Scoring and Ranking

- The Collaborative Applicant (MAG) may receive input from HUD Grantees on the scoring tool (see attachment "Program Performance Report"). The Collaborative Applicant will finalize the scoring tool and review and rank process. The scorecard is based on objective criteria as reported in the project's Annual Performance Report submitted to HUD. Criteria include points for: serving clients with multiple conditions and those that enter with no income; projects that serve clients entering from a place not meant for human habilitation; projects whose clients increase housing stability and income; effective use of federal funding; and, projects with reliable data measured by data quality measures. In addition, the CoC awards points for participation in Coordinated Entry and the Continuum of Care; cost effectiveness; alignment with Housing First principles; and, exists to homelessness.
- The Collaborative Applicant initiates the first phase of the performance evaluation, communicates expectations and deadlines to project applicants, and collects required materials. The Collaborative Applicant will coordinate the collection of all reports and materials needed for the scoring tool and coordinate the scoring process for renewal projects.
    - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and need not submit any reports or materials for scoring.
    - Projects operated by Victim Service Providers or that do not use HMIS because they serve survivors of domestic violence, human trafficking, or sexual assault will submit data reports from the project's comparable database.
- The CoC Board will review data sources for community needs and gaps in the CoC program portfolio to make a data-informed decision on funding priorities.
- The CoC Board will review and approve a process and scoring materials, subject to necessary changes due to the NOFA.
- The Collaborative Applicant will recruit a non-conflicted Review and Rank Subcommittee (Subcommittee). The Subcommittee may include at least one non-conflicted provider (ideally a provider with experience administering federal, non-CoC grants), with a focus on having a diverse Subcommittee and some Subcommittee consistency from year to

year. CoC Board members are prohibited from serving on the Subcommittee. Members sign conflict of interest and confidentiality statements.

- The Collaborative Applicant will finalize Subcommittee membership and compile renewal project application packets for Subcommittee review.
- Following release of the CoC Program NOFA, the Collaborative Applicant may collect additional information that is necessary to submit a more competitive Consolidated Application.
- Review and Rank Subcommittee members will be oriented to the process, trained, and receive applications. They will review renewal project application materials over a one- to two- week period. They will review and score renewal project applications using the discretionary points embedded in the scorecard based on the narrative sections provided by applicants in the scorecard (additional details below in attachment "Discretionary Points and Explanatory Narratives").
- CoC staff will ensure all renewal project applications pass Threshold Review (additional detail below).
- Subcommittee members will meet to jointly discuss each renewal project application and conduct short, mandatory interviews with applicants in person. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interview is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
    - A Collaborative Applicant representative attends Subcommittee meetings to staff the meetings and act as a resource.
    - In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs, improvement plans, project performance, and potential impact to the community's system of care when generating recommendations for the CoC Board.
    - HMIS, Coordinated Entry, and renewal housing projects without an APR due to HUD by May 31, 2018 will be held harmless and ranked at the top of Tier I.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include only renewal projects.
    - Option One: A ranked list based on raw scorecard scores.
    - Option Two: A ranked list based on scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
    - Option Three: A ranked list reflecting the Subcommittee's consideration of qualitative factors, as described above and incorporated into standardized interview questions.
- The Subcommittee will review the three options with the CoC Board to allow for explanation, questions, and meaningful dialogue between the members of the

Subcommittee and the CoC Board. The CoC Board will not approve the rank order of renewal projects at this time.

B. Phase II - New and Expansion Project Scoring and Ranking and Project Application Review

- Following release of the CoC Program NOFA, all renewal project applicants and new agencies interested in applying will be invited to attend a NOFA launch session. Public notice will be sent to all agencies with renewal applications, the CoC general distribution list, local governments in the region, and posted on the MAG website. The public notice will seek renewal and new applications. New and expansion project application requirements, process and timeline will be explained.
- The Collaborative Applicant will coordinate the collection of all reports and materials needed for scoring and coordinate the scoring process for new and expansion projects.
- Applicants will prepare and submit project applications.
    - Late applications received after the deadline or incomplete applications will not be accepted.
- The Collaborative Applicant will complete a technical review of HUD e-snaps project applications for completeness and technical errors. Applicants will be notified if technical corrections are needed and must complete technical corrections as directed.
- Emergency Procedure: MAG staff will do everything possible to ensure that an application is submitted to HUD for all funds possibly available to the community. Therefore, if/when all on-time applications have been submitted and it appears that the community is not requesting as much money as is available from HUD, then the CoC staff may solicit additional applications. In addition, if, after the Subcommittee has reviewed applications and made priority determinations, an applicant decides not to submit their application to HUD, MAG staff may solicit and submit further applications for the full available amount, with projects representing HUD priorities.
- CoC staff ensure all new and expansion project applications pass Threshold Review.

Threshold Review

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

- Project must participate or agree to participate in the Coordinated Entry system to the capacity the Coordinated Entry system is built out in the community.
- Project must meet applicable HUD match requirements (25% for all grant funds except leasing).
- All proposed program participants will be eligible for the program component type selected.
- The information provided in the project application and proposed activities are eligible and consistent with program requirements in 24 CFR part 578.

- Each project narrative is fully responsive to the question being asked and meets all criteria for that questions as required by the NOFA.
- Data provided in the application are consistent.
- Required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information that are dated between May 1, 2018 and September 18, 2018.

- Subcommittee members will review and score new and expansion project application materials over a one- to two- week period based on the scorecard for new projects.
- The CoC Board will review the CoC Planning Grant funding application.
- Review and Rank Subcommittee members will meet to jointly discuss each new or expansion project application and conduct short, mandatory interviews. Teleconference or videoconference accommodations may be requested, if applicant is unable to attend in person. The purpose of the in-person interviews is to ask standardized and potentially clarifying questions about projects and/or applications. Projects may receive additional points based on their responses.
    - A Collaborative Applicant representative attends Subcommittee meetings to staff the meetings and act as a resource.
    - In addition to the numeric scores, the Subcommittee will consider qualitative factors such as subpopulation needs and potential impact to the community's system of care when generating recommendations for the CoC Board.
    - Expansion projects will be evaluated using the same scorecard as new projects. If an expansion project receives a score higher than the renewal project it is expanding, the expansion project will be ranked immediately below the renewal project.
- The Review and Rank Subcommittee will develop three ranked list options for presentation to the CoC Board in a public meeting and will articulate the potential pros, cons, and impact of each recommendation. These ranked lists will include all renewal, new, and expansion projects.
    - Option One: A ranked list based on raw scorecard scores.
    - Option Two: A ranked list based on raw scores for new and expansion projects and on renewal project scores as adjusted by the Subcommittee using the discretionary points embedded in the scorecard.
    - Option Three: A ranked list reflecting the Subcommittee's consideration of qualitative factors, as described above and incorporated into standardized interview questions.
- The CoC Board meeting will be scheduled to allow for explanation, questions, and meaningful dialogue between the members of the Subcommittee and the CoC Board.
- The CoC Board will consider the three options presented and approve a rank order of new, expansion, and renewal projects. CoC Board members that have an application for funding must recuse themselves from the vote and will be asked to follow the same

process as other project applicants.

- The CoC Board's ranking decision is delivered to applicants with a reminder of the appeals process. Only projects receiving less funding than they applied for or that are placed in Tier II may appeal, and only on the basis of fact, as described in the "Appeals Process" below. Any projects eligible to appeal will receive a complete breakdown of scores awarded for each factor as well as a complete list of the recommended project ranks and scores. A non-conflicted work group of the CoC Board will hear appeals. To provide information and support, MAG staff and one member of the Review and Rank Subcommittee will attend the Appeal Panel to provide information but will not be members of the Appeal Panel or have a vote.
- The CoC Board will meet to consider the ranked list generated by the appeals process and to approve a final rank order for submission to HUD.

REALLOCATION PLAN

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

1. Unspent funds and the ability to cut grants without cutting service/housing levels
    - Subcommittee members will receive guidance about the limitations related to spending CoC funds.
    - For projects receiving leasing or rental assistance, information about unspent funds will be presented together with information about agency capacity (serving the number of people the project is designed to serve)
2. Projects with consistently low scores
    - Scrutiny will be given to projects that scored in the bottom 10% in the past three years
3. Alternative funding sources available to support either new or renewal project(s) at-risk of not being funding
4. Impact on the community in light of community needs
5. Non-compliance issues identified during the Review and Rank process

The impact of this policy is that both high-scoring and low-scoring projects may be reallocated if these considerations warrant that decision.

APPEALS PROCESS

The Review and Rank Subcommittee reviews all applications and ranks them for funding recommendations for approval by the CoC Board to be forwarded to HUD for funding. The CoC Board's funding recommendation decision is communicated to all applicants by email within 24 hours of the determination. All applicants are hereby directed to contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov) if no email notice is received.

1. Who May Appeal

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

2. What May Be Appealed

"An appealable ranking decision" is a decision by the Review and Rank Subcommittee that:

a. Reduces the budget to a lower amount than applied for;
b. Ranks the project in Tier 2, or;
c. Recommends the project for reallocation.

3. Scope of an Appeal

The main questions for the Appeals Panel are:

a. Was the review process followed consistently?
b. Were all applicants evaluated in a similar manner?
c. Did the Ranking Panel or the Continuum of Care make an error?

Disagreement with discretionary point allocations are not grounds for appeal. The Rank and Review Subcommittee will insure that discretionary points are applied consistently across projects.

If an error was made by the Rank and Review Subcommittee, the Board, or applications were not reviewed according to the same process, then an appeal may have merit and an appeal hearing may be granted.

An appeal does not have merit if the agency interprets the information differently or if they provide additional information after the application deadline and/or CoC Board decision.

There are issues that are important that are clearly beyond the scope of this body such as the importance of a program, the special needs of a target population, and the impact on other systems.

If the appeal hearing is not granted, the project remains on the project listing as approved by the Board.

If the hearing and appeal are granted, and project scoring and/or listing changes, the project

listing will be revised accordingly. This would impact other projects and therefore, the Continuum of Care Board will need to establish quorum, meet, and take action on the final project listing. The decision of the CoC Board will be final.

4. Timing

The ranking decision is communicated to all applicants within 24 hours of Board funding decision. The Board funding decision will take place at least 20 days prior to the NOFA due date. Applicants have 48 hours after the CoC Board funding decision to submit their appeal and should contact Kinari Patel at (602) 254-6300 (kpatel@azmag.gov. Applicants who are eligible and decide to appeal should submit a formal written appeal (no longer than 2 pages) to Kinari Patel (kpatel@azmag.gov). If an appeal will be filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal after the appeals process is complete. They may file an appeal within the original appeals timeline.

5. Initiating the Formal Appeal

The Formal Appeal must be submitted within 48 hours of the CoC Board funding decision (time countdown begins on the time listed on the agenda when the Board meeting ends). The appeal document must consist of a short, written (no longer than 2 pages) statement of the agency's appeal of the CoC Board's decision. The statement can be in the form of a letter, a memo, or an email transmittal.

The appeal must be transmitted by email to Kinari Patel (kpatel@azmag.gov).

6. Members of the Appeal Panel

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

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

The Appeal Panel will review the written appeal for merit. If the Appeal Panel believes there is merit to the appeal on the basis of facts, then an appeals meeting will be conducted either in person or by telephone with a representative(s) of the agency who filed the appeal. The Panel then will deliberate and inform appealing agencies of its decision.

If an appeals meeting is held, the CoC Board will approve the final project list for submission. If an appeals meeting is not held, the original project list will be upheld. The decision of the CoC Board will be final. Final decisions for projects being rejected or reduced and the reason(s) for the rejection or reduction will be communicated in writing and outside of e-snaps no later than 15 days prior to the FY 2018 NOFA application deadline.

CONSOLIDATED APPLICATION

- The Consolidated Application will be made available to community for inspection on MAG's website at least two days prior to the FY 2018 NOFA application deadline.
- MAG will submit the Consolidated Application to HUD.
- Stakeholders will be advised that the application has been submitted.
- Projects will have opportunity to debrief scores with CoC staff. All projects are welcome to request a debriefing and receive a complete breakdown of their scores within 30 days.

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:57 PM
To: Laura Skotnicki <LauraS@savethefamily.org>; Jacki Taylor <JTaylor@savethefamily.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Jacki and Laura,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- Homeless Families Intervention Project RRH

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:54 PM
To: Laura Skotnicki <LauraS@savethefamily.org>; Jacki Taylor <JTaylor@savethefamily.org>; jwall@azhousinginc.org
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Jacki, Laura, and John,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- 209 West Jackson-PSH

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:51 PM
To: Theresa James <theresa_james@tempe.gov>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Theresa,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- Tempe Housing DV Rapid Rehousing

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:50 PM
To: juana@acesdv.org; Allie Bones <allie@acesdv.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Allie and Juana,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- SSO Domestic Violence Coordinated Entry

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:49 PM
To: Gerardo Pena <Gerardo.Pena@cplc.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Gerardo,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- De Colores FY2018

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:47 PM
To: Mary Brandon <Mary.Brandon@mesaaz.gov>; Liz Morales <Liz.Morales@mesaaz.gov>; Laura Skotnicki <LauraS@savethefamily.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Mary,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- 2017 Shelter + Care

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:44 PM
To: James Claymon <jamesc@shantiaz.org>; Keith Thompson <keitht@shantiaz.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Keith and James,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- Shanti

was accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:43 PM
To: Beth Noble <bnoble@turnanewleaf.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Beth,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project:

- TH-RRH Program

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:41 PM
To: 'Jennifer Dangremond' <J.Dangremond@nativeconnections.org>; 'd.devine@nativeconnections.org' <d.devine@nativeconnections.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Applications Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Jennifer,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your projects:

- Camelback Pointe
- Stepping Stones III
- Sunrise Circle
- Stepping Stones
- Catherine Arms
- Stepping Stones II
- NAC Youth Housing

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:36 PM
To: Gabriella Guerra <gguerra@cbridges.com>; Karen Kurtz <kakurtz@msn.com>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Applications Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Gabriella and Karen,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your projects:

- PSH 12
- PSH 25
- PSH 54
- PSH 75

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:34 PM
To: Charles Sullivan <charless@azabc.org>; Ted Williams <tedw@azabc.org>
Cc: Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Applications Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Charles,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your projects:

- PSH 2016
- HUD 3084
- HUD 3024
- SPC 189
- Case Mia
- SPC 293
- PSH 2009
- SPC 151
- Village
- PSH 3109
- PSH 3106
- Casa de Paz
- Another Chance
- Casa de Luz

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,
Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:31 PM
To: Tyler Rosensteel <Tyler.Rosensteel@crisisnetwork.org>
Cc: tj.reed@crisisnetwork.org; Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Application Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Ty,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your projects:

- Maricopa HMIS Project
- Maricopa HMIS Project Reporting
- Housing Crisis Hotline

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 4:24 PM
To: sstivers@umom.org
Cc: Darlene Newsom <dnewsom@umom.org>; Chela Schuster <cschuster@umom.org>; Anne Scott <AScott@azmag.gov>
Subject: CoC Funding Applications Accepted
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Steven, Darlene and Chela,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your projects:

- Regional Coordinated Entry MC
- PSH for Youth Too
- Next Step Housing 2e
- Next Step Housing 3
- Next Step Housing
- Next Step Housing II
- Next Step Housing 4

were accepted and ranked on Project Priority Listing in the 2017 NOFA competition. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel [mailto:KPatel@azmag.gov]
Sent: Thursday, August 30, 2018 1:28 PM
To: Amy Schwabenlender <Amys@hsc-az.org>
Cc: Andrew Wambach <awambach@hsc-az.org>; Anne Scott <AScott@azmag.gov>
Subject: Funding Application Accepted: Regional Coordinated Entry
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Amy,

Thank you for applying for Continuum of Care funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project, Regional Coordinated Entry MC LDRC, was recommended for funding in the 2017 NOFA competition. Attached is the list of approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

From: Kinari Patel
Sent: Thursday, August 30, 2018 5:01 PM
To: Jacki Taylor <JTaylor@savethefamily.org>; Laura Skotnicki <LauraS@savethefamily.org>
Cc: Anne Scott <AScott@azmag.gov>; Brande Mead <BMead@azmag.gov>
Subject: CoC Funding Application: Reallocation
Attachments: FY 2018 NOFA Project Priority Listing_CoC Approved 8_27_2018.pdf

Dear Jacki and Laura,

Thank you for applying for Continuum of Care (CoC) funding as part of the 2018 HUD Notice of Funding Availability (NOFA) process.

We are writing to let you know that your project New Directions RRH was not accepted in the 2018 NOFA competition. The project was reallocated due to the project's low score based on the community scorecard using objective criteria. Attached is the list of CoC Board approved projects.

We really appreciate the time and effort that went into your application. Please let me know if you have any questions.

Warmly,

Kinari Patel, JD, MSW
Human Services Planner
Maricopa Association of Governments
302 N. 1st Avenue, Suite 300
Phoenix, AZ 85003
kpatel@azmag.gov
(602) 254-6300
(602) 900-4807 *direct*

Mon 7/2/2018 1:14 PM

Margaret Wong

SAVE THE DATE: NOFA Kickoff Meeting

To Margaret Wong

Cc Brande Mead; Anne Scott; Kinari Patel

Bcc Katie Gentry; Ty Rosensteel; Andrew Wambach; Aaron.Raine@mesaaz.gov; Aclarke@azdes.gov; agarcis@singletoncommunity.org; AlfredEdwards@azdes.gov; alicia@houseofrefuge.org; allie@acesdv.org; amccray@ajcity.net; Amy.Arguilez@GilbertAZ.gov; amy.jacobson@chandleraz.gov; amyv@sbhservices.org; AndreaW@SBHSERVICES.ORG; andrew.alonzo@mesaaz.gov; angela.willeford@srpmic-nsn.gov; Arceniog@sbhservices.org; ArmandoC@sbhservices.org; aschwabenlender@vsuw.org; Amy St Peter; awakeman@elmirageaz.gov; azcjas@aol.com;

SAVE THE DATE: NOFA Kickoff Meeting

The **2018 HUD Continuum of Care Notice of Funding Availability (NOFA)** has been released and applications are now available in *e-snaps*. The Maricopa Regional Continuum of Care will be hosting a local **NOFA Kickoff Meeting** to cover the announcement of HUD funding, HUD application requirements, and timeline. We will also review instructions on how to complete the local new project application. (Applicants applying for renewal program funding may start working on the renewal application in *e-snaps*. HUD will be releasing detailed instructions and navigational guides on the *e-snaps* Resources page over the next two weeks.)

Date: July 16, 2018
Place: Maricopa Association of Governments, 302 N 1st Avenue, Ironwood Room
Time: 2:00-3:30pm

For more information, contact Maggie Wong.

Thank you,

MAG CoC Staff

2018 NOFA Calendar

Activity	Date/Time	Place
NOFA Released	Jun 20, 2018	Online
MAG hosts NOFA kick-off session: announcement of HUD funding, HUD application requirements, and timeline; instructions on how to complete the local new / expansion project application.	Jul 16, 2018 2:00 pm – 3:30 pm	In Person @ MAG (Ironwood)
New / expansion project local applications are due to MAG at KPatel@azmag.gov and HomeBase at Maricopa@homebaseccc.org. **NO LATE APPLICATIONS WILL BE ACCEPTED.**	**Aug 1, 2018 9:00 am**	By email
HUD project applications are due. Submit in e-snaps and email pdf to MAG at KPatel@azmag.gov. **NO LATE APPLICATIONS WILL BE ACCEPTED.**	**Aug 1, 2018 9:00 am**	By email
MAG reviews HUD project applications, conducts threshold review and notifies agencies of technical corrections. Applicants submit technical corrections.	Aug 1-20, 2018	By email
Review & Rank Subcommittee training.	Aug 6, 2018 9:30 am	In Person/Online
Review & Rank Subcommittee reviews and scores new /expansion and renewal proposals.	Aug 6 - 20, 2018	N/A
Review & Rank Subcommittee meets and interviews applicants.	Aug 20 - Aug 23, 2018	In Person @ MAG (Cholla)
CoC Board meets to select Priority List.	Aug 27, 2018 1:30 pm	In Person @ MAG
CoC Board decision about Preliminary Priority List is communicated to applicants.	Aug 28, 2018 12:00 pm	Via e-mail
Agencies intending to appeal, if necessary, submit appeals to MAG at KPatel@azmag.gov.	Aug 29, 2018 5:00 pm	Via e-mail
Appeals Committee meets, if needed.	Aug 30, 2018	In Person @ MAG (ad hoc Board meeting)
If needed, CoC Board Approval of Final Priority List.	Aug 30, 2018	In Person @ MAG (ad hoc Board meeting)
Notification to applicants whether applications were accepted and will be ranked on the CoC Priority Listing, were rejected, or were reduced.	Aug 31, 2018	By email
Final Project Applications submitted in e-snaps for new/expansion and renewal projects. **NO LATE APPLICATIONS WILL BE ACCEPTED.**	**Sep 6, 2018 5:00 pm**	In e-snaps
MAG: • Project Applications finalized and attached in e-snaps • Priority Listing complete • CoC Consolidated Application complete • CoC Planning Grant complete	Sep 13, 2018	N/A
CoC Consolidated Application and e-snaps Applications posted on MAG website	Sep 13, 2018	Online
CoC Consolidated Application Submission	Sep 17, 2018	N/A
Application is due to HUD	Sep 18, 2018	N/A

MARICOPA ASSOCIATION of GOVERNMENTS

Select Language ▼

≡

Programs / Homelessness / NOFA

NOFA

The Maricopa Regional Continuum of Care is seeking new and renewal applications for homeless services funding. The 2018 HUD Continuum of Care Notice of Funding Availability (NOFA) has been released and applications are now available in e-snaps. HUD has posted notices on the FY 2018 CoC NOFA page and CoC Program Competition resources are available on the e-snaps Resources page on the HUD Exchange.

Please submit an Intent to Apply form to Kinari Patel by 3pm on July 20 if your agency plans to submit a new application and please contact Anne Scott if your agency would like to be included in the 2018 NOFA information distribution list. All local applications must be submitted in to MAG by 9:00 a.m. August 1. No late applications will be accepted.

2018 NOFA Materials

- NOFA Announcement
- NOFA Timeline
- Intent to Apply Form (due by 3:00 p.m., July 20)
- 2018 New Project Local Application Form (due by 9:00 a.m., August 1)
- Rank, Review, and Reallocation Process
- 2018 New Project Score Card
- USICH Webinar Recording: FY 2018 Continuum of Care Competition: Strategies for Success
- New HMIS/Coordinated Entry Project Local Application
- 2018 New HMIS/Coordinated Entry Project Score Card

Admin / File Management

File Management

Root > Documents > NOFA

Enter search term

Views Actions

NOFA

- Root
  - AZ-COGS
  - DNNEvents
  - Documents
    - ALCP_FY2011-Update-
    - ATAN
    - AvondaleTCS
    - Communications
    - Continuum of Care
    - Crash-Trends
    - Domestic Violence
    - FastFacts-Sheets
    - Heat-Relief
    - HISP
    - Homelessness
    - HSIP
    - I-10 I-17 Spine Study
    - MagContent

Name	Date modified	Size
2018-CoC-Review-and-Rank-Process-Scorecard-Discretionary-Points-Packet.pdf	7/3/2018 7:45 AM	407.3 KB
2018-Maricopa-HMIS-CE-Project Score-Card_7.12.18.docx	7/27/2018 11:09 AM	27.8 KB
2018-Maricopa-New Project-Application.docx	7/13/2018 10:03 AM	36.6 KB
2018-Maricopa-New-Project-Score-Card.docx	7/13/2018 10:03 AM	35.4 KB
2018-nofa-announcement.pdf	7/3/2018 8:24 AM	1.2 MB
2018-Phoenix-NOFA-Timeline.pdf	7/3/2018 7:42 AM	87.3 KB
FORM-2018-Maricopa-HMIS-CE-Application_7.17.18.docx	7/27/2018 11:09 AM	30.7 KB
FY-2017-CoC-Project-Awards.pdf	2/1/2018 11:29 AM	80.2 KB
Intent-to-Apply-form 2018.doc	7/16/2018 2:17 PM	38.5 KB

Items per Page: 10

9 items

© Copyright 2018 by Maricopa Association of Governments | Terms Of Use | Privacy Statement

Margaret Wong

From: Maria Pina
Sent: Friday, July 06, 2018 4:58 PM
Cc: Anne Scott; Brande Mead; Kinari Patel; Margaret Wong
Subject: This Week in the Maricopa Regional CoC

This Week in the Maricopa Regional CoC

July 6, 2018

ANNOUNCEMENTS

The **2018 HUD Continuum of Care Notice of Funding Availability (NOFA)** has been released and applications are now available in *e-snaps*. Collaborative Applicants and project applicants can now access the applications to review, update, and enter information that is required for the application process. The CoC will be hosting a **local NOFA kickoff meeting on July 16 from 2:00-3:30pm** in the Ironwood Room (MAG Office). **Please contact Kinari Patel if your agency plans to submit a new application** and please contact Anne Scott if your agency would like to be included in the 2018 NOFA information distribution list.

The Maricopa Regional Continuum of Care will be hosting a community-wide **Diversion Training** in partnership with OrgCode on **August 28, 2018**. There will be two training sessions: one in the morning, and one in the afternoon. A "Save the Date" email with more details will be sent out soon. For more information, contact Maggie Wong.

The Arizona Department of Housing has released the agenda for the **2018 Arizona Housing Forum**. The Forum, scheduled August 22-24 at the JW Marriott Tucson Starr Pass, will bring together national and state experts on affordable housing and community development. For more information, see the ADOH website.

The Human Services Division of the Maricopa Association of Governments continues to update the interactive Heat Relief Network map, with 179 region-wide partners! The Network aims to protect at-risk people from the searing summer heat with cooling stations around the valley. An interactive map with the hydration stations, refuge locations and donation sites can be found here. If you would like to be a Heat Relief Network partner, please complete the electronic form at this site. Additional information about the Heat Relief Network may be found on the MAG website, or by contacting Maria Piña.

As a reminder, the **CoC Committee** meeting scheduled for July 18 has been canceled in preparation for the NOFA.

UPCOMING MEETINGS

All meetings subject to change. Please confirm time/date with Anne Scott for last minute changes.

July, 2018

Margaret Wong

From: Maria Pina
Sent: Friday, July 13, 2018 2:31 PM
Cc: Anne Scott; Brande Mead; Kinari Patel; Margaret Wong
Subject: This Week in the Maricopa Regional CoC

This Week in the Maricopa Regional CoC

July 13, 2018

ANNOUNCEMENTS

The **2018 HUD Continuum of Care Notice of Funding Availability (NOFA)** has been released, and applications are now available in *e-snaps*. The Maricopa Regional Continuum of Care is seeking new and renewal applications for homeless services funding. The CoC will be hosting a **local NOFA kickoff meeting on July 16 from 2:00-3:30pm** in the Ironwood Room at MAG. The 2018 NOFA materials including the timeline, new project local application, and intent to apply form can be accessed here. **Please submit an Intent to Apply form to Kinari Patel by 3pm on July 20 if your agency plans to submit a new application,** and please contact Anne Scott if your agency would like to be included in the 2018 NOFA information distribution list.

The Maricopa Regional Continuum of Care will be hosting a FREE community-wide **Diversion Training** in partnership with OrgCode on **August 28, 2018**. There will be two training sessions: one in the morning in Glendale, and one in the afternoon in Phoenix. An official registration link will be sent out when venues have been finalized, and initial headcount are needed for planning purposes. If you are interested in attending, please RSVP and indicate "morning session" or "afternoon session" to Maria Piña.

HUD announced the FY 2017 Youth Homelessness Demonstration Program (YHDP) awards and community selection today. Although the Maricopa Regional CoC submitted an application and was not selected, the CoC will continue to work on ending youth homelessness through the CoC Youth Workgroup and Youth Action Board. For a complete list of communities that were selected, see the full announcement.

The Arizona Department of Housing has released the agenda for the **2018 Arizona Housing Forum**. The Forum, scheduled August 22-24 at the JW Marriott Tucson Starr Pass, will bring together national and state experts on affordable housing and community development. For more information, see the ADOH website.

The Human Services Division of the Maricopa Association of Governments continues to update the interactive Heat Relief Network map. The Network, which aims to protect at-risk people from the searing summer heat by establishing cooling stations around the valley, currently has 179 region-wide partners, and continues to grow. An interactive map with the hydration stations, refuge locations and donation sites can be found here. If you would like to be a Heat Relief Network partner, please complete the electronic form at this site. Additional information about the Heat Relief Network may be found on the MAG website, or by contacting Maria Piña.

As a reminder, the **CoC Committee** meeting scheduled for July 18 has been canceled in preparation for the NOFA.

MEETINGS

The **Data Subcommittee** reviewed a request to add two additional questions to the Universal Data Elements (UDE) regarding city of prior residence and city of housing move-in. The group also finalized the HMIS Security Plan and began

MARICOPA ASSOCIATION of GOVERNMENTS

302 North 1st Avenue, Suite 300 ▲ Phoenix, Arizona 85003
Phone (602) 254-6300 ▲ FAX (602) 254-6490
E-mail: mag@azmag.gov ▲ www.azmag.gov

50th Anniversary 1967–2017

Homeless Management Information System (HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING
between

Community Information and Referral (CIR)
and
Maricopa Regional CoC Board

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MOU) is to confirm agreements between **Community Information and Referral (CIR)** and the Maricopa Regional Continuum of Care Board (CoC Board), the lead decision making body for the Continuum of Care in Maricopa County, related to management of the Homeless Management Information System (HMIS). This MOU establishes **CIR** as the **HMIS Lead Agency** for the CoC, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of HMIS.

The Parties enter into this MOU wishing to maintain their own separate and unique missions and mandates, and their own accountabilities. Unless specifically provided otherwise, the cooperation among the Parties as outlined in this MOU shall not be construed as a partnership or other type of legal entity or personality. Each Party shall accept full and sole responsibility for any and all expenses incurred by itself relating to this MOU. Nothing in this MOU shall be construed as superseding or interfering in any way with any agreements or contracts entered into among the Parties, either prior to or subsequent to the signing of this MOU. Nothing in this MOU shall be construed as an exclusive working relationship. The Parties specifically acknowledge that this MOU is not an obligation of funds, nor does it constitute a legally binding commitment by any Party or create any rights in any third party.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care and Emergency Solutions Grant (ESG) funding and projects provided through HUD's federal partners. HMIS is essential to coordinate client services and inform community planning and public policy. Through HMIS, homeless individuals and families benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Maricopa County, including required HUD reporting. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and persons experiencing homelessness is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating HMIS within the Continuum of Care in **Maricopa County.**

II. DURATION

Except as provided in Section IX (Termination), the duration of this MOU shall be from the date that the MOU is executed through April 30, 2019. While it is anticipated that this MOU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. This annual review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation. The existing MOU may be extended by the CoC Board until a new version is executed.

III. GOVERNANCE

1. CoC Governance

The CoC Board is the lead decision making group on behalf of the Continuum of Care within Maricopa County. As such and per HUD policy, the CoC is responsible for oversight and implementation of the HMIS data collection, management, and reporting system, which encompasses planning, administration, software selection, managing HMIS data in compliance with HUD rules and regulations, and reviewing and approving of all policies, procedures and data management plans governing contributing HMIS organizations. CoC oversight and governance responsibilities are carried out by its CoC Board, based on recommendations by the Collaborative Applicant. Per the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, the CoC has the authority to designate the HMIS Lead Agency.

2. Lead Agency Designation

The CoC designates CIR as the HMIS Lead Agency to manage HMIS operations at the direction of the CoC Board. The HMIS Lead is responsible for successfully completing applicable HUD reporting requirements, developing all plans, policies and procedures for review and approval by the CoC Board. The HMIS Lead also executes all HMIS Partnership Agreements with each contributing HMIS organization, ensures that each HMIS user has signed an HMIS Code of Ethics, manages the system on a day-to-day basis, and provides technical support and training to users.

IV. PARTICIPATION

1. Contributing HMIS Organizations (CHO)

A CHO is defined as an organization (inclusive of the HMIS Lead) that operates a program providing services to persons at-risk or experiencing homelessness whether or not it is a member of CoC, and that contributes Protected Personal Information or other client-level data to the HMIS. CHOs are required to enter into HMIS Participation Agreements in order to contribute such data to the HMIS. The authority to enter into HMIS Participation Agreements with CHOs is assigned to the HMIS Lead Agency, in accordance with HUD Rules and Regulations.

Victim services providers are prohibited by law to directly enter or provide client-level data to an HMIS because of privacy and confidentiality considerations. CoC recipients that are victim service providers still must keep required data in a comparable database. The comparable database must collect client-level data over time and generate unduplicated aggregate reports based on those data. The comparable database may not be a database that records only aggregate information. Comparable databases must comply with all HMIS data, technical, and security standards as established in rule or notice.

2. CHO HMIS Primary Point of Contact

A CHO HMIS Primary Point of Contact is defined as a point-of-contact within each CHO and designated by the Executive Director or his/her designee of the CHO who is responsible for day-to-day collection, input, security, and privacy of HMIS data into the HMIS or a program-level HMIS-compliant system. A CHO HMIS Primary Point of Contact manages the data collection, data quality and program-level reporting according to the terms of the HMIS Partnership Agreement and HUD Rules and Regulations, including non-HUD funded programs contributing data to the HMIS from a program-level HMIS compliant comparable database.

3. End User

An End User is defined as an employee or other individual covered by a Code of Ethics. A volunteer, affiliate, associate, or any other individual acting on behalf of a CHO or the HMIS Lead Agency who uses or enters data in the HMIS and who has been authorized to access data by the HMIS Lead Agency as evidenced by completed user trainings and an executed HMIS Code of Ethics Agreement is an end user.

4. Software and Hosting

The CoC Board, in consideration of recommendations provided by the Data Subcommittee in collaboration with HMIS Lead Agency, will select a HMIS software solution for the purposes of meeting HUD HMIS compliance requirements and broader CoC needs. The CoC delegates the authority to the HMIS Lead Agency to enter into contract with the CoC Board approved HMIS software solution, and if necessary, the HMIS Software Solution Provider.

V. GENERAL UNDERSTANDINGS

1. Funding

a. HUD Grant(s)
HMIS activities are funded in part by the HUD CoC HMIS grant. The CoC authorizes CIR and/or CRN, as the HMIS Lead Agency, to apply for and administer the CoC HMIS grant funds. The terms and uses of HUD funds are governed by the HUD grant agreement and applicable rules.

b. Cash Match
The CoC and ESG HUD grants require a cash match. As detailed below in section V (2)(c), CIR is responsible for providing the commitment of the required local match for the HMIS grants, which may be through user fees charged to participating agencies and other sources of match obtained by CIR. In addition to cash match, the CoC encourages the use of leveraged funds to maximize resources for HMIS.

c. Invoicing and Payments for CHO User Fees
User fees charged by CIR for HMIS access will be approved by the CoC Board. CIR will be responsible for invoicing and tracking payment for user fees. Changes to user fees are per Board approval. CIR retains the right to choose the invoicing frequency and method as well as the right to terminate access to the HMIS in the event of non-payment by a CHO.

2. Local Operational Policies and Agreements

The CoC delegates to CIR, in accordance with HUD policy, the authority to develop on its behalf the required policies, procedures, and plans associated with operating the HMIS. CIR is charged by the CoC to develop these policies, procedures, and plans in consultation with the Data Subcommittee and the Collaborative Applicant. Policies, procedures and plans are subject to approval by the CoC Board. CIR and the Data Subcommittee will present for review and approval these policies, procedures, and plans on an annual basis to the CoC Board. These agreements, policies and procedures include, but are not limited to, an operating policies and procedures manual for use and management of the data (including procedures for ensuring the security of data, disaster recovery, data sharing policies and data quality assurance), privacy policies and notices, data collection and technical standards for CHOs, Participation Agreements, and End User Agreements.

Once reviewed and approved, changes to the policies and procedures may be made from time to time to comply with HUD HMIS standards or otherwise improve HMIS operations. During any such modification periods, all existing HMIS policies and procedures will remain in effect until the HMIS Lead Agency notifies users that modifications have been made.

3. Assignment of Responsibilities

Crisis Response Network (CRN) is recognized as a third party to provide HMIS-related services. CIR may not assign rights or responsibilities of this MOU, other than specifically outlined in this MOU, to any other third party, including the HMIS Solutions Provider, without the recommendation of the Collaborative Applicant and the approval of the CoC Board as evidenced in CoC Board meeting minutes.

