

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

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

- CoC Consolidated Application - CoC Project Listings

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

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed) AZ-500 - Arizona Balance of State CoC

Collaborative Applicant Name: Arizona Department of Housing

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

Name of CoC Structure: Arizona Balance of State Continuum of Care

How often does the CoC conduct open meetings? Quarterly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

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

Several activities take place to ensure that individuals are aware of BOSCOG meetings. A month to 6 weeks prior to a quarterly BOSCOG regional meeting, a notice is emailed to all stakeholders (177) who are then encouraged to invite and share the notice with their communities. The State Coordinator for Homeless Education sends out the same notice to all school district homeless liaisons and the notice is posted on the AZ Coalition to End Homelessness Website. In addition, members at the local level send out reminders for the quarterly regional meetings to their constituents. Notice and agenda are posted on the Arizona Department of Housing website as well.

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

If formerly homeless, what is the connection to the community? Community Advocate

Does the CoC provide

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

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

Coordinated Assessment: The AZ BOSCOCC has a Coordinated Assessment Committee that is meeting monthly. They are developing a timeline to look at different coordinated assessment systems and will present their recommendation to the entire Continuum by October 2013 at the Statewide meeting. That will give 8 months to implement. However, ESG is using the AZ211 for 7 contracts in the BOSCOCC that are for RRH. This will serve as a pilot coordinated assessment project for the Committee to review and receive feedback from the agencies involved.

ESG: The Arizona Department of Housing(ADOH) who provides administrative and management support to the BOSCOCC does not have contractual responsibility for the ESG Grants. That authority is under the auspices of the Arizona Department of Economic Security (ADES). As a result, ADES is responsible for monitoring the ESG contracts that it executes. The ADOH Special Needs Administrator and the DES Homeless Coordinator meet regularly to discuss ESG and how to ensure a continuum of services between ESG and the other programs in the BOSCOCC.

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

Written Agendas: All written agendas are sent out to potential participants at least one week prior to the meeting. In addition, agendas are posted on the ADOH website. At the beginning of each meeting, participants are asked if they would like to add any additional agenda items prior to meeting starting. ADOH currently develops the agenda with input from members. In the upcoming year, as the BOSCOCC expands its organizational structure, agenda development strategies will be reviewed to ensure broad input and representation.

Does the CoC have the following written and approved documents:

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

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Coordinated Assessment		Monthly or more
Membership		Monthly or more
HMIS		Bi-monthly
Operations/Guidance		Monthly or more

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

Not applicable. All Committees meet at more frequent rate than quarterly.

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

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

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

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

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

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

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

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

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

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

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

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

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	0	10	0	3	12	3	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill							
Substance abuse							
Veterans						1	

HIV/AIDS							
Domestic violence							
Children (under age 18)					12	1	
Unaccompanied youth (ages 18 to 24)							

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group		1				1	
Authoring agency for consolidated plan						1	
Attend consolidated plan planning meetings during past 12 months						1	
Attend consolidated plan focus groups/public forums during past 12 months		1				1	
Lead agency for 10-year plan						1	
Attend 10-year planning meetings during past 12 months						1	
Primary decision making group		1				1	

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

Instructions:

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

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

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

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

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

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

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

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

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

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

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

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	0	8	2	1	39	

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill					11	
Substance abuse					5	
Veterans					1	
HIV/AIDS					3	
Domestic violence					4	
Children (under age 18)						
Unaccompanied youth (ages 18 to 24)					1	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group		4			13	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months		2			13	
Attend Consolidated Plan focus groups/ public forums during past 12 months						
Lead agency for 10-year plan						

Attend 10-year planning meetings during past 12 months						
Primary decision making group		2			13	

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

Instructions:

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

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

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

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

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

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

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

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	2	4

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	2	0

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

Number of Individuals Participating in Each Role

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

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s) (select all that apply): l. Assess Provider Organization Experience, g. Site Visit(s), j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, p. Review Match, f. Review Unexecuted Grants, r. Review HMIS participation status, e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), d. Review Independent Audit, c. Review HUD Monitoring Findings

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

The ranking process was different for renewals and new projects. Renewals were ranked based on 18 factors, including: monitoring findings and concerns, financial audit review, spending and APR analyses, site visits, HMIS participation and data quality. ADOH compiled renewal spreadsheets, ranked by total points, and provided to Review Committee. New projects were scored by Review Committee (independently of each other) based on 11 priorities, including: admin capacity, need, collaboration with other agencies, and use of mainstream resources, match and leveraging. CA compiled rankings. CA notified applicants by two methods, first by phone call and then follow up email. Tier 1 is all renewals.

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

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

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee

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

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

Working with service providers that express an interest in applying for funding is a year around process. The process is explained, the parameters of the funding described and TA often provided through peer organizations in other parts of the state. The work with providers occurs at all COC meetings. When the NOFA is announced an email is sent to all Continuum members, an application attached and a deadline for submission stated. Questions are answered throughout the process. The CA formed a review panel of three outside and independent reviewers. The review process was discussed with all COC sub-grantees and the 18 factors were scored based on the review vetted at a state wide meeting. All interested parties are strongly encouraged to apply.

