

## 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 e-snaps help desk.

**CoC Name and Number (From CoC Registration):** AZ-501 - Tucson/Pima County CoC

**CoC Lead Organization Name:** Tucson Planning Council for the Homeless

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Tucson Planning Council for the Homeless (TPCH)

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 85%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

**Specify "other" process(es):**

Accepted and confirmed by consensus

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

Council membership is comprised of General Members and Voting Members. Any person who attends Council meetings (General Council or subcommittees) may be considered a General Member and can participate in discussions, projects, and other activities. General Members do not have voting rights. A Voting Member is generally a representative of an organization. To become a Voting Member, an organization must be represented at 3 consecutive monthly TPCH General Council meetings. Voting rights commence at the beginning of the third attended TPCH General Council meeting, following a consensus vote to accept the organization as a Voting Member. All Voting Members must participate on at least one standing committee to maintain voting status.

**\* Indicate the selection process of group leaders: (select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

The Tucson/Pima County CoC would have the capacity to be responsible for HUD funding and serving as the grantee. TPCH currently uses the Interfaith Coalition for the Homeless (ICH) as its fiscal agent. TPCH operates by a set of organizational by-laws and utilizes a committee structure, which includes an executive committee, that positions it to be responsible for the indicated activities. For example, currently ICH provides financial management (e.g. accounts payable and receivable; preparing and monitoring budgets, grants, and contracts management; financial reporting; and using financial controls to ensure compliance with local, state and federal statutes and audit requirements).

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

## 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, 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 meet less than quarterly, please explain.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	The tasks of the EC are to: 1) plan the agenda for general meetings; 2) identify issues for the council to address; 3) serve as the point of community contact; 4) participate in the development of all contracts and memoranda of understanding involving TPCH, including the TPCH administrative contractor position; 5) coordinate TPCH contractor supervision and ensure monthly reports to funding entities are coordinated with fiscal agent; 6) review and report on all contracts and MOUs related to TPCH activities; 7) make quarterly financial reports to the council; 8) facilitate biannual orientation and review/update session preceding the general council meeting; and, 9) perform other duties as requested and approved by TPCH membership.	Monthly or more
Continuum of Services Committee	The main purposes of the Continuum of Services Committee are to gather and analyze data concerning the inventory of housing and services available to homeless populations for the purpose of planning a seamless continuum of services in our community. The committee is also responsible for the point-in-time count of sheltered and unsheltered homeless populations and the process of completion of the Exhibit 1 application.	Monthly or more
Education Committee	The purpose of the Education Committee is to promote the council's mission through community wide education and to increase community awareness and support related to homeless people, homeless issues, the Tucson Planning Council for the Homeless, and service provider organizations. The Education Committee also conducts an annual community conference on homeless issues.	Monthly or more
Plan to End Homelessness	The purpose of the Plan to End Homelessness Committee is to promote and guide implementation of the plan to end homelessness for Tucson and Pima County.	Monthly or more
Emergency Services	The purpose of the Emergency Services Committee is to plan for, organize, implement, and evaluate Tucson's seasonal homeless programs such as Operation Deep Freeze, Project Hospitality, and Summer Sun Sites.	Monthly or more

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

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

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Arizona Department of Housing	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Emergel Center Against Domestic Abuse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Department of Economic Security	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - FAA	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Southern Arizona AIDS Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	HIV/AIDS
City of Tucson Community Services Department	Public Sector	Public ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Pima County Community Development and Neighborh...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Pima County One Stop Career Center - Jackson Em...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Veterans
Tucson City Court, Homeless Court Program	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Veteran's Administration Homeless Program	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
City of Tucson Housing Assistance Division	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Amphitheater Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Pima Community College Inmate Transition Program	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Tucson Preparatory School	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
University of Arizona	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
South Tucson Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Tucson Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Pima County Workforce Investment Board	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
U.S. Department of Housing and Urban Developmen...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Arizona Housing and Prevention Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
CODAC	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Comin' Home	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Su...
Community Partnership of Southern Arizona	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Compass Health Care, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
COPE Community Service, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Esperanza en Escalante	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
La Frontera Center, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
La Paloma Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
New Beginnings for Women and Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Old Pueblo Community Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Open Inn, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Our Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Primavera Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Southern Arizona Mental Health Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

Southwest Fair Housing Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Tucson Metropolitan Ministries Family Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Wingspan/EON Lounge Youth Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Beautiful Savior Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Caridad/de Porres	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Catalina United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Catholic Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Christ Church UMC	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Christ Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Christian Faith Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Substance Abuse
Church of the Foothills	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Congregation Chervrim	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Desert Dove	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Christian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
The Giving Tree	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
Gospel Rescue Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Grace Community Covenant Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Grace St. Paul's Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hope of Glory Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
Interfaith Coalition for the Homeless	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Su...