VI. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities

The CoC Board serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for HMIS. The Board's responsibilities include: designating the HMIS Lead Agency and the software to be used for HMIS, and approving any changes to the HMIS Lead Agency or software; approving all HMIS plans, policies, and procedures as recommended by the Data Subcommittee; and reviewing evaluation of the HMIS Lead Agency conducted by the Collaborative Applicant.

The Maricopa Association of Governments (MAG) is the Collaborative Applicant for the Maricopa Regional Continuum of Care. As the Collaborative Applicant, MAG is the recipient of the planning grant from HUD to carry out coordination, monitoring and evaluation activities and staff the CoC. The roles and responsibilities of the Collaborative Applicant related to HMIS include: recording and publicly posting in official meeting minutes all approvals, resolutions, and other key decisions of the CoC that may be required by HUD rules related to the HMIS governing body; reviewing the HMIS budget; conducting monitoring and evaluation of the HMIS Lead Agency; and oversight of data analysis and research.

The Data Subcommittee provides input and makes recommendations to the CoC Board on policies related to HMIS. The responsibilities of the Data Subcommittee consist of: reviewing, revising, and recommending approval of a privacy plan, security plan, data quality plan, and HMIS policies and procedures. Please refer to the CoC Roles and Responsibilities document for further details on the role of the Data Subcommittee.

2. CIR Responsibilities

CIR serves as the Lead Agency for the HMIS Project, managing and administering all HMIS operations and activities. CIR exercises these responsibilities at the direction of CoC Board. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are as follows:

a) Governance

i. Provide sufficient staffing for operation and administration of the HMIS;
ii. Enter into a contract for HMIS Services with the designated HMIS Solution Provider;
iii. Coordinate participation in the HMIS by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness;
iv. Ensure the consistent contribution of data that meets all HUD-established data standards to the HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;
v. Ensure the consistent contribution of data that meets all Federal Partner sources including: HUD, the Veteran's Administration (VA), Runaway and Homeless Youth (RHY), Projects for Assistance in Transition from Homelessness (PATH), Housing Opportunities for People with AIDS (HOPWA) and other partners as identified;
vi. Coordinate the Sheltered Point-in-Time Count; and
vii. Attend relevant CoC meetings and provide data as needed.

b) Reporting

i. Prepare data, validate data, and produce the following reports for review by the Collaborative Applicant for submission to HUD:
    a. A Point-in-Time (PIT) Sheltered and Unsheltered Count as deemed by CoC Board based on HUD guidance.
    b. Annual Homeless Assessment Report (AHAR) completed annually based on HUD guidance.
    c. Housing Inventory Count (HIC) completed annually based on HUD guidance.
    d. System Performance Measures based on HUD guidance.
    e. Provide HMIS data and assistance to Collaborative Applicant as needed for the completion of the Consolidated Application.
    f. Provide HMIS data and assistance to Collaborative Applicant as needed for the monitoring and evaluation of Coordinated Entry and CoC-funded projects.
    g. Other reports as requested by the Collaborative Applicant and/or CoC Board.
ii. In conjunction with the Collaborative Applicant, produce dashboards to inform CoC program and system design, and measure progress toward implementation of the CoC Strategic Plan and other CoC Board-established goals;
iii. Prioritize and respond to CoC Board directives and Collaborative Applicant data requests; and
iv. Provide data needed to the Collaborative Applicant to inform CoC progress toward achieving its Regional Plan goals and HEARTH outcomes in a timely manner.

c) Planning and Policy Development

i. Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, CHO HMIS administrators, CHO program managers, CHO executive directors, and homeless persons, and report results to the Collaborative Applicant;
ii. Identify general milestones for project management, including training and expanding system functionality;

iii. Annual review and implementation of HMIS policies and procedures for the operation of the HMIS, including requirements and standards for any CHO, and provide for the regular update of these procedures as required by changes to policy;

iv. Develop and, upon adoption by the CoC, implement a data quality plan consistent with requirements established by HUD, aligned with updates to HUD regulations, notice, or guidance;

v. Develop and, upon adoption by the CoC, implement a data security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;

vi. Develop and, upon adoption by the CoC, implement a privacy plan specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; and accountability standards;

vii. Respond to information requests from the Collaborative Applicant for HMIS Lead Agency performance evaluation and monitoring, and if applicable work with the Collaborative Applicant to create a performance improvement plan;

viii. Ensure privacy protection in project administration; and

ix. Develop and execute HMIS Partnership Agreements with each CHO, including:

   a. Obligations and authority of the HMIS Lead and the CHO;
   b. Protocols for participation in HMIS Project;
   c. Requirements of the policies and procedures by which the CHO must abide;
   d. Sanctions for violating the HMIS Partnership Agreement; and
   e. Terms of sharing and processing Protected Identifying Information between the HMIS Lead and the CHO.

d) Grant Administration

i. Prepare and submit NOFA Project Application for HUD HMIS grant in e-snaps;

ii. Create annual budget outlining the most efficient resource allocation to meet HMIS Project requirements for review by the Collaborative Applicant;

iii. Support HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;

iv. Manage spending for HUD HMIS grant;

v. Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records;

vi. Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding;

vii. Complete and submit Annual Performance Report (APR) for HUD HMIS grant in SAGE;

viii. Prepare and submit a monthly activity/performance report to the collaborative applicant by the 15th of each month. Should the 15th fall on a non-business day, the report should be submitted by the first business day following the 15th. The format and content of this report will be decided by the Collaborative Applicant with input from CIR; and

ix. Provide information and produce documentation for the Collaborative Applicant to complete necessary monitoring and evaluation.

e) System Administration

i. Oversee the day-to-day administration of the HMIS system;

ii. Manage contracts for the HMIS, which includes training for CHOs and CIR staff, and licensing of HMIS Server;

iii. Ensure HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including de-duplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;

iv. Ensure HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and the maintenance of privacy, security, and confidentiality protections;

v. Develop standard reports and queries of HMIS data (e.g., data quality report, CoC report, etc.) in addition to Mediware HUD reports;

vi. Oversee and relate small- and large-scale changes to the HMIS through coordination with the HMIS Solution Provider, the CoC Board, the Collaborative Applicant, the Data Subcommittee, and CHO HMIS administrators, if applicable;

vii. Continue monthly HMIS trainings for HMIS information and updates; and

viii. Maintain contact list of CHO Agency Administrators and End Users for all CHOs.

f) End-User Administration

i. Provide or coordinate technical assistance and support;

ii. Conduct annual and ongoing training of users;

iii. Document and facilitate correction of technical issues experienced by providers;

iv. Document and keep track of report requests and fulfilled report requests, and report to the Collaborative Applicant;

v. Conduct an annual user and stakeholder satisfaction survey and report survey results to the Collaborative Applicant; and

vi. Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:

   a. Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, and data quality;

   b. Requires all CHO Primary Point of Contacts to participate in trainings; it is the responsibility of the CHO Primary Point of Contacts to ensure end users at the CHO receive training information.

   c. Is encouraged for all HMIS end users, including intake staff, data entry staff and reporting staff at all CHOs;

   d. Is offered, at a minimum, every quarter;

   e. Is conducted in a manner that assures every new end user completes training prior to collecting any HMIS data or using the HMIS; and

   f. Is conducted in a manner that assures every current end user completes a training update at least annually.

g) HMIS Lead Agency Staff Training

i. Ensure adequate resources are made available to staff to meet HUD required and CoC reporting;

ii. Ensure staff capacity to provide accurate regular reporting and training to CHO and CoC;

iii. Attend at least annual training with Bowman to ensure training and report writing capacity meets HUD standards;

iv. Attend national and/or regional HMIS data related conferences to stay up to date on national trends; and

v. Provide staff with relevant training to present community data in a clear and effective manner (e.g. table structure, supporting narrative, etc.)

3. Compliance with HUD Standards

It is the responsibility of the HMIS Lead Agency to ensure that HMIS is operating in compliance with the latest HUD Technical Standards, HUD HMIS Data Standards, and other applicable laws. The parties agree to update this MOU (as provided in Section X, Amendment/Notices), other HMIS operational documents, and HMIS practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD- specified time frame for such changes.

VII. DATA ACCESS, SHARING, AND MANAGEMENT

It is hereby understood and acknowledged that all data is maintained in the HMIS by the HMIS Lead Agency. CIR's authorized staff shall have access to all data entered by CHOs and manage the data that is maintained in the HMIS. HMIS data may not be accessed under federal, state, or local Freedom of Information laws except by Court Order.

Standard HMIS data may be provided by CIR to authorized staff or external entities. Standard HMIS data requests include: HUD Required Reports (APR via Sage, AHAR, PIT, HIC, CAPER, HUD System Performance Measures); Federal Partner Required Reports (VA, PATH, RHY, HOPWA); Common Demographic Reports (counts and characteristics); CoC-Approved Dashboards; and existing system-wide aggregate reports accessible on the MAG or HMIS websites. The Collaborative Applicant must be informed of and approve non-standard HMIS data requests. Denial of data requests may be appealed to the CoC Board. CIR and all CoC members may utilize any aggregate data or reporting that is publically available.

The HMIS Lead Agency is responsible for ensuring adherence to all Board-adopted data sharing policies. New affinity groups must receive prior approval by the CoC Board.

CIR must consult with the Collaborative Applicant on any non-standard data requests, research agreements, and shared data elements. CIR must ensure that the Collaborative Applicant and the CoC Board are informed of results of any research studies using HMIS data.

The Collaborative Applicant will be provided access to HMIS to complete system-level reporting and monitoring on behalf of the Maricopa Regional CoC.

VIII. FAILURE TO ADHERE TO MOU

Failure to adhere to this MOU may result in the institution of a performance improvement plan and/or termination of HMIS Lead Agency/System Administrator designation.

IX. TERMINATION OF CONTRACT

Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other parties. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination. Any termination prior to the annual contract end date must be done with the approval and in accordance with the guidance of HUD.

If termination of this MOU occurs prior to its annual renewal and/or an award through a competitive process by either party and in accordance with the terms of HMIS Lead contract with HUD, HMIS grant monies and CHO User Fees will be transferred to a new HMIS Lead Agency proportionate to the remaining time in the contract at the point CIR concludes HMIS services and transfers HMIS Lead responsibilities to a new HMIS Lead.

X. AMENDMENT/NOTICES

This MOU may be amended in writing by either party. Notices shall be mailed or delivered to:

Kevin Hartke
Amy Schwabenlender
Co-Chairs
Maricopa Regional CoC Board of Directors
302 North 1st Avenue, Suite #300
Phoenix, AZ 85003

Justin Chase
President/CEO
Community Information and Referral
1275 West Washington Street, Suite 108
Tempe, AZ 85281

This MOU will commence upon the signature of the parties.

Kevin Hartke 5/14/2018

Name: Kevin Hartke Date
Title: Co-Chair, Maricopa Regional Continuum of Care Board

5/14/18

Name: Amy Schwabenlender Date
Title: Co-Chair, Maricopa Regional Continuum of Care Board

4/13/18

Name: Justin Chase Date
Title: President/CEO, Community Information and Referral

- Permanent Housing Workgroup
- Outreach Collaborative

Coordinated Entry Grantees

Overview and Relationship to CoC

The Coordinated Entry Project Grantee will carry out the activities defined in the Coordinated Entry contract, approved by the Continuum of Care Board and executed by HUD. The grantee will comply with HUD contract requirements and implement Coordinated Entry policy decisions, as directed by the Continuum of Care Board.

Roles and Responsibilities

The Coordinated Entry Project Grantee's roles and responsibilities include, but are not limited to:

1. Operating a coordinated entry system.
2. Consistently following prioritization and eligibility standards, adopted by the CoC Board.

Adhere to the Coordinated Entry requirements in the HEARTH Act.

Please refer to the most recently approved and adopted Coordinated Entry Policies and Procedures, hereby incorporated by reference.

Homeless Management Information System (HMIS) Lead Agency

Overview and Relationship to CoC

The Homeless Management Information System (HMIS) Lead Agency will carry out the activities defined in the HMIS contract, approved by the CoC Board and executed by HUD. The grantee will comply with HUD contract requirements and implement the HMIS for the Maricopa Regional Continuum of Care.

Roles and Responsibilities

The HMIS Lead Agency's roles and responsibilities include, but are not limited to:

1. Ensuring consistent participation in HMIS by HUD-funded projects.

2. Ensuring the HMIS is administered in compliance with the requirements prescribed by HUD, including:

    a. collecting unduplicated counts of individuals and families experiencing homelessness;
    b. analyzing patterns of use of assistance provided for the geographic area involved;
    c. providing information to project sponsors and applicants for needs analyses and funding priorities;
    d. providing for an encryption for data collected for purposes of HMIS;
    e. providing documentation, including keeping an accurate accounting, proper usage, and disclosure of HMIS data;
    f. providing access to HMIS data by staff, contractors, law enforcement, and academic researchers; and
    g. criminal and civil penalties for unlawful disclosure of data.

Please refer to the most recently approved and adopted HMIS Policies and Procedures, hereby incorporated by reference.

REVIEW, RANK and REALLOCATION PROCESS

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

GENERAL PROCESS

A. Phase I - Renewal Project Scoring and Ranking

- The Collaborative Applicant (MAG) may receive input from HUD Grantees on the scoring tool (see attachment "Program Performance Report"). The Collaborative Applicant will finalize the scoring tool and review and rank process. The scorecard is based on objective criteria as reported in the project's Annual Performance Report submitted to HUD. Criteria include points for: serving clients with multiple conditions and those that enter with no income; projects that serve clients entering from a place not meant for human habilitation; projects whose clients increase housing stability and income; effective use of federal funding; and, projects with reliable data measured by data quality measures. In addition, the CoC awards points for participation in Coordinated Entry and the Continuum of Care; cost effectiveness; alignment with Housing First principles; and, exists to homelessness.
- The Collaborative Applicant initiates the first phase of the performance evaluation,

HMIS
Homeless Management
Information System

Maricopa HMIS
Governance Plans

Coverage Plan
Privacy Plan
Data Quality Plan
Security Plan

Approved by Maricopa Regional Continuum of Care Board August 27, 2018

Maricopa HMIS Coverage Plan

Purpose

The Continuum of Care Interim Rule (24 CFR Part 578.7) delineates that the Continuum of Care is responsible for "…ensuring consistent participation of recipients and sub-recipients in the HMIS." This plan is written to outline the steps and responsible parties to ensure that this is taking place.

Identification of Non-Participating HMIS Projects

Each year, while preparing the Housing Inventory Chart, the Collaborative Applicant and HMIS Lead will identify agencies and projects that are not participating. This list of agencies will be presented to both the Data Sub-Committee and the CoC Committee. Each group will be encouraged to selected 2-3 persons to assist in creating a plan to outreach to these agencies to encourage participation.

Outreach to Non-Participating HMIS Projects

The Collaborative Applicant, along with the HMIS Lead and volunteers of the CoC Committee and Data Sub-Committee, will create a plan to outreach to the non-participating HMIS projects. Extra emphasis will be given to projects that constitute a strategic priority of improving HMIS Bed Coverage or provide services to a strategic sub-population (ie veterans or youth). The plan should outline the responsible parties and outline the goal of bringing that particular project onto HMIS. Outreach to each agency should be customized to the needs of that agency. The plan should be time limited to no more than 60 days.

Report to CoC Board

The results of outreach efforts should be shared with the CoC Board on an annual basis for review and additional guidance.

Maricopa HMIS Privacy Plan

Overview

The Continuum of Care Interim Regulation (24 CFR Part 578.7) describes that the Continuum of Care is responsible for reviewing, revising, and approving a **privacy plan, security plan, and data quality plan** for the HMIS. On July 30, 2004, the US Department of Housing and Urban Development (HUD) released the privacy and security standards for Homeless Management Information Systems (69 Federal Register 45888). This Privacy Plan is intended to be consistent with the HUD standards. All users, agencies and system administrators must adhere to this Privacy Plan.

We intend our Privacy Plan to support our goal of providing an effective and usable case management tool. We recognize that clients served by individual agencies are not exclusively that "agency's client" but instead are a client of the Maricopa County Continuum of Care. Thus, we have adopted a Privacy Plan which supports an open system of client-level data sharing amongst agencies whenever a client consents to do so.

The core tenant of our Privacy Plan is the Baseline Privacy Notice. The Baseline Privacy Notice describes how client information may be used and disclosed and how clients can get access to their information. Each agency must either adopt the Baseline Privacy Notice or develop a Privacy Notice which meets and exceeds all minimum requirements set forth in the Baseline Privacy Notice (this is described in the Agency Responsibilities section of this Privacy Plan). This ensures that all agencies who participate in the HMIS are governed by the same minimum standards of client privacy protection.

Although the Baseline Privacy Notice and its related forms are appendices to this Privacy Plan, they act as the cornerstone of our Privacy Plan.

All amendments to the Privacy Plan (including changes to the Baseline Privacy Notice and related forms) are approved by the Continuum of Care Board.

Privacy Plan Document/Form	Description	Use
Baseline Privacy Notice	This is the main document of this Privacy Plan. This document outlines the minimum standard by which an agency collects, utilizes and discloses information.	Agencies must adopt a privacy notice which meets all minimum standards.
Maricopa Regional Continuum of Care Data Sharing ROI	This form notifies clients about the Privacy Notice and obtains their consent to share data within the HMIS.	Agencies must present an approved ROI to every client they serve that will be entered into HMIS.

List of Current Universal Data Elements & Participating Agencies	This outlines the list of shared data elements and agencies to whom those data elements are shared.	Agencies must be able to direct clients to this document.

Global Data Sharing

Data sharing of the HUD Universal Data Elements among participating HMIS agencies began in 2013. Agencies participating in HMIS are expected to request client consent to share the HUD Universal Data Elements. Agencies which are prohibited from participating in data sharing (ex HOPWA, some RHY Programs) are exempt from this requirement. Agencies who do not have a legal justification for not requesting client consent to share the HUD Universal Data Elements may request an exemption from the Continuum of Care Board.

Affinity Group Data Sharing

Some agencies may need to share data based on a business need to know and coordination of care for particular subpopulations of individuals and families experiencing homelessness. These sharing groups are called "Affinity Groups." This type of data sharing is in addition to the HUD Universal Data Element system-wide sharing. The Continuum limits the number of affinity groups to facilitate the seamless management of the HMIS database.

In order to form an affinity group, providers shall present a proposal to the Data Sub-Committee stating: 1) the need for the affinity group; 2) membership process for the affinity group; and 3) the data set to be shared. The Data Sub-Committee will evaluate whether the need to form the affinity group outweighs the need for limiting the number of small data share agreements. All new affinity groups are subject to CoC Board approval.

Domestic Violence

The Violence Against Women Act (VAWA) and the Family Violence Prevention and Services Act (FVPSA) contain strong confidentiality provisions that limit the sharing of victims' personally identifying information, including entering information into public records and databases.

These provisions affirm confidentiality practices that protect the safety and privacy of victims of domestic violence, dating violence, sexual assault, and stalking. HMIS systems must protect the confidentiality of victims of domestic violence, dating violence, sexual assault and stalking seeking housing assistance. It requires that **both the HMIS <u>and</u> agencies** reasonably protect the identity of victims by refraining from disclosing personally identifying information.

Agencies and programs designed specifically to provide services to victims of domestic violence, dating violence, sexual assault and stalking are prohibited from entering identifiable information into HMIS.

User Responsibilities

A client's privacy is upheld only to the extent that the users and direct service providers protect and maintain their privacy. The role and responsibilities of the user cannot be over-emphasized. A user is defined as a person that has direct interaction with a client or their data. (This could potentially be any person at the agency: a staff member, volunteer, contractor, etc.)

Users have the responsibility to:

- Understand their agency's Privacy Notice and ROI
- Be able to explain their agency's Privacy Notice and ROI to clients
- Follow their agency's Privacy Notice
- Know where to refer the client if they cannot answer the client's questions
- Present the Privacy Notice and ROI to the client before collecting any information
- Uphold the client's privacy in the HMIS

Agency Responsibilities

The 2004 HUD HMIS Standards emphasize that it is the agency's responsibility for upholding client privacy. All agencies must take this task seriously and take time to understand the legal, ethical and regulatory responsibilities. This Privacy Plan and the Baseline Privacy Notice provide guidance on the minimum standards by which agencies must operate if they wish to participate in the HMIS. Meeting the minimum standards in this Privacy Plan and the Baseline Privacy Notice are required for participation in the HMIS. Any agency may exceed the minimum standards described and are encouraged to do so. Agencies must have an adopted Privacy Notice which meets the minimum standards before data entry into the HMIS can occur.

Agencies have the responsibility to:

- Review their program requirements to determine what industry privacy standards must be met that exceed the minimum standards outlined in this Privacy Plan and Baseline Privacy Notice (examples: Substance Abuse Providers covered by 24 CFR Part 2, HIPPA Covered Agencies, Legal Service Providers).
- Review the 2004 HUD HMIS Privacy Standards (69 Federal Register 45888)
- Adopt and uphold a Privacy Notice which meets or exceeds all minimum standards in the Baseline Privacy Notice as well as all industry privacy standards. The adoption process is to be directed by the individual agency. Modifications to the Baseline Privacy Notice must be approved by the HMIS Committee.
- Ensure that all clients are aware of the adopted Privacy Notice and have access to it. If the agency has a website, the agency must publish the Privacy Notice on their website.
- Make reasonable accommodations for persons with disabilities, language barriers or education barriers.
- Ensure that anyone working with clients covered by the Privacy Notice can meet the User Responsibilities.
- Designate at least one user that has been trained to technologically uphold the agency's adopted Privacy Notice.

System Administration Responsibilities (HMIS Staff)

HMIS Staff have the responsibility to:

- Adopt and uphold a Privacy Notice which meets or exceeds all minimum standards in the Baseline Privacy Notice.
- Train and monitor all users with "System Administrator II" type access on upholding system privacy.
- Monitor agencies to ensure adherence to their adopted Privacy Notice.

- Develop action and compliance plans for agencies that do not have adequate Privacy Notices.
- Maintain the HMIS Website to keep all references within the Baseline Privacy Notice up to date.
- Provide training to agencies and users on this Privacy Plan.

Maricopa HMIS Data Quality Plan

HMIS data quality refers to the reliability and comprehensiveness of the data recorded in the HMIS data base. The extent that data recorded in an HMIS accurately reflects the same information in the real world. Good data quality can "tell the story" of the population experiencing homelessness. The quality of data is determined by assessing characteristics such as ***coverage, utilization, completeness, accuracy, timeliness, and consistency.***

Specifically, the goal is 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.

Six Benchmarks of Data Quality

Coverage – The proportion of beds covered by the CoC's HMIS. High bed coverage rates indicate more accurate and reliable data.

Utilization – Program occupancy or the percentage of beds occupied on an average night.

Completeness – The degree to which HMIS records do not include partial or missing data. It also refers to the lack of data from projects not participating in HMIS.

Accuracy – Evident when the data in HMIS reflects the actual characteristics and experiences of clients. Inaccurate data significantly limits the ability of HMIS to serve as a tool in the community's effort to reduce homelessness.

Timeliness – The period between when client data is collected/known and when that information is entered into HMIS. Data not entered into HMIS shortly after it is known increases the potential for inaccuracies or errors in the data one it is in HMIS.

Consistency & Training – The degree to which the data is collected and stored in a uniform manner, across all users of the HMIS. Users that do not have a shared understanding of when, how, and why data should be collected in HMIS, are more likely to enter data that will not be accurate.

Data Quality Benchmarks

1. Coverage

100% of all HUD funded homeless assistance programs in Maricopa County will participate in the Maricopa HMIS Project.

100% of HUD Federal Partner homeless projects in Maricopa County will participate in the Maricopa HMIS Project.

At least 75% of all beds in non-HUD funded residential homeless assistance programs located in Maricopa County will participate in the Maricopa HMIS Project

2. Utilization

100% of the data entered into the Maricopa HMIS will accurately reflect bed utilization for the homeless projects in Maricopa County.

3. Completeness

100% of all clients entered will have complete HUD Universal Data Elements (except for street outreach programs)

95% of clients will have complete program data elements entered (should they be required)

98% will have services entered, if services are required

95% of clients that exit will have data entered with exit destinations

5% is the maximum allowance for missing data, "Data not collected" or "No Interview Completed"

5% is the maximum allowance for "Client doesn't know" and "Client refused" responses of all answered questions.

4. Accuracy

As indicated in the HUD Data Quality Report Framework (Appendix A) the error rates for the following benchmarks shall not exceed:

5% for Personally Identifiable Information (PII) (Q2)
5% for Universal Data Elements (Q3)
10% for Income and Housing Data Quality (Q4)
5% Chronic Homelessness (Q5)
5% Inactive Records: Street Outreach & Emergency Shelter (Q7)

5. Timeliness

Client entry and exit records are entered within the following timeframes as indicated on the HUD Data Quality Report Framework (Q6):

0-3 Days for Coordinated Entry, Street Outreach, and Emergency Shelter
0-6 Days for Transitional Housing, Permanent Supportive Housing, Rapid Re-housing, and Other Permanent Housing

*It should be noted that some PSH and OPH projects may have client records that predate timeliness requirements.

6. Consistency & Training

The HMIS Lead will perform three types of regular training:
Regular New User Training: New user training is available in person and online and must be completed before a user is granted access to HMIS. Training is specific to each particular program's workflow.

Monthly Agency Administrator Training: Each program in HMIS is responsible for sending a representative to the monthly agency administrator training webinar. The webinar will share important information that must be disseminated to users. It is at the discretion of the agency how programs will be represented at the training. Some agencies may designate one representative while other agencies may select multiple representatives. Either way, the information must be shared with all users.

Refresher Training: From time to time, and at least annually, users are responsible for completing refresher trainings. The HMIS Lead is responsible for determining the content of the refresher trainings. Users must complete assigned refresher trainings within a 30-day window. If the user does not complete the training in the 30-day window, their user license will be subject to suspension.

HMIS Monitoring

Monitoring and enforcing data quality is a joint responsibility between agencies, the HMIS Team, the Maricopa CoC and funders.

Agencies: Agencies are responsible for running their own data quality reports on each of their programs on a monthly basis. Each program should monitor their programs with three reports: the 0252 Data Completeness Report Card, the 0640 HUD Data Quality Framework and a program specific performance report like the APR or CAPER.

HMIS Team: The HMIS team will conduct a monthly Data Quality audit. Any program which falls below the required DQ thresholds established will be notified and offered support on improving data quality. That support may come in the form of specific instructions to remedy errors or required training. If a program falls below the Data Quality threshold for three consecutive months, the HMIS Team will notify the Continuum of Care Data Subcommittee about the concern. This notification will be made through the monthly performance reporting done by HMIS.

Data Subcommittee: The Data Subcommittee is responsible for supporting the HMIS Team and Agencies in enforcing the Data Quality Plan. Should an agency fall below the data quality thresholds and is unable to remedy the concerns with support of the HMIS Team, the data subcommittee may take the following actions: recommend required training, provide notification to funders or the CoC Board or recommend the agency's data entry be ceased until such a time their data quality can be improved.

Funders: Funders of homeless programs are encouraged to hold programs accountable to the data quality plan by taking an active role in monitoring and enforcing data quality. This can be done by requiring the submission of standard data quality reports and setting minimum data quality thresholds as part of contract performance.

Maricopa HMIS Security Plan

The goal of the HMIS Security Plan is to ensure that HMIS data is collected, used, and maintained in a confidential and secure environment at all times. These standards represent a minimum level of security required for all HMIS participating agencies.

HMIS SOFTWARE PROVIDER

The Maricopa HMIS uses Medware's ServicePoint software. ServicePoint is supported by the very high system security including using 128-bit encryption, user authentication and user access levels.

Bowman Systems' employees, who have access to client-level data, are subject to a national background check, training on confidentiality requirements, and must sign a confidentiality statement as part of their employee agreement. The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited, or deleted the information.

Servers are located in complexes with:

- Twenty- four (24) hour security personnel.
- Twenty- four (24) hour video surveillance.
- Dedicated and secured Data Center.
- Locked down twenty- four (24) hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system.

LEVELS OF USER ACCESS AND SECURITY

A licensed user is a person who has signed and submitted a Maricopa County HMIS Code of Ethics Agreement and completed basic user training. **Provider agencies are required to keep a copy of the HMIS Code of Ethics Agreement on file at the agency for all current users.** Provider agencies are required to immediately deactivate users and inform the HMIS System Administrator if a user leaves an agency within 24 hours of their termination or departure from the agency.

HMIS staff will provide each user a unique username and initial password. Users are not to share usernames, as this is a breach of the Maricopa County HMIS Code of Ethics agreement and the HMIS Partnership Agreement. Exchanging usernames seriously compromises security and privacy of clients. If a breach occurs, it may subject the agency to discipline and

termination of access to the Maricopa County HMIS system. HMIS conducts random audits of users to monitor that users are following the Maricopa HMIS Code of Ethics agreement.

HMIS Participating Agencies must establish an internal point of contact, known as the HMIS Primary Point of Contact, for establishing new users with the HMIS Administrator. Individual staff should not email or request new HMIS users or HMIS program changes without permission from the Agency Administrator. Agency Leadership should be copied on the correspondence so that they are aware of new user requests.

An agency must identify the type of user and programs each user should access within their agency.

SECURITY INCIDENT PROCEDURES

All HMIS Participating Agencies and their authorized users must abide by the terms of all HMIS agreements. Failure to fulfill these agreements may result in immediate termination of HMIS access until issues are resolved. All breaches related to security must be reported to the HMIS Lead Agency immediately after discovery. The HMIS Participating Agencies assumes all liability due to data breaches or risk of incident within their organization.

All HMIS users are obligated to report suspected instances of non-compliance with this policy that may leave HMIS vulnerable to intrusion or compromise client information. The HMIS Lead Agency and System Administrator is responsible for reporting any security incidents involving the real or potential intrusion.

All HMIS users will report any incident in which unauthorized use or disclosure of client information has occurred. Security breaches that have the possibility to impact the HMIS must be reported to the HMIS Participating Agency Administer who will notify the HMIS Lead Agency and System Administrator. Each HMIS Participating Agency will maintain and follow all procedures established by the HMIS Lead Agency, HMIS software and Maricopa County Regional Continuum of Care Board related to thresholds for security incident reporting.

If an unauthorized entity were to gain access to the Maricopa County HMIS and client data, or if there is suspicion of probable unauthorized access/activity, HMIS and Bowman Systems will take immediate action to protect the security of the system. HMIS will comply with all applicable laws and work with the affected Agencies to implement appropriate client notification.

AUDIT AND ACCESS CONTROLS

The HMIS Lead Agency will maintain accessible audit trails that allows for the monitoring of user activity. The HMIS will also authenticate user activity via Internet Protocol address and present simultaneous user access.

All HMIS users are set up so that the HMIS uses the IP to validate the user. At no time and under no circumstance should an HMIS user share their user login and password or allow anyone to use their license. Each user is assigned their own unique user license.

PERSONAL AUTHENTICATION AND PASSWORD PROTOCOLS

All users are required to attend New User Training to obtain an HMIS license.

The below outlines password and user inactivity protocols for each HMIS User:

- All passwords must be unique
- All passwords must be rotated every 45 days
- All passwords must be in a prescribed format recommending a mix of letters/numbers/capitalization/symbols
- Upon the third unsuccessful login try, users will be locked out of the system and the HMIS administrator must reset the password
- All users with no login activity for at least 45 days will be automatically inactivated.

Agency Administrators may reset passwords. If the Agency Administrator is unavailable or otherwise unable to reset a password for an end user, HMIS will reset a user's password in the event the password is forgotten. Users must request a password reset by submitting a request to the Maricopa County HMIS Help Desk at www.hmisaz.org. Password resets will only be sent to the agency provided email address.

PUBLIC ACCESS PROTOCOLS

Program staff should be present to monitor workstations containing access to the HMIS database. Additionally, when workstations are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals. After a short amount of time, workstations should automatically turn on a password protected screen saver when the workstation is temporarily not in use. Password protected screen savers are a standard feature with most operating systems and the amount of time can be regulated by the HMIS Participating Agency. If staff from an HMIS Participating Agency will be gone for an extended period of time, staff should log off the data entry system and shut down the computer. The HMIS database will automatically log the user out after 15 minutes of inactivity.

Users will ensure the confidentiality of client data, following all security policies in the Maricopa County HMIS Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. The Agency Administrator or designee

has the responsibility to assure the user is in compliance with this and all other policies, procedures, agreements and rules governing the Maricopa County HMIS.

All users that access the Maricopa County HMIS remotely must meet the standards detailed in this document and may only access it for activities directly related to their job. Users may not access the system from unsecured networks (for example: coffee shops, restaurants, libraries and other public places).

Examples of allowable Remote Access:

- Personal laptops that were not purchased by the agency.
- Access to the Maricopa County HMIS on a secured private network other than that of the agency.
- Private home desktops.

If a user is found to have accessed the Maricopa County HMIS through an unsecured network, the user license will be immediately suspended.

MALWARE AND VIRUS PROTECTION WITH AUTO UPDATE

HMIS Participating Agencies accessing the HMIS must protect the system by using commercially available malware, virus protection software, and must also maintain a secure firewall.

The HMIS Software Provider places firewalls on all data-hosting servers and regularly monitors all activity.

DISASTER PROTECTION AND RECOVERY

The HMIS Software Provider is contractually required to back up all HMIS data. Data backup is conducted every 24 hours and is maintained using both power and alternative power systems at a different location from the primary HMIS servers.

DATA SECURITY AND ENCRYPTION

Bowman Systems ensures availability of customer data in the event of a system failure or malicious access by creating and storing redundant records. All data going across the Internet to the user's Web browser uses AES-256 encryption in conjunction with RSA 2048-bit key lengths.

The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on CIR's dedicated servers. Database tape backups are performed nightly.

Tape backups are maintained in secure offsite storage. Seven (7) days' backup history is stored on instantly accessible Raid 10 storage. One (1) month's backup history is stored offsite. Users have twenty-four/seven (24/7) access to Bowman Systems emergency line to provide assistance related to outages or downtime.

Maricopa HMIS
Policies and Procedures

Policies and Procedures - Table of Contents

Vision Statement 1
Introduction 1
HMIS 3
Terminology 4
Roles and Responsibilities 7
HMIS Lead Agency and System Administrator 7
HMIS Management 7
HMIS Documentation .....
Participating Agency 10
Executive Director 12
Agency Administrator 13
User 15
Clients 18
Communication 20
From HMIS Lead Agency and System Administrator 20
To HMIS Lead Agency and System Administrator 20
Maricopa HMIS Help Desk 21
Access 21
HMIS Lead Agency and System Administrator 21
Security 23
HMIS Software Vendor 24
Licensed Users 26
Location of Data Access 28
Agency Data 29
HMIS Data Sharing 30
Visibility Settings 32
Client Denial to Share 32

Data Shared Information 33
Data Quality 33
Licensing and Invoicing 34
Grievances 34
From a Participating Agency or Client to the Maricopa HMIS 34
Participation Termination 35
Initiated by the Participating Agency 35
Initiated by HMIS Lead Agency and System Administrator 35
Projects in HMIS 36
Adding a New Project in Maricopa County by Participating Agency 36
Making Changes to Existing Projects in HMIS 36
Additional Customization 37

Vision Statement

The Homeless Management Information System Project (HMIS) produces timely, accurate, and complete information for stakeholders working to end homelessness in Maricopa County.

Background

The HMIS implementation began with a community wide planning process in December 2001. The Maricopa Association of Governments, on behalf of the Continuum of Care Regional Committee on Homelessness and Community Information and Referral Services (CIR) of Maricopa County, convened a planning process to identify the high level requirements for the Maricopa Homeless Management Information System (HMIS) and to select a software vendor that would meet the requirements of the local community and the U.S. Department of Housing and Urban Development (HUD). Community Information and Referral Services is the HMIS Lead Agency and System Administrator for implementation of the HMIS project. This planning process, which included representatives of homeless provider agencies, city, county and state government agencies, private foundations, and private information technology experts, developed a design for the system and presented its recommendations to the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee for approval.

Following the approval, the planning participants developed a Request for Proposals, identified potential software vendors, and issued a public invitation to bid on the requirements. The resulting recommendation, also approved by the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee, was that CIR enters into negotiations with Bowman for ServicePoint, and contract for co-location of the servers and database with Bowman.

Introduction

The Maricopa County Homeless Management Information System (HMIS) was developed to support the Maricopa County homeless providers and partner with agencies in their missions, by supplying them with the tools to meet the reporting requirements for their projects. The HMIS provides information to the U.S. Department of Housing and Urban Development (HUD), local nonprofits, state-level policy makers, federal partners and other advocates in the mission to end homelessness.