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

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

not applicable

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

Instructions:

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

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

Emergency Shelter: Yes

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

In 2011 there were 1130 total emergency shelter beds and in 2012 there were 1342, an increase of 212. Part of the increase was the use of 140 seasonal beds in 2012 and the addition of 65 shelter beds. The number of shelter beds, because they can easily be added based on need, shifts from year to year.

HPRP Beds: Yes

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

There were 221 beds in 2012 and 5 in 2011 that were reported in the HIC. According to the APR for 2011 activities, 305 units received RRH assistance. The reduction from 2011 to 2012 was the result of the program ending. The 221 is based on 8.5 months of operation as the program was ramping down.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

There was a total of 708 transitional housing beds in 2011 and 714 in 2012. This was primarily due to size of families being served.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 15

Permanent Housing: Yes

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

There were 488 PH beds in 2011 and 498 PH beds in 2012. Though there was an increase in VASH vouchers from 91 to 125, lease-up was still in process. The Guidance Center in Flagstaff added a 16 bed program. However, there was a reduction of SPC units due to a change in behavioral health agencies. This change resulted in some disruption of relationships between housing provider and newly contracted behavioral health providers. In reviewing HMIS data, it became clear that there was a significant issue as utilization of the projects dropped significantly. Since then the ADOH Special Needs Administrator and staff from the Division of Behavioral Health have been meeting to resolve the issue.

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

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

Instructions:

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

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

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

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory

Specify "other" data types:

The BOSCOG compared multiple data points to determine unmet need. Data was reviewed by county and included unemployment rates, median income, shelter and unsheltered counts and discussion with Continuum members.

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

The BOSCOC compared multiple data points to determine unmet need. Data was reviewed by county and included unemployment rates, median income, shelter and unsheltered counts and discussion with Continuum members. Unmet need was based on the number of items that the individual county ranked highest in.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): AZ-500 - Arizona Balance of State CoC

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

If yes, does the governance agreement include the most current HMIS requirements? No

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

The Arizona Balance of State Continuum of Care is managed and administered by the ADOH. The lead agency for HMIS is also ADOH. Because ADOH is a state agency and is part of the governmental structure, it cannot enter into a governance agreement with an organization that has no legal standing. In any case, ADOH could enter into a memorandum of understanding but not a governance agreement.

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

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Service Point
What is the name of the HMIS software company? Bowman
Does the CoC plan to change HMIS software within the next 18 months? No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 03/11/2004
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Other, Inadequate resources

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

not applicable

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

Funding for HMIS will continue to be considered in relationship to the projects. In the future, re-allocations may be reviewed to maintain HMIS at the appropriate level to support the CoC. In addition, the BOSCO constantly strives for 100% HMIS participation. In 2013, the BOSCO expects participation to increase due to work accomplished by the Membership and HMIS committees.

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

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

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

Operating Start Month/Year	April	2012
Operating End Month/Year	March	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$200,000
ESG	
CDGB	
HOPWA	
HPRP	\$16,815
Federal - HUD - Total Amount	\$216,815

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	\$50,000
State and Local - Total Amount	\$50,000

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	\$266,815
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Is the funding listed above adequate to fully fund HMIS? No

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

Project re allocations will be considered if appropriate as a means to maintain HMIS at an appropriate level.

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

If Other, explain (limit 750 characters)

The Arizona Department of Housing is and has been both the lead agency for both the Continuum of Care and the HMIS in the Balance of State since the implementation of HMIS in Arizona.

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) beds	86%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

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

not applicable

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

Instructions:

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

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

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

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	0%
Supportive Services	100%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	6
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	2%	4%
Date of birth	2%	0%
Ethnicity	2%	1%

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

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

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

HMIS system Administrator runs data quality reports each quarter for all participating providers in order to find data entry concerns. These reports include:

- DQ report card that looks at completeness for all UDEs
- Individual program AHAR report
- Individual APR report for all HUD funded programs
- Individual program PIT report
- Clients still in program

These reports are sent to each agency administrator for review and all data concerns are discussed and corrected. Individual training is conducted for any user reporting excessive data quality problems. Data quality reports and issues are discussed each quarter at our regional CoC meetings.

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

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

not applicable

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

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

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

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

Instructions:

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

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

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

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

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

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

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

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Not Applicable
Outreach	Not Applicable
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

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

Instructions:

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

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

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

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Annually

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

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

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

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

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

**If 'Yes', indicate date of last review
or update by CoC:** 10/31/2012

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

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

* Privacy/Ethics training	At least Quarterly
* Data security training	At least Quarterly
* Data quality training	At least Monthly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Annually
* Training	At least Monthly
* HMIS data collection requirements	At least Quarterly

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

Instructions:

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

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

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

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2012

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

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

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

not applicable

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		38%		62%
Transitional Housing		26%		74%
Safe Havens				

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

There was an increase in beds in ES, TH, and PH from 2011 to 2012. In 2011 there were 2326 across all three categories, and in 2012 2554, an increase of approximately 9.8%. The majority of increase was in ES. In 2012 140 seasonal beds were used in the northern counties due to colder weather than usual. Seasonal bed use was not reported in 2011. In addition, related to rental/leasing for both TH and PH, because of the significant recession in Arizona, units for rental were available in several communities below FMR, so some agencies were able to serve more participants. This trend is reversing as the economic recovery takes place and it is expected that rental/leasing will creep back towards higher FMRs for many communities.