The HMIS is a client information database that provides a standardized assessment of client needs, creates individualized service plans, and records the use of housing and services. The fundamental goal of the HMIS is to use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measurements, according to the HUD/Maricopa County CoC HMIS standards. The HMIS can identify patterns in the utilization of assistance, as well as document the effectiveness of services for clients.

All this will be accomplished through data analysis of the actual experiences of persons experiencing homelessness, as well as the service providers who assist them in shelters and homeless assistance projects throughout the state. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates and consumer representatives. Statewide reporting is based on aggregate, non-identifying data; therefore, such data may be shared with the public without specific permission.

The HMIS uses a web-based software project from the HMIS Software Vendor called ServicePoint, which resides on a central server to facilitate data collection by homeless service organizations in Maricopa County. Access to the HMIS is limited to agencies and authorized staff members who have met the necessary training requirements and have signed the necessary privacy, data sharing (if applicable), security and licensing documentation (if applicable), as listed in this manual. As the guardians entrusted with personal data, agencies have both a moral and a legal obligation to ensure that data is being collected, accessed and used appropriately. All agencies must be vigilant to maintain client confidentiality, treating the personal data of Arizona's most vulnerable populations with respect.

Every Maricopa project that receives federal homeless project funds from HUD is required to enter data on persons served with those funds into the HMIS. Some projects funded through the U.S. Veterans Administration and the U.S. Department of Health and Human Services may be required to enter data into the HMIS, as well. In addition, the HMIS encourages agencies that do not receive federal funds to participate in the HMIS so that service provision in the Maricopa Regional Continuum of Care is coordinated and that data represents the broader network of service provision in the continuum.

The data standards also require organizations to comply with any federal, state and local laws that require additional confidentiality protections, including but not limited to:

- The Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164);
- The Confidentiality of Alcohol and Drug Abuse Patient Records Rule (42 C.F.R. Part 2);
- The Violence Against Women Act (VAWA).

As these data standards are subject to change, all providers are responsible for monitoring for updates and being in constant compliance with all data standards.

HMIS

Community Information and Referral Services (CIR) is the lead agency for the HMIS implementation in the Maricopa County Regional Continuum of Care (AZ-502).

To ensure the integrity and security of sensitive client confidential information and other data maintained in the database, CIR requires all participating agencies to sign the HMIS Partnership Agreement (Attachment A). All end users must sign a Code of Ethics Agreement (Attachment B) prior to being given access to the HMIS. All clients must sign a Release of Information (Attachment C) prior to entry of the individual's data into the system.

Terminology

Many of the terms used in the HMIS Policies and Procedures Manual may be new to many readers. It is important to understand the terms used to better understand the roles, responsibilities and liabilities of the HMIS.

Advanced Reporting Tool (ART): HMIS Software Vendor partners with S.A.P. Business Objects to give users access to a wide variety of reports. The ART is used commonly for federal reporting and project customization of reports.

Agency Administrator: The person responsible for HMIS administration at the participating agency level and is the lead agency contact with CIR.

Annual Homeless Assessment Report (AHAR): The report to the U.S. Congress on the extent and nature of homelessness in America.

Annual Performance Report (APR): The HUD-required report used to track progress and accomplishments of COC-funded projects.

Maricopa County Regional Continuum of Care: The HUD recognized Continuum of Care comprised of homeless programs in Maricopa County, Arizona.

Maricopa County Homeless Management Information System (HMIS): The database used collectively by partnering agencies within the Maricopa Regional Continuum of Care to track client service records, coordinated assessment, service needs, progress and accomplishments of clients served.

Maricopa Association of Governments (MAG): The CoC lead entity for the Maricopa Regional Continuum of Care.

Authentication: The process of identifying a user to grant access to a system or resource based on a username and password.

Client: An individual who has inquired, is receiving, or has received, *services* from a participating HMIS project that collects or maintains personally-identifiable service information.

Client Acknowledgement Form: The form signed by clients authorizing or denying their client specific information be collected and shared via the HMIS project.

Code of Ethics Agreement: An agreement between participating agency users and CIR that allows access to HMIS.

Continuum of Care (COC) Project: Project receiving funding from HUD through the competitive COC application process. These projects are identified in the HMIS as COC projects.

Executive Director: A person who serves as the top executive official of a participating agency. This person may have a title of chief executive officer or president, etc.

HMIS Software Vendor: The company/vendor responsible for the HMIS software. Bowman holds the contract for HMIS and ServicePoint under a contract with Community Information and Referral renewed annually with the last renewal executed in November 2015.

HMIS Lead Agency and System Administrator (LASA): Completes the functions of the administrating the HMIS software. Community Information and Referral is the Lead Agency and System Administrator (LASA) for the HMIS under a Memorandum of Understanding between Community Information and Referral and the Maricopa Association of Governments Regional Continuum of Care executed in May 2016.

Housing Inventory Count (HIC): The inventory of beds for persons experiencing homelessness, including seasonal and overflow beds.

Participating Agency: Any agency/project that enters client-level information into the HMIS.

Point In Time (PIT): The annual **count** of sheltered and unsheltered persons experiencing homelessness on a single night.

Release of Information (ROI): A statement signed by the client authorizing or denying the participating HMIS agency/project to give other participating agencies their personal information and information regarding the client's situation.

ServicePoint: A software package written by HMIS Software Vendor, which tracks data about people in housing crisis to determine individual needs, provide a referral system and create aggregate data for reporting and planning. The software is web-based and uses a standard graphical user interface similar to Microsoft Windows.

User: An individual who has been granted access and uses HMIS. Users are the main guardians against violating a person's confidentiality.

Roles and Responsibilities

Community Information and Referral Services (CIR)

CIR is the lead agency for the implementation and maintenance of the HMIS.

CIR HMIS Management

Policy: CIR as the System Administrator and HMIS Lead Agency is responsible for the organization and management of the HMIS. CIR is responsible for all system-wide policies, procedures, communication and coordination of the HMIS.

Procedure: CIR will follow protocols established by HMIS Software Vendor, LLC, in regard to unauthorized access, as established on pages nine (9) and ten (10) of the HMIS Software Vendor Securing Client Data Policy Manual. An HMIS team member will notify HMIS Software Vendor of any software issues within twelve (12) hours of being made aware of the issue and an investigation at the System Administrative level has taken place. All information received from HMIS Software Vendor pertaining to use, access, reporting or live site system will be disseminated to Executive Directors or his/her designee within three (3) business days of receipt. No user, Executive Director or agency may contact Bowman System directly, without the express written consent of CIR. The HMIS Lead Agency/System Administer will contact Bowman System to coordinate system updates, software issues and other system administration functions.

HMIS Documentation

This document includes the HMIS Policies and Procedures Manual, the HMIS Data Quality Plan, the Maricopa County Security and Privacy Plan, the HMIS Code of Ethics Agreement, the HMIS Partnership Agreement, the Client Acknowledgement Form and all other related forms.

Policy: LASA will provide the necessary manuals and forms for all users. These documents will be kept up-to-date and in compliance with all HUD policies and requirements. Agency Administrators will be responsible for downloading and distributing to end users within the agency the HUD Data Standards Manual available on LASA website www.211arizona.org/HMIS or the HUD Exchange website https://www.hudexchange.info/.

Procedure: LASA will review the HMIS Policies and Procedures Manual, the Data Quality Plan, the Security and Privacy Plan, the Code of Ethics Agreement, the Partnership Agreement, the

Client Acknowledgement Form, the Agency Update Form and related forms annually and they will be updated based on HUD regulatory changes and requirements.

Agencies must submit an updated Agency Update Form when changes occur in the programs that necessitate updating. The beginning of each calendar year, the documents will be reviewed and updated. In the event HUD issues interim changes to the requirements, affected policies and procedures and any related documentation will be reviewed and updated at that time, as well. All changes will be communicated to participating agencies through the Maricopa HMIS Committee meetings, HMIS system (i.e., "System News") and electronically through the end user e-mail distribution list. All documents will be available for download at www.211arizona.org/hmis.

Security Management

Policy: LASA will be responsible for the continuous monitoring of security and user access.

Procedure: Refer to HMIS Software Vendor Securing Client Data Policy Manual (Attachment D).

Training

Policy: LASA will provide timely training for all new users, continuing education and ART reporting in the most efficient and effective way possible.

Procedure: LASA will provide training to all users through the HMIS Training Academy offering online and in person trainings. LASA will also notify participating agencies and users of upcoming trainings through the System News available in ServicePoint and/or electronically. Agencies will be given no less than thirty (30) days advance notification of in person trainings on the calendar. LASA will conduct all new user training, specialized training relevant to user position and report training. At no time will a participating agency contact Bowman directly for training. The System Administrator will send training confirmation responses to registered users within three (3) business days of online registration.

Agency Management

Policy: LASA will set-up and terminate agencies, projects and users, as needed.

Procedure: Agencies will notify LASA of new projects and new users electronically or by telephone by contacting LASA HMIS Help Desk at HMISsupport@cir.org or (602) 908-3605.

User Management

Policy: LASA will give appropriate levels of access to the system based on user's position in the participating agency, configuration of projects and designation by the Executive Director.

Procedure: LASA in consultation with the participating agency Executive Director or his/her designee will assign appropriate user levels when adding a new user. LASA will always assign the most restrictive access to users while still allowing efficient job performance to protect client confidentiality or privacy.

System Availability

Policy: HMIS Software Vendor will provide a highly available HMIS and will inform users in advance of any planned interruption in service.

Procedure: Scheduled upgrades and maintenance will occur on Friday nights after 9:00 p.m. MST. LASA will inform users of the exact date and time at least three (3) business days prior to scheduled upgrade via ServicePoint System News and direct e-mail to all end users on record. In the event of an unscheduled unavailability, LASA will contact the end users via email and inform them of the cause and the anticipated duration of the interruption of service. Users will be notified as quickly as possible of system unavailability, but in no case more than twenty-four (24) hours after service interruption.

Participating Agency

A participating agency is one that enters client-level data into the HMIS.

Security Management

Policy: Agencies are responsible for ensuring all hardware and software used to access and/or store HMIS client-level data is in a secure location where access is restricted to authorized staff. Agencies must comply with the Maricopa HMIS Security and Privacy Plan.

Procedure: Agencies may be monitored for security by LASA through remote or on-site compliance visits. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Records Management

Policy: The participating agency must maintain appropriate documentation of any client Release of Information and Client Acknowledgement Form records obtained in a secure location for a period of five (5) years after the last date of client service and assure their subsequent destruction by shredding. In addition, agencies must keep Agency Update Forms, Agency Partnership Agreements, Data Sharing Agreements, Opt-out Requests, grievance documentation and all other HMIS related documentation in a secure location for a period of five (5) years.

Procedure: Records must be made available to the client, upon written request, within fourteen (14) business days. Compliance monitoring is completed by LASA, as requested by funders or required by regulation. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Privacy Management

Policy: Agencies will be solely responsible for ensuring clients understand privacy. With the exception of agencies providing services solely to children and youth, all agencies must obtain a signed Client Acknowledgement Form from each client before entering data into the HMIS. Clients in Runaway and Homeless Youth (RHY) Programs and private programs that serve only children and youth will NOT be asked to provide a Client Acknowledgement Form. All HMIS agencies must post a Privacy Notice at all intake

locations. A copy of the Privacy Notice will be made available to all clients at the client's request.

Procedure: A copy of the Privacy Notice and the current Client Acknowledgement Form can be found at www.211Arizona.org/HMIS. Clients may request to not share their data in the HMIS. In that case, clients would be entered by locking the record. Records may be locked by contacting the LASA. The Client Acknowledgement Form will be in effect for one (1) year from the date of signing. Upon Recertification of client, new Client Acknowledgement Form must be signed for all programs except those serving solely children and youth.

HMIS compliance monitoring when needed or required will be completed by the LASA as the System Administrator for HMIS. Agencies will be required to show proof of compliance with the above policy at time of compliance monitoring. Failure to comply will result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Data Sharing

Policy: Data sharing of the HUD Universal Data Elements among participating HMIS agencies began in 2013. Agencies can share with other agencies with a signed MOU or Data Sharing Agreement indicating a desire to share data. All HOPWA projects are currently prohibited from participation in data sharing. All other data sharing policies and agreements will be noted in the Maricopa HMIS Data Sharing Policy.

Procedure: All projects, with exception of HOPWA and RHY will have the opportunity to share client-level data. The continuum wide client-level data sharing privileges in HMIS is currently the HUD Universal Data Elements (UDEs) only. Participating agencies have the opportunity to sign a Data Sharing Agreement or MOU with other agencies. All agreements need to detail items to be shared and signed by all parties. Verbal agreements are not acceptable. Agencies will comply with the Maricopa County Data Sharing Policy.

Executive Director

The Executive Director or designee is responsible for ensuring their agency and all licensed users within their agency abide by all COC established regulations, standards, policies and procedures in regards to the HMIS and clients' rights.

Documentation

Policy: Before any agency user is given access to the HMIS, the Executive Director or his/her designee must complete and submit the necessary original documentation to LASA to keep on file.

Procedure: The Executive Director or his/her designee **must** read, understand, and sign the HMIS Partnership Agreement bi-annually (50% of agencies each year). Read, understand, and sign each of the agency's users' HMIS Code of Ethics Agreements annually. Update the Agency Update annually when necessary.

In addition, the Executive Director must comply with approved Maricopa HMIS User Frees annually for HMIS participation. Invoices will be sent to all agencies during the first quarter each fiscal year. Failure to comply with payment of User Fees within 90 days of invoice will result in deactivation of all agency user accounts, unless CIR as the System Administrator is made aware and agrees to extenuating circumstances/payment plan option.

Ultimately Responsible

Policy: The Executive Director or his/her designee is the person ultimately responsible for compliance with all policies and procedures in this manual; which includes but is not limited to: knowledge and understanding of client rights, grievance procedures, data sharing, agencies security and all actions and work conducted by licensed users in their agency, including those no longer employed at their agency.

Procedure: The Executive Director must verify and sign all reports or information distributed by their agency for submission or publications. The Executive Director or his/her designee must notify LASA within twenty-four (24) hours if a user should be removed from the HMIS by calling the LASA HMIS Help Desk at (602) 908-3605 or at HMISsupport@CIR.org.

The Executive Director is responsible for ensuring that all their agency HMIS users comply with the Code of Ethics agreement. Agencies with users who fail to comply with the Code of Ethics agreement may be suspended from the HMIS. Failure to comply may result in deactivation of all agency user accounts and the agency may be non-compliant with HUD and/or other funding regulations.

Agency Administrator

An Agency Administrator is the liaison between LASA all agency users. Agency Administrators will be given the role of "Agency Administrator" in the HMIS.

All Agency Administrators must have an e-mail address that is valid and up-to-date and act as the single point of communication between LASA and all of their agency users.

System Management

Policy: Agency Administrators will assist, as needed, the LASA in report development and testing custom reports requested by the agency. Agency Administrators will also be responsible for disseminating all information to users within their agency.

Procedure: Agency Administrators will be made aware via e-mail from LASA of all upcoming system and reporting changes. Agency Administrators are required to test and comment on all custom reports requested by the agency to the HMIS Help Desk at HMISsupport@CIR.org.

If a response from the Agency Administrator is needed, LASA will provide a deadline date for response, which will be no less than five (5) business days and no more than twenty (20) business days. The System Administrator will make the Agency Administrators aware when the final changes are implemented in the HMIS or ART reporting software. Agency Administrators will disseminate system and reporting changes to all other users within their agency within three (3) business days of final change.

When requesting a custom report agencies are required to submit a (Attachments H & I) or a report update form to LASA. These forms will then be reviewed by the LASA HMIS team for approval. If approved, the agency will then receive an estimated development time based on the complexity of the report. The agency might be asked to assist with the report development and validation process. The final report will not be released to the CoC until it has been fully tested by the LASA HMIS team and requesting agency.

When a report is requested by a group of agencies or initiative, meetings will be held during the report request process, development process, and validation process. All

parties will be represented at the meetings to ensure that the needs of all agencies/initiatives are being represented in the custom report.

Agency Management

Policy: The Agency Administrator(s) will be the sole user(s) able and responsible for updating, correcting and maintaining the provider information in the HMIS.

Procedure: Agency Administrators will have the privileges in the HMIS to change and update information regarding their agency and all projects for their agency. Agency Administrators will verify this information quarterly and make changes as necessary. Failure to comply by maintaining correct agency and project information in the HMIS may result in suspension of all agency licenses until corrections are made.

Training

Policy: Agency Administrators have been selected by the Executive Director or his/her designee as the staff member with the skills beyond that of a basic user. Agency Administrators will be required to attend a separate training at least one (1) time per year (twelve (12) months) or as needed/requested by LASA.

Procedure: One (1) hour trainings will be scheduled throughout the calendar year by LASA as the System Administrator for Agency Administrators. The System Administrator may select topics in consultation with LASA and/or based on evaluation of the HMIS FAQs on the Help Desk. Users are responsible for checking dates, times and class agendas on the System News in ServicePoint. Failure to comply with continuing education of the HMIS may result in suspension of the user's Agency Administrator status until requirements have been fulfilled.

User

A licensed HMIS user is responsible for ensuring their agency's client-level data is entered correctly and complies with all client rights, confidentiality and data sharing in compliance with COC regulations, standards, policies and procedures. Users will be assigned an appropriate user role in the HMIS.

Client-Level Data

Policy: Users will not knowingly enter false or misleading information under any circumstances into HMIS regarding the agency, project, or client.

Procedure: Users will submit all reports and/or information to the Agency Administrator/Executive Director for verification prior to submission to LASA. LASA will analyze and verify all data contained in reports and/or information prior to final submission and/or publication. If issues concerning client-level data are raised, LASA may conduct an audit and complete a monitoring site visit. Failure of an agency or user to comply or proof of violation can result in deactivation of the user's license permanently.

Ethical Data Use

Policy: Data contained in the HMIS will only be used to support the delivery of homeless and housing services. Each HMIS licensed user will affirm the principles of ethical data use and client confidentiality contained in the HMIS Policies and Procedures Manual and the HMIS Code of Ethics Form.

Procedure: Users will sign a HMIS Code of Ethics Form and receive user training before being given access to the HMIS. Any individual or participating agency misusing, or attempting to misuse, the HMIS will be denied access. Without limitation the failure to comply with the policies and procedures related to the HMIS, may subject the agency to discipline and termination of access to the HMIS.

Data Sharing

Policy: At no time shall a licensed user alter, change or delete other agency's data when participating in data sharing agreements.

Procedure: If at any time, client data is in question/conflicting, the HMIS users **must**: 1) contact his/her own Agency Administrator and explain the data in question; and 2) either contact the agency that originally entered the data to receive clarification or ask the Agency Administrator to contact the agency that originally entered the data. If a resolution or conclusion cannot be reached between the users, the Executive Directors or designees of concerned agencies must come to a resolution regarding correct data entry. At any time, LASA can be requested, in written form, to analyze audit trails for investigative purposes. If a resolution cannot be determined by the Executive Directors or designees of both agencies, one will be determined by LASA.

Client Release of Information

Policy: Users are the first to safeguard client privacy through compliance with client confidentiality and data sharing policies.

Procedure: Users in all agencies with the exception of those that provide services to Runaway and Homeless Youth (RHY) must obtain a signed Client Acknowledgement Form for each client prior to entering data into HMIS. This can be a release or denial of sharing. If a client denies sharing, the user **must** contact LASA as the System Administrator prior to entering client-level data into the HMIS. The Client Acknowledgement Form is in effect for one (1) year from the date of signing. If the Client Acknowledgement has expired, the user **must** obtain a new release prior to updating records. Signed Client Acknowledgment forms **must** be secure and retained for five (5) years by the participating agency from the date of the last service for the client.

Initial Training

Policy: All new users must have training with the LASA before entering data into HMIS. LASA and the agency requesting new user access will determine training date(s) within forty-eight (48) hours of user request for access to the system. Training must be completed within thirty (30) days of requesting HMIS user status.

Procedure: The LASA HMIS Training Academy is available for online and in person training. Online training is always available and accessible through the HMIS website

www.211arizona.org/HMIS. In person training will be conducted each month of the calendar year. Users must attend at least one (1) training prior to completing assigned tasks for course completion. If the user is unable to attend an in person training, a twenty-four (24) hour notice **must** be given to LASA. LASA shall provide at least thirty (30) days advance notice of training opportunities.

Continued Education Training

Policy: Users must attend at least one (1) HMIS Refresher Training course every year (twelve (12) months) to maintain the continuing skill set for data collection and reporting.

Procedure: LASA will schedule training options monthly throughout the year and publish information on the System News, monthly HMIS Committee meetings, as well as send notices directly to users. LASA as the System Administrator shall provide at least thirty (30) days advance notice of training opportunities. Online training is always available on the LASA website www.211arizona.org/HMIS.

Data Standards

Policy: Users must enter all data into the HMIS in accordance with the current HUD HMIS Data Standards and the Maricopa County Data Quality Plan.

Procedure: Users must review and understand the most current HUD HMIS Data Standards. The *HUD HMIS Data Standards: HMIS Data Manual* is available on the LASA website www.211arizona.org/HMIS and https://www.hudexchange.info/. Users must review and understand the most current HMIS Data Quality Plan available on the LASA website at www.211arizona.org/HMIS. Failure to comply with these standards will result in the user's license being suspended by LASA until further investigation or training can take place.

Clients

HMIS is a vehicle for information to be passed from participating agency to participating agency regarding client information, services, and referrals. The HMIS is geared to save clients time in re-telling their "story" and providing documentation. At no time should a client's rights, confidentiality or requests be violated.

Denial of Service

Policy: No client shall be denied a service for failure to release information for data sharing purposes or refusal to answer informational questions not required for service eligibility screening.

Procedure: Prior to collecting client-identifying information by the participating agency, clients **must** first sign the Client Acknowledge, acknowledging their request to share or deny the sharing of their information. If the client is returning to the Maricopa HMIS system after an absence of more than one (1) year, client data will be reviewed and updated.

Access to Data

Policy: Clients may have access to their data at any time and can ask for detailed explanation of the information given to them.

Procedure: Clients may request a printed report of their data from the HMIS from a participating agency and requests for data must be made in writing. Agencies will **only** print and distribute information collected by their agency and not all the client's data entered by other agencies and stored in the HMIS. Agencies must comply with client's request within fourteen (14) business days. Clients can ask for and receive a verbal or written explanation of the report given to them by the agency within seven (7) business days of receipt. Clients may request, in writing and including a self-addressed envelope, a printed report from LASA containing all their data in the HMIS. LASA will have thirty (30) days to respond to such requests. Clients can ask for and receive a verbal or written explanation of the report given to them by LASA within seven (7) business days of receipt.

Changing Information

Policy: Clients may request that participating agencies update incomplete and/or incorrect data. However, if an agency believes the request will result in inaccurate data, the agency may deny the request.

Procedure: If the agency chooses not to update the client's information, they must supplement their decision with additional information within the client notes section of the HMIS client record within seven (7) business days of request. Agencies **must** give a written explanation of the decision, which will be copied to the client's file within five (5) business days of decision. When an agency denies a client's request for updating their information, agencies must have a written explanation for refusal in client file within five (5) business days of denial.

Denial of Access

Policy: Participating agencies and LASA reserve the right to deny a client's request to release his/her information if the information is being compiled in reasonable anticipation of litigation or comparable proceedings, contains personal information about another individual not related to the client and/or by disclosure would be reasonably likely to endanger the life or physical safety of any individual.

Educating Clients of Privacy Rights

Policy: The client intake worker, user or case worker will work with the clients to understand their privacy rights, benefits of sharing data and what their data is used for once entered into the HMIS.

Procedure: The Executive Director or his/her designee will ensure that a "Privacy Notice" is posted in an area that is clearly visible to the client. The client must be informed of his/her rights under the privacy policy and should receive a copy of the policy, if requested. The client intake worker, user and case worker will be knowledgeable regarding data sharing policies, release of information policies and how to enter client-level data at the appropriate confidentiality level in the HMIS. LASA is not liable for client-level data that has been entered into the HMIS by a user in which the client's right to privacy was violated.

Communication

From LASA

Policy: LASA is responsible for relevant and timely communication with each participating agency, regarding all aspects of the HMIS, reporting and data standards. All users **must** provide contact information to receive HMIS communication.

Procedure: LASA is not responsible for a participating agency's loss of funds due to their negligence in adhering to any updated HMIS regulations regarding reporting and data collection. General system and training communications from LASA will be directed to all persons enrolled in LASA's HMIS End User distribution list. General communications from LASA will be sent through e-mail communication. Specific communications will be addressed to the person or people involved by direct e-mail communication. For emergency situations, communications will be directed though direct e-mail and the ServicePoint News system located on the home screen of the HMIS.

All FAQs, cheat sheets, documentation, policies, procedures, reporting matrix and general help will be located on the LASA website, www.211arizona.org/HMIS. Agency Administrators are responsible for distributing that information to any additional users at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers and data entry specialists.

To LASA

Policy: Questions regarding Code of Ethics agreements, Agency Profile forms and Agency Partnership Agreements should be submitted to LASA. All request forms and update forms are to be submitted to LASA as the System Administrator and HMIS Lead Agency. Users are encouraged to submit HMIS questions through the HMIS help desk, HMISsupport@CIR.org

Procedure: To receive the best customer service from the LASA as the System Administrator, agencies are encouraged to utilize the help desk at HMISsupport@CIR.org or call the help desk at (602) 908-3605. The goal of LASA is to respond to all needs within one (1) business day of first contact.

HMIS Help Desk

Policy: LASA maintains HMIS Help Desk support for assistance on requests including report issues, requests for system enhancements, technical support, helpful hints, training tips, documentation to download, password reset requests, etc.

Procedure: The HMIS Help Desk is available from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding LASA holidays. Help requests will be addressed in the order of receipt. Help requests will be addressed within twenty-four (24) business hours. All HMIS Help Desk requests received after 4:30 p.m. may be addressed the next business day. To receive the most complete response, requests asking for help to identify or resolve issues with reports **should** have the report in question attached to the request. Submission of HMIS report requests from project representatives will not be accepted though the HMIS Help Desk.

Access

LASA

Policy: LASA will have access to retrieve all data in the HMIS. LASA will not access individual client-level data for purposes other than direct client service-related activities, coordinated assessment, referral, reporting and maintenance, checking for data quality and responding to HMIS Help Desk requests.

Procedure: LASA will be responsible for ensuring that no individual client data is retrieved or distributed for purposes other than direct client service, reporting, system maintenance, performing data quality checks and responding to Help Desk requests. LASA will oversee all reporting to HUD and the public.

All special research requests must be approved by LASA in coordination with requesting agency/initiative. Reports necessary for funding agreements (Annual Performance Reports, Consolidated Annual Performance and Evaluation Reports) may be run at the request of the agency or the request of a federal or state partnering agency.

Agency Administrators

Policy: Agency Administrators will have the ability to access client-level data in all of their agency projects.

Procedure: Participating agency's designated Agency Administrator will have the ability to locate, change, add or remove client-level data from their agency's projects. The Agency Administrator will be able to generate reports for all of their agency's projects. The Agency Administrator will have access to the Annual Homeless Assessment Report. The Agency Administrator will have access to the Provider Information Profile section of the HMIS and will have the ability to change information located within their agency's projects.

User Access

Policy: LASA will assign the most restrictive security settings to all other users not assigned as an Agency Administrator by the Executive Director or their designee.

Procedure: HMIS, in consultation with the agency Executive Director or their designee, will assign appropriate user levels when adding or changing user access. Users will not have the ability to delete or change another project's client-level data. Users will not always have the ability to generate reports for any and all agency projects based on types of user roles. HMIS will always assign the most restrictive access which allows efficient job performance in the interest of client security.

Public Access

Policy: LASA, under the direction of the Maricopa County CoC Board, will address all requests for data from entities other than HMIS Participating Agencies. The public is not given access to the Maricopa HMIS system at any time.

Procedure: The HMIS can enter into data sharing agreements with outside organizations with CoC Board approval for:

- Research
- Data Matching
- Evaluation of Services/Planning.

When Maricopa CoC Board consent is received, LASA and the requested party must consent to a Research Data Sharing Agreement. Research Data Sharing Agreements will require that all parties certify that they will adhere to the strict standards of protecting client-level data employed by the HMIS.

Security

HMIS Software Vendor

System Security

Policy: ServicePoint is supported by the most powerful system security measures available. Using 128-bit encryption, user authentication, and user access levels, ServicePoint ensures that data is protected from intrusion.

Procedure: HMIS Software Vendor' employees, who have access to client-level data, are subject to a national background check, training on confidentiality requirements and must sign a confidentiality statement as part of their employee agreement. The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited or deleted the information.

Servers are located in complexes with:

- Twenty- four (24) hour security personnel.
- Twenty- four (24) hour video surveillance.
- Dedicated and secured Data Center.
- Locked down twenty- four (24) hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system.

Data Security

Policy: HMIS Software Vendor ensures availability of customer data in the event of a system failure or malicious access by creating and storing redundant records. All data going across the Internet to the user's Web browser uses AES-256 encryption in conjunction with RSA 2048-bit key lengths.

Procedure: The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on LASA's dedicated servers. Database tape backups are performed nightly. Tape backups are maintained in secure offsite storage. Seven (7) days' backup history is stored on instantly accessible Raid 10 storage. One (1) month's backup history is stored offsite. Users have twenty-four/seven (24/7) access to HMIS Software Vendor emergency line to provide assistance related to outages or downtime.

Unauthorized Access

Policy: If an unauthorized entity were to gain access to the HMIS and client data, or if there were suspicion of probable unauthorized access, LASA and HMIS Software Vendor will take immediate action to protect the security of the system. HMIS Software Vendor will adhere to the "Securing Client Data" manual (Attachment D).

Procedure: The system would be examined to determine the presence of system or data corruption. If the system has been compromised, the system would be taken offline. Using the previous night's backup, a restored copy of the system data would be loaded onto another server and the system brought back online with the back-up copy. Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption and the corrective action needed. Upon completion of the investigation, findings would be reported to LASA and options would be discussed. Upon LASA's approval, corrective action would be initiated. Corrective action could include all or part of the following:

- The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, applications and the back-up database.
- If applicable and feasible, lost data from the original database would be restored.

If HMIS Software Vendor or its employees are determined to be at fault for unauthorized access, LASA may terminate the ServicePoint License and Service Agreement and pursue legal remedies.

Licensed Users

A licensed user is a person who has signed and submitted a HMIS Code of Ethics Agreement and it is still in effect for the current year. If LASA is not notified of their termination from the agency within twenty-four (24) hours of termination, neither HMIS Software Vendor or LASA as the System Administrator and HMIS Lead Agency will be liable for actions of a former agency employee with an active license. The Agency shall be liable and LASA may terminate access to the HMIS if it determines that the Agency acted carelessly in managing their licensed users.

User Access

Policy: LASA will provide unique usernames and initial passwords to each licensed user. Usernames and passwords may not be exchanged or shared with other users.

Procedure: LASA will provide directly to the user a unique username and initial password upon completion of training requirements as stated in this manual. LASA will have access to the list of usernames. LASA will perform an annual user audit for invoicing and licensing proposes. The sharing of usernames will be considered a breach of the HMIS User Agreement and the Partnership Agreement. Exchanging usernames seriously compromises security and accountability to clients. If a breach occurs, it may subject the agency to discipline and termination of access to the HMIS. LASA will randomly audit 2% of users a month to monitor that users are following the Maricopa HMIS Code of Ethics.

Passwords

Policy: Users will have access to the HMIS via a username and password. Passwords will be reset every forty-five (45) days. Passwords must consist of at least eight (8) characters and include at least two (2) digits. Users must keep passwords confidential.

Procedure: On the forty-fifth (45th) day when the user logs in, the system will require the user to create a new password and enter it twice before accessing the database.

The sharing of passwords will be considered a breach of the HMIS User Agreement. If a breach occurs, LASA may subject the agency to discipline and termination of access to the HMIS.

Password Recovery

Policy: Agency Administrators may reset passwords. If the Agency Administrator is unavailable or otherwise unable to reset a password for an end user, LASA will reset a user's password in the event the password is forgotten.

Procedure: Users must request a password reset by submitting a request to the HMIS Help Desk at HMISsupport@cir.org or by calling the HMIS Help Desk at (602) 908-3605.

LASA will verify the user is active in the system prior to resetting a password. The reset information will be sent back to the user via the Help Desk. The user must enter the password given. The system will only accept this password one time. The system will require the user to create a new password and enter it twice before accessing the database.

Location of Data Access

Remote Access

Policy: Users will ensure the confidentiality of client data, following all security policies in the HMIS Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. The Executive Director or designee has the responsibility to assure the user is in compliance with this and all other policies, procedures, agreements and rules governing the HMIS.

All users that access the HMIS remotely must meet the standards detailed in the Security Plan (Attachment G) and may only access it for activities directly related to their job. Users may not access the system from unsecured networks (for example: coffee shops, restaurants, libraries and other public places).

Examples of allowable Remote Access:

- Personal laptops that were not purchased by the agency.
- Access to the HMIS on a private network other than that of the agency.
- Private home desktops.

Procedure: LASA may audit remote access by HMIS users. If a user is found to have accessed the HMIS through an unsecured network, the user license will be immediately suspended. LASA may impose additional sanctions on the agency including termination of access to the HMIS.

Agency Data

Data Retrieval

Policy: HMIS -participating agencies will have access to retrieve any individual client-level data and aggregate data for their own projects. Participating agencies will not have access to retrieve client-level or aggregate data for other participating agencies or system-wide.

Procedure: Agency Administrators using the ServicePoint available Reports or ART will only be able to extract data from those records to which they have access based on their level of security given by LASA. Whenever a user attempts to access an aggregate report for an unauthorized agency, the report will show "0" or be inaccurate due to the security level of the user. Both ServicePoint available Reports and ART will limit the user access and only report data from records to which the individual user has access.

Extracted Data

Policy: HMIS -participating agencies have access to retrieve any individual client-level data and aggregate data for their own projects and download the information onto a local storage vessel. Users will maintain the security of any client data extracted from the database and stored locally, including data used in custom reporting.

Procedure: Any data printed or downloaded from HMIS is protected data and should be held in secured paper or electronic files. All extracted data falls within the same confidentiality procedures as electronically-stored data. LASA is not responsible for breaches in data once removed from the HMIS. If a participating agency's licensed user or Agency Administrator extracts data, the participating agency for which the licensed user works is responsible for any data breach on data extracted by the user and may result in termination of HMIS access by LASA.

Compliance Security Review

Policy: HMIS -participating agencies are subject to random or scheduled compliance monitoring review by LASA as outlined in the HMIS Data Quality Plan.

Procedure: All agencies will be desk-monitored at least once a year for security risks and compliance with documentation. On-site monitoring will be conducted at least once yearly for agencies under contract with the Maricopa County CoC. Agencies not under contract with the Maricopa CoC will be monitored if they are deemed to be a high or medium security risk based on the annual desk monitoring.

HMIS Data Sharing

Agencies are able to share client information with agencies outside of their network with appropriate client authorization. The HMIS is a vehicle through which agencies can share data outside of their own agency and network. County-wide reporting is based on aggregate, non-identifying data; therefore, aggregate, non-identifying data may be shared with the public without specific permission. These polices would be made clear to clients as part of the Client Acknowledgement and Release of Information form. Data sharing protocols will be further described in the HMIS Privacy Plan (Attachment F).

Opt-In

Policy: All agencies and projects, with exception of HOPWA, domestic violence service providers and those that fall within Federal Regulation 42 CFR Part 2 (those that receive federal funds for substance abuse treatment services as a licensed treatment facility), may share client-level data with other HMIS -participating agencies by executing a written and approved Data Sharing Agreement or MOU. A copy of the Data Sharing Agreement or MOU must be signed by all parties and kept on file at LASA. Verbal agreements will not be accepted. The HMIS currently shares the HUD Universal Data Elements (UDEs) continuum-wide.

Procedure: The participating agency's Executive Director or designee is responsible for ensuring that all licensed users within the agency abide by all the policies and procedures stated within all signed documents including the Data Sharing Agreement or MOU. Each participating agency will retain a copy of the agreement and a master will be filed with LASA. All clients must have a valid Client Acknowledgement Form in their case file prior to users entering client-level data into the HMIS to indicate either approval or denial of sharing their data.

Opt-Out

Policy: Agencies can request to be removed from data sharing. LASA and the Maricopa County CoC Board reserve the right to deny a request to opt-out of data sharing.

Procedure: Any agency Executive Director or designee wishing to opt-out of data-sharing must execute a HMIS Data Sharing Exit Agreement. LASA will make a final decision within seven (7) business days of receipt of agreement. Data share historically cannot be reversed due to software regulations.