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

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The BOSCOG has several needs and gaps in housing including 1)an insufficient stock of housing that is safe and affordable. 2)more individuals in need than there are subsidized housing units available. Providers were asked to provide a point in time overview of their wait lists. Of the 13 agencies that are the provider of the 33 projects within the continuum, they reported a need for 174 TH beds and 98 PH beds.
* Services	Services are a significant challenge in the BOSCOG. 1) Population density limits where services can be located resulting in the need for transportation. 2) Public transportation in most of the counties in the BOSCOG is limited or non-existent. 3) The service array is not very broad and does not have much depth so access to services is difficult. 4) There have been significant cuts in state funding in all areas including social services, CPS, support to persons with disabilities, and health care thus making it more difficult for individuals to access the services they need. 5)Employment continues to be a major concern. Although the unemployment in Arizona is about 7%, in 11 of the 13 counties in the BOS, the range is 8.1-29.7. Jobs are difficult to find and generally do not pay more than minimum wage, because there is minimum industry and business in the counties that are more rural in nature. 6) Behavioral health services are available in most counties in the continuum, but the location of the services may not be convenient. In addition, eligibility is tied to eligibility for AHCCS (Arizona's Medicaid Program). During the budget cutbacks, single persons without children were made ineligible which significantly impacted the ability to access behavioral health services.
* Mainstream Resources	There is a strong need for broader health care coverage in Arizona. During the last few years of limited state funds, eligibility for AHCCS (Arizona's Medicaid Program) was reduced. Individuals with no children are no longer eligible. This has impacted many of the individuals who are housed in permanent housing and has limited access to health care and behavioral health services.

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

Instructions:

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

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

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

If Other, specify:

not applicable

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

Two methods were used to collect data on the sheltered homeless population. Data was collected from all agencies who participate in HMIS. A list was established of those agencies that provide services but are not on HMIS. Agencies not participating in HMIS were contacted and completed a survey that had data fields aligned with HMIS. Additional follow up through phone calls and emails was made to agencies who did not respond initially. In total data was collected from 38 programs provided by 26 agencies. The HMIS contractor reviewed all the data for quality and contacted agencies as appropriate. Data from both sources was then combined and reviewed by the HMIS contractor and ADOH staff to ensure accuracy.

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

Instructions:

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

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

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

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

If Other, specify:

Not applicable

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

Two methods were used to collect data on the sheltered homeless population including subpopulations. Data was collected from all agencies who participate in HMIS. A list was established of those agencies that provide services but are not on HMIS. Agencies not participating in HMIS were contacted and completed a survey that had data fields aligned with HMIS including the sub population fields. Additional follow up through phone calls and emails was made to agencies who did not respond initially. In total data was collected from 38 programs provided by 26 agencies. The HMIS contractor reviewed all the data for quality and contacted agencies as appropriate. Data from both sources was then combined and reviewed by the HMIS contractor and ADOH staff to ensure accuracy.

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

Instructions:

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

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

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

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

HMIS Contractor first reviewed data in HMIS to ensure there was no duplication. HMIS Contractor consistently runs duplicate count client reports to determine which clients are duplicate. Then a client merge function is completed within the Bowman software to merge these duplicate clients. Additionally the reporting tools in the software have an unduplicate feature while running required reports.

For non HMIS participants, de duplication can only occur at the agency level. Because HMIS and a survey for non HMIS participants is used, a combined report was then produced and the HMIS Contractor and ADOH staff reviewed all programs to ensure non duplication.

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

1) The HMIS Contractor provides instructions and training to the providers regularly to ensure the quality of the data entered. 2) The HMIS Contractor reviews entered data monthly and will call an individual provider if the data is not correct. Provider contracts include mandatory HMIS reporting monthly. In the case of the non-HMIS survey, phone calls and emails (multiple times) were used to encourage participation. HMIS data was used as part of the shelter count. De-duplication occurred by reviewing all entries to ensure information was only represented once.

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

Instructions:

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

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

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 06/26/2012

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

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

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

An unsheltered count was not required in 2012 and the AZ BOS COC elected to conduct an unsheltered count in the summer in order to analyze the data in comparison to the 2013 required unsheltered count that will occur in January of 2013. This will provide the BOSCOG with seasonal data so that we can better understand seasonal change and the migration of individuals and families who are homeless between different counties in the state.

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

There was an increase in numbers and there were several reasons; webinar training, increase in volunteers, weather was more conducive to conducting a count and all counties (13) were covered. In addition, there were assigned volunteer coordinators to ensure that the count occurred in alignment with BOSCO protocols.

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

Instructions:

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

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

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:
 not applicable

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

In January 2011, the BOSCOG conducted an unsheltered count. Individuals were surveyed at places where they gathered. Because of the vast size of most of the counties in the BOSCOG the possibility of duplication is low. However to further minimize, data fields such as initials and month and year of birth are used as identifiers to further reduce the risk of duplication. All surveys were returned to the BOSCOG Independent Contractor. Surveys are entered into a database and data is reviewed for accuracy. During the 2012 summer count, the basic protocol of surveying where people gathered (such as feeding sites or food pantries) was used. Some additional mechanisms were put into place to further support the effort including conducting webinars so persons from throughout the state would receive the same information, providing incentives, and assigning specific coordinators in all 13 counties. The summer count provided a significant learning experience and was successful in that surveys were received from all 13 counties. Many of the techniques used this summer are being replicated for the January 2013 count.