If approved:

1. Agency will retain a copy of the agreement and a master will be filed with LASA.
2. LASA will remove the data sharing privileges within three (3) days of approval.
3. Once data sharing is removed, agency users will no longer be able to grant permission based on appropriate client consent to share individual client information.
4. Authorized, licensed users will only be able to view their own agency's client data.
5. The client's ID, name, year of birth, veteran status and Social Security Number, alias, will remain at a global sharing level to limit duplicate clients in the system.

If denied:

1. Agency will retain a copy of the agreement and a master will be filed with LASA.
2. Agencies can appeal the decision to the CoC Board in a written statement within three (3) business days from receipt of decision.

Visibility Settings

Policy: All data sharing policies will be enforced by LASA.

Procedure: Each user's access to data will be defined by their user type, as described in the Access section of this manual. LASA will conduct at least annual file checks for appropriate client authorization and will conduct random monthly audit reports for 2% of all HMIS users.

Client Denial to Share

Policy: If the client chooses not to have their data shared with other agencies and the agency participates in data sharing, the data **must** be locked in the system to restrict visibility to the agency which originally entered the information.

Procedure: The user **must** contact the HMIS Help Desk prior to entering client-level data into the HMIS. LASA as the System Administrator is responsible for locking client-level data with the correct visibility security settings. LASA will monitor for client denial to share in desk-monitoring and on-site monitoring.

Scanned Document Management

Policy: LASA is responsible for organization and management of the HMIS. It is necessary to follow standardized procedures to upload documents to ensure uploaded information is useable system-wide.

Procedure: Documents uploaded to a client must have the naming standards of:

- Client ID#, Document Title, Date Saved
  - ✓ Example: *123456, Homeless Verification, 11/20/2013*

File attachments may only be uploaded to the client profile screen under "File Attachments". Users may never remove documents of another agency and may only remove theirs when uploading an updated version. Unless otherwise noted by client denial, all file attachments will be shared by agencies sharing data.

Data Shared Information

Policy: The sharing standard for each area of HMIS data entry is set forth in the HMIS Release of Information (Attachment C) and Privacy Plan (Attachment F). The intent of the HMIS is to allow as much data sharing as appropriate and necessitated by clients' needs and services provided to meet those needs.

Procedure: The HUD Universal Data Elements (UDEs) are shared Continuum-wide. All other data sharing will be noted in the HMIS Data Share plan.

Data at no time is currently to be shared outside the agency regarding:

- HOPWA Projects
- RHY Projects
- Youth Under 18

Data Quality

The data standards established by HUD and LASA are applied to all projects reporting client-level data in the HMIS. At no time do standards increase or decrease with the source of funding for the project. To have correct, accurate and reliable reporting in a timely manner, all projects **must** adhere to the policies and procedures established. Please refer to the HMIS Data Quality Plan available on the LASA website at www.211arizona.org/HMIS

License Suspension and/or Replacement

Policy: At any time, LASA reserves the right to suspend a user's or agency administrator's license if having difficulty entering client-level data and providing accurate reports after appropriate trainings. LASA can recommend and require the Executive Director or designee to assign a different staff member or volunteer to attend training and become a participating agency user to enter client-level data.

Violation of Data Quality and Integrity

Policy: In its discretion, LASA may report violations with the Maricopa HMIS Data Quality plan and breaches in data integrity to the CoC Lead and may result in termination of HMIS access by LASA.

Procedure: Such action will be conducted in accordance with the HMIS Policies and Procedures Manual.

Licensing and Invoicing

LASA as the HMIS Lead Agency invoices all provider agencies annually in the first quarter of the fiscal year for HMIS user fees. Invoicing occurs after the annual user audit for each participating agency is completed. The annual user license fee is recommended by LASA based on the HMIS Software Vendor software contract and approved by the Maricopa County CoC Board. The funds received for the annual user license assists with paying for the user license fees as part of the HMIS Software Vendor contract and provides match for the HMIS Lead HUD grant.

Annual Invoice

Policy: LASA will send an invoice to each Executive Director or designee of each agency or the appropriate staff at a partnering federal or state agency.

Procedure: Invoices will be mailed. Payments are due within thirty (30) days of receipt of invoice. Non-payment of licenses may result in suspension by LASA. LASA will make all project representatives aware of agencies that have had their user licenses suspended. The User Fee is a flat fee as determined by the software contract and therefore will not be pro-rated when new user licenses are purchased throughout the year

Grievances

From a Participating Agency or Client to the HMIS

Policy: HMIS participating agencies have the right to file a grievance against LASA as the System Administrator and HMIS Lead Agency. Clients have the right to file a grievance against a participating agency regarding the HMIS.

Procedure: LASA will respond within thirty (30) days to complaints from families, owners, employees and members of the public. All complaints must be submitted in writing and will be documented.

- Categories of Complaints
  - ✓ Complaints from clients: a client disagrees with an action or inaction of the Maricopa HMIS Lead.
  - ✓ Complaints from participating agencies or other HUD-funded programs: a HMIS -participating agency, a HUD-funded program or other federal-funded program disagrees with an action or inaction of the HMIS Lead.

The complaining party will submit the complaint in writing to LASA within seven (7) business days of the date of occurrence. It is LASA's objective to resolve disputes at the lowest level possible and to make every effort to avoid the most severe remedies. However, if this is not possible, LASA will ensure that applicants and participants will receive all of the protections and rights afforded by the law and applicable regulations.

Participation Termination

Initiated by the Participating Agency

Policy: In the event of termination of the HMIS Partnership Agreement, all data entered into the HMIS will remain an active part of the HMIS and the records will retain their original security settings.

Procedure: HUD-funded agencies are required to participate in the HMIS. For those participating agencies that are non-HUD-funded, the person signing the initiating HMIS Partnership Agreement will notify LASA with a date of termination in writing. In all cases of termination of the HMIS Partnership Agreement, LASA will deactivate all users from the agency on the date of termination stated by the agency. All client-level data entered into the HMIS will remain an active part of the HMIS and the records will retain their original security settings.

Initiated by LASA

Policy: LASA will terminate the HMIS Partnership Agreement for non-compliance with the terms of that agreement.

Procedure: HUD-funded agencies are required to participate in the HMIS. For those that are terminated, this will be reported to the Maricopa County CoC Lead. For those participating agencies that are non-HUD-funded, LASA will notify the person signing the initiating HMIS Partnership Agreement with a date of termination in writing. LASA will give thirty (30) days written notice to the agency, regardless of funding source, to the attention of the person who initiated the agreement. LASA requires any HMIS violations to be rectified before the HMIS Partnership Agreement termination is final. LASA may also terminate the HMIS Partnership Agreement without cause upon thirty (30) days written notice to the participating agency.

In all cases of termination of the HMIS Partnership Agreement, System Administrator will make inactive all users from the agency on the date of termination. All client-level data entered into the HMIS will remain an active part of the HMIS, and the records will retain their original security settings.

Projects in HMIS

Adding a New Project in HMIS by Participating Agency

Policy: The Executive Director or designee will notify LASA thirty (30) days prior to implementation of a new project.

Procedure: At least thirty (30) days prior to anticipated implementation date, the Executive Director or designee will meet with LASA to fill out the New Project Form (Attachment J)

Making Changes to Existing Projects in HMIS

Policy: The Executive Director or designee will notify LASA of programmatic changes.

Procedure: The Executive Director or designee will notify LASA of any applicable programmatic changes to existing programs which may have an effect on data collection, data entry, data quality or data reporting at least forty-five (45) business days prior to the implementation date of the change. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request. LASA will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency.

Additional Customization

Policy: The participating agency will be solely responsible for additional database customization costs. This includes the voluntary transfer of existing grant client-level data and custom build reports beyond that of LASA scope of work.

Procedure: The Agency Administrator or Executive Director or designee will notify LASA of any applicable programmatic customization which may have an effect on data collection, data entry, data quality or data reporting at least forty (40) business days prior to the implementation date of the change. Proposed customization and/or changes must be submitted in writing.

If support from HMIS Software Vendor is necessary to make the changes, LASA will communicate to the HMIS Software Vendor the needs and scope of work for the participating agency. Recommendations and timelines for the changes will be returned to the participating agency no more than ten (10) business days from receipt date of request, including a Statement of Work from the Software Vendor, if applicable. LASA will complete changes at least seven (7) business days prior to the implementation date for final approval from the participating agency. If a participating agency voluntarily transfers an existing grant to another agency, LASA will not pay for client-level data to be transferred. The agency requesting the transfer will be liable for any fees incurred.

Acknowledgement of Receipt of the HMIS Policies and Procedures Manual

By signing this form, you acknowledge receipt of the HMIS Policies and Procedures Manual from Community Information and Referral Services (LASA). Your signature further certifies that you have read, understand and will abide by the policies and procedures, as detailed in this document, as well as accept any measures taken for violation of these practices. Please note, the HMIS Policies and Procedures Manual is subject to change.

_____

Signature of Licensed User

_____ _____

Print Name Date

_____

Signature of Executive Director

_____ _____

Printed Name of Executive Director Date

Return signed form to LASA:

Via e-mail:

HMISsupport@cir.org

Via mail:

Community Information and Referral Services
Attn: HMIS
2200 North Central Ave, #211
Phoenix, AZ 85004

2018 HDX Competition Report

PIT Count Data for AZ-502 - Phoenix, Mesa/Maricopa County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**5702**	**5605**	**6298**
Emergency Shelter Total	2362	2,254	2,099
Safe Haven Total	25	21	26
Transitional Housing Total	1669	1,271	1,555
Total Sheltered Count	**4056**	**3546**	**3680**
Total Unsheltered Count	**1646**	**2059**	**2618**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**745**	**939**	**974**
Sheltered Count of Chronically Homeless Persons	332	309	358
Unsheltered Count of Chronically Homeless Persons	413	630	616

2018 HDX Competition Report

PIT Count Data for AZ-502 - Phoenix, Mesa/Maricopa County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**624**	**495**	**519**
Sheltered Count of Homeless Households with Children	622	487	505
Unsheltered Count of Homeless Households with Children	2	8	14

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**754**	**450**	**489**	**413**
Sheltered Count of Homeless Veterans	507	319	341	275
Unsheltered Count of Homeless Veterans	247	131	148	138

2018 HDX Competition Report

HIC Data for AZ-502 - Phoenix, Mesa/Maricopa County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**2354**	**357**	**1813**	**90.79%**
Safe Haven (SH) Beds	**22**	**0**	**22**	**100.00%**
Transitional Housing (TH) Beds	**1862**	**147**	**1045**	**60.93%**
Rapid Re-Housing (RRH) Beds	**1267**	**0**	**1267**	**100.00%**
Permanent Supportive Housing (PSH) Beds	**6268**	**0**	**5188**	**82.77%**
Other Permanent Housing (OPH) Beds	**1086**	**0**	**1086**	**100.00%**
Total Beds	12,859	504	10421	84.35%

2018 HDX Competition Report

HIC Data for AZ-502 - Phoenix, Mesa/Maricopa County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	**791**	**1617**	**1812**

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	**201**	**210**	**218**

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	**891**	**1088**	**1267**

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	12504		11612	57		63	6	34		36	2
1.2 Persons in ES, SH, and TH	14607		13541	101		97	-4	50		50	0

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	12670		11825	241		272	31	86		102	16
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	15158		13992	274		283	9	120		127	7

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		305		61	20%		26	9%		21	7%	108	35%
Exit was from ES		2418		321	13%		196	8%		234	10%	751	31%
Exit was from TH		1311		89	7%		73	6%		79	6%	241	18%
Exit was from SH		32		8	25%		2	6%		4	13%	14	44%
Exit was from PH		1591		139	9%		74	5%		93	6%	306	19%
TOTAL Returns to Homelessness		5657		618	11%		371	7%		431	8%	1420	25%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5702	5605	-97
Emergency Shelter Total	2362	2254	-108
Safe Haven Total	25	21	-4
Transitional Housing Total	1669	1271	-398
Total Sheltered Count	4056	3546	-510
Unsheltered Count	1646	2059	413

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	15271		14101	-1170
Emergency Shelter Total	12786		11901	-885
Safe Haven Total	111		83	-28
Transitional Housing Total	3365		2878	-487

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	2414		2172	-242
Number of adults with increased earned income	84		88	4
Percentage of adults who increased earned income	3%		4%	1%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	2414		2172	-242
Number of adults with increased non-employment cash income	467		720	253
Percentage of adults who increased non-employment cash income	19%		33%	14%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	2414		2172	-242
Number of adults with increased total income	531		778	247
Percentage of adults who increased total income	22%		36%	14%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1266		1207	-59
Number of adults who exited with increased earned income	274		262	-12
Percentage of adults who increased earned income	22%		22%	0%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1266		1207	-59
Number of adults who exited with increased non-employment cash income	258		246	-12
Percentage of adults who increased non-employment cash income	20%		20%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	1266		1207	-59
Number of adults who exited with increased total income	495		407	-88
Percentage of adults who increased total income	39%		34%	-5%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	13193		12411	-782
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	4137		4027	-110
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	9056		8384	-672

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	15004		14531	-473
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	4905		4785	-120
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	10099		9746	-353

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	6080		5124	-956
Of persons above, those who exited to temporary & some institutional destinations	1144		1373	229
Of the persons above, those who exited to permanent housing destinations	373		495	122
% Successful exits	25%		36%	11%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	12887		11791	-1096
Of the persons above, those who exited to permanent housing destinations	4154		3847	-307
% Successful exits	32%		33%	1%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	5953		6420	467
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	5635		5945	310
% Successful exits/retention	95%		93%	-2%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

AZ-502 - Phoenix, Mesa/Maricopa County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	2100	1738	1945	1803	2623	2014	1478	1167	5478	5319	5806	6498		585	891	1088				
2. Number of HMIS Beds	1784	1634	1750	1783	1841	1473	1373	1022	4016	4324	4727	5341		585	891	1088				
3. HMIS Participation Rate from HIC (%)	84.95	94.02	89.97	98.89	70.19	73.14	92.90	87.57	73.31	81.29	81.42	82.19		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	10293	11874	12712	11841	2706	3118	3244	2753	5134	5738	6308	7035	2135	2514	3367	3667	153	599	390	299
5. Total Leavers (HMIS)	8851	10287	11023	10232	1578	1641	2198	1757	841	883	874	1157	1326	1717	2301	2184	117	493	306	172
6. Destination of Don't Know, Refused, or Missing (HMIS)	4884	6208	6988	3709	157	193	236	168	144	97	64	97	60	100	152	165	56	62	108	24
7. Destination Error Rate (%)	55.18	60.35	63.39	36.25	9.95	11.76	10.74	9.56	17.12	10.99	7.32	8.38	4.52	5.82	6.61	7.55	47.86	12.58	35.29	13.95

2018 HDX Competition Report

Submission and Count Dates for AZ-502 - Phoenix, Mesa/Maricopa County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Maricopa Regional Continuum of Care Coordinated Entry System Policies and Procedures

Adopted by the Board January 22, 2018

These Policies and Procedures supersede all previously adopted Coordinated Entry System Policies and Procedures as well as any Coordinated Entry System-related provisions in other previously adopted Policies and Procedures

emergency services will receive those services on a first-come, first-serve basis. The following interventions are considered part of this community's emergency crisis response:

- Emergency Shelter
- Centralized Screening (Domestic Violence Services)

5.02.02 Prioritization of Permanent Supportive Housing ("PSH")

The CoC recognizes that the HUD Continuum of Care funding process is a competitive process and there are times when the CoC forwards a renewal application to HUD and the application is not funded. In that case, individuals and families housed in those renewal projects that do not receive funds in a particular Notice of Funding Availability competition, will receive priority consideration for placement in other Permanent Supportive Housing projects even though such individuals and families do not meet the HUD Notice CPD 16-11 criteria.

Individuals and families will be prioritized for PSH in accordance with HUD Notice CPD 16-11, primarily focusing on the following criteria: (1) whether a household is experiencing chronic homelessness, (2) the length of time in which a household has resided in a place not meant for human habitation, a safe haven, and/or an emergency shelter, and (3) the severity of the household's service needs as measured by the VI-SPDAT. If two individuals or families have the same VI-SPDAT score, chronic homeless status and the same length of time homeless, the individual or family who has been waiting the longest will be the next served.

Individuals and families scoring within the range for PSH (as outlined below) may need access to lesser interventions (ES, TH, RRH) until an appropriate PSH unit is available. The lesser intervention will be considered "bridge housing."

5.02.03 Prioritization of Rapid Re-Housing ("RRH")

Individuals and families will be prioritized for RRH based on the following criteria: (1) the length of time in which a household has resided in a place not meant for human habitation, a safe haven, and/or an emergency shelter, and (2) the severity of the household's service needs. Individuals and families experiencing chronic homelessness but otherwise ineligible for PSH, will be prioritized over households who are not experiencing chronic homelessness. If two individuals or families have the same acuity score, chronic homeless status and the same length of time homeless, the individual or family who has been waiting the longest will be the next served.

5.02.04 Prioritization of All Other Homeless Housing and Services

All HUD-funded homeless housing resources and services, with the exception of the emergency crisis response, will be prioritized through the Coordinated Entry System.

5.02.05 Matching

Summary – Initial Analysis of Racial Disparity

Race	Census	2018 PIT			2017 AHAR					
	2017 Pop. Est.	**% PIT Total**	% PIT Unsheltered	% PIT Sheltered	% Sheltered Singles	% Sheltered Families	**% Total Sheltered**	% PSH Singles	% PSH Families	**% Total PSH**
White	**83%**	**63%**	74%	54%	63%	45%	**58%**	71%	61%	**67%**
Black or African-American	**6%**	**26%**	16%	33%	26%	41%	**30%**	19%	26%	**22%**
Asian	**4%**	**1%**	1%	1%	1%	0%	**1%**	0%	0%	**0%**
American Indian or Alaska Native	**3%**	**6%**	7%	6%	6%	6%	**6%**	4%	3%	**4%**
Native Hawaiian or Other Pacific Islander	**0%**	**1%**	1%	1%	1%	0%	**1%**	1%	1%	**1%**
Multiple Races	**3%**	**4%**	2%	5%	4%	7%	**5%**	5%	8%	**6%**

Sources: Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2017 (U.S. Census Bureau, Population Division); 2018 Point-in-Time (PIT) Count; 2017 Annual Homeless Assessment Report (AHAR)

The Maricopa Regional Continuum of Care conducted an initial analysis on racial disparity using data from the U.S. Census Bureau's 2017 Population Estimates, the CoC's 2018 PIT Count, and the CoC's 2017 AHAR.

Racial disparities are evident when comparing the racial composition of the 2018 PIT Count homeless population to general county census data. In the U.S. Census Bureau's 2017 Population Estimates, Black/African-American individuals made up 6% of the Maricopa County population, whereas Black/African-American populations made up 26% of 2018 PIT Count. Similarly, Native Americans made up approximately 3% of the general county population estimate, but represented 6% of the homeless population identified during the PIT Count. These populations are homeless at a disproportionate rate when compared to population estimates for Maricopa County.

When looking at provision of homeless assistance from the 2017 AHAR report for Phoenix and Maricopa County, there is disparity in Shelter to PSH for different races. Black/African-American populations made up 30% of total persons in sheltered situations (ES/TH), and only 22% of persons in Permanent Supportive Housing (PSH). American Indian or Alaska Native populations made up 6% of total persons in sheltered situations, and 4% of persons in PSH. AHAR data shows racial disparity for Black/African-American and Native American populations between PSH and shelter. Furthermore, the racial composition of the AHAR data is fairly similar to what is seen from the 2018 PIT Count. It appears that a slightly lower percentage of Black/African-American and American Indian or Alaska Native populations are accessing PSH in our community than what was represented in the PIT Count.

Race	Outcome				
	% Positive	% Negative	Positive Exits	Negative Exits	Total Exits
American Indian or Alaska Native (HUD)	15%	85%	1088	6330	7418
Asian (HUD)	5%	95%	87	1767	1854
Black or African American (HUD)	20%	80%	6277	25298	31575
Native Hawaiian or Other Pacific Islander (HUD)	23%	77%	170	571	741
Other	0%	100%	0	2	2
Other Multi-Racial	0%	100%	0	2	2
White (HUD)	13%	87%	8668	57273	65941
Total	**15%**	**85%**	**16290**	**91243**	**107533**

Source: HMIS Data from July 1, 2017 to June 30, 2018

Furthermore, the CoC also conducted an initial analysis on outcomes of homeless assistance. The HMIS data in the table above includes all exits from all providers in the system for the timeframe, including overflow shelters. This means that if a client exited shelter(s) every night, they would be counted for each exit – so there may be duplication of client exits. Based on the preliminary data, it seems that the Black/African-American subpopulation has a slightly higher rate of positive exits (20%) compared to the overall homeless population (15%).

We recognize that these initial analyses are limited by the use of different data sources, since the PIT Count is a single-day count whereas the AHAR uses annual data from HMIS. The CoC will conduct further analysis on whether there are racial disparities in the provision and outcomes of homeless assistance across the Maricopa County region.

REGIONAL PLAN TO END HOMELESSNESS

MARICOPA REGIONAL CONTINUUM OF CARE

2018

Continuum of Care Board Co-Chairs

Kevin Hartke, Vice-Mayor, City of Chandler
Amy Schwabenlender, Executive Director, Human Services Campus

Plan adopted by the Maricopa Regional Continuum of Care Board August 27, 2018.

Table of Contents

Executive Summary 3

Maricopa Regional Continuum of Care 4

Summary of Homelessness in Maricopa County 6

Local Initiatives 9

Plan Overview 10

- Singles Homelessness 11
  - Chronic Homelessness 15
  - Veteran Homelessness 19
- Family Homelessness 23
- Youth Homelessness 26
- System for Ending All Homelessness 30

Coordinated Entry Visioning Sessions 34

Special Thank You 39

Appendix 41

Executive Summary

The Maricopa Regional Continuum of Care (CoC) represents the Phoenix metropolitan area. The CoC is committed to collaboration and coordination on a regional basis because we know that homelessness does not stop at any one city's borders. Working together towards common goals, we will care for our neighbors and ensure that the county's residents have access to safe, affordable, and stable housing.

The previous plan developed by the CoC was successful by focusing on three key goals:

- Raising awareness and support for coordinated responses to end homelessness;
- Leveraging funding, services, and housing by creating new innovative partnerships and strengthening collaborative relationships; and
- Increasing permanent supportive housing units and rapid re-housing units for individuals and families experiencing homelessness.

While we are proud of our accomplishments thus far, we know that there is still significant work to be done. We are committed to forging a path for the most vulnerable among us and know the real risks faced by our friends living on the streets. We mourn those lost to us in the harsh desert climate of our area and are mindful that one-third of all heat-related deaths in the region are people experiencing homelessness. For our community, ending homelessness is truly a life or death proposition. The following Plan to End Homelessness is our roadmap towards a day when the community has ample resources and a seamless homeless services delivery system for every individual and family experiencing homelessness.

To continue on the path towards ending homelessness in the region, our priorities are:

- Targeting homeless services through a robust and easily accessible coordinated entry system;
- Delivering homeless services that decrease barriers to housing and determine eligibility based on vulnerability and service needs;
- Strengthening partnerships to create additional housing and freeing housing dollars by leveraging housing resources with Medicaid-billable services; and
- Showing improved system performance year-to-year, to track progress towards overall goal of ensuring that homelessness in the region is rare, brief and non-recurring.

This new plan reaffirms and builds upon the goals made in the previous plan by working to expand housing resources to meet the needs of those experiencing homelessness in our community. The goal is to create a long-term sustainable system that ensures that homelessness in our community is brief, rare, and non-recurring.

Maricopa Regional Continuum of Care

Who is involved in the regional effort to end homelessness?

At the center of this effort to end homelessness in the region is the Maricopa Regional Continuum of Care, coordinated by the Maricopa Association of Governments (MAG).

We are fortunate to have the best and the brightest in our community committed to ending homelessness. Through MAG's stakeholder community, including the region's mayors, city council members, the County Board of Supervisors, and other elected officials, the issue of ending homelessness in our region has been highly prioritized. Funding partners meet regularly to align resources in order to meet regional needs, both with private and public housing resources.

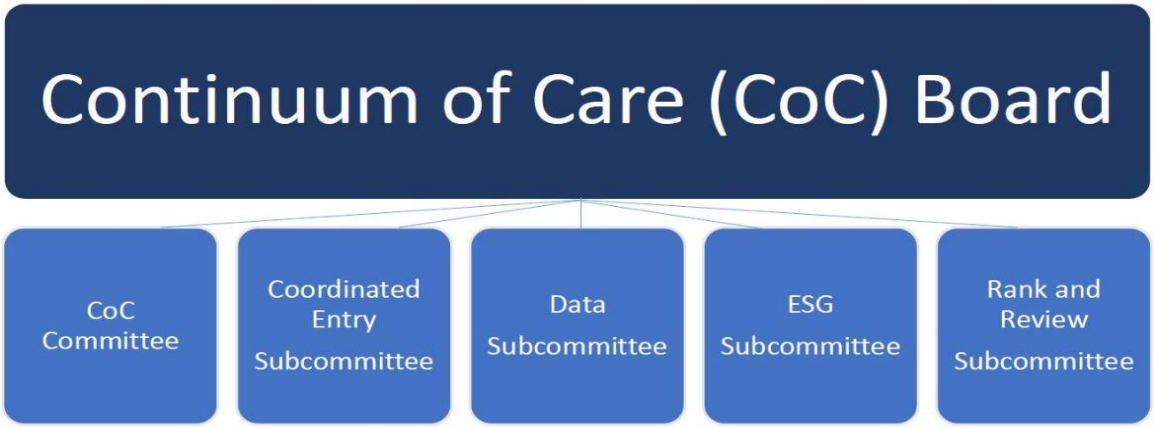
In addition, major healthcare providers have led efforts to address medically vulnerable persons. The area's Regional Behavioral Health Authority commits to and leads community behavioral health initiatives.

To connect those living on the street with health and housing services, providers such as police, fire, and other first responders partner with street outreach. The criminal justice system also works hand-in-hand with behavioral health and homeless service providers through implementation of innovative programs for the justice-involved population experiencing homelessness.

In addition to the healthcare and justice systems, state child welfare representatives connect youth aging out of the foster care system with resources and oversee the needs of children and youth in the homeless services system. School liaisons work with school-aged children to ensure that education is not interrupted by episodes of homelessness.

The Continuum of Care stands at the center of regional efforts and is led by a diverse and expert governing board, assisted by five key groups, and is reflective of the systems described above.

What is the Maricopa Regional Continuum of Care?



The governing board and the five primary groups are represented by stakeholders in the community that include: formerly homeless individuals, single providers, family providers, youth providers, veterans and veteran advocates, outreach teams, domestic violence advocates, the criminal justice system, the healthcare system, the behavioral health system, the child welfare system, elected officials, the police department, the fire department, Emergency Solutions Grant recipients, Public Housing Authorities, and private funders. The roles of the primary CoC stakeholders are described below.

The CoC Board is the policy-setting and decision-making body for the Maricopa Regional Continuum of Care. The Board develops, annually updates, and follows the governance charter in consultation with CoC (MAG) staff and the Homeless Management Information System lead (CIR). The Board works to strengthen the homeless services system by providing guidance and support to nonprofit homeless services providers and taking appropriate action on the performance of those providers.

The five key groups recommend policies to the CoC Board in the following ways:

The CoC Committee is a collaborative of cross-sector stakeholders providing housing and services to people experiencing homelessness in Maricopa County. The purpose of the Committee is to provide input and recommendations to the Continuum of Care Board and MAG staff, and support communication across groups.

The Coordinated Entry Subcommittee serves to problem-solve issues facing the coordinated entry system and provides policy recommendations to the Continuum of Care Board on principles and guidelines for the system.

The Data Subcommittee provides a forum to review data, provide input and make recommendations to the Continuum of Care Board on policies related to the Homeless Management Information System data collection and use. Using data to inform decisions and planning, the Data Subcommittee contributes expertise to effectively use community data. It is important to the CoC Board that there is consistency about data collection, the definition of data categories and that data transparency exists throughout the CoC. The Data Subcommittee consists of providers, funders, the singles and families coordinated entry leads, and the HMIS lead.

The ESG Subcommittee consults with the CoC Board to foster collaboration and coordination of ESG and CoC-funded services and performance outcomes.

The **Rank and Review Subcommittee** ensures the objective review of performance metrics, and seeks to maximize HUD CoC funding through rating and reviewing projects recommended for funding. They also analyze the CoC's portfolio of interventions to restructure resources in order to meet regional homeless needs, and provide those recommendations to the Board.

Summary of Homelessness in Maricopa County

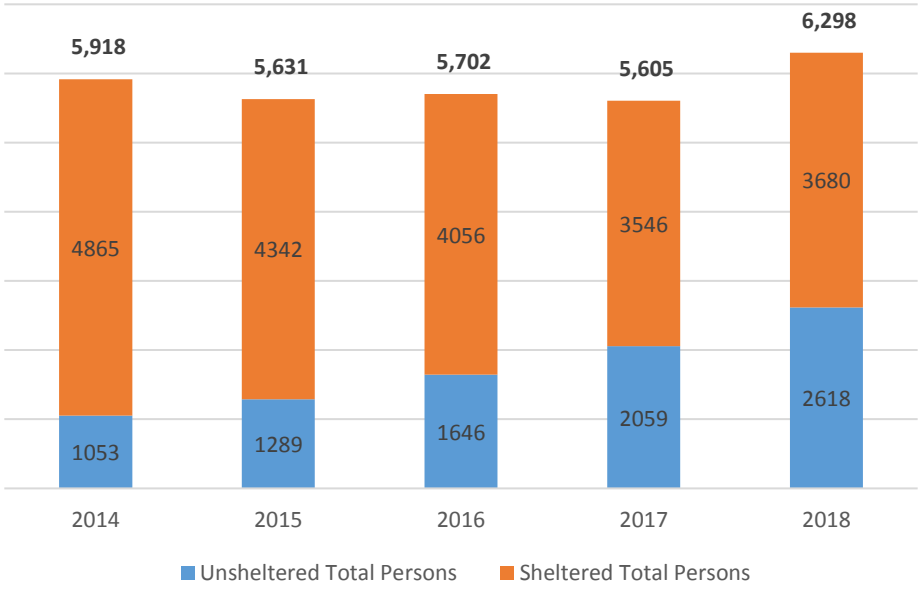
Why is it Important to End Homelessness?

The health of our communities may be measured by the economic well-being of its residents. The cost of homelessness includes costs incurred by law enforcement, the healthcare system, city services like zoning and code enforcement, and the toll it takes on neighborhoods and businesses where people experiencing homelessness may congregate in parks and on the streets. Some communities bear a disproportionate burden, such as when services or encampments are centralized. The greatest concentration of people experiencing homelessness is in the City of Phoenix. However, trends show the unsheltered population increasing in all communities in Maricopa County. Moreover, increases in the County's general population has had an impact on housing availability and costs that exacerbates the issue.

According to the U.S. Census Bureau, between July 1, 2016 and July 1, 2017, Maricopa County gained more than 73,000 people, an increase of more than 200 people per day. The burgeoning population brings challenges associated with absorbing the highest number of new residents in the country. Challenges include rising housing costs and a tight private rental market run by landlords reluctant to rent to vulnerable populations who tend to "fall through the cracks".

The annual Point-in-Time (PIT) Count is a one-night snapshot of homelessness in the region, and can be supplemented with other data sources to provide a better understanding of what is going on in the community. The 2018 PIT Count showed an overall increase from previous years' counts.

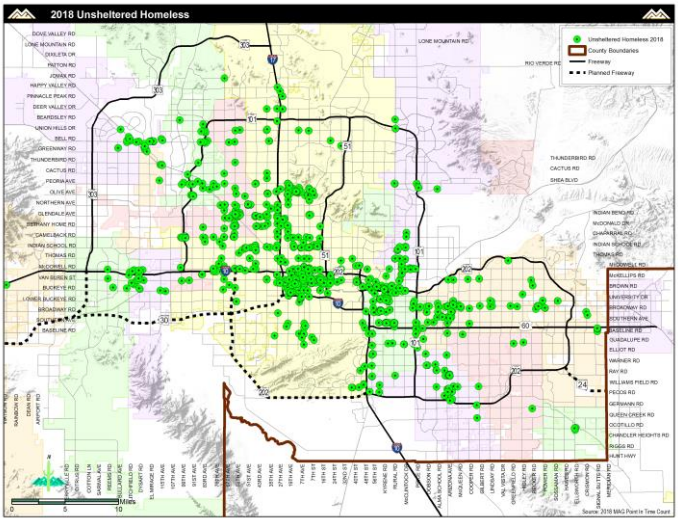
Point-in-Time Count Total Persons, 2014-2018



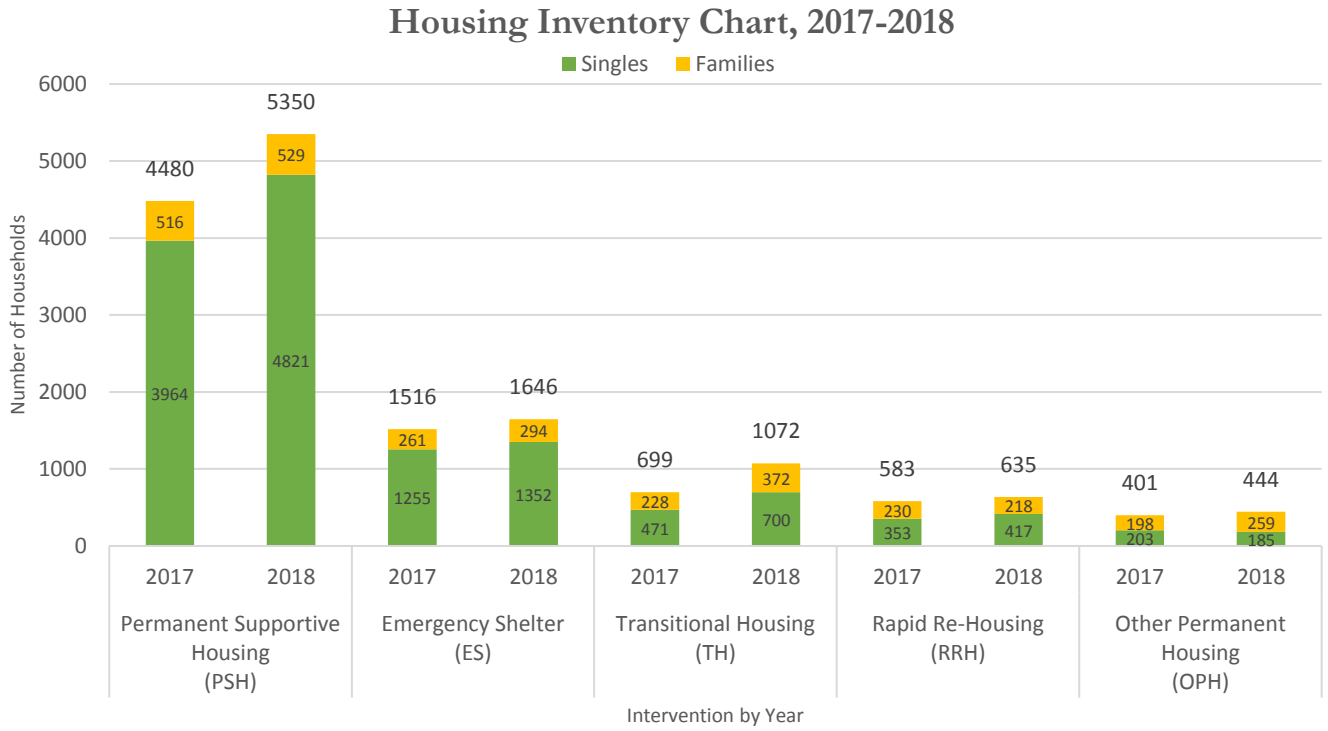
The number of unsheltered individuals and families has continued to rise each year, with a 149% increase since 2014. A map of the 2018 PIT Unsheltered Count depicts the scatter of unsheltered homelessness. As expected, the largest density is in the city of Phoenix, with significant scatter in all directions compared to previous years. Efforts must continue to target the increasing unsheltered population across the region.

Through focused work on Veteran homelessness, the community now has resources to end homelessness for Veteran families within 30 days, achieving functional zero. To build upon these successes with the veteran population, the community has added resources to pave the way toward similar success for other target populations. The community actively participates in the Built for Zero initiative, a national effort to end veteran and chronic homelessness by using quality data to measure outcomes.

However, there is still a long way to go to provide enough affordable units in Maricopa County; there



is a deficit of 116,080 units for households at or below extremely low income (ELI) thresholds. For every 100 households at or below ELI thresholds, there are 21 affordable and available units. For households at or below 50% of the area median income (AMI), there is a deficit of 119,237 units. There are only 48 affordable and available units per 100 households at or below 50% of AMI, according to the National Low Income Housing Coalition's March 2017 report.



What is the Impact of the Maricopa Regional Continuum of Care?

- Awarded $25.89 million from the U.S. Department of Housing and Urban Development's FY 2017 Continuum of Care Program Competition to fund 41 local homelessness programs.
- Provided long-term housing and services. Significantly, 93% of formerly homeless residents in permanent housing programs (not including RRH) exited to permanent housing destinations or retained their housing in FY2017 (SPM Metric 7b.2).
- Provided regional services to ensure that veteran families experiencing homelessness are immediately connected with housing and related services.
- Implemented a monitoring protocol to assess how closely nonprofit providers adhere to HUD compliance, including low-barrier or Housing First model and Coordinated Entry participation, so that the most vulnerable individuals and families have immediate access to housing.
- Achieved success in diversion strategies. In 2017, coordinated entry successfully diverted 1,213 families from entering the homeless services system, with no return for service. For individuals, coordinated entry diverted 439 individuals from the homeless services system (Family Housing Hub and Singles Coordinated Entry 2017 Reports).

Local Initiatives

Maricopa County StandDown

Annually, the StandDown event for veterans experiencing or at risk of homelessness takes place in the Phoenix metropolitan area, providing services such as: direct connection to housing and services, legal services, driver's licenses, Social Security, and Veterans benefits, amongst others.

Built for Zero

The Maricopa Regional Continuum of Care participates in Built for Zero, a national initiative to end veteran and chronic homelessness. The Ending Veteran Homelessness Workgroup and Ending Chronic Homelessness Workgroup meet bi-weekly to review data and strategize system improvements. The CoC submits monthly HMIS data to Community Solutions for the Built for Zero Performance Management Tracker dashboard, which captures monthly inflow, outflow, and active numbers for the chronic and veteran subpopulations.

CoC Youth Workgroup and Youth Action Board

The Maricopa Regional CoC has two groups focused on addressing youth homelessness. The CoC Youth Workgroup meets monthly, bringing together youth providers as well as other community stakeholders to collaborate on improving services for youth experiencing homelessness. The Youth Action Board also meets monthly and is made up of youth with lived experience who provide youth voice, input, and direction for the CoC's work to end youth homelessness in the Maricopa County region.

Outreach Collaborative

Outreach is an important component of the homeless services system. Outreach workers are often the first point of contact for someone experiencing homelessness and play an important role in client engagement. The Outreach Collaborative is made up of outreach workers and law enforcement officers who directly interact with people experiencing homelessness. This group meets monthly to provide updates on outreach initiatives and discuss how to improve coordination of care.

Plan Overview

Ultimate Goal

The Maricopa Regional Continuum of Care will create a system for providing services to individuals and families experiencing homelessness that ensures that homelessness is rare, brief and non-recurring.

Throughout the Plan, various data are referenced from the Homeless Management Information System (HMIS), the Point-in-Time Homeless Street Count, etc. It is important to note that the CoC strives to achieve consistency with data collection as well as the definition of data categories, and that data transparency exists.

Long-Term Goals

Integrate resources and achieve widespread coordination of services across the region.

Increase number of units available.

System Performance Measures (FY 2017)

Rare		Brief		Non-recurring	
Annual count of sheltered homeless persons in HMIS	14,101 persons	Average length of time homeless in Emergency Shelter, Safe Haven, and Transitional Housing	97 days	Returns to homelessness in 2 years	25%
				Successful exits from Street Outreach to Permanent Housing	36%
Number of persons who became homeless for the first time	9,746 persons	Percentage of adult system stayers increasing total income	36%	Successful exits and retention of Permanent Housing	93%

Goal: End Singles Homelessness

Includes Chronic, Veterans, and unaccompanied youth.

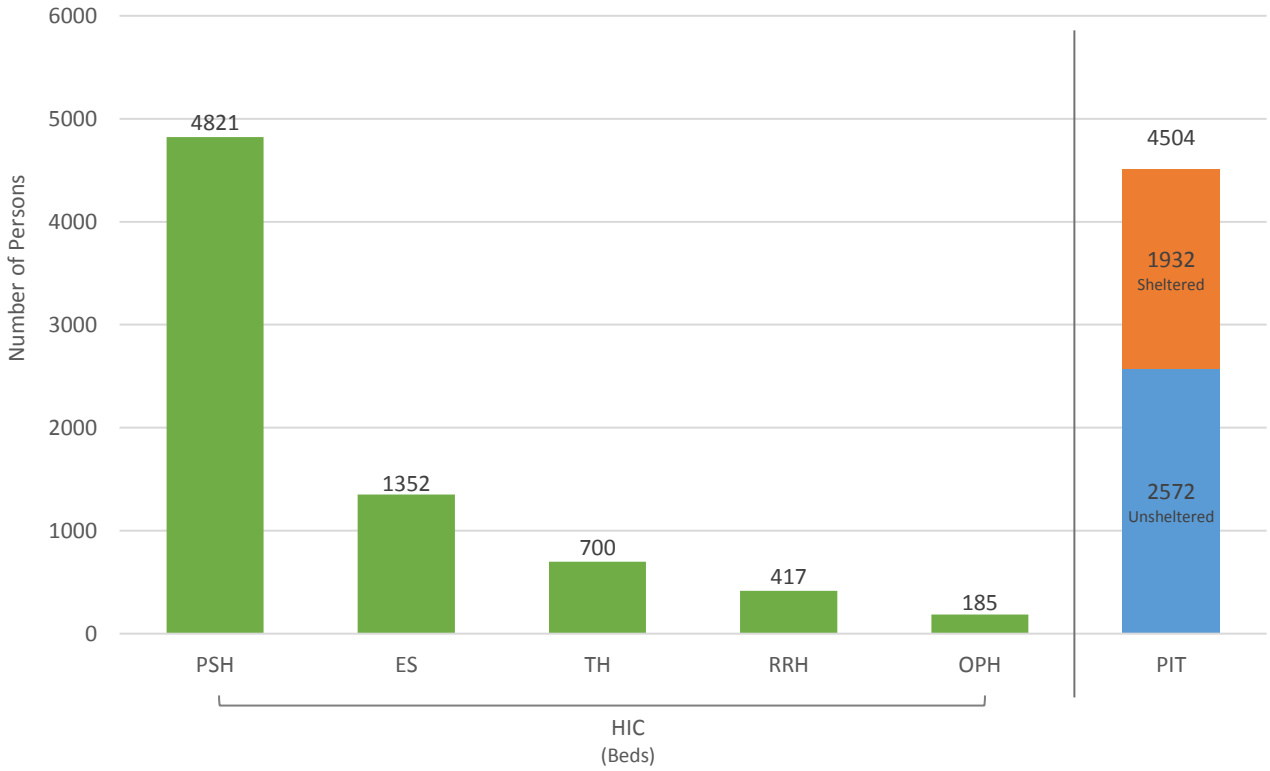
Current Data

On the night of the 2018 PIT Count, in the region there were

4504

Homeless Singles

2018 Housing Inventory Chart and PIT Count, Singles



Milestones

One Year:

- Strengthen services for singles experiencing homelessness.
- Enhance data partnerships to inform plan to end homelessness for singles, including data needed to determine the need for a progressive engagement policy.
- Address the need for sufficient access points to ensure full geographic coverage of coordinated entry.

Longer Term:

- Identify and secure funding stream(s) to support increasing the number of units needed to achieve functional zero.
- Create a system that integrates jails, hospitals and other systems of care into the coordinated entry system using data-based solutions.

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Strengthen services for singles experiencing homelessness. ○ Formally define and communicate "diversion" strategies and establish baseline outcome data. ▪ Use diversion training from a national expert to inform community provider practices and policies. ▪ Review diversion plans and tools used by other communities. ▪ Formalize diversion across the community. ○ Explore technology solutions for making system more transparent and integrate with HMIS. ▪ Explore a secure website for by-name list access. ▪ Increase use of "mobile-enhanced" HMIS for outreach efforts. ○ Strengthen process by which singles are connected with benefits or workforce connections to increase income to achieve sustainability. ▪ Ensure providers are using the referral tab in HMIS ▪ Figure out a way to compare data across St. Joe the Worker, Goodwill Industries, AWEE, DES, Maricopa County and Phoenix Workforce Connections ▪ Explore opportunity for a SOAR dedicated program in the community. ○ Improve integration of existing community resources into singles system i.e. CAP offices, navigation, and housing resources.	CE Lead, Singles Providers, CoC Committee	2019
2	• Enhance data partnerships to inform plan to end homelessness for singles, including data needed to determine the need for a progressive engagement policy. ○ Set threshold goals for the system to include exits to Permanent Housing, length of stay, and returns to homelessness. ○ Collect and evaluate data on a regional and sub-regional basis. Focus on where individuals are engaged with the system, how many are assessed, and how many are housed. ○ Use data to align funding needs and existing resources to end homelessness. ○ Formally define and communicate "diversion" strategies and establish baseline outcome data. ○ Document what all providers do for diversion (i.e., St. Vincent de Paul travel aid assistance).	HMIS Lead, CE Lead, Data Subcommittee	2019
3	• Address the need for sufficient access points to ensure full geographic coverage of coordinated entry.	CE Lead, CE Subcommittee	2019

Long-Term

Priority	Long-Term Strategy	Lead
1	• Identify and secure funding stream(s) to support increasing the number of units needed to achieve functional zero. ○ Seek new partnerships to bring governmental and non-governmental resources to support units for housing individuals experiencing chronic homelessness.	CoC Board

2	• Create a system that integrates jails, hospitals and other systems of care into the coordinated entry system using data-based solutions.
	  ○ Fully integrate other systems of care into coordinated entry and determine a process by which individuals may access coordinated entry through a wide-range of access points.
	  ○ Explore enhanced data shares across these systems, specifically medical providers, to inform solutions and improve coordination of care.
		Coordinated Entry Providers and CE Subcommittee

3	• Increase community awareness of mission and leverage community partners for support. For example, employing marketing strategies though the Coalition. • Strengthen landlord relations and solicit future landlord participation in programs through tax incentives or other models. • Require landlord retention training for scattered site programs to maintain existing landlord relationships.	All

Goal: End Chronic Homelessness

Current Data

On the night of the 2018 PIT Count, in the region there were

974

Chronic Homeless Persons

Monthly data reported to Community Solutions from HMIS.

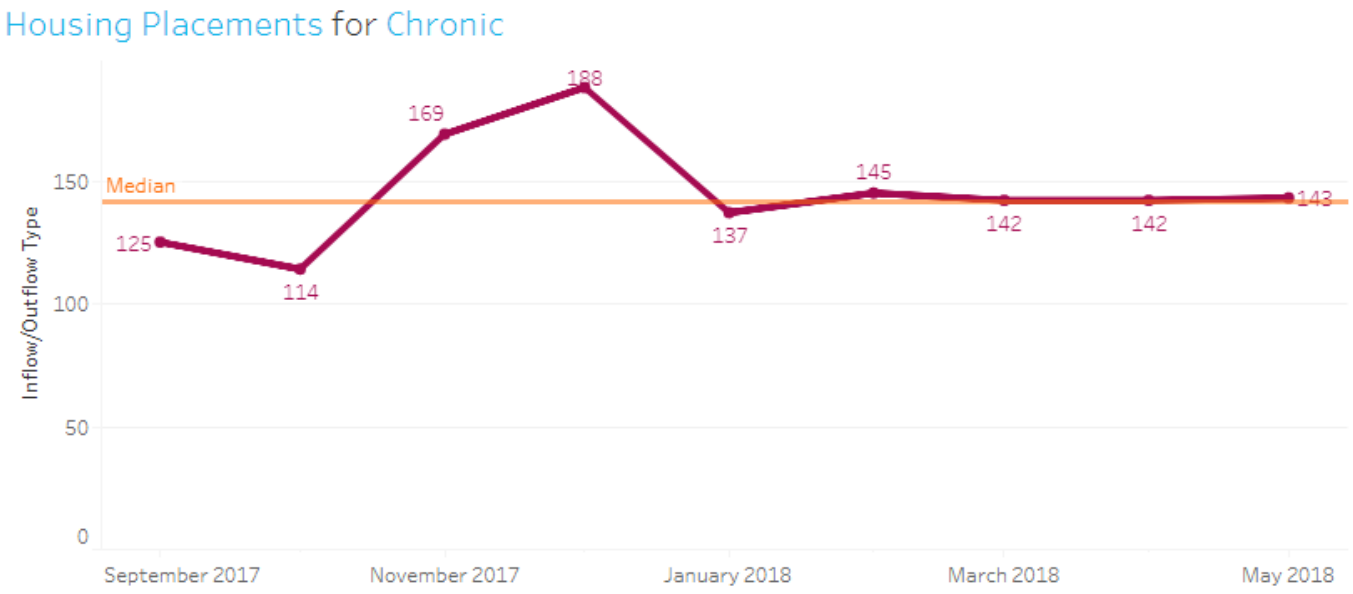
Milestones

One Year:

- Evaluate data and trends to come up with ideas for interventions that would adjust the numbers (inflow/outflow). Test data-informed change ideas to target interventions towards impact.
- Enhance outreach, navigation, and housing resources by onboarding to Coordinated Entry.
- Develop, through a gaps analysis, the number of units required to reach functional zero.

Longer Term:

- Identify and secure funding stream(s) to support increasing the number of units needed to achieve functional zero.
- Connect chronic homeless in jails, frequent users of hospitals and other systems of care into the coordinated entry system.



Community Solutions' data dashboard definition of "Housing Placements" includes both Housing Placements and Positive Exits to Housing.

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Evaluate data and trends to come up with ideas for interventions that would adjust the numbers (inflow/outflow). Test data-informed change ideas to target interventions towards impact. ○ Establish a mechanism within HMIS to identify people aging into chronicity or at-risk of chronic status. ▪ Explore the other part of the chronic definition for people who qualify through multiple instances of homelessness, and people who are aging into chronicity but do not have a disability ○ Identify and quantify how many housing unit openings we have available each month. ○ Community-wide diversion training to potentially reduce inflow.	Ending Chronic Homelessness Workgroup, HMIS	2019
2	• Increase onboarding of providers and existing housing resources to Coordinated Entry. ○ Identify existing housing resources that currently are not connected to coordinated entry and onboard to Coordinated Entry to expand our housing pool. ○ Enhance outreach and navigation's commitment to working off the by-name list. ○ Onboard additional navigation resources and integrate CAP resources into Coordinated Entry.	Ending Chronic Homelessness Workgroup, Coordinated Entry	2019
3	• Develop, through a gaps analysis, a value for the number of units required to reach functional zero. ○ Develop a course of action through data-driven processes to reach functional zero specifically for the subpopulation of chronically homeless veterans.	Focus Strategies, Ending Chronic/Veteran Homelessness Workgroups	2019

Long-Term

Priority	Long-Term Strategy	Lead
1	• Identify and secure funding stream(s) to support increasing the number of units needed to achieve functional zero. ○ Seek new partnerships to bring governmental and non-governmental resources to support units for housing individuals and families experiencing chronic homelessness.	CoC Board
2	• Connect chronic homeless in jails, frequent users of hospitals and other systems of care into the coordinated entry system using data-based solutions. ○ Identify chronic homeless in jails, frequent users of hospitals and other systems of care. ○ Fully integrate other systems of care into coordinated entry and determine a process by which individuals and families may access coordinated entry through a wide-range of access points.	Coordinated Entry Providers and CE Subcommittee

Successes

Priority	Long-Term Strategy	Lead	Completed Goal

1	• Set the policies and procedures for the ten benchmarks on the Community Solutions scorecard for a quality by-name list.
	  ○ Established a policy from the by-name list that specifies the number of days of inactivity (within 30 days) at which a person's status will be changed to 'inactive.'
	  ○ Regional coverage and coordination of outreach through the Outreach Collaborative, with pilot projects to connect high priority individuals with outreach if they recently exited from shelter.
		Ending Chronic Homelessness Workgroup, Outreach Collaborative	2018

2	• Determined the inflow, outflow, and active numbers of chronic homelessness to calculate the need for units dedicated to chronic homeless persons. This data is submitted to Community Solutions from HMIS on a monthly basis.	Ending Chronic Homelessness Workgroup, HMIS	2018

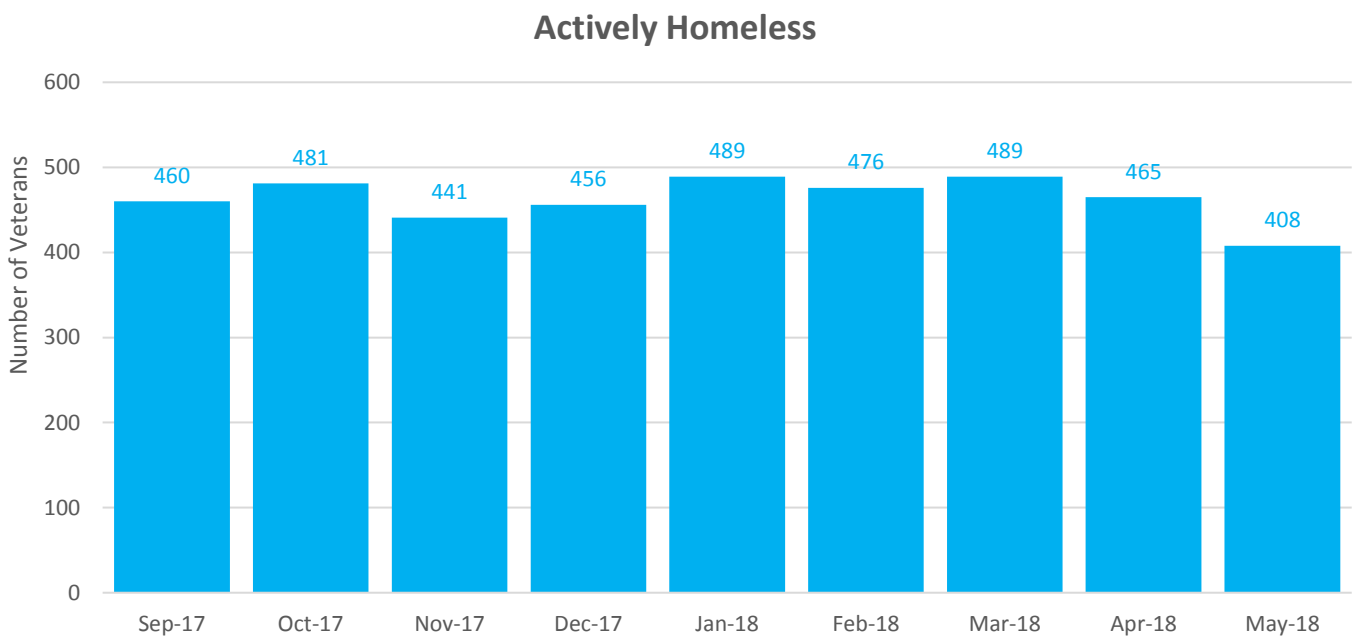
Goal: End Veteran Homelessness

Current Data

On the night of the 2018 PIT Count, in the region there were

413

Homeless Veterans



Monthly data reported to Community Solutions from HMIS.

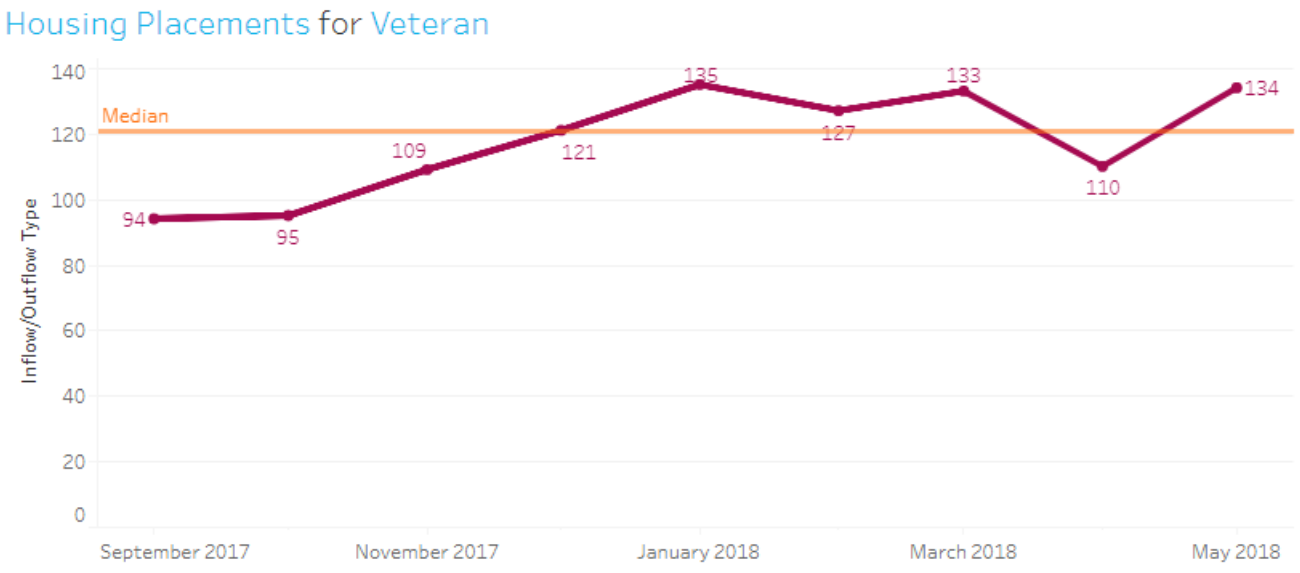
Milestones

One Year:

- Effectively manage significant changes to the Grant Per Diem program to appropriately target interventions to the veteran population.
- Reduce the number of chronic veterans on the community by-name and the number of all veterans experiencing homelessness by testing "change ideas" geared towards reducing bottlenecks in the homeless services system.

Longer Term:

- Reach functional zero for veterans experiencing homelessness using HUD prioritization strategies that populate the by-name list.
- Engage other systems of care, including medical and behavioral health systems, using HMIS.
- Address employment needs of veterans experiencing homelessness by partnering with employment and training resources.



Community Solutions' data dashboard definition of "Housing Placements" includes both Housing Placements and Positive Exits to Housing.

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Effectively manage significant changes to the Grant Per Diem program to appropriately target interventions to the veteran population. ○ Continue to work to integrate the changes to the GPD program to target interventions to the veteran population. ○ Work to ensure the GPD referral process makes most effective use of the resource.	Ending Veteran Homelessness Workgroup (with VA)	2019
2	• Test "change ideas" to remove bottlenecks in the homeless services system to reduce the number of veterans experiencing chronic homelessness and all veterans experiencing homelessness in the region.	EVHW (with VA)	2019
3	• Work to increase prevention and diversion efforts to reduce the inflow of veterans to the homeless services system. ○ Increase diversion efforts, particularly for veterans planning to relocate to the region by education on housing costs and service availability in the region. Stress "come with a plan" to those veterans looking to relocate to the Phoenix area. ○ Participate in the SSVF Rapid Resolution Pilot Project to identify and test best practices for resolving homelessness before individuals and families access the homeless services system.	EVHW (with VA and CE Leads)	2019

Long-Term

Priority	Long-Term Strategy	Lead
1	• Reach functional zero for veterans experiencing homelessness using HUD prioritization strategies that populate the by-name list. ○ Prioritize veterans experiencing chronic homelessness so that every veteran experiencing chronic homelessness is housed within 90 days. ○ Develop additional resources to ensure adequate housing options for all veterans experiencing homelessness.	EVHW (with VA)
2	• Engage other systems of care, including medical and behavioral health systems, using HMIS. ○ Develop policies and procedures to link the data and information from other systems of care to the information inputted into HMIS systems.	Ending Veteran Homelessness Workgroup (with VA)
3	• Address employment needs of veterans experiencing homelessness by partnering with employment and training resources.	Ending Veteran Homelessness Workgroup (with VA)

Successes

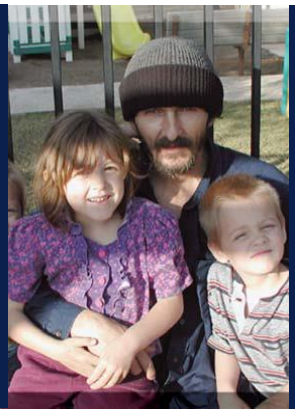
	Priority	Lead	Completed Goal

1	• Effectively managed significant changes to the Grant Per Diem program to appropriately target interventions to the veteran population.
	  ○ Involve GPD providers in the Ending Veteran Homelessness Workgroup to ensure continuous feedback on status of GPD changes.
	  ○ Ensure integration of GPD units with coordinated entry system including VI-SPDAT assessment for every veteran in a GPD bed.
		Ending Veteran Homelessness Workgroup (with VA)	2018

2	• Accelerated housing placements to reduce veterans on the list identified as experiencing chronic homelessness by increasing positive housing placements from 23 per month to 33 per month.	EVHW (with VA)	2018
3	• Maintained a sustainable quality by-name list. ○ Work with the VA to enter veteran data into the Homeless Management Information System for coordinated entry which will include eligibility status and housing placements. • Create policies to identify, assess, and house all veterans experiencing homelessness within 90 days. • Achieved 100% data quality with "balanced" data increasing confidence in the community By-Name List.	EVHW (with VA, HMIS Leads and CE Leads)	2018

Goal: End Family Homelessness

Current Data

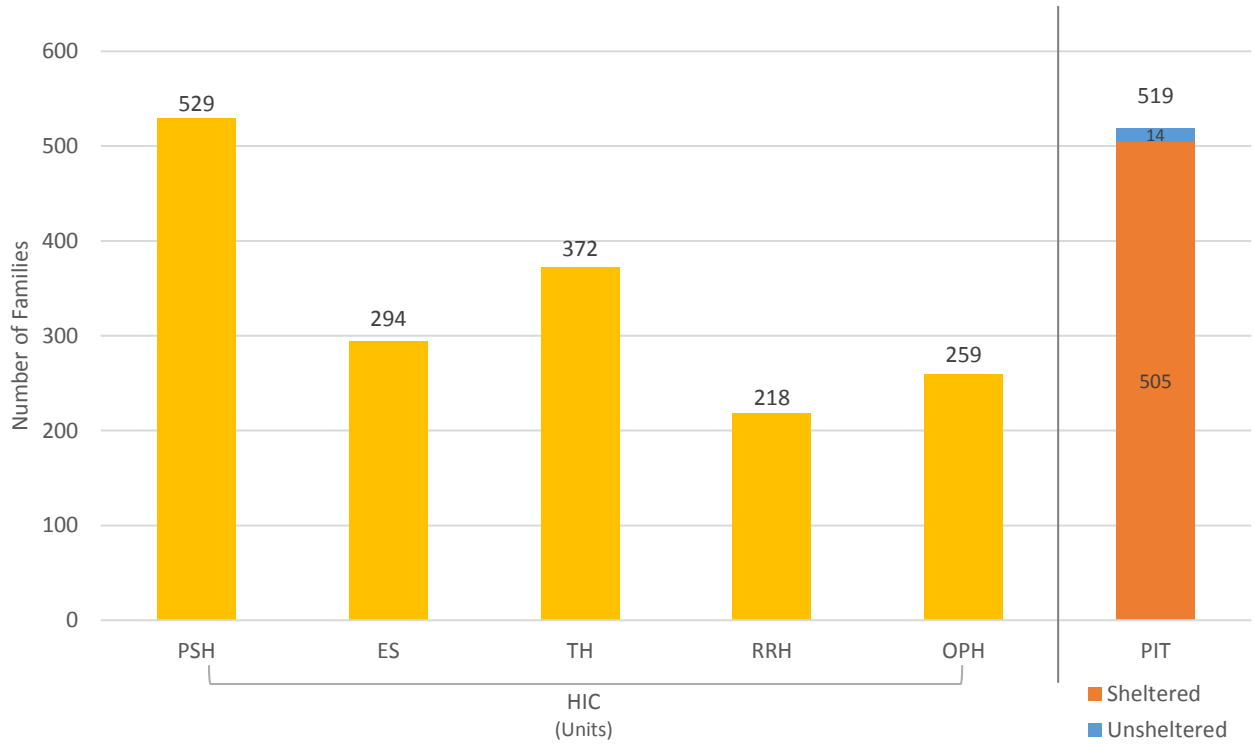


On the night of the 2018 PIT Count, in the region there were

519

Homeless Families

2018 Housing Inventory Chart and PIT Count, Families



Milestones

One Year:

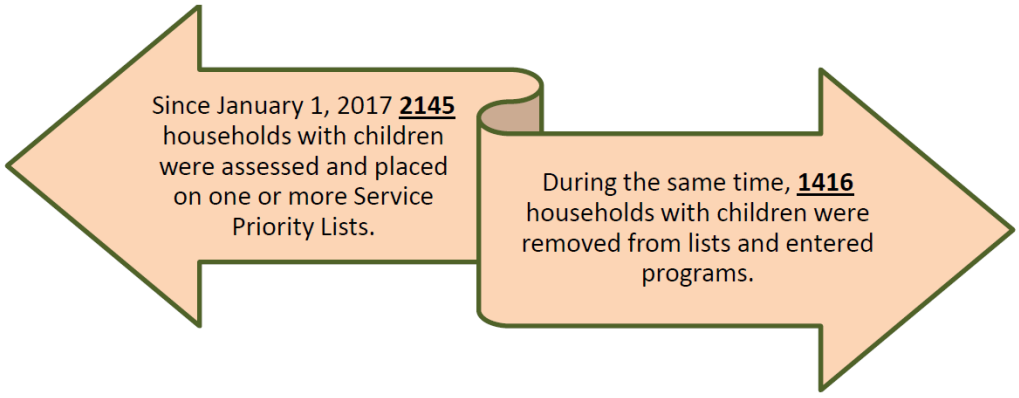
- Prioritize and intensify diversion services for families experiencing homelessness.
- Enhance data partnerships to inform plan to end homelessness for families and to determine the need for additional housing resources. .
- Map community resources to transition successful exits to permanent housing.

Longer Term:

- Align resources with acuity assessment scores and need determined by gaps analysis, emphasizing the need for more non-restrictive PSH designated for families.
- Connect with sustainable community supports to transition successful exits to Permanent Housing, including faith-based and behavioral health resources.
- Develop strategies to strengthen infrastructure and partnerships to prevent recidivism.
- Develop, assess and determine effective move on strategies for families in PSH, where appropriate, when stability is achieved.
- Address the need for sufficient access points to ensure full geographic coverage of coordinated entry

Family Housing Hub Program Report (Oct 1., 2017 – Dec. 31, 2017)

From Assessment to Assistance



- 720 entered Shelter
- 545 entered RRH
- 72 entered TH
- 32 entered GPD
- 43 entered PSH

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Prioritize and intensify diversion services for families experiencing homelessness. ○ Formally define and communicate "diversion" strategies and establish baseline outcome data. ○ Implement community training (including all front line staff) on diversion to encourage families to use their existing resources to resolve their homelessness. ▪ Ensure equal treatment for those receiving diversion resources. ▪ Develop ongoing learning collaborative. ○ Evaluate the outcomes of Coordinated Entry and diversion techniques. ○ Connect families with benefits or workforce connections to increase income to achieve sustainability. ○ Expand geographic coverage of Coordinated Entry system and a 24/7 phone system for families.	CE Lead, Family Providers, CoC Committee	2018
2	• Enhance data partnerships to inform plan to end homelessness for families and to determine the need for additional housing resources. ○ Explore technology solutions for making system more transparent and integrate with HMIS. ○ Set threshold goals for the system to include exits to Permanent Housing, length of stay, and returns to homelessness. ○ Develop data to inform funding needs and existing resources to end family homelessness, including history of foster care or homelessness as a child.	HMIS Lead, CE Lead, Data Subcommittee	2018

Long-Term

Priority	Long-Term Strategy	Lead
1	• Align resources with acuity assessment scores and need determined by gaps analysis, emphasizing the need for more non-restrictive PSH designated for families. ○ Use current Standards of Excellence to assist with informing the development of best practices.	HMIS Lead, CE Lead, Data Subcommittee, CE Subcommittee
2	• Connect with sustainable community supports to transition successful exits to Permanent Housing, including faith-based and behavioral health resources. ○ Map community supports and resources. ○ Implement long-term, extensive services for Rapid Re-housing to prevent recidivism.	Family providers, CoC Committee
3	• Address the need for sufficient access points to ensure full geographic coverage of coordinated entry.	Family providers, CoC Committee
4	• Implement community information strategy so that clients and public understand there is limited capacity, for example through a flyer that details a process map.	Family providers, CoC Committee

Goal: End Youth Homelessness

Current Data

On the night of the 2018 PIT Count, in the region there were

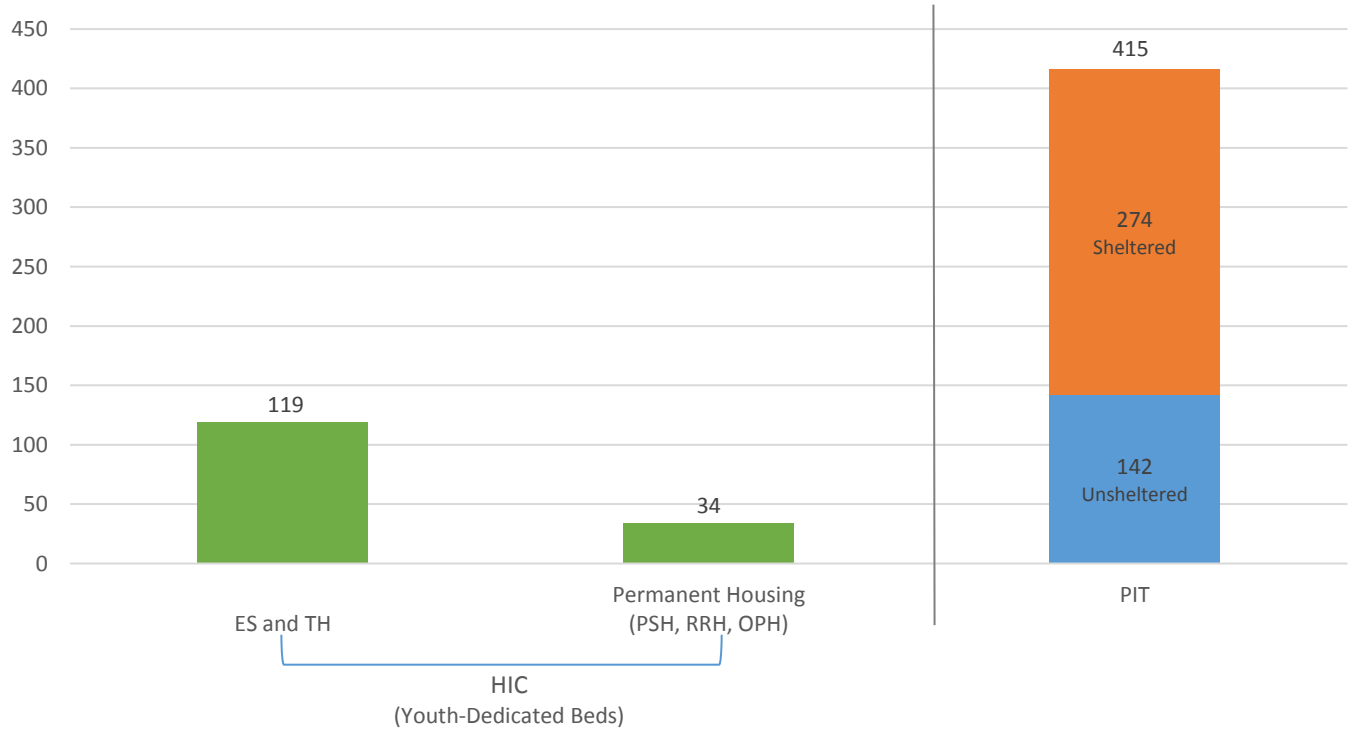
415

Unaccompanied Homeless Youth

(This does not include Parenting Youth Households.)

Note: HUD defines Youth as persons under the age of 25.

2018 Housing Inventory Chart and PIT Count, Unaccompanied Youth



Milestones

One Year:

- Identify and define unique needs of youth, and improve service delivery to youth populations.
- Develop a dashboard for tracking youth experiencing homelessness.
- Identify an appropriate coordinated entry integration strategy for youth.
- Explore the use of the TAY VI-SPDAT for youth assessment.
- Convene a Youth Action Board monthly to guide the direction of youth work.
- Review the work from the systems-wide analysis project and build upon identified opportunities for youth.
- Explore dedicated diversion funds for youth.