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

Instructions:

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

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

If Other, specify:

not applicable

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

Instructions:

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

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

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

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

If Other, specify:

not applicable

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

In general, the likelihood of an individual being counted twice in the BOSCOG unsheltered count is low as it encompasses over 95,000 square miles. Unlike in urban areas, many persons who are unsheltered in the 13 counties in the BOSCOG are either out in the forest, mountains or desert. There is not as much movement except when the weather changes. To provide further assurance of non duplication, webinars were used to conduct training with individuals from throughout the state, unique identifiers were used on the survey and were part of the survey questions. All surveys were entered into a database and data was reviewed to eliminate duplication and ensure accuracy.

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

1)The BOSCOG and homeless liaisons in the schools have formed a strong relationship. Liaisons are able to inform about families who may be at risk and divert them to services and rapid rehousing so homelessness is avoided. 2) Other communities use their local continuum meeting to discuss waiting lists, families in shelter, and collaborate to develop a plan for outreach. 3) PATH funding is very limited and only available in two BOSCOG communities. In one community, the local coalition developed a community supported shelter to help unsheltered homeless families. Outreach is done in several ways throughout the BOSCOG because the communities are so diverse. Some areas have assigned outreach staff, in other communities outreach is conducted through feeding programs and food pantries. Outreach also occurs through agency coordination and collaboration at the local community level. In many of the counties in the BOSCOG, there are limited service providers. This results in a clustering of funding for services in some agencies. As an example five agencies receive ESG and COG funding as well as others such as LIHEAP. As a result these agencies have multiple methods by which they can help homeless households with dependent children. Most of the communities in the BOSCOG are small and the few agencies know each other and are able to make referrals quickly to help reduce the number of households or prevent households from becoming homeless.

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

Some communities have identified outreach staff that engages with persons who are unsheltered. In other communities, engagement occurs through feeding programs and food pantries, through churches and faith based organizations, and by individuals seeking services or health care. The local continuum groups are well networked and can make referrals to each other as persons are identified. Because many of the communities are very small, a person in need who is in town, may get referred by a local community member. Outreach becomes more challenging when individuals are living in hundreds of miles of forest, mountains or desert. Local law enforcement and forest rangers are regularly briefed about available services so that they can make referrals as appropriate. 211 Arizona, a comprehensive information website is providing up to date information about resources in communities throughout Arizona. The website is in initial implementation and will become more comprehensive in the upcoming year.

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

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

Instructions:

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

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

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

How many permanent housing beds are currently in place for chronically homeless persons?	120
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	134
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	213
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	313

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

The 2011 funding awards for three new programs includes 9 beds for those who are chronically homeless and these contracts are just now coming online. Under this year's NOFA the BOSCOG is submitting 2 new projects which if funded will create PH for 40 people experiencing chronic homelessness with a focus on those have been homeless the longest. Even the BOSCOG PH programs that are not contractually obligated, serve those who meet the chronic homeless definition.

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

The BOSCOG will always apply for new PH housing if available in HUD COG NOFA. Reallocation of funding is always a possibility as review of expenditures is ongoing and upon turnover, those who are chronically homeless will be prioritized in all PH programs not already contractually obligated to serve those who are CH.

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

In addition to increasing PH beds for those experiencing chronic homelessness through new PH programs, the BOSCOG is working to reallocate funding this year and in the future for RRH which will focus on providing housing for those who are CH. By strengthening the BOSCOG, evaluating stays in ES and TH, closing and/or eliminating gaps in services, the numbers of CH will diminish to zero thus meeting BOSCOG goal, as well as the national goal.

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

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

Instructions:

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 86%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

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

Of persons who remained in PH, 86% remained longer than six months. The BOSCOG continues to discuss and share best practices concerning retention strategies. Several activities have taken place: at the annual Arizona Coalition to End Homelessness Conference in October, there was a break out session dedicated to discussing strategies to maintain persons in permanent housing; Discussions have taken place among Regional Behavioral Health providers, the Arizona Department of Health Services-Division of Behavioral Health, the ADOH Special Needs Administrator, and members of the continuum about how behavioral health and continuum providers can partner more closely to ensure that participants remain in permanent housing.

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

The BOSCOG is committed to working at the state and local level to continue to explore strategies that will strengthen all parts of the service system to support participants in remaining in permanent and increasing their income as well.

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

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

Instructions:

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 67%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 70%

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

ADOH changed the contract monitoring tool in 2011. 100% of contracts were monitored in 2011 and 2012. As a part of the monitoring process, performance measures are reviewed and if an agency is not meeting the standard, a corrective action plan is established and reviewed monthly until the measure is being met. These processes will continue in the next 12 months. Where Section 8 vouchers are available, there has been a trend that provides for persons to transition in their current unit from TH status to permanent housing through the use of the voucher.