Longer Term:

- Maximize use of the existing resources to improve service delivery to youth and implement new practices based on gaps identified through HMIS data and innovative strategies informed by the short-term action items.
- Identify and secure new funding sources for youth housing.
- Expand Youth Workgroup to region-wide stakeholders and connect regional work with national efforts to end youth homelessness

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Identify and define unique needs of youth, and improve service delivery to youth populations. ○ Continue to improve access and engagement strategies for identifying and connecting youth to services/resources through Outreach and Coordinated Entry. ○ Identify youth hotspots using outreach and provider data. ○ Increase scope of youth providers using HMIS. ○ Identify trends and needs based on HMIS and PIT data. ○ Encourage innovative strategies for addressing the needs of youth experiencing homelessness.	Youth Workgroup, Youth Action Board, HMIS, MAG	2019
2	• Develop a dashboard for tracking youth experiencing homelessness. ○ Identify required data elements to input into HMIS. ○ Incorporate non-HMIS data as needed.	Youth Workgroup, HMIS	2019
3	• Identify an appropriate coordinated entry integration strategy for youth. ○ Identify how youth are impacted by the coordinated entry prioritization strategy. ○ Incorporate youth-specific assessments at access points. ○ Develop protocols for warm hand-off to youth services.	Youth Workgroup, CE Leads, CE Subcommittee	2019
4	• Explore the use of the TAY VI-SPDAT for youth assessment.	Youth Workgroup, CE Subcommittee	2019
5	• Convene a Youth Action Board monthly to guide the direction of youth work.	Youth Workgroup, Youth Action Board	2019
6	• Review the work from the systems-wide analysis project and build upon identified opportunities for youth.	Youth Workgroup, Focus Strategies, HMIS, MAG	2019
7	• Explore dedicated diversion funds for youth.	Youth Workgroup, Other Funders, CoC Board	2019

Long-Term

Priority	Long-Term Strategy	Lead

1	• Maximize use of the existing resources to improve service delivery to youth and implement new practices based on gaps identified through HMIS data and innovative strategies informed by the short-term action items.
	  ○ Develop connection with schools, juvenile justice, and foster care and identify ways to share data and coordinate services.
	  ○ Connect with sustainable community supports to transition successful exits to Permanent Housing and ensure that the data is documented on HMIS.
		CoC Committee, Youth Workgroup

2	• Identify and secure new funding sources for youth housing.	CoC Board

3	• Expand Youth Workgroup to region-wide stakeholders.
	  ○ Engage new partners in geographic areas where youth congregate.
	• Connect regional youth homelessness work with national efforts to end youth homelessness.
	  ○ Align with federal benchmarks and criteria.
	  ○ Explore opportunities to send youth to national conferences.
		CoC Board, Collaborative Applicant, Youth Workgroup

Successes

Priority	Success	Lead	Completed Goal
1	• The Maricopa Regional Continuum of Care submitted an application for HUD's FY 2017 Youth Homelessness Demonstration Program (YHDP) competition.	Youth Workgroup, YHDP Planning Team, Youth Action Board, MAG, HMIS	April 2018

Goal: Strengthen the System for Ending All Homelessness

Data indicate that there are not yet enough resources to end homelessness in Maricopa County. For example, units for singles are not prevalent enough to address the issue of homelessness among this population of 4,504 singles identified in the 2018 Point-in-Time Count in Maricopa County. Specifically, the chronic population – which heavily consists of singles – has increased substantially from 2016 to 2018. In addition, families and youth also face homelessness without sufficient resources and the overall unsheltered count has been rising since 2014.

Before reaching conclusions on actions to take regarding homelessness in Maricopa County, it is important to first acknowledge that the data from the Homeless Services system represent only a portion of homelessness in the county. There are many other county systems that encounter homeless individuals and families who actually do not make contact with the Homeless Services system, and are never included in the Homeless Management Information System. Some examples of these other county systems include:

- The criminal justice and jail system;
- The healthcare system (AHCCCS, hospitals, etc.);
- The behavioral health system;
- Fire and police.

As such, the goal must not simply to be to reduce the numbers of homeless individuals and families outlined throughout this plan to end homelessness, but also should be to integrate the other systems that frequently interact with homelessness. This represents a very pressing data need: a comparison of hospital, healthcare, and criminal justice coding compared to HMIS records to determine how many homeless individuals and families are not reaching the system. Only after achieving this goal will Maricopa County have a more accurate and representative idea on the true needs of the system, and be able to work to help those in our society who are most vulnerable.

Partnerships with ESG recipients and other funding sources are key to our efforts to end homelessness. Partnership includes aligning outcomes, serving on application review panels, and coordinating the adoption of funding priorities by the CoC Board.

Milestones

One Year:

- Leverage CoC resources by seeking new partnerships with funders, affordable housing developers, landlords, faith community, healthcare providers, and other partners.
- Continue to build a fully functional coordinated entry system.
- Partner with the funding community to ensure common outcomes and consistent program delivery.
- Conduct a systems analysis to identify strengths and areas of improvements and make recommendations for right-sizing interventions.

Longer Term:

- Develop and implement a strategy for right-sizing interventions.
- Integrate other systems of care into the coordinated entry system.
- Create additional permanent housing in the region.
- Identify prevention funds.

System Performance Measures

Category	System Performance Measures	FY 2016	FY 2017	Change from FY 2016 to FY 2017
Rare	Number of Homeless Persons (in HMIS)	15,271 persons	14,101 persons	-7.7% (change in persons)
	Number of Persons who Become Homeless for the First Time	10,099 persons	9,746 persons	-3.6% (change in persons)
Brief	Length of Time Homeless (Average days in ES/SH/TH)	101 days	97 days	-4.0% (change in days)
	Employment and Income Growth (Percentage of Adult System Stayers Increasing Total Income)	22% (531 persons)	36% (778 persons)	+14.0% (change in percent), +46.5% (change in persons)
Non-Recurring	Returns to Homelessness (Percentage in 2 years)	24% (1,258 persons)	25% (1,420 persons)	+1.0% (change in percent), +12.9% (change in persons)
	Successful Exits from Street Outreach	25% (373 persons)	36% (495 persons)	+11.0% (change in percent), +32.7% (change in persons)
	Successful Exits and Retention from Permanent Housing	95% (5635 persons)	93% (5945 persons)	-2.0% (change in percent), +5.5% (change in persons)

Action Items

Short-Term

Priority	Short-Term Strategy	Lead	Completion Date Goal
1	• Create Affordable Housing ○ Create additional permanent housing in the region. ○ Remove barriers to affordable housing.	All	2019
2	• Coordinate CE services regionally and continue to build a fully functional Coordinated Entry system. ○ Refine coordinated entry prioritization strategy to serve those most vulnerable. ○ Ensure coordination between coordinated entry leads. ○ Guard against silos within the coordinated entry system. ○ Review assessment tools and protocols to incorporate information that comprehensively determines need. ○ Use HMIS to measure outcomes of Coordinated Entry and diversion. ○ Develop and implement a monitoring and evaluation process: establish benchmarks, set specific outcomes with associated timelines ○ Consider an RFP process to administer Coordinated Entry.	CoC Board, CE Leads, CE Subcommittee	2019
3	• Right-size interventions and find common language to achieve goals. ○ Develop and implement a strategy for right-sizing interventions. ○ Maximize the use of all current resources and invest where there is the greatest demand. ○ Align resources determined by system analysis.	All	2019
4	• Leverage CoC resources by seeking new partnerships and find common language to achieve goals. ○ Develop partnerships with funders, affordable housing developers, landlords, faith community, healthcare providers, and others ○ Provide opportunities for new partners to engage in CoC meetings, CoC membership, and education and training events. ○ Review current matrix of participants; solicit lead within sectors where representation is lacking within the CoC; this includes PHA and housing developers. ○ Develop formal PHA housing workgroup. ○ Focus on having robust, cross-sector representation at the table.	CoC Board, CoC Committee, Collaborative Applicant	2019

Short-Term Work Completed

Priority	Short-Term Strategy	Lead	Completed Goal
1	• Conduct a systems analysis to identify strengths and areas of improvements and make recommendations for right-sizing interventions. ○ Develop timelines for securing contractor and completing system analysis. ○ Facilitate RFP process to secure a consultant to conduct system analysis.	CoC Board, CE Leads, CE Subcommittee	2018
2	• Partner with the funding community to ensure common outcomes and consistent program delivery. ○ Serve on ESG funding process to collaborate on common goals.	ESG Subcommittee, Collaborative Applicant	2018

Long-Term

Priority	Long-Term Strategy	Lead
1	• Integrate other systems of care into the coordinated entry system. ○ Seek partnerships and engage with jails and corrections, mental health, hospitals, and other systems that serve those experiencing homelessness.	Coordinated Entry Subcommittee, CE Lead, Collaborative Applicant
2	• Identify prevention funds and coordinate with DES, CAP offices and other sources to secure and prioritize prevention funds for all populations.	CoC Board, ESG Subcommittee
3	• Ensure supportive services continue after program exit (up to six months) to ensure long-term housing success.	All

Coordinated Entry Visioning Sessions

The Maricopa Regional Continuum of Care's Coordinated Entry Subcommittee hosted stakeholders for a workshop to explore ideas about how the current coordinated entry system can be enhanced and identify opportunities for new approaches including investment, partnerships, and collaboration to address homelessness in Maricopa County.

Meeting Details

Date Held: April 24, 2018
Place: Maricopa Association of Governments, 302 N 1st Avenue, Saguaro Room
Time of Meeting:

- 10:00 a.m. to 12:00 p.m., Singles Coordinated Entry System
- 1:00 p.m. to 3:00 p.m., the Family Coordinated Entry System

Attendees: 51 individuals including representatives of cities, the County, homeless services providers, CoC Board members, Coordinated Entry leads and access points, funders, and CoC staff.

Purpose:

1. Conduct a high-level review of the coordinated entry system (CES) organized by the Maricopa Regional Continuum of Care
2. Facilitate dialogue among leaders to discuss opportunities and strategies to improve the CES
3. Inform the next steps for the work of the Coordinated Entry Subcommittee to update the CES to be more effective and efficient to reduce homelessness across Maricopa County

Summary:

The meeting began with a presentation of the purpose and function of the CES. In small group discussions, stakeholders worked to identify strengths of the CES and opportunities to improve. Reconvening with the larger group, attendees debriefed on work completed in the smaller groups.

Small group discussions were convened first around outreach, engagement, and access by households experiencing homelessness. During the second round of small group discussions, groups focused on prioritizing, matching, and assisting households experiencing homelessness.

Community Feedback - Singles Session

Topic 1: Outreach, Engagement and Access by Households Experiencing Homelessness

Strongest Aspects of Singles CES:

- Case conferencing
- Diversion
- By-Name List
- Multiple navigation providers
- Prioritization
- Special needs
- Shared resources
- Housing match
- Data & technical capacity
- Other

Small group exercise #1: Think of people you have known or worked with who have been homeless. How could CES better meet their needs for quick resolution of their housing crisis? How could CES be more effective and efficient?

Access:

- Telephonic access to real people
- Access to transportation through resources at MAG
- Regional approach/share data—people want to stay in their communities where they are already connected
- More intentional collaboration with law enforcement
- Increase of outreach advocates to assist those experiencing homelessness in multiple sectors and underserved communities such as child welfare, criminal justice, mental health, and West Valley

Assessment:

- Immediate assessment at first contact 24/7

Marketing:

- Increased awareness of CE process through education/training (clarity on roles and expectations of CE and entry points)

Data:

- Through data integration, connect varied systems to achieve:
  1) No wrong door access; 2) better prioritization; and 3) more efficient referrals

Engagement:

- Keep individuals from By-Name List engaged to ensure he/she can be located when their housing opportunity presents itself
- Interim resource connection (between assessment and housing match) to stay connected to system and HMIS
- Continued engagement from outreach to referral with improved communication with community and increased effort/capacity
- More programs with low-barrier options for shelter

Diversion:

- Leverage public/private partnerships for funding toward diversion and prevention
- Build a common diversion program

Prioritization:

- Prioritize with impact on multiple systems, in mind (i.e., jail, geography, and depth of need-mental health status)
- Triaging-physical wait times need improvement appropriate triage, including 24/7 hotline, marketing to the entire community, and using a tool other than the VI-SPDAT

Topic 2: Prioritization, Matching and Assisting Households Experiencing Homelessness

Strongest Aspects of Singles CES:

- Data
- Person-centered
- Access
- Staff openness
- Outreach
- Collaboration
- Knowledge and communication
- Other

Small group exercise #2: think of people you have known or worked with who have been homeless. How could the CES better meet their needs for quick resolution of their housing crisis? How could the CES be more effective and efficient?

Prioritization:

- Identifying organizations where the strength matches the needed activity (e.g., using the strength of CRN to manage data for prioritization/match)
- Evaluate current prioritization outcomes; prioritization informed by data and best practices
- Data warehousing/integration to identify high cost utilizers to increase access to varied funding dollars
- Data integration to improve prioritization and improve communication and messaging
- Prioritizing prevention for youth at risk of homelessness
- Exploration of additional tools to better gauge vulnerability for prioritization
- More balanced approach to prioritization than just chronic/high acuity to avoid creating more future chronic homeless
- Find the pains of the cities (hot spots) and use our CE to be a solution, in turn add their housing stock
- Inter-agency case conferencing for all on BNL for all interventions

Matching:

- On-boarding non CoC housing resources
- Work off the BNL and not who is document-ready

Access:

- Population specific entry points (DV, veterans, SMI)
- Access to coordinate entry (e.g., West Valley)
- Education for social service agencies and faith-based services in the community in regard to CE access points and how they work

Assisting:

- Secure emergency shelter for persons prioritized for housing such that they are more easily engaged by navigators (i.e., effective bridge housing)

Diversion:

- Recognize CAP programs as a proactive opportunity for diversion
- A clear and commonly adopted operational definition of diversion leading to a community of providers who are consistently and effectively implementing the best diversion strategies
- Establishing a definition of those that fall in between "divertible" and "housing"—resources for those people

Other:

- Need better system measures to tell us how the system is function as a whole—are we using our full capacity of resources—more than just diversion, but includes diversion
- Create a client portal in HMIS (mobile app or web-based) after they already are in the system that allows the client to update contact info, contact providers, and provide feedback
- Sales pitch for CE

Community Feedback - Families Session

Topic 1: Outreach, Engagement and Access by Households Experiencing Homelessness

Strongest Aspects of Families CES:

- Single entry
- Diversion
- Triage & assessment
- Quality staff
- Mobile outreach
- Other

Small group exercise #1: Think of people you have known or worked with who have been homeless. How could CES better meet their needs for quick resolution of their housing crisis? How could CES be more effective and efficient?

Access:

- Hot-line that covers county 24/7 to increase access
- More accessibility and flexibility with access point times and locations/and assisting with barriers with transportation

Engagement:

- Increased role of shelters serve as navigators plus additional navigators for street homeless

Assisting:

- Need for low-barrier shelter options/more flexible eligibility criteria

Topic 2: Prioritization, Matching and Assisting Households Experiencing Homelessness

Strongest Aspects of Families CES:

- Diversion
- Resource-matching
- Simple/standardized

Small group exercise #2: think of people you have known or worked with who have been homeless. How could the CES better meet their needs for quick resolution of their housing crisis? How could the CES be more effective and efficient?

Access:

- 24/7 regional access w/kiosks and mobile hot-spots
- On-board more agencies with CE to be access points
- Improve access hours and assessment process to ensure it meets the unique needs of each family we are serving
- Adding 24/7 access with multiple entry points (East & West) with additional staff beyond FHH (include youth and use universal triage tools)
- Schools could become entry points
- Expand locations, hours of operations, capacity & staffing to have immediate access valley-wide
- Partner with schools for access sites as a resource
- "Move data not people"—no wrong door, multiple entry points, with multiple providers doing diversion and assessment, look at number of hours/day & number of days/week that access is available

Diversion:

- Diversion training available for all community providers so that we can offer that service to all clients
- Diversion funds
- Closer partnership w/Child Welfare System (reducing inflow at the source)

Assessment:

- Ensuring appropriate intervention through accurate scoring and verification of self-reported information (collaboration between CE and providers)

Prioritization:

- Transparency in prioritization list
- Create case conferencing for families
- Street outreach prioritized for any open shelter beds—day by day

Assisting:

- Expanding housing opportunities w/landlord incentives and education

Other:

- Better system data so we know if we are fully using our housing capacity/two measures: bed utilization rate 95% or above system-wide; length of time from initial assessment to move-in 60 days or less
- Communication/advertisement and engaging all communities/education to understanding the system & effectiveness

Special Thank You

Broad community input was integral to this 2018 Plan to End Homelessness and the workings of the Continuum of Care. We would like to thank those who have volunteered to serve on groups central to the operations of the Continuum of Care.

Continuum of Care Board

Allie Bones, *Arizona Coalition to End Sexual and Domestic Violence*
Diana Yazzie Devine, *Native American Connections, Inc.*
Sergeant Rob Ferraro, *City of Tempe Police*
Moises 'Moe' Gallegos, *AZ Head Start Association*
Tad Gary, *Mercy Maricopa Integrated Care*
Scott Hall, *Maricopa County Human Services Dept.*
Kevin Hartke, *Vice-Mayor City of Chandler, Board Co-Chair*
Bruce Liggett, *Maricopa County Human Services Dept.*
Darlene Newsom, *UMOM*
Dawn Noggle, *Maricopa County Correctional Health Services*
Amy Schwabenlender, *Human Services Campus, Board Co-Chair*
Tamara Wright, *Dept. of Veterans Affairs*

Continuum of Care Committee

Elizabeth Da Costa, *Community Bridges*
Kathy Di Nolfi, *A New Leaf*
Alfred Edwards, *Arizona Department of Economic Security*
Blythe Fitzharris, *Mercy Maricopa Integrated Health*
Shane Groen, *Arizona Housing Coalition*
Sheila Harris, *Human Services Campus*
Michelle Jameson, *U.S. VETS – Phoenix*
Laura Magruder, *Maggie's Place*
Linda Mushkatel, *Lodestar Day Resource Center*
Ty Rosensteel, *Crisis Response Network*
Chela Schuster, *UMOM*
Sara Sims, *Phoenix Elementary School District*
Barbara Sloan, *The Salvation Army*
Stephanie Small, *City of Glendale*
Stefanie Smith, *Native American Connections*
Charles Sullivan, *Arizona Behavioral Health Corporation*
Jacki Taylor, *Save the Family, Committee Chair*
Keith Thompson, *Phoenix Shanti Group*
Kim Van Nimwegen, *City of Tempe*
John Wall, *Arizona Housing Inc.*
Brandi Whisler, *Circle the City, Committee Vice Chair*
Andrea Williams, *Southwest Behavioral & Health Services*

Coordinated Entry Subcommittee

Rachel Barber, *CASS*
Joshua Crites, *AHCCCS*
Elizabeth Da Costa, *Community Bridges*
Dana Martinez, *A New Leaf*
Mary Page, *Maricopa County Correctional Health Services*
TJ Reed, *Crisis Response Network*
Chela Schuster, *UMOM (non-voting)*
Amy Schwabenlender, *Human Services Campus*
Nicky Stevens, *Save the Family*
Andy Wambach, *Human Services Campus (non-voting)*
Tamara Wright, *Dept. of Veterans Affairs*

Data Subcommittee

Jennifer Dangremond, *Native American Connections, Inc.*
Sarah Esperanza, *CASS*
Jeremy Huntoon, *Community Bridges, Inc.*
Margaret Kilman, *Corporation for Supportive Housing*
Monique Lopez, *UMOM*
Jennifer Page, *Mercy Maricopa Integrated Care*
Ty Rosensteel, *Crisis Response Network (non-voting)*
Laura Skotnicki, *Save the Family*
Raslyn Sleet, *City of Glendale*
Charles Sullivan, *Arizona Behavioral Health Corporation*
Andy Wambach, *Human Services Campus*

ESG Subcommittee

Renee Ayres-Benavidez & **Raslyn Sleet**, *City of Glendale*
Riann Balch, *City of Chandler*
Anissa Blair, *City of Phoenix*
Betsy Long, Alfred Edwards, and **Adriane Clark**, *Arizona Department of Economic Security*
Rachel Milne & Scott Hall, *Maricopa County*
Liz Morales & Deanna Grogan, *City of Mesa*
Christine Wetherington, *Valley of the Sun United Way*

Rank and Review Subcommittee

Toby Amir Fox, *Nationwide*
Renee Ayres-Benavidez, *City of Glendale*
Andrea Bell, *Mercy Care*
Anissa Blair, *City of Phoenix*
Adriane Clarke, *Arizona Department of Economic Security*
Laura Guild, *Arizona Department of Economic Security*

Ending Veteran Homelessness Workgroup, Ending Chronic Homelessness Workgroup, CoC Youth Workgroup, and Standing Strong for Families

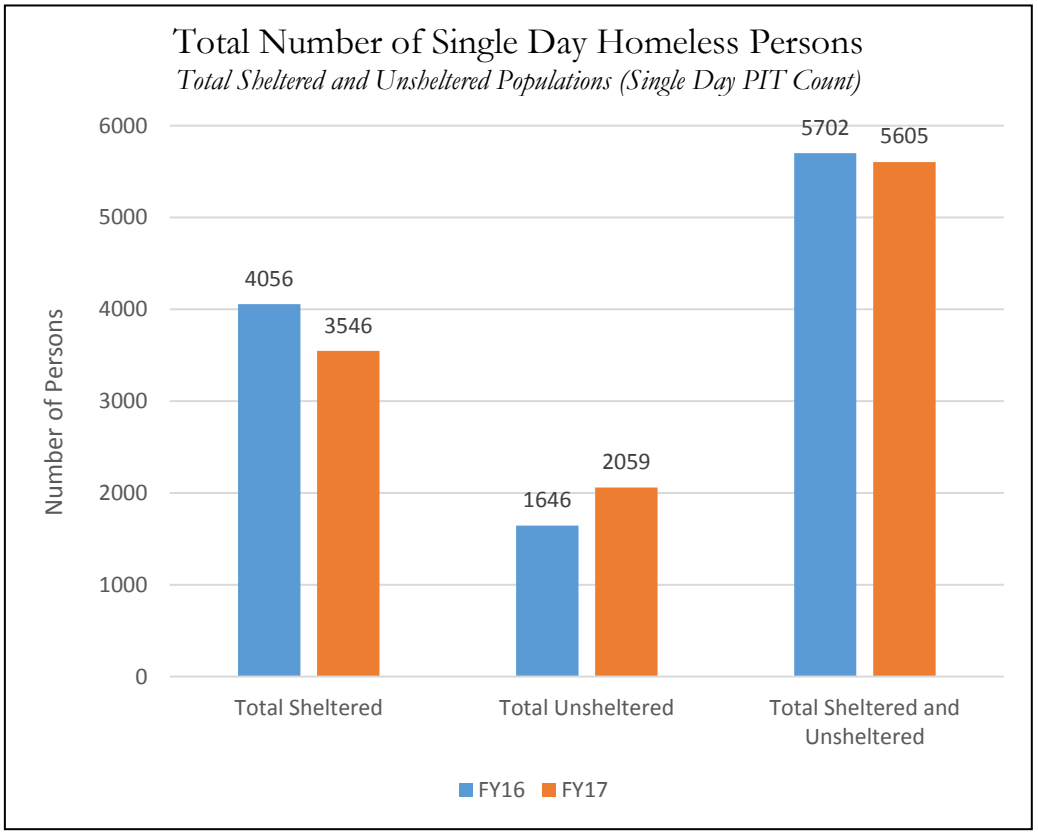
Coordinated Entry Visioning Sessions (participating organizations)

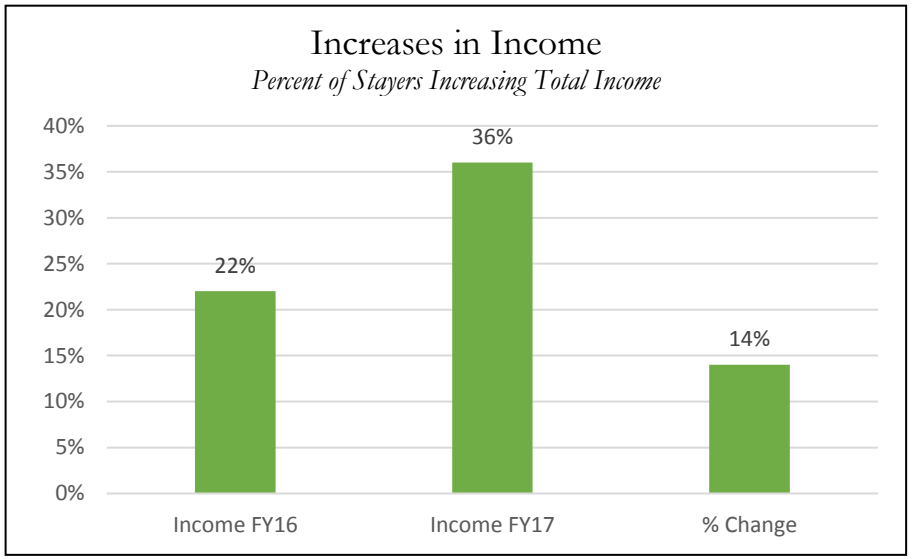
A New Leaf
Arizona Behavioral Health Corporation
AZ Department of Economic Security
AZ Health Care Cost Containment System (AHCCCS)
AZCEND
Central Arizona Shelter Services (CASS)
City of Chandler
City of Glendale
City of Goodyear
City of Mesa
City of Peoria
City of Surprise
City of Tempe
City of Tolleson
Community Bridges, Inc.
Crisis Response Network (HMIS)
HOM, Inc.
Human Services Campus
Lodestar Day Resource Center
Maricopa Association of Governments
Maricopa County
Maricopa County Correction Health
Mercy Care
Mercy Maricopa Integrated Care
Native American Connections
Phoenix Elementary School District
Phoenix Shanti
Salvation Army
Save the Family
Southwest Behavioral and Health
US Vets
UMOM
Valley of the Sun United Way

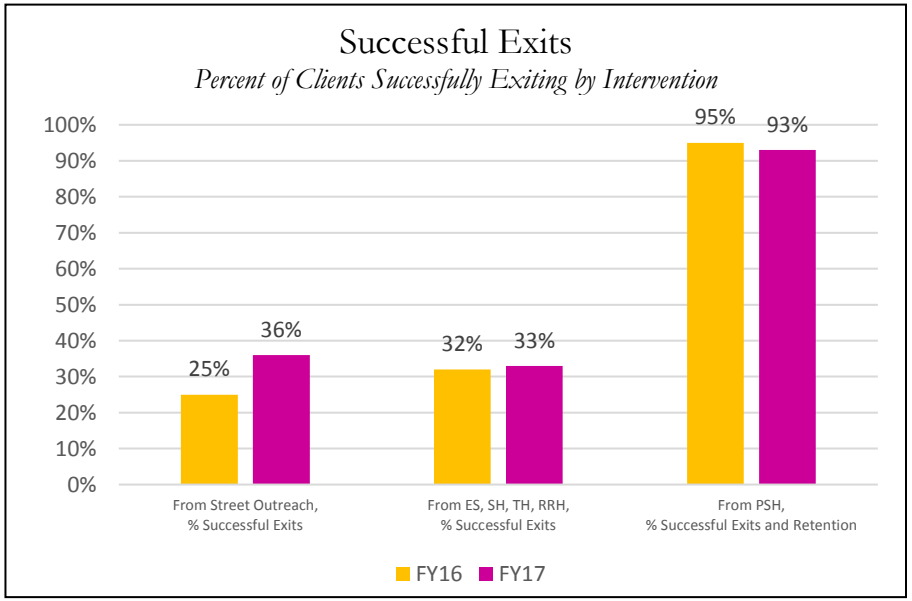
For questions, please contact:
Kinari Patel at kpatel@azmag.gov
Maggie Wong at mwong@azmag.gov
Anne Scott at ascott@azmag.gov

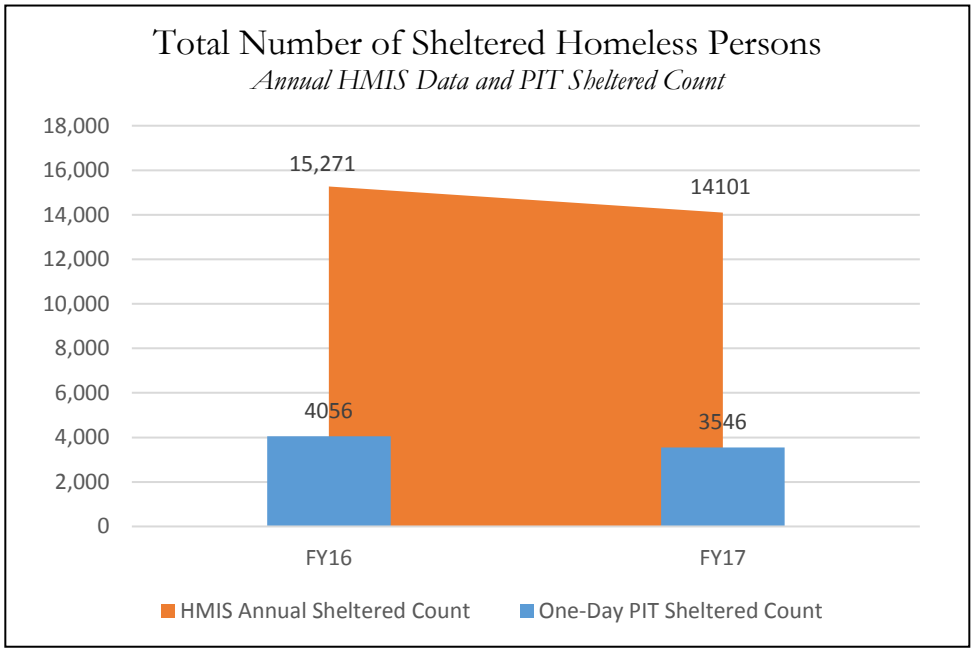
Appendix: System Performance Measures Dashboard

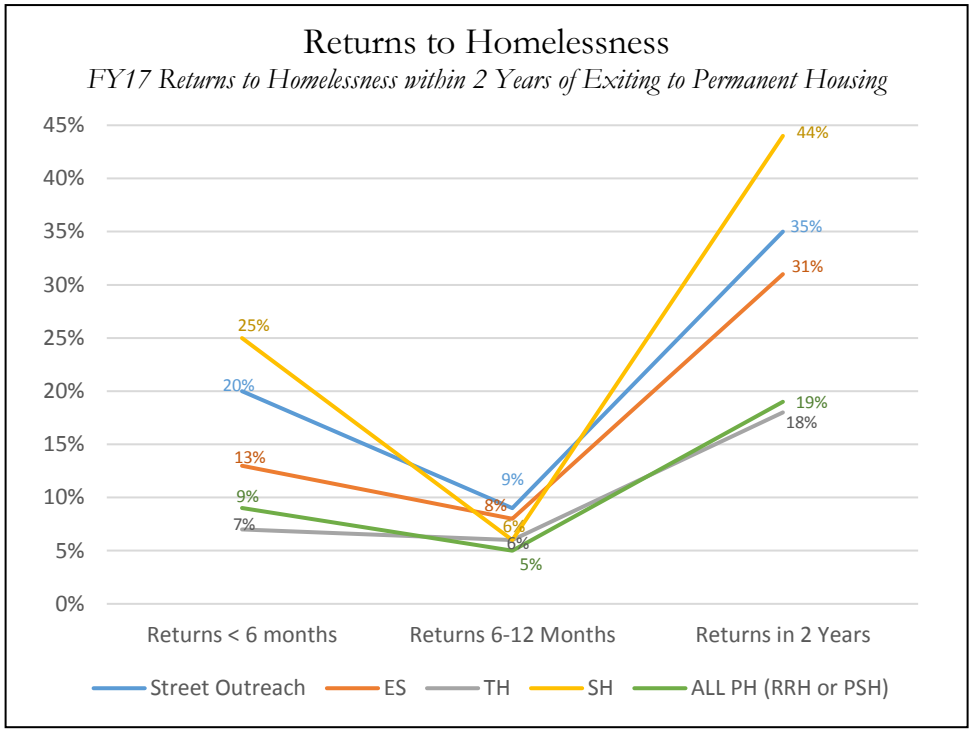
Maricopa County Continuum of Care
System Performance Measures
FY 2016 and FY 2017

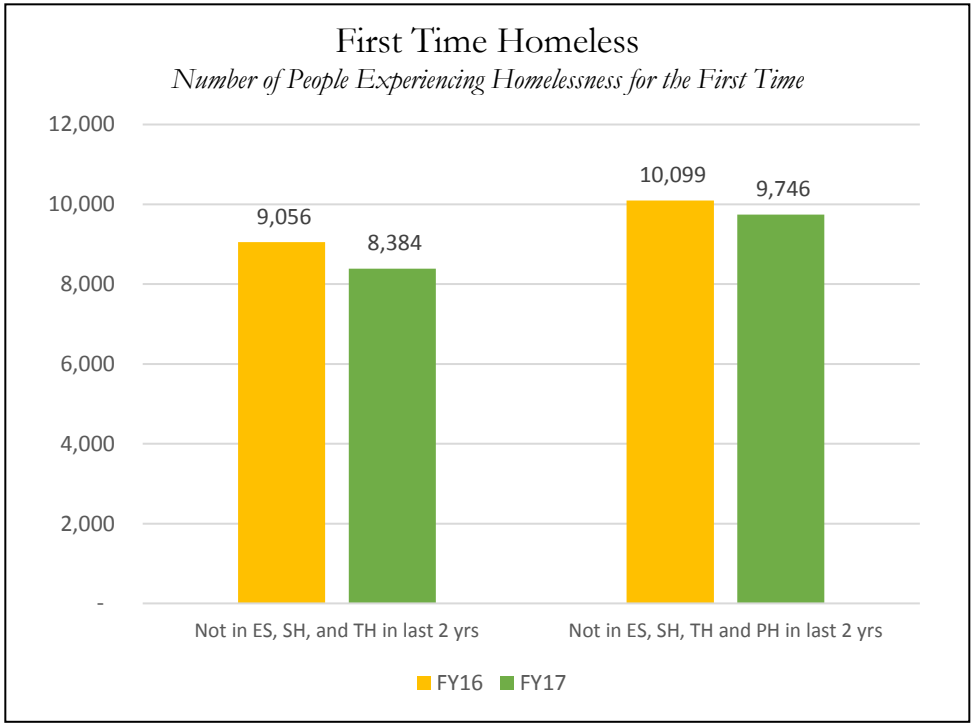


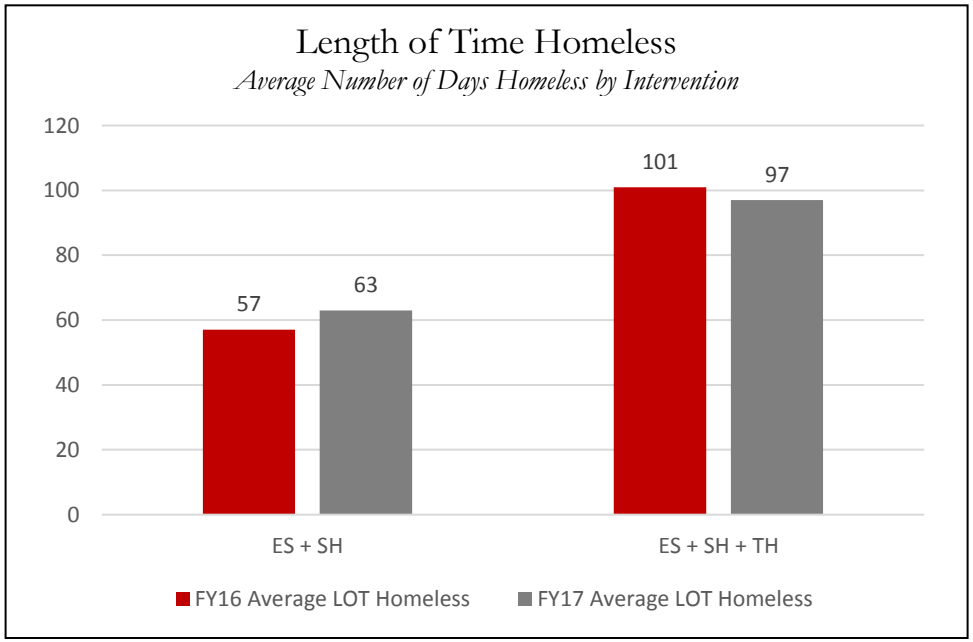





Total Number of Sheltered Homeless Persons
Annual HMIS Data and PIT Sheltered Count
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
15,271
14101
4056
3546
FY16
FY17
HMIS Annual Sheltered Count
One-Day PIT Sheltered Count


Returns to Homelessness
FY17 Returns to Homelessness within 2 Years of Exiting to Permanent Housing
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
44%
35%
31%
25%
20%
19%
18%
13%
9%
9%
8%
7%
6%
6%
5%
Returns < 6 months
Returns 6-12 Months
Returns in 2 Years
Street Outreach
ES
TH
SH
ALL PH (RRH or PSH)


First Time Homeless
Number of People Experiencing Homelessness for the First Time
12,000
10,000
8,000
6,000
4,000
2,000
-
9,056
8,384
10,099
9,746
Not in ES, SH, and TH in last 2 yrs
Not in ES, SH, TH and PH in last 2 yrs
FY16
FY17


Length of Time Homeless
Average Number of Days Homeless by Intervention
120
100
80
60
40
20
0
57
63
101
97
ES + SH
ES + SH + TH
FY16 Average LOT Homeless
FY17 Average LOT Homeless

Point-in-Time Homeless Count Analysis 2018

Table of Contents

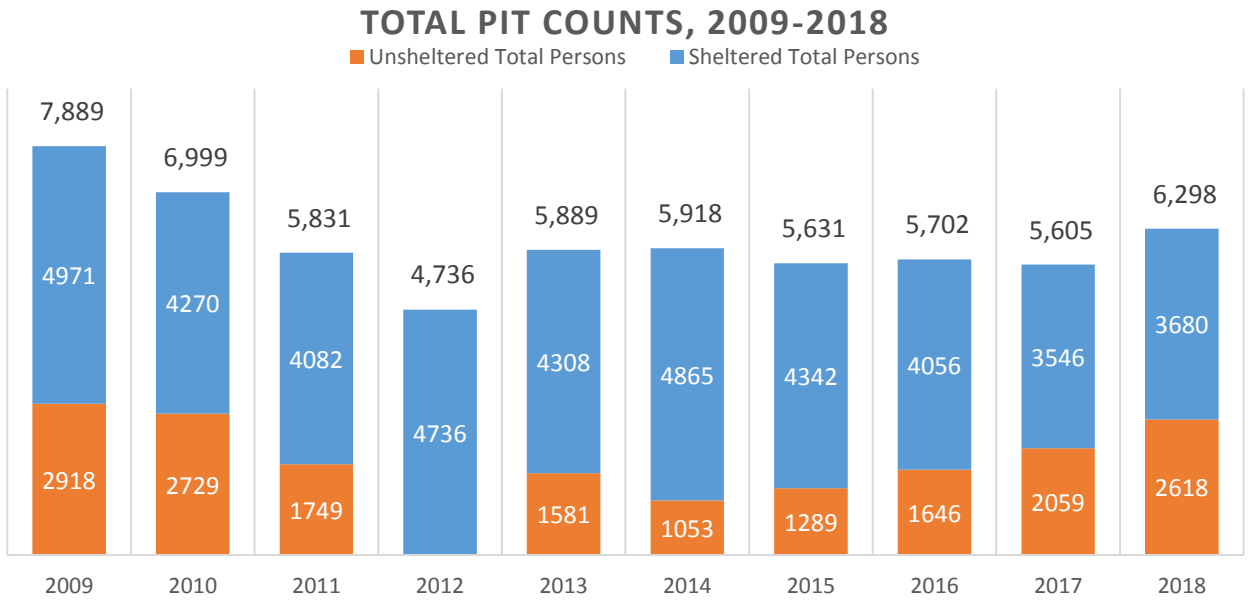
Executive Summary 2
Introduction 4
Methodology 5
Data Analysis 7
Figure 1: Overall 2018 PIT Count Results 7
Figure 2: 2014-2018 Unsheltered Populations by Municipality 8
Figure 3a: 2017-2018 General Locations of Unsheltered Homeless Populations 9
Figure 3b: 2018 General Locations of Sheltered and Unsheltered Homeless Populations 10
Figure 3c: 2017-2018 Locations of Unsheltered Homeless Populations - Map 11
Figure 4: 2018 Total Homeless Populations by Gender 12
Figure 5: 2018 Total Homeless Populations by Age 13
Figure 6: 2018 Total Homeless Populations by Ethnicity 14
Figure 7: 2018 Total Homeless Populations by Race 15
Figure 8a: 2017 and 2018 Subpopulations of Homeless 16
Figure 8b: 2018 (Unsheltered) Conditions Preventing Holding a Job or Living in Stable Housing 17
Figure 9: General Homeless Families and Singles, 2017 and 2018 17
Figure 10: Chronic Homeless Families and Singles, 2017 and 2018 18
Figure 11: Veteran Homeless Families and Singles, 2017 and 2018 18
Figure 12: Unaccompanied Youth and Parenting Youth, 2017 and 2018 19
Figure 13: Most Helpful Resource (Unsheltered Only) 19
Figure 14: 2018 Unsheltered PIT Count by Age Group 20
Supplemental Data 21
Methodology Recommendations 23
Limitations 24
Conclusion 25
Special Thank You 26
Appendix 27

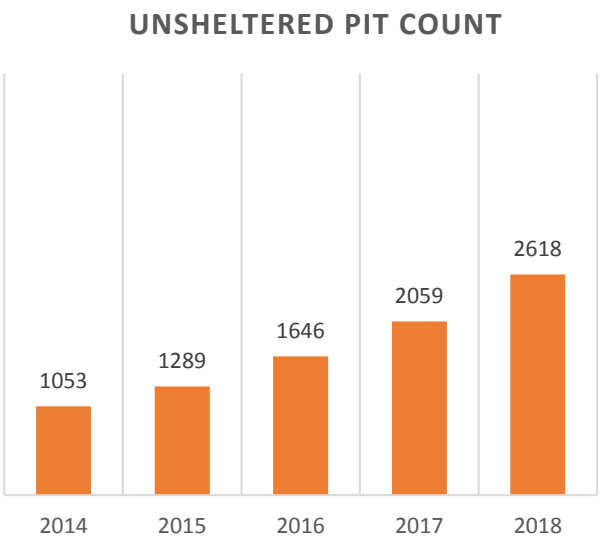
Executive Summary

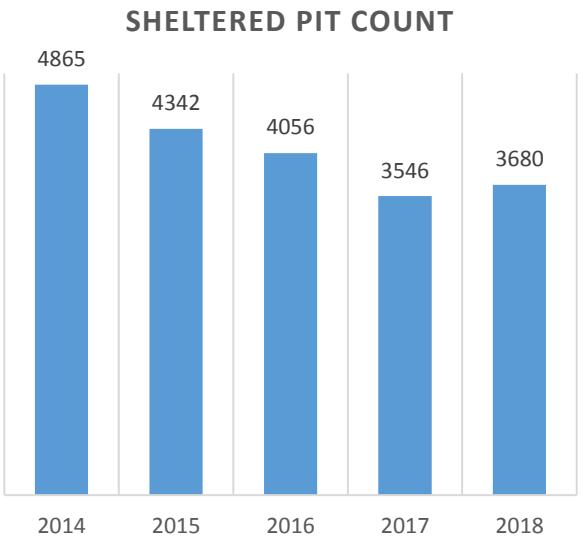
The annual Maricopa Regional Point-in-Time Homeless Count (PIT Count) stems from partnerships between the Maricopa Regional Continuum of Care (CoC) and communities throughout the region. The Maricopa Association of Governments (MAG), a council of governments, staffs the CoC and serves as the hub of collaboration between the CoC and local communities to devise a count that estimates the numbers of people experiencing homelessness throughout the Maricopa County Region. Each local community is essential to the goal of coordinating volunteers to engage with people experiencing homelessness. The partnerships between the CoC and local communities enable the CoC to systematically assess the pervasiveness of homelessness in the region as required by the HEARTH Act. Ultimately, the coordinated efforts of each local community with the CoC mitigate homelessness throughout the region, with the eventual goal of ensuring that homelessness in the Maricopa County Region is rare, brief, and non-recurring.

To quantify the needs of the community, the PIT Count serves as a one-night snapshot of the number of people experiencing homelessness in Maricopa County. This count is part of a national effort to identify the extent of homelessness throughout the country. Every January, volunteers and outreach teams from local communities collaborate to survey and count the number of homeless persons in their respective locations. The PIT Count includes both sheltered and unsheltered homeless populations. With the information provided by the PIT Count, the Maricopa Regional Continuum of Care and local communities can determine how best to address homelessness.

As shown by the PIT Count totals from 2009-2018, while the overall numbers remained steady from 2013 to 2017, the 2018 PIT Count showed an overall increase from previous years' counts.







Furthermore, the unsheltered count has been increasing since 2014 by approximately 25% each year, while the sheltered count has generally been decreasing.[1] The number of people experiencing unsheltered homelessness increased from 2,059 in 2017 to 2,618 in 2018, which was a 27% increase. From 2014 to 2018, there has been a 149% increase in the unsheltered count.

This year, significant efforts were made to improve the accuracy of the count. Regional coordinators increased their recruitment efforts, with over 700 volunteers participating, and held robust local trainings for these volunteers in preparation for the count. This could have led to more effective coverage and identification of homeless individuals and families. Furthermore, the methodology for the sheltered count also substantially improved to ensure that homeless services providers contributed and verified accurate capacity/occupancy data for the Sheltered PIT Count.

Maricopa County continues to be one of the fastest growing counties in the nation, and with a tight housing market, there is an insufficient supply of affordable housing. Individuals and families, as well as homeless service providers seeking to assist clients, are having a harder time locating affordable housing units. Barriers to housing are increasing as well, as landlords are often reluctant to accept vouchers or rental assistance and are instituting background checks and income requirements.

It is important to keep in mind throughout this report that the PIT Count is a one-day slice of the entire narrative of homelessness throughout the county. There are other resources that can be combined with the PIT Count to fully understand the extent of homelessness in the Maricopa County Region and to make accurate and effective recommendations for the future.

This PIT Count report outlines noteworthy aspects of the PIT Count, including some important changes in methodology and prominent results in 2018. The goal of the PIT Count and this report is to provide the Continuum of Care and local communities an understanding of needs within the region.

[1] During the 2017 PIT Count, 3 unresponsive agencies did not provide data on their services, resulting in a lower sheltered count.

Introduction

GENERAL

Every year, the Maricopa Regional Continuum of Care and local communities facilitate the planning process for the regional Point-in-Time Homeless Count. The PIT Count serves as a one-night snapshot of homelessness in the region and includes both an unsheltered and sheltered count.

This PIT report will summarize the background, research methodology, results, and limitations of the 2018 PIT Homeless Count. The purpose of this report is to share the results of the count with the community, to explain the methodology used, and to offer an analysis of the findings.

Hundreds of volunteers throughout the region cooperate in groups to identify and count unsheltered individuals and families experiencing homelessness in the county for the PIT Count each year. Simultaneously, shelters in the region connected to the local Homeless Management Information System (HMIS) submitted data on persons staying in their shelters. The sheltered PIT Count collects data from emergency shelters (ES), transitional housing (TH), and Safe Haven (SH) programs. For shelters in the region not connected to the local HMIS, a shelter count form is distributed to be filled out and returned. Likewise, for the night of the count, a Housing Inventory Count (HIC) must be submitted that takes an inventory of bed and unit capacity of providers, TH and SH programs that offer beds and units dedicated to serving persons who are homeless. The HIC and sheltered PIT Count are designed to occur simultaneously to determine gaps in housing need.

Data from the street and shelter count are collected to measure homelessness on a national and local scale and then reported to the U.S. Department of Housing and Urban Development (HUD) through the Homelessness Data Exchange (HDX) website. As part of the Annual Homeless Assessment Report (AHAR), the data is provided to Congress annually. The AHAR is used by HUD, Congress, additional federal departments, and the general public to understand the nature and extent of homelessness. The AHAR also is an important measure of local and national progress toward ending homelessness.

METHODOLOGY

Each Continuum of Care throughout the nation conducts a PIT Count, utilizing HUD recommended practices and a variety of methodologies based on local demographic and geographic characteristics. Given the large geographic area of the Maricopa County Region specific methodologies were adopted for the count to ensure efficiency and effectiveness. With 9,224 square miles to cover for the PIT Count and 24 municipalities involved in the planning process, a combination of non-random sampling and extrapolation was used, with a focus on prioritizing resources where homeless persons congregate.

The Maricopa Regional Continuum of Care PIT Count included three surveys in the count to identify geographic and demographic data: (1) an in-person interview with a brief survey for approachable unsheltered persons; (2) an observation survey for unsheltered, but unapproachable, unwilling, or sleeping persons; and (3) a survey for shelters to count clients on the night of the count.

Because it has the largest homeless population and a vast geographic area, the City of Phoenix uses an extrapolation formula. They counted homeless populations in high and low density grids and extrapolated numbers for uncounted areas based on the previous year's high/low density designations. All other cities used a direct census method that counted the number of usable surveys completed by volunteers and outreach teams.

To ensure that the data collected are as accurate as possible for an unduplicated total, de-duplication involved the comparison of unique client identifiers and personally identifying information (PII). Furthermore, the sheltered and unsheltered counts were planned to occur at the same time in a "blitz" format to avoid double counting. The interview questions also contained a screening question (e.g. "Have you already completed a count survey?") to ensure that duplication did not occur.

On the morning of January 23, 2018, more than 700 volunteers and surveyors reached out to homeless men, women, and children staying in shelters and sleeping on the streets. Our volunteers were extensively trained before the count. Compared to last year, several cities increased their number of volunteers. For example, the City of Glendale enhanced the number of volunteers engaged in the count to 144 in 2018.

In addition to adding more volunteers to the PIT Count, an increased number of outreach workers participated in the count as well. These outreach teams often focused on areas where previous counts identified high numbers of unsheltered persons, leading to a more directed method of counting.

Furthermore, specific efforts were made to better count youth and families experiencing homelessness. Two youth providers hosted magnet events for youth experiencing homelessness for targeted engagement. Additionally, the coordinated entry system reached out to families who were already known to be experiencing homelessness to ensure they were included in the count.

Again, it is vital to note that homelessness is more prevalent than is captured by the Point in Time count, which is a one-night snapshot of homelessness in the county. Other data sets, in conjunction with the PIT Count, can provide a more comprehensive understanding of homelessness throughout the region.

CHANGES IN METHODOLOGY IN PAST YEARS

A general timeline of the process through which the PIT Count evolved from 2009-2018 is below:

2009-2011 – The PIT Count used a visual tally for the unsheltered counts; no interviews were conducted.

2011 – A heavy rain led up to the day of the count, and continued on the day of the count. This may have contributed to a reduction in the unsheltered count.

2012 – There was no count, as the Maricopa Regional CoC decided not to conduct a count this year and to focus efforts on refining the PIT Count methodology.

2013 – The methodology was significantly changed from a tally to an in-depth survey. Furthermore, the time changed from a night time count to an early morning count.

2014 – The survey became more detailed due to HUD data collection requirements.

2015 – The Super Bowl was held in Phoenix/Glendale, so the count was moved to the end of February. The Men's Overflow and Parking Lot data was reclassified from sheltered to unsheltered.

2016 – A magnet event was held for homeless youth for the first time.

2017 – More volunteers and outreach teams participated in the count. The count also prioritized counting homeless families and youth and asked a more comprehensive question on gender identity.

2018 – Municipalities continued to increase recruitment and training efforts, resulting in significantly more volunteers for a more full coverage count. This year, a new mobile app was piloted which allowed volunteers to download and submit surveys electronically. The survey also included a new age category for older adults (62+) and a question was added that asked: "If you had to choose one thing, what would be most helpful to you right now?" For the sheltered count, there was an emphasis on data quality for both HMIS and non-HMIS providers to verify capacity and occupancy data.

Continual improvements to methodology from previous years led to a successful 2018 PIT Count. Particularly, as mentioned, along with more outreach and volunteer teams who participated in conducting the unsheltered count throughout the region (especially in Phoenix, Mesa, Tempe, and Glendale), special efforts were made to count homeless families and youth. The Maricopa Regional CoC will continue efforts to refine the methodology to ensure that the PIT Count is as accurate, efficient, and sensitive as possible.

Data Analysis

GENERAL ANALYSIS

Figure 1: Overall 2018 PIT Count Results Table

2018 Count Results						
	Sheltered			Unsheltered	Total	Percentage Change from 2017
	Emergency Shelter	Transitional Housing	Safe Haven	Street		
Total Number of Persons	2099	1555	26	2618	**6298**	**+12.4%**
Subpopulations						
Homeless Singles	1245	661	26	2572	**4504**	**+19.6%**
Homeless Families	239	266		14	**519**	**+4.8%**
Total persons in homeless families (# of children in fam.)	835 (521 children)	875 (558 children)		46 (21 children)	**1756 (1100 children)**	**-2.4%**
Households with Only Children	19	19		0	**38**	**-2.6%**
Unaccompanied Youth (18-24)	108	127		142	**377**	**+34.2%**
Chronic Homeless	353		5	616	**974**	**+3.7%**
Homeless Veterans	80	169	26	138	**413**	**-15.5%**
Chronic Homeless Veterans	19		5	84	**108**	**+24.1%**

Figure 1 depicts the overall trends from the 2018 PIT Count. The numbers of some populations increased from 2017 to 2018, including the total number of homeless persons, singles, families, chronic, and unaccompanied youth. However, other populations saw a decrease in their total numbers, particularly homeless veterans and households with only children. Overall, the total number of homeless persons determined from the PIT increased by 12.4 percent from 2017 to 2018, for a total of 6,298 persons in 2018. Of these individuals and families, 3,680 were sheltered and 2,618 were unsheltered.

Because the PIT is only a one-night snapshot of homelessness in the county, it is subject to fluctuations. Therefore, PIT reports must be supplemented with other sources to provide a more comprehensive picture of homelessness in the region.

Figure 2: 2014-2018 Unsheltered Populations by Municipality

Municipality	2018	2017	2016	2015	2014
Avondale	13	27	37	20	12
Buckeye	22	0	0	0	0
Carefree	0	0	0	0	0
Cave Creek	1	0	2	1	0
Chandler	54	27	14	31	18
El Mirage	2	0	0	0	0
Fountain Hills	0	0	0	0	0
Gila Bend	8	7	9	0	0
Gilbert	4	2	1	1	0
Glendale	164	57	44	25	39
Goodyear	22	7	7	1	2
Guadalupe	9	0	8	0	5
Litchfield Park	0	0	0	0	0
Mesa	144	130	95	155	55
Paradise Valley	0	0	0	0	0
Peoria	38	22	31	30	13
Phoenix	1735	1508	1235	994	771
Queen Creek	5	1	1	0	0
Scottsdale	67	50	67	0	39
Surprise	39	16	6	7	0
Tempe	276	202	88	24	97
Tolleson	9	0	0	0	2
Wickenburg	2	1	0	0	0
Youngtown	4	2	1	0	0
Total	2618	2059	1646	1289	1053

Figure 2 identifies the total unsheltered count for each municipality that participated in the street count from 2014 to 2018. PIT values for Phoenix in this figure are client data supplemented with an extrapolation method. The municipality with the most substantial homeless population throughout the years has consistently been Phoenix, followed by Tempe and Mesa, while Glendale also saw a significant increase this year. These communities increased the number of outreach groups and volunteers participating in the PIT Count in 2018.

The unsheltered count has increased steadily since 2014. From 2017 to 2018, the unsheltered population count increased by 27%.

Figure 3a. 2017-2018 General Locations of Unsheltered Populations

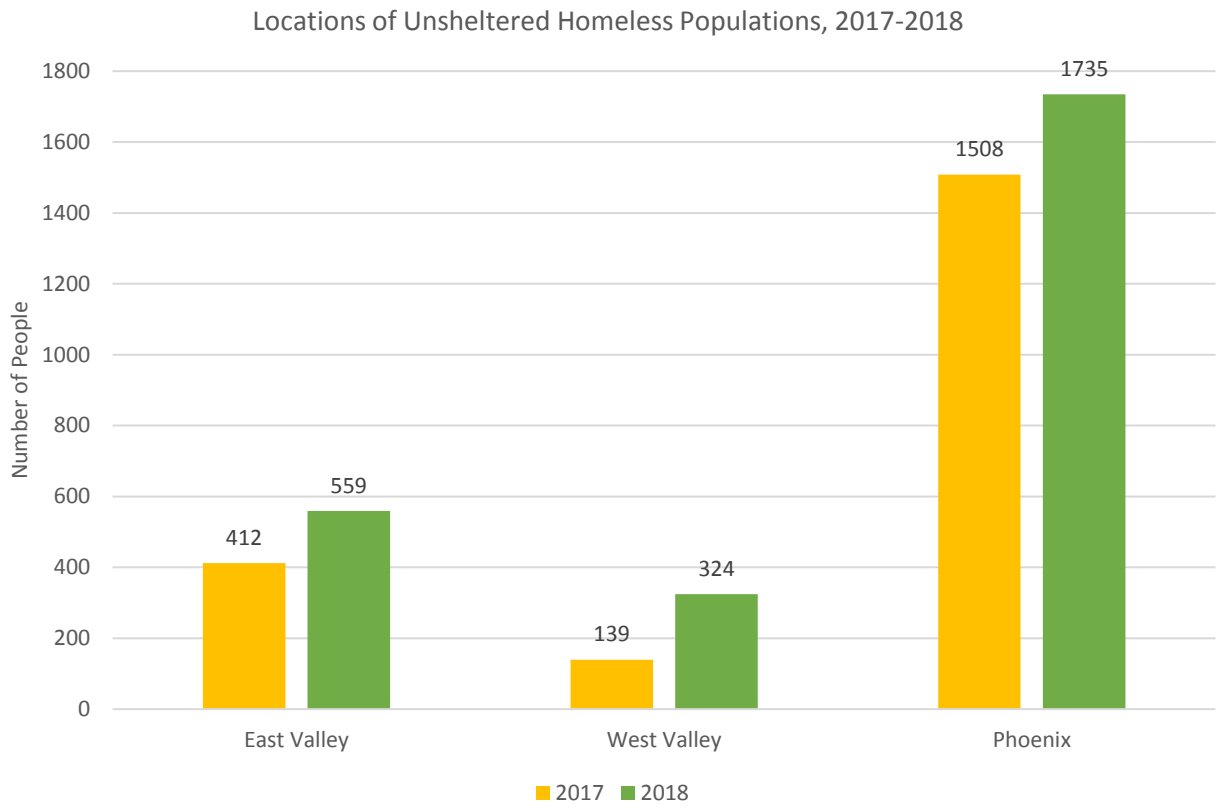


Figure 3a depicts the disparity between the unsheltered populations residing in different locations within Maricopa County. It is clear that from 2017 to 2018, there has been an increase in the unsheltered population across the region. Phoenix contains the vast majority of unsheltered homeless individuals (~66%).[2] Notably, there is a large difference between the East and West Valley,[3] with the East Valley containing a 9% larger unsheltered homeless population than the West Valley in 2018. Because approximately twice as many people live in the East Valley, a larger number of people experiencing homelessness is likely reflected in the larger population, which could explain the stark difference in homeless persons between the East and West Valley.

Furthermore, municipalities increased the number of volunteers, outreach teams, and level of training this year for the unsheltered count, which led to more regional coverage and better identification.

[2] PIT values were extrapolated for Phoenix.

[3] **East Valley** includes: Mesa, Chandler, Tempe, Gilbert, Scottsdale, Fountain Hills, Queen Creek, Guadalupe, Paradise Valley, and Carefree. **West Valley** includes: Avondale, Buckeye, Glendale, Goodyear, Litchfield Park, Peoria, Surprise, Tolleson, Youngtown, Wickenburg, Gila Bend, El Mirage, and Cave Creek.

Figure 3b. 2018 General Locations of Sheltered and Unsheltered Populations

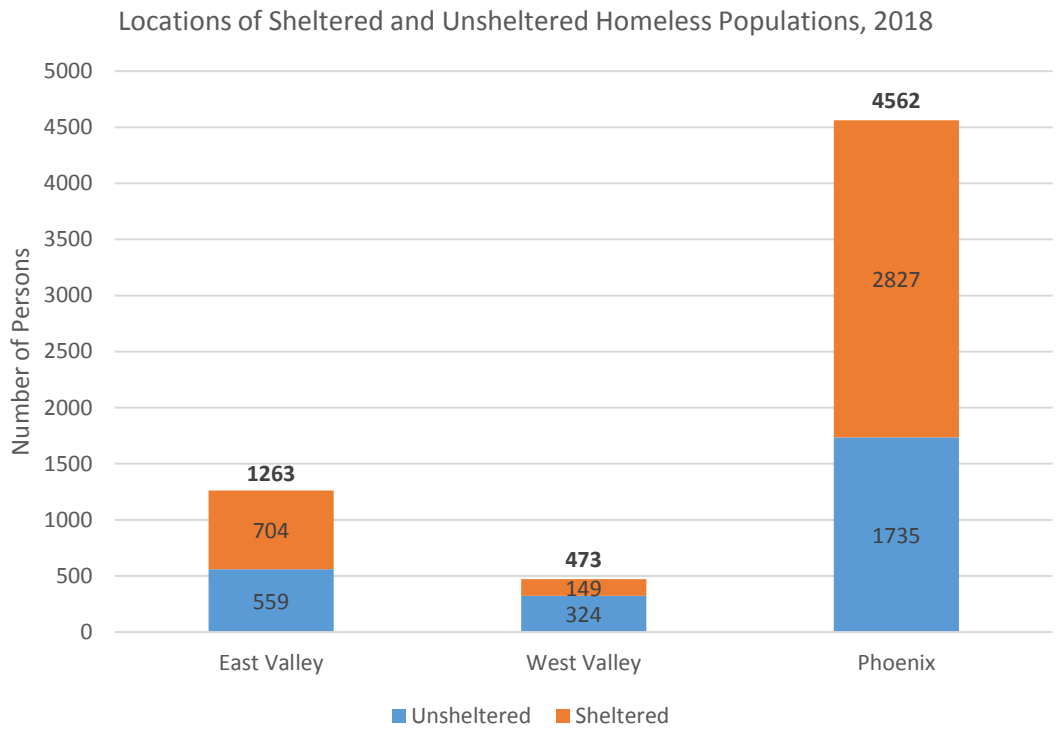
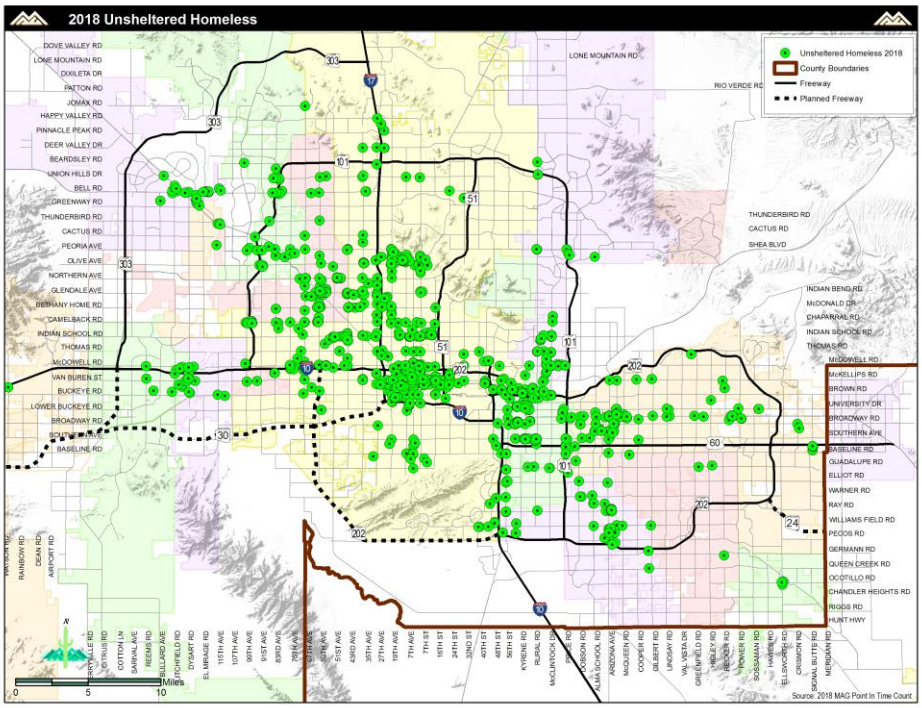


Figure 3b depicts locations of unsheltered and sheltered populations identified during the 2018 PIT Count. This shows a similar trend as Figure 3a, where the East Valley has more sheltered and unsheltered individuals and families than the West Valley. In addition, similar to the 2017-2018 comparison in Figure 3a, Figure 3b also demonstrates that Phoenix has substantially more people experiencing homelessness than the East and West Valley. The unsheltered PIT value for Phoenix in this figure is client data supplemented with an extrapolation method; without extrapolation, 985 persons experiencing unsheltered homelessness were identified in Phoenix. It is also important to consider the location of emergency shelters, Safe Havens, and transitional housing programs for the sheltered count. The majority of these programs are located centrally which would contribute to the significantly larger sheltered number in Phoenix, whereas fewer programs are located in the East and West Valley.

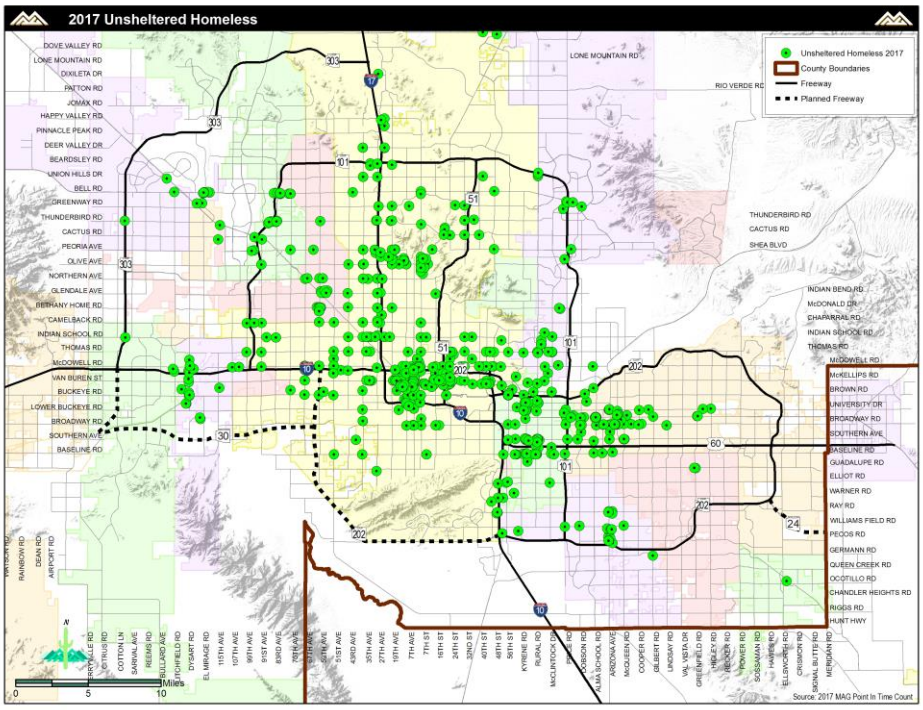
Figure 3c. 2017-2018 Locations of Unsheltered Homeless Population – Map

Figure 3c depicts the locations of the unsheltered homeless population for the past two years on visual maps, and demonstrates that unsheltered homelessness is a growing issue across the region.

2018 only:



2017 only:



DEMOGRAPHICS

Figure 4: 2018 Total Homeless Populations by Gender

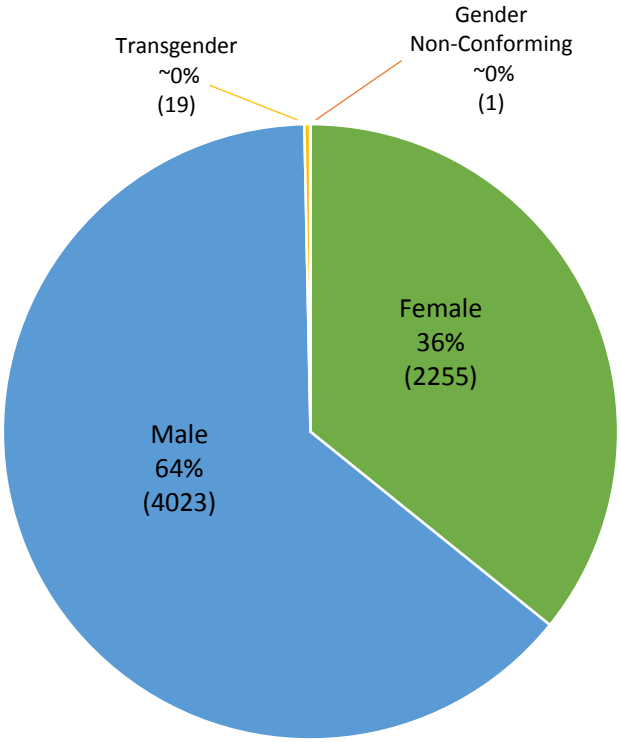


Figure 4 depicts the genders of all persons identified as homeless during the 2018 PIT Count, including extrapolated data from Phoenix. The overall data trend is consistent with previous years with the majority of the homeless population identifying as male. In 2018, 19 individuals identified as transgender from the total PIT population.

Recently in 2018, the response choice of "Does not identify as male, female, or transgender" was changed to "Gender Non-Conforming i.e. not exclusively male or female" by HUD requirement. In 2018, one individual identified as Gender Non-Conforming, and was an unsheltered individual aged 25+. Demographic information (age, race, etc.) was not provided for the sheltered count on individuals identifying as transgender or gender non-conforming. Although these two categories appear as relatively small percentages, they are an important subset of the PIT Count to consider. Evidence suggests that LGBT individuals (especially youth) face homelessness at a disproportionate rate.

Figure 5: 2018 Total Homeless Populations by Age

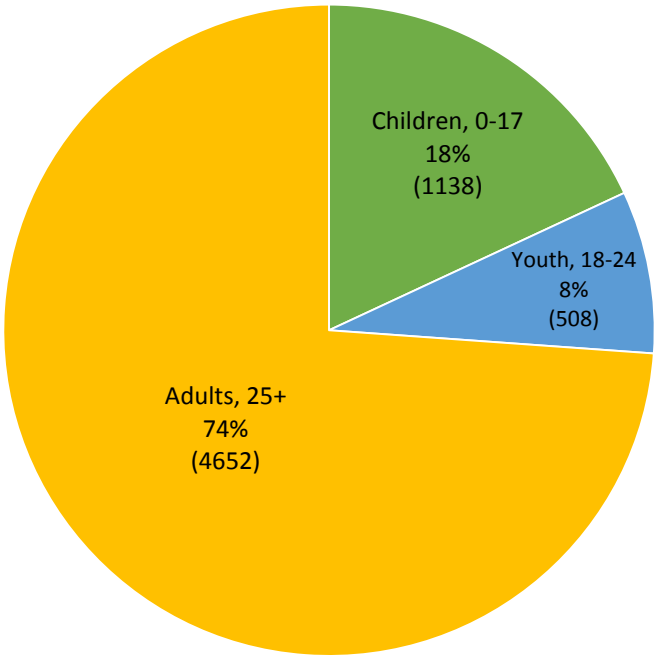


Figure 5 depicts the general age ranges and their compositions in the total 2018 PIT Count homeless population, including extrapolated data for Phoenix. Adults made up the large majority at 74%. The number of children followed at 18%. Of the 1,138 children found, 1,100 were accompanied in a family. The remaining 38 were unaccompanied (approximately 3% of the total population of children). Lastly, the smallest age range covered youth aged 18-24 years old at 8% of the total population. These values are consistent with data gathered in previous years.

Overall HMIS numbers are similar to the numbers explored here. Out of the total number of persons passing through HMIS in 2017 that reported age (31,732), 71% are adults 25 years old and above while approximately 21% are children and 8% are youth.

Figure 6: 2018 Total Homeless Populations by Ethnicity

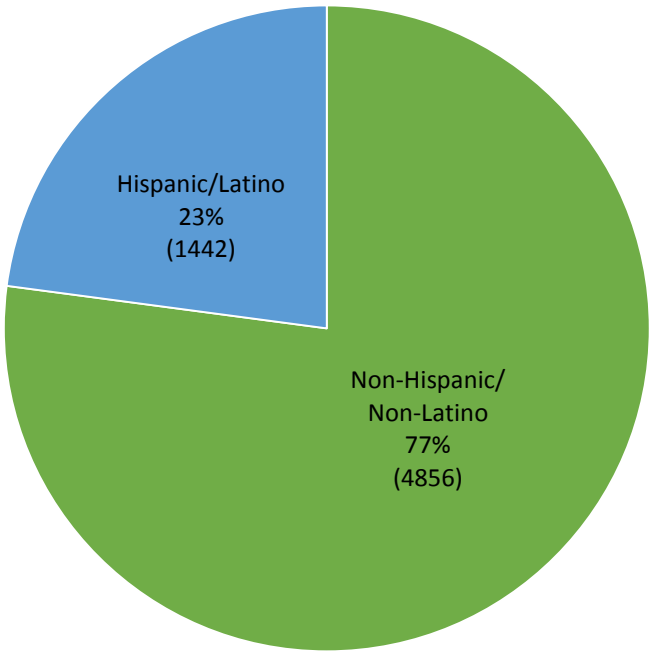


Figure 6 depicts the ethnicities of homeless persons in the 2018 PIT Count, which consists of Hispanic/Latino persons and Non-Hispanic/Non-Latino persons. Similar to last year, approximately ¼ of these persons identified as Hispanic/Latino, whereas the other ¾ of persons identified as Non-Hispanic/Non-Latino.