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

The BOSCOG is currently exceeding the goal of 65% of TH participants moving to PH. The goal is to at a minimum maintain the 67% and work to increase it. This will be accomplished by strengthening the entire Continuum process, increasing membership as explained in the planning proposal and upon monitoring discuss barriers that prevent people from moving to PH and provide TA to overcome those barriers.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 25%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 35%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 40%

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

As part of the contract monitoring process, ADOH staff discuss employment strategies with the providers. If the provider is not meeting the measure, a corrective action plan is established and monitored monthly until the measure is achieved. The majority of the projects in the BOSCO are PH for persons who were homeless and with a disability. Many of those individuals will depend primarily on mainstream resources for income.

Arizona's economy has started to rebound, but unemployment remains high--it is currently 7% for the state overall 12 of the 13 counties in the continuum have a higher rate; Examples include: Yuma-29.7, Apache 17.7, Navajo 13.8 and Mohave 9.3. There continues to be challenges in many of these areas related to attracting new industry or maintain current businesses.

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

Arizona recently established the Commerce Authority to strengthen Arizona's economy. Strategies that are being considered include attracting new business to communities throughout the state. Construction throughout the state has increased which will contribute to additional employment opportunities.

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

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

Instructions:

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

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

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 91%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 95%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 95%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 95%

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

The BOSCOG will continue to implement strategies to maintain a high percentage of persons who leave with a mainstream benefit. This performance measure is included in the contract monitoring process as well.

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

Policy changes can impact eligibility for mainstream resources. As an example, eligibility for AHCCCS (Arizona's Medicaid Program) reduced eligibility for persons who were single without children. The BOSCOC monitors these policy changes and reviews the impact on projects throughout the continuum.

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

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

Instructions:

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

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

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 238%
- In 12 months, what will be the total number of homeless households with children?** 210%
- In 5 years, what will be the total number of homeless households with children?** 150%
- In 10 years, what will be the total number of homeless households with children?** 150%

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

Resources to address HHS with children vary throughout the BOSCOG. There has been a focus on veteran families. An SSVF grant was awarded to Red Cross in southern Arizona which covers four of thirteen of the BOS counties. New projects are being submitted as a part of this application which will cover four more counties. Two counties have established family shelters. Other counties network to ensure efficient use of limited resources. This will give families information by which to make informed decisions about where there might be housing available in the more rural parts of the BOSCOG. A RRH project was included in this application. In reviewing the last HPRP APR, 90% of those who entered with a status of at risk of losing their housing were in permanent or stable housing at the end of the program. RRH clearly is an important strategy to decrease the number of homeless households with children.

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

As the economy improves in Arizona, the BOSCOG is going to explore re-purposing some TH beds to RRH to reduce the time that it takes for homeless households with children to move into permanent housing. The ADOH Special Needs Administrator and the DES Homeless Coordinator have been meeting to explore how more of the ESG funding can be used for homelessness prevention and RRH.

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

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

Instructions:

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

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

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

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

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

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

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

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

not applicable

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

not applicable

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

Instructions:

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

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

If "Other," explain:

Not applicable

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

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

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

not applicable

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

At the state level stakeholders include the AZ Department of Economic Security, the Arizona Department of Education and the Arizona Department of Housing. At the local level collaborating agencies include CPS offices, schools, faith based organizations and local provider agencies.

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

Individuals in foster care, once discharged, may return home to the legal caregiver--i.e. parents, or if over 18 may become employed and live on their own, with family or friends. They may also have the option to participate in an independent living program that is available in some communities. Many youth enter the armed forces. Another option is YouthBuild in the southwest corner of the state.

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

Instructions:

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

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

If "Other," explain:

not applicable

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

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid Program and is represented on the AZ Commission on Housing and Homelessness. AHCCCS has statewide policies that ensure that everyone exiting in-patient health care treatment locations will be assisted with housing or community living placement so as to not cause homelessness or a re-occurrence of homelessness. The implementation date for this protocol was 9/1/2007 and was updated in 2012.

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

not applicable

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

Stakeholders include the Arizona Department of Health Services, local provider agencies and all health care organizations including hospitals.

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

Persons discharged from health care organizations may return to their home or to a lower level of care (such as a rehabilitation facility). Hospital Social Workers coordinate with other local agencies to ensure that those being discharged have a place to live. Some may go to market rate housing, other Federally subsidized housing programs ie. HCV, 202 etc or live with family.

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

Instructions:

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

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

If "Other," explain:

not applicable

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

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

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

not applicable

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

Az. Dept. of Health/Behavioral Health Division; the Regional Behavioral Health Authorities and all contracted providers.

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

In addition to returning to families, there are HUD 811, HUD 202, state funded housing programs for those with behavioral health needs and Housing Choice Voucher, VASH and project based subsidized housing.

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

Instructions:

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

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

If "Other," explain:

not applicable

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

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

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

not applicable

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

The stakeholders are the corrections system including probation, behavioral health and their provider network along with the Governor's Committee on Housing and HOmelessness.

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

Ex-offenders are housed in market rate housing, sometimes with extended family or own their own homes which they return to upon release.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. Encourage a range of services to help people move from homelessness to permanent housing and maintain independent living.
2. Increase the number of transitional and permanent supportive housing units for the homeless.
3. Offer services and funding to help prevent people from becoming homeless

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

The agencies that provided HPRP are now actively involved in COC activities and meetings. Seven of the HPRP grantees now administered ESG funding target to RRH. Five of these agencies also administer several COC funded projects. In the 2012 competition, funds were reallocated from renewal projects and a rapid rehousing program is being submitted. For veterans, additional VASH vouchers have been made available in some communities to support rapid rehousing activities. DES and ADOH have collaborated on a new web-based program to assist people in locate PH throughout the BOSCO area. It will launch in January 2013.

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

VASH-Vouchers: ADOH continues to administer 35 vouchers in the BOSCOG in Yavapai County. In addition, three PHAs (Mohave, Cochise, and Coconino) also administer VASH. Each of these counties has a very active local continuum and are active participants in the BOSCOG regional meetings.
HOPWA-Several counties in the BOSCOG now have HOPWA funding including Mohave, Apache, Navajo, Yavapai, and Coconino. This is a recent expansion due to a slight increase in funding.
NSP-Activities occurred in Pinal County only. Funds were used for homeowner facing foreclosure.
CDBG-Only a few of the communities in the BOSCOG receive CDBG funds. In those communities, BOSCOG continuum members meet regularly with the CDBG jurisdiction to exchange information and develop strategies to address community issues.
ESG-DES and ADOH meet regularly to discuss the coordination of ESG programs with the BOSCOG. DES staff from the state and local offices attend regional meetings as do ESG service providers.

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

If 'Yes', describe the established policies that are in currently in place: ADOH is the applicant for all of the projects in the BOSCOG except one. As a result ADOH executes and monitors contracts for the majority of BOSCOG projects. It is a contract requirement, for projects that include children, that they coordinate with schools to ensure enrollment and connections to appropriate services.

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

The ADOH Special Needs Administrator and the AZ Department of Education (ADE) Homeless Service Coordinator meet quarterly to discuss issues. As a result of this collaboration, local school homeless liaisons have become more involved in continuum activities and the state level ADE Service Coordinator attends at least one round of the regional CoC meetings each year to discuss McKinney-Vento educational services. In addition, at the 2011 and 2012 AZ Coalition to End Homelessness conferences, there has been a McKinney-Vento homeless education track that provides an additional opportunity for the discussion about collaboration and partnering.

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

Within the BOSCOG, it is the general policy, unless there is an extraordinary circumstance, families are not separated when being housed. In cases where shelters may only take a single gender, alternatives for the family are provided such as a motel voucher to provide them with shelter and keep the family together.

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

The BOSCOG has had an ongoing commitment to combating homelessness among veterans. Two of the early projects funded are located in Prescott, AZ (where there is a Veteran's Administration Hospital) and specifically provide TH and PH for veterans. Since then, U.S. Vet's the sub-recipient has received funds for a new project in last year's competition and an additional project in this year's competition to serve Mohave County, in addition to Yavapai County. Services to veterans is discussed regularly and all projects in the BOSCOG are available for veteran participants. Project AWARE in Yavapai County was funded in the 2011 NOFA with a new construction grant for female veterans. Project AWARE has already developed 24 units of housing for veterans who are homeless with ADOH housing trust fund monies and CDBG.

In addition, a representative from the AZ State Division of Veteran's Services (AZDVS) and the ADOH Special Needs Administrator meet quarterly to discuss issue and ensure coordination. The AZDVS representative attends at least one round of the quarterly regional meetings to discuss issues and provide information about services and resources.

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

Unaccompanied youth is a specific issue, primarily in Prescott and Flagstaff. For the summer count, only four unaccompanied youth were identified. The BOSCOG has one program focused on unaccompanied youth--Open Inn in Prescott. The BOSCOG will continue to discuss the issue of unaccompanied youth and monitor the number of youth impacted. ADOH will continue efforts to identify youth who are in need of services.

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

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

not applicable

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

The Arizona Department of Economic Security has full jurisdictional authority over the procurement and contracting with agencies to provide ESG services. That authority cannot be delegated to other agency. However, to ensure collaboration the ADES Homeless Services Coordinator and the ADOH Special Needs Administrator meet regularly to discuss service system issues. The two agencies worked closely in 2012 to allocate additional ESG funds to RRH based on identified needs in the communities.

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

ADOH completes all the contracts for the sub-recipients. The contract requires non discrimination across all attributes. In communities, marketing of programs is completed through local continuum meetings, networking with other social service agencies, and other methods. Most of the communities are small and are well connected so many services and programs are well known throughout the community. ADOH also subcontracts with the Southwest Fair Housing Council to conduct fair housing workshops in BOSCO communities. In 2012, there were 83 fair housing workshops. In addition the Council staff a booth at a community fair.

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

Instructions:

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

Has the CoC developed a strategic plan? Yes

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

The BOSCOG has taken several steps in the past three years to develop a more coordinated housing and service system. The continuum has the advantage of having a single applicant, ADOH, that is responsible for all contract execution and monitoring with sub recipients. This allows for some standardization of policies and procedures to ensure that services meet the needs of homeless individuals and families. In the past year, quarterly regional meetings have been established and the basic information is discussed at each meeting to build a foundation of consistent information across the continuum. A committee has been formed and is working on a centralized assessment for use throughout the continuum which will further contribute the cohesiveness of the housing and service system.