There is not a large disparity between the Hispanic/Latino composition of the homeless population as compared to the general census population of the region encompassed by the CoC. Hispanic/Latino persons make up 30% of the 2016 ACS Census data, and make up 23% of the homeless population.

Figure 7: 2018 Total Homeless Populations by Race

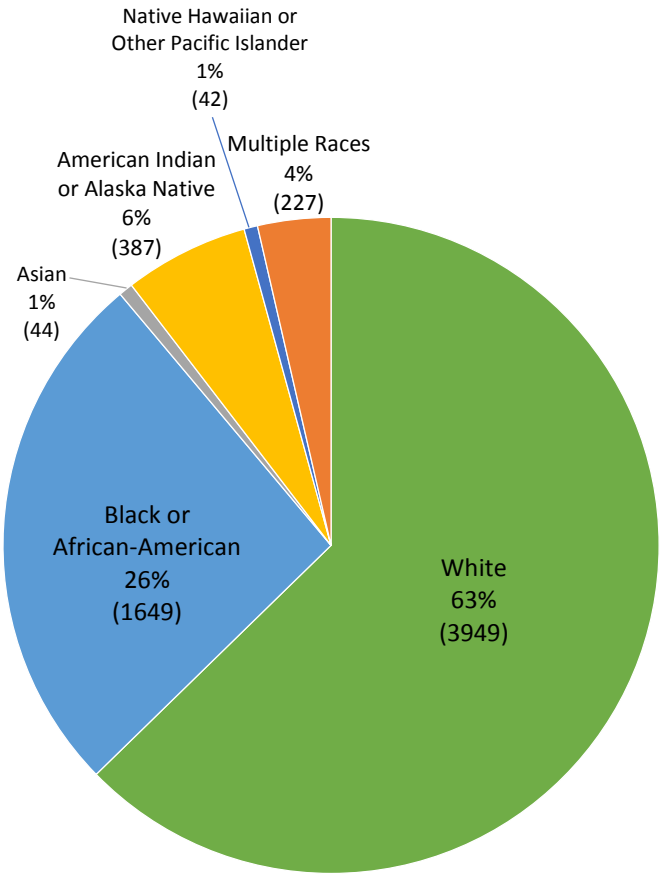


Figure 7 depicts the races of the total homeless populations for the 2018 PIT Count including extrapolated data from Phoenix. The overall data trend is consistent from that of the past two years, where the majority of the population identifies as White, at 63%. The second largest group identified as Black or African American at 26%. Together, these two races account for 89% of the PIT Count homeless population. The other race categories, including American-Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Multiple Races together accounted for 12% of the 2017 PIT Count.

Racial disparities are evident when comparing the racial composition of the 2018 PIT Count homeless population to general county census data. In the U.S. Census Bureau's 2017 Population Estimates, Black/African-American individuals made up 6.1% of the Maricopa County population, whereas Black/African-American populations made up 26% of 2018 PIT Count. Similarly, Native Americans made up only 2.8% of the general county population estimate, but represented 6% of the homeless population identified during the PIT Count. These populations are homeless at a clear disproportionate rate when compared to Maricopa County population estimates.

Figure 8a: 2017 and 2018 Subpopulations of Homeless Persons

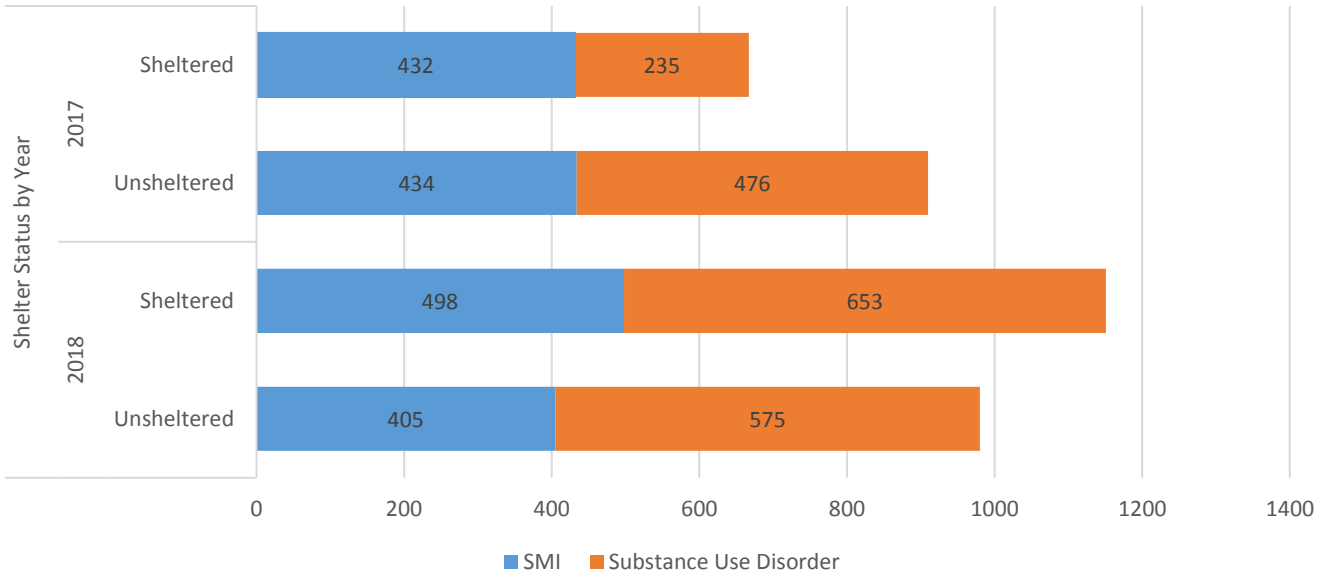


Figure 8a shows the number by housing status of persons with serious mental illness and substance abuse disorders, two major subpopulations identified by HUD. Overall, 14% of the 2018 PIT Count homeless population reported serious mental illness, while 19% reported substance abuse. The total number of persons who self-reported a serious mental illness increased by 4% from 866 in 2017 to 903 in 2018. The total number of persons who identified as having a substance abuse disorder in a self-report increased by 73%, from 711 in 2017 to 1,228 in 2018. However, it is important to note that these responses are self-reported and cannot be verified. The numbers are reflective of how comfortable people surveyed felt regarding disclosing this sensitive information during a public PIT Count.

Furthermore, due to the self-report nature of the question on the PIT survey, there may be fluctuations between yearly PIT counts that may not necessarily reflect the status of homeless persons and the disabilities affecting them in the region. Data from the PIT Count could be supplemented with jail data, behavioral health data, healthcare data and other homelessness data (including coordinated entry data, AHAR data, and other HUD data) to provide a better understanding of the prevalence of disabilities in the homeless population. Data are also available for HIV and Domestic Violence populations.

Figure 8b: 2018 (Unsheltered) Conditions Preventing Holding a Job or Living in Stable Housing

758/1868 = 40.6% of survey participants from the unsheltered count **self-reported** that they had a disabling condition.

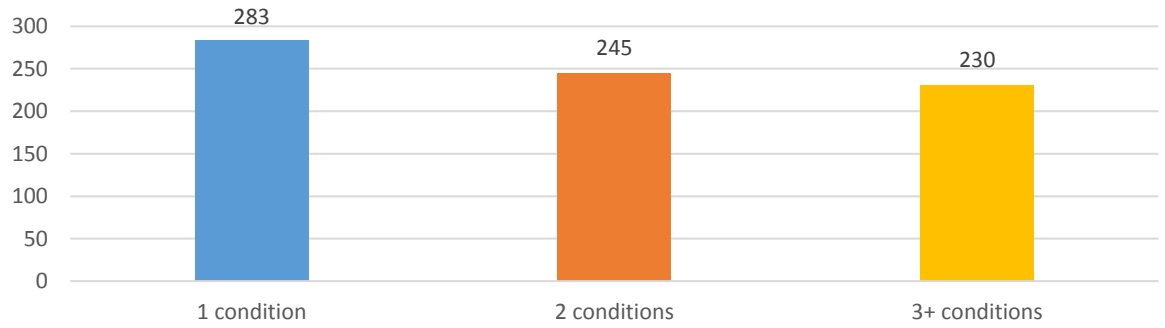


Figure 8b shows the number of unsheltered individuals who responded "yes" when asked whether they faced any conditions that kept them from holding a job or living in stable housing. The disabling condition options included the three major HUD category conditions: (1) substance abuse (drug abuse, abuse of prescription medication, and alcohol abuse), (2) mental health (PTSD, developmental disability, mental illness), and (3) HIV/AIDS, as well as traumatic brain injury, ongoing medical condition, and physical disability.

Approximately 37% of individuals who responded "yes" reported one disabling condition. 32% reported two conditions, and 30% reported three or more disabling conditions.

POPULATION COUNTS

Figure 9: General Homeless Families and Singles, 2017 and 2018

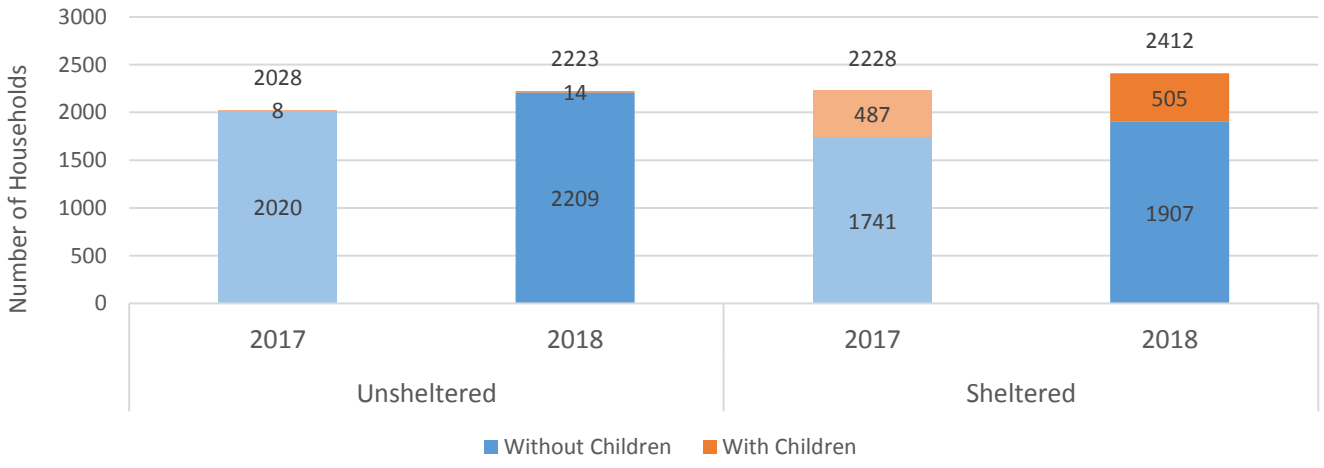


Figure 9 demonstrates the general trends of homeless families and singles in Maricopa County in 2017 and 2018. A larger proportion of families were sheltered than unsheltered (26% of sheltered households were families, while less than 1% of unsheltered households were families in 2018). This trend has

remained consistent from 2016 to 2018, but overall unsheltered numbers have continually increased each year. There are explanations to why this may have been the case (see Introduction).

Figure 10: Chronic Homeless Families and Singles, 2017 and 2018

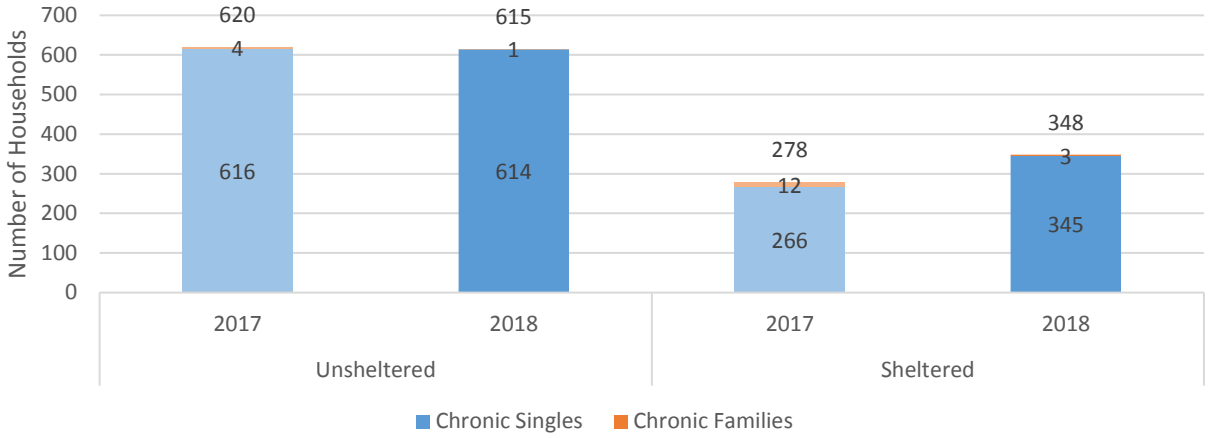


Figure 10 depicts the unsheltered and sheltered status of chronic homeless families and singles in 2017 and 2018. Unsheltered numbers of chronic homeless singles decreased a bit from 2017 to 2018, and only one chronic homeless family was identified in the unsheltered PIT Count. However, sheltered numbers have increased for singles and decreased for families.

Figure 11: Veteran Homeless Families and Singles, 2017 and 2018

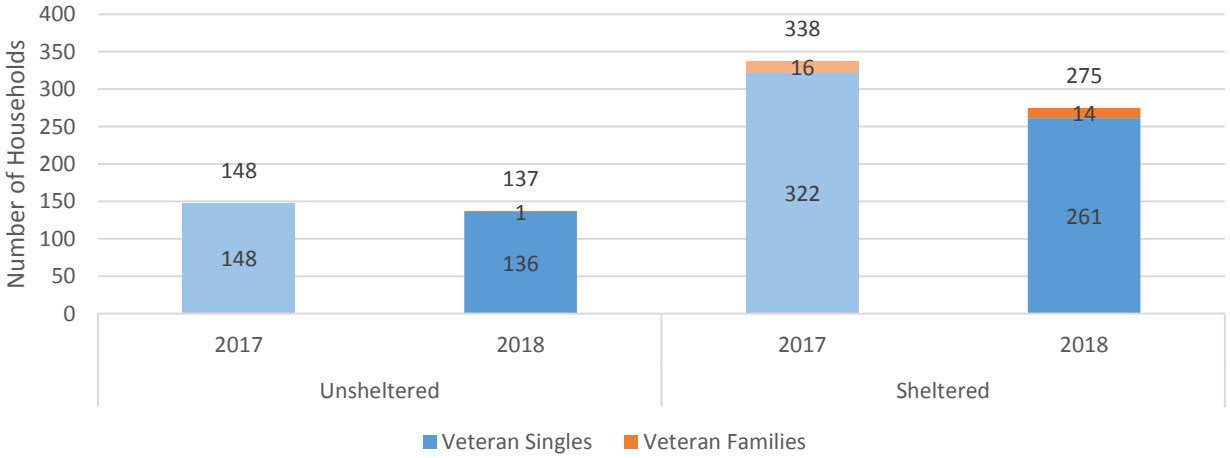


Figure 11 depicts the unsheltered and sheltered status of veteran homeless families and individuals in 2017 and 2018. The number of sheltered and unsheltered veterans experiencing homelessness has decreased from 2017 to 2018. Similar to last year, a majority of veterans are in shelter, and only one unsheltered veteran family was identified.

However, the number of chronically homeless veterans identified during the PIT Count increased. Out of the total number of veterans experiencing homelessness during the 2018 PIT Count, 108 were chronically homeless veterans (84 unsheltered and 24 sheltered), whereas there were only 87 chronically homeless veterans (71 unsheltered and 16 sheltered) in the 2017 PIT Count.

Figure 12: Unaccompanied Youth and Parenting Youth, 2017 and 2018

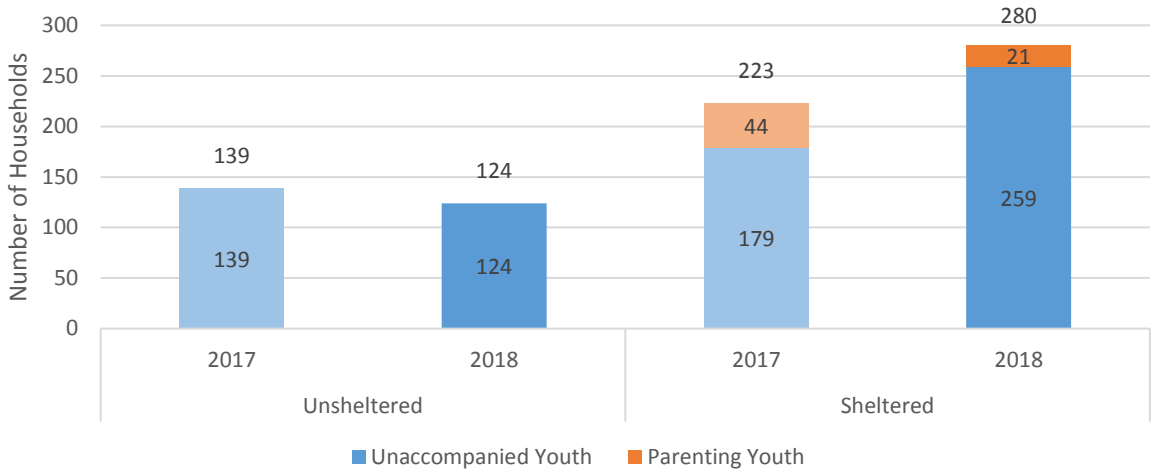


Figure 12 depicts the unsheltered and sheltered status of unaccompanied youth households and parenting youth households in 2017 and 2018. The HUD definition of "youth" includes all persons under 25 years old. A majority of the youth population in both 2017 and 2018 were sheltered. All parenting youth were sheltered in 2017 and 2018, and the total number of parenting youth decreased from 2017 to 2018. The number of unsheltered unaccompanied youth identified in the PIT Count decreased from 2017 to 2018, and the number of sheltered unaccompanied youth increased substantially.

ADDITIONAL DATA

Figure 13: Most Helpful Resource (Unsheltered only)

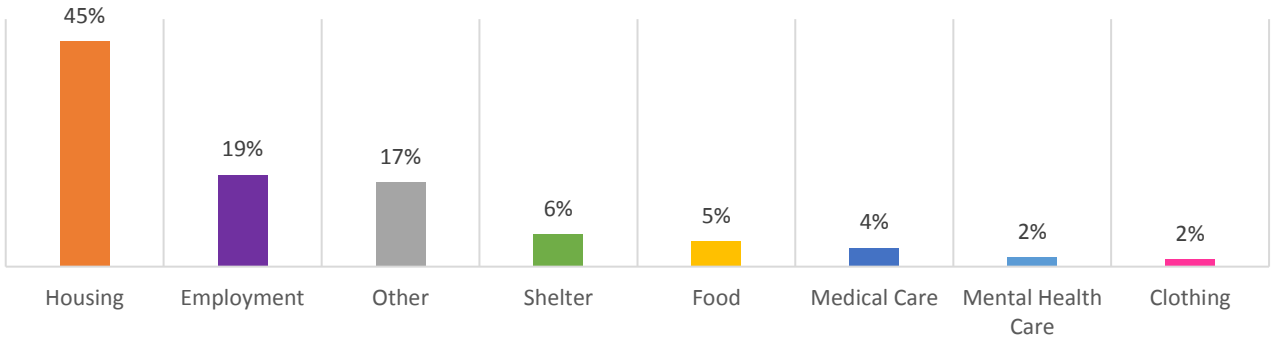


Figure 13 depicts the results of a new question that was added to the unsheltered interview survey this year: "If you had to pick one thing, what would be most helpful to you right now?" Volunteers were trained to not read out the categories so that the survey participant could respond without any leading. The most common response was "Housing" (45% of responses) followed by "Employment" (19% of responses). The "Other" category included: transportation, shower/restroom, ID, money, Social Security, legal assistance, nothing, family, phone, etc. In the future, similar questions may be added to the survey for input on services.

Figure 14: Unsheltered PIT Count by Age Group

2018 Unsheltered PIT by Age Group		
Age Group	**#**	**% of Total Unsheltered**
Children (0-17)	**21** (all in families)	1%
Young Adults (18-24)	**168** (142 unaccompanied)	6%
Adults (25+)	**2429**	93%
Estimates based on self-reported age:		
Adults (25-61)	**2220**	85%
Older Adults (62+)	**209**	8%

Figure 14 depicts an estimated breakdown of age groups from this year's unsheltered count. HUD requires that age is reported in three categories: Children (0-17), Young Adults (18-24), and Adults (25+). This year's interview survey and observation tool added an extra age category for Older Adults (62+) to start tracking this subpopulation. Since answers were voluntary, not all survey participants reported age, but based on those that did self-report we were able to estimate the number of Adults (25-61) and Older Adults (62+). It appears that the majority of people identified in the unsheltered PIT Count were Adults (25-61), making up 85% of the unsheltered total. The next largest age group was Older Adults (62+) which accounted for approximately 8% of the unsheltered total, followed by Young Adults (18-24) and Children (0-17).

Supplemental Data

Partnership with School Liaisons

The McKinney-Vento Act requires that every school district/local educational agency (LEA) employ a local homeless education liaison. School liaisons play an important role in identifying children and youth experiencing homelessness and assisting these students.

This year, the Arizona Department of Education sent out a pilot Point-in-Time Count survey to Maricopa County LEA school liaisons and received 82 responses. The LEA survey results were not included in the official PIT Count results reported to HUD, but are included in this local PIT Count report as supplemental data on youth homelessness in the region.

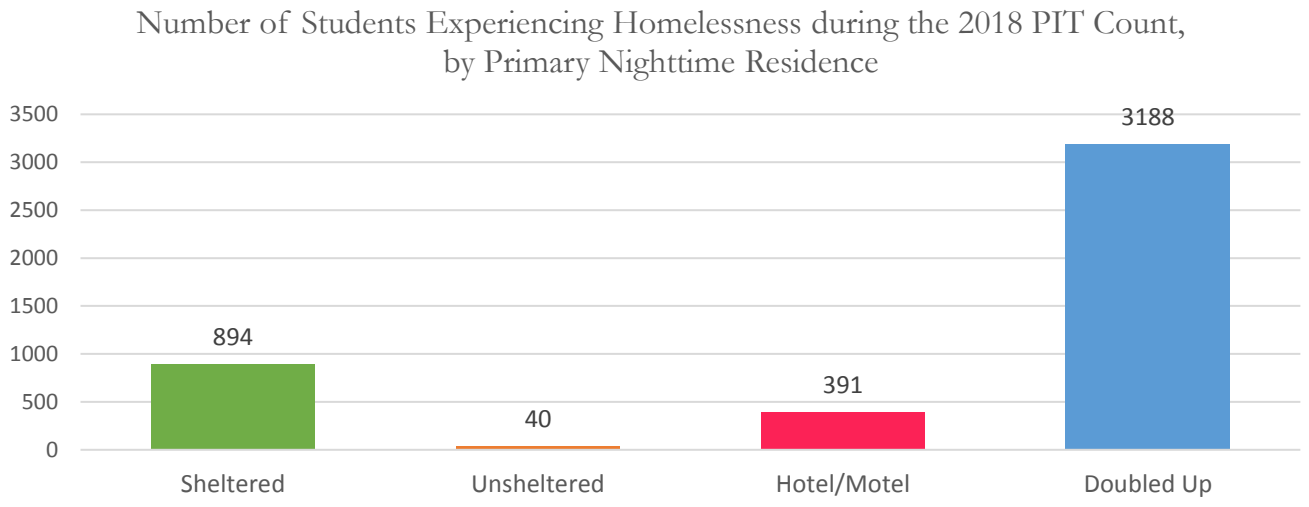
LEAs reported aggregate data, so there is no way to de-duplicate from the PIT dataset and these students may have been counted during the PIT Count. Also, this year's survey did not distinguish whether a student was unaccompanied or accompanied by their family, so these students may be in a household with their family, or may be unaccompanied youth. This would be a good addition to the survey to further compare to PIT Count results of accompanied and unaccompanied youth/children.

It is important to note that the McKinney-Vento LEA definition of "homeless" is different from that of the Point-in-Time Count. The McKinney-Vento definition includes children and youth who lack a fixed, regular, and adequate nighttime residence, such as those who are couch surfing, doubled up, or living in a hotel/motel. The Point-in-Time Count specifically focuses on people who are "literally homeless" living in places not meant for human habitation or staying in emergency shelter/transitional housing/safe haven programs.

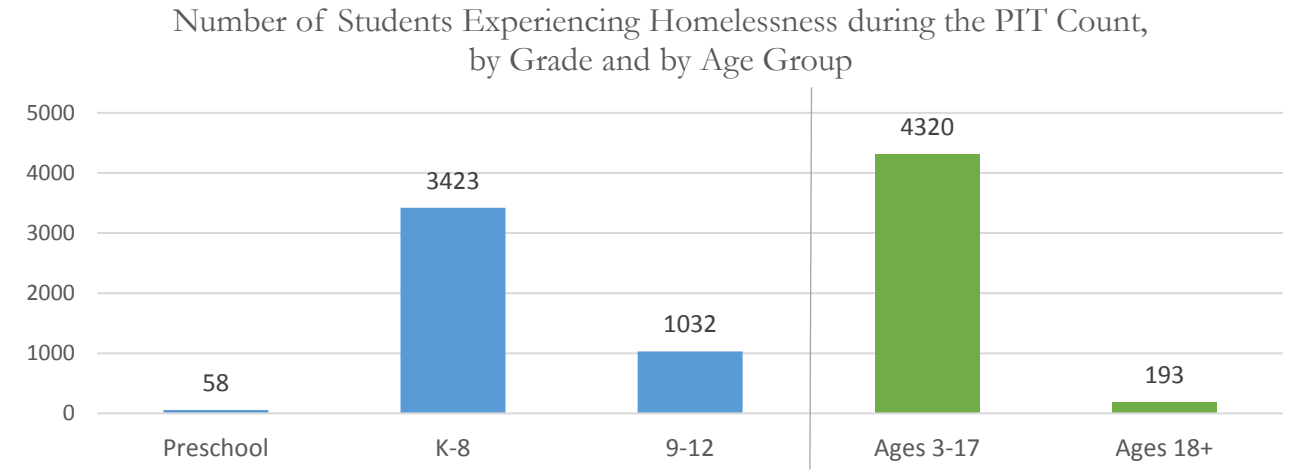
The first question on the LEA PIT survey asked, "What is your LEA/Charter's current (2017-18) total number of students experiencing homelessness?" Survey responses reported a total of 5,301 students experiencing homelessness that have been served throughout the school year. Students and families that have since resolved their housing crisis and are no longer experiencing homelessness may still be included in this number if they were identified earlier in the school year.

The second question asked, "What is the number of active students experiencing homelessness on the night of January 22nd, 2018?" Survey responses reported 4,513 children and youth experiencing homelessness on the night of the PIT count. The 2018 PIT Count identified 1,646 youth ages 0-24 experiencing homelessness on the night of the count. The difference may be due to the PIT Count specifically focusing on a "literally homeless" definition of sheltered/unsheltered homelessness, while the LEA definition includes more categories.

School liaisons were also asked to report the number of active students experiencing homelessness (as of the night of the PIT Count) by primary nighttime residence, grade, and age group.



The majority of students were in "doubled up" living situations, which is not counted as part of the PIT Count. Only 40 of the reported students were living in an unsheltered situation, and 894 were reported as sheltered. This trend matches the results of the PIT Count, which identified significantly less youth ages 0-24 that were unsheltered (189) than those who were sheltered (1,457).



School liaisons also reported aggregate numbers of students experiencing homelessness the night of the PIT Count by grade level and age group. Of the students experiencing homelessness reported during the PIT Count, the majority were in grades K-8 and were ages 3-17. Similarly, PIT Count results showed a much larger number of children under age 18 (1,138) than young adults ages 18-24 (508).

Since this was a pilot survey, not all school liaisons participated. There are over 200 school liaisons in Maricopa County, and the Maricopa Regional CoC will continue to explore opportunities to expand the partnership with school liaisons to provide more information on youth experiencing homelessness across the region.

Methodology Recommendations

- Increase Coverage
    - Consider changing from extrapolation to direct census method in Phoenix to achieve a consistent methodology and to potentially increase reliability.
    - Continue to increase recruitment efforts for volunteers in each city and town to cover more geographic area.
    - Discuss the potential for coordinating response centers on the day of the PIT Count to provide immediate assistance to the most vulnerable.
    - Send volunteer teams to emergency shelters on the day of the PIT Count to more accurately capture sheltered PIT Count numbers.

- Continue to Refine Survey
    - Improve the electronic survey and have more volunteers use it for enhanced data quality.
    - Add age category of Older Adults for both the unsheltered and sheltered counts.
    - Incorporate additional questions that dive deeper into an individual's experience with homelessness, such as: reason(s) for homelessness, city of prior residence, services accessed.
    - Consider adding a question that determines whether the individual became homeless in Maricopa County/Arizona.
    - Refine survey to ask about specific sexual orientation/gender identity for youth (18-24 yrs.) who are nationally more at risk for violence related to sexual orientation/gender identity.

- Integrate other Data Sources
    - Integrate PIT Count data with other HUD data, including the AHAR and HIC to determine where gaps lie.
    - Integrate data from other systems of care with PIT Count data.
    - Further analyze the similarities and differences between PIT Count data and HMIS data.
    - Continue to partner with the Arizona Department of Education and school liaisons in Maricopa County to provide supplemental PIT Count data regarding youth homelessness.
    - Compare PIT Count results to relevant housing data for Maricopa County such as rental rates and evictions.

Limitations

While the PIT Count provides valuable information about homelessness in the region, it is an evolving process with several limitations to keep in mind.

First, it is especially difficult to capture the extent of family and youth homelessness during a one-night count because family and youth homelessness is often a "hidden" issue. Because many families live in their cars, volunteers may not be able to spot them and family homelessness may be disguised as travel. Youth do not typically congregate in areas where homeless adults and often are integrated into larger youth groups—those experiencing homelessness and those not—and may not be easily identified by volunteers. Both families and youth may fit the definition of homelessness under other programs (doubling up, couch-surfing, etc.) and are not included in the HUD numbers but do represent the vulnerability of these populations.

External to the PIT Count, if Maricopa County was not currently experiencing an affordable housing crisis, perhaps the overall PIT numbers would be even lower. For example, as the economy improves, housing costs in the area have skyrocketed, making affordable housing scarce. This has created a more difficult obstacle to placing individuals and families into affordable housing, as many landlords are raising barriers, such as background checks and income limits, with clients with vouchers. Other landlords who previously accepted vouchers no longer accept vouchers of any kind.

The size of Maricopa County makes it difficult to identify all persons experiencing homelessness. Data collected and analyzed are a general representation of a one-night snapshot in the region. These counts are not a final say in the demographics of the homeless population in Maricopa County, but do provide a representation of total populations. There are more people who experience homelessness over the course of the year than on any given single night.

As a result, PIT Counts tend to under-represent short-term homelessness and over-represent individuals who have experienced homelessness for a long time. The PIT Count should work hand in hand with the AHAR and HMIS data, both of which demonstrate the number of people served through the homeless services systems throughout the year. These collaborations provide a larger picture of homelessness in the county, acting as support to the one-night snapshot the PIT provides.

Conclusion

MAG and local participating municipalities coordinated a successful 2018 PIT Homeless Count. The widespread collaborative effort allowed critical data to be collected and analyzed to communicate a general snapshot of homelessness in the region.

Overall, there was a 12% increase in total number of homeless persons from 2017 to 2018, and the number of unsheltered persons increased by 27%. There continues to be an increasing trend in the number of unsheltered persons across the region. A continued collaborative effort will ensure that this data is used to determine an effective plan and solutions to provide affordable housing to all homeless singles and families in Maricopa County.

Homelessness is a complex, recurring issue in the region. Planning efforts for the annual PIT Homeless Count have been enhanced each year as more resources are made available, and recruitment efforts for volunteers continue to improve. In addition, the partnership between MAG and municipality PIT Count coordinators is growing stronger in an effort to unify planning efforts. With the coordination, planning efforts, and initiative of the Continuum of Care, including MAG, supporting communities, and agencies, the region will continue to collaborate on efficient and effective approaches to provide housing and end homelessness regionally. Homelessness remains a complex and challenging issue, and solving the problem will take commitment and alignment of resources. Ending homelessness in the region remains the top priority for the Maricopa Regional Continuum of Care.

Special Thank You

The parties listed below were integral in the planning process of the 2018 PIT Homeless Count.

Municipality: Coordinator(s)

City of Avondale: *Donna Gardner*

City of Buckeye: *Don McWilliams*

Town of Carefree: *Stacey Bridge-Denzak*

Town of Cave Creek: *Tom Clark & Marshal Adam Stein*

City of Chandler: *Riann Balch*

City of El Mirage: *Iva Rody & Sgt. Chris Culp*

City of Fountain Hills: *Ken Valverde*

City of Gila Bend: *Kathy Venezuela*

Town of Gilbert: *Robert Kropp & Melanie Dykstra*

City of Glendale: *Renee Ayres-Benavidez & Charyn Eirich-Palmisano*

City of Goodyear: *Sgt. Alison Braughton*

Town of Guadalupe: *Jeff Kulaga*

City of Litchfield Park: *Sonny Culbreth*

City of Mesa: *Emily Greco, Liz Morales, & Bryan Goodwin*

Town of Paradise Valley: *Lt. Freeman Carney*

City of Peoria: *Jack Stroud, Det. Lisa Scott, & Sgt. John Naehrbass*

City of Phoenix: *Scott Hall & Katie Gentry*

Town of Queen Creek: *Tracy Corman*

City of Scottsdale: *Greg Bestgen & Gene Munoz-Villafane*

City of Surprise: *Christina Ramirez & Lt. John Bacon*

City of Tempe: *Kimberly Van Nimwegen*

City of Tolleson: *Janey Montoya*

City of Wickenburg: *Lt. Amy Sloan*

City of Youngtown: *Lupe Romero & Greg Arrington*

Organizations

Maricopa Association of Governments

Crisis Response Network

UMOM Family Housing Hub and PYRC

One·n·Ten

Community Bridges, Inc.

Valley Metro

Community Resource and Referral Center

Arizona Department of Education

MAG would also like to thank all the volunteers, providers, and outreach teams that participated in the 2018 Point-in-Time Count, as well as the Maricopa Regional CoC Board, Committee, and Data Subcommittee for their input and support towards this year's PIT Count.

Appendix: Glossary of Terms

Continuum of Care
An administrative geographical unit; the local or regional body that coordinates funding and services for homeless people.
Continuum of Care Program Competition
HUD makes funding available to homeless provider programs. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter
Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.
Homeless
An individual who lacks a fixed, regular, and adequate nighttime residence, as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
Homeless Family
A household with at least one adult (age 25+) and one child (under age 18).
Homeless Management Information System (HMIS)
A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Household
All the people who occupy a housing unit. A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.
Housing Inventory Count (HIC)
The HIC is a snapshot of a Continuum of Care's housing inventory on a single night during the last ten days in January. It should reflect the number of beds and units available on the night designated for the count that are dedicated to serve persons who are homeless. Beds and units included on the HIC are considered part of the Continuum of Care homeless system.
McKinney-Vento Homeless Assistance Grants
The largest federal investment in homeless assistance, and is responsible for funding many local shelter and housing programs.
PIT Homeless Count (PIT Count)
Continua of Care are required to conduct an annual count of homeless persons who are sheltered (i.e. persons in emergency shelter, transitional housing, and Safe Havens on the night of the count) and unsheltered.
Transitional Housing
A project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.
U.S. Department of Housing and Urban Development
Established in 1965, HUD's mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships — particularly with faith-based and community organizations — that leverage resources and improve HUD's ability to be effective on the community level.