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

The ADOH Special Needs Administrator also facilitates the regional BOSCOG meetings and is responsible for gathering information from those meetings in support of the consolidated plan. When issues are raised at the regional meetings, the Special Needs Administrator tracks and creates written information to be included in the annual action plan update for the Consolidated Plan. COC membership attend public hearings related to the Consolidated Plan and provides input to the process via written communication.

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

The BOSCO uses the 10 year plan developed by the Governor's Commission on Housing and Homelessness which was updated and revised this past year. This was reviewed at the regional meetings and membership is encouraged to attend the bi-monthly commission meetings.

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

The 10 year plan currently aligns with the Federal Strategic Plan. The DES Statewide Homeless Coordinator was given responsibility for coordinating the revision of the statewide 10 year plan to align with "Opening Doors" and this was accomplished in 2012. BOSCO membership was informed of the process and encouraged to participate.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities

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

The ADOH Special Needs Administrator and the DES Homeless Coordinator meet quarterly to discuss issues around ESG funding. At the local level, emergency shelter providers attend regional and local continuum meetings. In addition, agencies collaborate on a regular basis to assist participants in moving out of shelter to TH or PH as appropriate.

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

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? No

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

not applicable

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

not applicable

3E. Reallocation

Instructions:

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

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
\$32,094					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Horizon Human Ser...	AZ0007B9T001104	\$69,660	\$48,260	\$21,400	Regular
West Yavapai Guid...	AZ0024B9T001104	\$48,265	\$37,571	\$10,694	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Horizon Human Services
Grant Number of Reduced Project: AZ0007B9T001104
Reduced Project Current Annual Renewal Amount: \$69,660
Amount Retained for Project: \$48,260
Amount available for New Project: \$21,400
(This amount will auto-calculate by selecting "Save" button)

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: West Yavapai Guidance Clinic
Grant Number of Reduced Project: AZ0024B9T001104
Reduced Project Current Annual Renewal Amount: \$48,265
Amount Retained for Project: \$37,571
Amount available for New Project: \$10,694
(This amount will auto-calculate by selecting "Save" button)

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the [link](#) to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$32,094				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
32	Catholic Cha...	PH	\$32,094	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 32

Proposed New Project Name: Catholic Charities Skypointe

Component Type: PH

Amount Requested for New Project: \$32,094

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	\$32,094
Amount requested for new project(s):	\$32,094
Remaining Reallocation Balance:	\$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

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

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

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

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	11	Beds	9	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	80	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	66	%	67	%
Increase the percentage of homeless persons employed at exit to at least 20%	35	%	25	%
Decrease the number of homeless households with children	175	Households	238	Households

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

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

The economy in Arizona was slow to recover which has resulted in high unemployment rates. Of the 13 counties in the BOSCOG, current unemployment ranges from 7.4 to a high of 29.7. There was a lack of new business development within the BOSCOG and those that existed struggled to survive. State and local government also experienced major funding reductions--in the BOSCOG, government is a major employer. The economy also impacted the housing status for many families resulting in an increase of homeless households with children.

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

ADOH is the applicant for all but one of the projects within the BOSCOG. For those projects, ADOH then executes a contract with the sub-recipient. As a part of the contractual relationship, ADOH monitors each project yearly and reviews items including expenditure rates, appropriate use of funds, performance goals, data entry into HMIS, documentation of participant status as homeless or chronically homeless, and other factors that inform about the sub-recipients performance.

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

As a part of ADOH contract monitoring of the sub-recipients, if a performance goal is not being met by an individual agency, a corrective action plan is established and monitored monthly to ensure that the issues that are impacting performance are resolved. TA is provided if needed. In addition, at regional BOSCOG meetings, discussion takes place about the performance goals, best practices are shared and strategies are explored that will contribute to meeting performance goals.

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

Through the contract monitoring process, if issues are identified that need to be address, a corrective action plan is established and monitored monthly by ADOH staff. In addition, technical assistance is provided that identifies additional strategies that can be used to improve performance. In some cases when performance involves under-expenditure, the BOSCOG has reallocated funds for new projects. For this application funds were reallocated for a RRH project.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
not applicable	0	\$0
not applicable	0	\$0
not applicable	0	\$0
not applicable	0	\$0
not applicable	0	\$0
Total		\$0

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

Steps include: 1)As a part of the unsheltered count, questions are asked about how long participants have been homeless and the number of times they have been homeless over a four year period. 2)HMIS has capacity to track length of time and provide a report. In addition, this issue is being discussed by the HMIS Committee of the BOSCOG.

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

Steps include: 1)As a part of the unsheltered count, questions are asked about how long participants have been homeless and the number of times they have been homeless over a four year period. 2)The HMIS Committee of the BOSCOG will explore how data can be developed to look at this issue.

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

The vast area of the BOSCOC poses some challenges related to outreach but it does occur in all thirteen counties. Provider agencies have bilingual staff and outreach to those individuals with limited English proficiency. The BOSCOC provider agencies network with other organizations in their community, including those who provide services to persons with disabilities. Three communities with larger cities (Flagstaff, Yuma, and Sierra Vista) have dedicated PATH Workers to conduct outreach. Meetings have occurred with the Arizona Division of Behavioral Health, the Regional Behavioral Health Providers, ADOH and other members of the BOSCOC to review the efficiency of the PATH model and how it can be improved. Some provider agencies are also starting to use a peer support/peer navigator model to engage with individuals. Local continuum have also developed small sized referral cards that are provided to law enforcement and forest rangers to distribute as the encounter individuals while on patrol.

The BOSCOC is hopeful that increased use of AZ211 will assist with engaging individuals and families so than can access housing and services as needed.

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

With HPRP greatly reduced, there is limited resources for homelessness prevention. It is an issue that is being addressed. For this year ESG funds were allocated primarily for RRH. There was a conscious decision to limit procurement to agencies that had experience with HPRP so that they could begin service with little start up. In the upcoming year DES and ADOH as the representative for the BOSCOC will discuss how ESG might be used for prevention services as well.

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

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

not applicable

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

not applicable

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2010	84	143
2011	386	143
2012	86	120

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

Currently each provider agency conducts an intake and assessment that includes various information that documents chronic homeless eligibility. Information includes questions about how long they have been homeless, how many times have they been homeless, and background information about what were the contributing factors that led to the person being homeless all of which is documented in the file. The BOSCOG has a committee that is working the development of a coordinated assessment which will also address this issue to bring consistency to how the BOSCOG collects this and other data among all provider agencies.

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

13

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

Persons: The number of chronically homeless persons increased according to the PIT in 2011 because the count included both sheltered and unsheltered. If just comparing the sheltered count, the number of persons has remained stable.
Beds: The number of beds decreased in the HIC from 2011 to 2012. Part of the reason for this is the some of the beds counted were not those exclusively dedicated to chronically homeless through contract. Some PH projects serve persons who are chronically homeless even though the project wasn't developed exclusively to serve the chronically homeless. This results in some fluctuation in the number of chronically homeless beds.

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$258,396				
Total	\$258,396	\$0	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	118
b. Number of participants who did not leave the project(s)	424
c. Number of participants who exited after staying 6 months or longer	117
d. Number of participants who did not exit after staying 6 months or longer	330
e. Number of participants who did not exit and were enrolled for less than 6 months	96
TOTAL PH (%)	82

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	146
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	98
TOTAL TH (%)	67

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

Instructions:

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

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

Total Number of Exiting Adults: 360

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	88	24%
Unemployment insurance	83	23%
SSI	34	9%
SSDI	25	7%
Veteran's disability	17	5%
Private disability insurance	1	0%
Worker's compensation	0	0%
TANF or equivalent	1	0%
General assistance	4	1%
Retirement (Social Security)	0	0%
Veteran's pension	2	1%
Pension from former job	1	0%
Child support	4	1%
Alimony (Spousal support)	1	0%
Other source	4	1%
No sources (from Q25a2.)	123	34%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

Instructions:

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

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

Total Number of Exiting Adults: 360

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	167	46%
MEDICAID health insurance	158	44%
MEDICARE health insurance	9	3%
State children's health insurance	0	0%
WIC	9	3%
VA medical services	83	23%
TANF child care services	1	0%
TANF transportation services	0	0%
Other TANF-funded services	2	1%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	8	2%
Other source	2	1%
No sources (from Q26a2.)	8	2%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

Instructions:

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

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

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

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

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

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

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

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

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

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

APRS are routinely reviewed as part of the ADOH monitoring visit with provider agencies. Mainstream resource information is reviewed and discussions takes place about the barriers that have been experienced in accessing programs. As appropriate, these issues are raised to the ADOH Special Needs Administrator who can then meet with other state agencies involved in mainstream resources to see if processes can be improved. The Commission on Housing and Homelessness also works to eliminate barriers to mainstream resources and the ADOH Director is the co-chair of this group. In the upcoming, data from the AHAR will be discussed at least one round of the regional meetings. Mainstream resources data will be presented to start a discussion about additional strategies can be implemented to improve access.

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

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

not applicable

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

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

If 'Yes', identify these staff members:

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: Yes

If 'Yes', specify the frequency of the training: quarterly (once each quarter)

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

If 'Yes', indicate for which mainstream programs HMIS completes screening:
not applicable

Has the CoC participated in SOAR training? No

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

The SOAR program is currently not active in the geographic region of the BOSCOG.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers conduct an assessment to identify needed services, assist with submitting applications, attend appointments, and follow up with both the client and mainstream resource as necessary.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	77%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
not applicable	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Case management staff work closely with the participant including transporting to appointments for mainstream resources, assisting with applications and helping the participant follow up on status.	

4I. Unified Funding Agency

Instructions

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

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? No

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? No

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

not applicable

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

not applicable

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

not applicable

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

not applicable

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

not applicable

Attachment Details

Document Description: Certification of Consistency w/ Con Plans

Attachment Details

Document Description:

Attachment Details

Document Description: Disclosure/Update 2880 Forms

Attachment Details

Document Description:

Attachment Details

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Submission Summary

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