American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Community Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Youth on Their Own	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
El Rio Health Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Goodwill Industries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Lutheran Social Service Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Pima County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Pima County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Southern Arizona Veterans Admin Homeless Services	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans
Tucson Stand Down Committee	Private Sector	Other	Committee/Sub-committee/Work Group	Veterans
San Xavier Mission Franciscan Friars	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Transportation	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Child...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Famil...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Emerg...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Veter...	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
New Life Outreach	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sunnyside Unified School District	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
Abounding Grace Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Anshei Israel Congregation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Congregation Ner Tamid	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

Corpus Christi Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Life in Christ	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Pantano Christian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Rincon Congregational Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Sacred Heart Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Shalom Mennonite Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Andrew's Presbyterian	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Cyril's Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Frances Cabrini Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Francis de Sales Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Francis in the Foothills UMC	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Mark's Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Mark's United Methodist Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Odilla Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Paul's United Methodist Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Pius X Catholic Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Unitarian Universalists	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Temple Emanu-el	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Trinity Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Tucson Downtown Alliance	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Pio Decimo Center	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Hope, Inc	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Arizona Coalition to End Homelessness	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE

Tucson Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Flowing Wells Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth

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

## Instructions:

The CoC solicitation of projects and project selection 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 all new and renewal project(s) performance, effectiveness, and quality. 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)** f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):**  
**(select all that apply)** e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, p. Review Match

**Voting/Decision-Making Method(s):**  
**(select all that apply)** c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

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

In 2009, the CoC conducted a comprehensive review of programs included on the 2008 electronic Housing Inventory Chart (e-HIC). As a result of this review, some programs were found to no longer meet the HUD definition of targeting the homeless and were removed from the 2009 e-HIC. The removal of such programs from the 2009 e-HIC caused a decrease in the number of Emergency Shelter beds from 2008 to 2009.

**Safe Haven:** No

**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 minor decrease (approximately 4%) in the number of Transitional Housing beds on the 2009 e-HIC. This resulted from the removal of some Transitional Housing programs from the 2009 e-HIC because the CoC's comprehensive review found they no longer meet the HUD definition of targeting the homeless.

**Permanent Housing:** Yes

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

The change in the number of beds for Permanent Housing is reflective of the CoC's progress in developing new Permanent Housing programs. Two examples are the Southern Arizona AIDS Foundation's HOPWA and the Southern Arizona VA Health Care System's VASH.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

## 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	AZ-501 2009 e-HIC	11/16/2009

## Attachment Details

**Document Description:** AZ-501 2009 e-HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

### Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-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 2009.

**Indicate the date on which the housing inventory count was completed:** 01/27/2009  
(mm/dd/yyyy)

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

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Instructions, Updated prior housing inventory information, Confirmation  
(select all that apply)

### Must specify other:

**Indicate the type of data or method(s) used to determine unmet need:** Unsheltered count, HUD unmet need formula, Other, Stakeholder discussion  
(select all that apply)

### Specify "other" data types:

"Turned away" and "waiting list" data from sheltered Point-in-Time survey

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

The CoC used annual street count data collected on January 28, 2009 as the base data for calculating unmet need. Street count numbers were utilized in computations made for unmet need for Emergency Shelter, Transitional Housing, and Permanent Supportive Housing in accordance with the instructions and formulas provided in the 2006 HUD manual "Calculating Unmet Need for Homeless Individuals and Families." In coming to its conclusions, the CoC workgroup that deliberated and calculated unmet need also utilized data from the state's Point-in-Time count regarding individuals and families turned away from or on the waiting list of programs.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** AZ-501 - Tucson/Pima County CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ServicePoint

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

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

**Indicate the date on which HMIS data entry started (or will start):** 10/08/2008  
(format mm/dd/yyyy)

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

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

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

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

The CoC is experiencing challenges in engaging a few homeless agencies to participate in HMIS. The Gospel Rescue Mission, a provider of Emergency Shelter and Transitional Housing, recently agreed to participate in HMIS, but there remain a few agencies that do not receive any government funding who have not yet agreed to participate in HMIS. To overcome these challenges, meetings have been held (and more are planned) with management from agencies that have not participated in HMIS to discuss the advantages of using HMIS and their responsibilities to the CoC. In another case, the local Department of Veterans Affairs (VA) office that administers VASH has been advised by the VA office in Washington DC to not enter data on behalf of veterans until HIPPA issues related to such entry are clarified. To overcome this challenge, various providers and local governments are exploring the possibility of using one of the existing user agencies to enter data for the VASH program.

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Pima County Community Development and Neighborhood Conservation Department

**Street Address 1** 2797 East Ajo Way

**Street Address 2**

**City** Tucson

**State** Arizona

**Zip Code** 85713

**Format: xxxxx or xxxxx-xxxx**

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## 2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

**Prefix:** Mr.

**First Name** Gary

**Middle Name/Initial**

**Last Name** Bachman

**Suffix**

**Telephone Number:** 520-243-6750  
(Format: 123-456-7890)

**Extension**

**Fax Number:** 520-243-6796  
(Format: 123-456-7890)

**E-mail Address:** gbachman@pima.gov

**Confirm E-mail Address:** gbachman@pima.gov

## 2D. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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	76-85%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	76-85%

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

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

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	6%	0%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	1%	2%
* Disabling Condition	1%	4%
* Residence Prior to Program Entry	1%	3%
* Zip Code of Last Permanent Address	1%	28%
* Name	0%	0%

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

**Did the CoC or subset of CoC participate in AHAR 4?** No

**Did the CoC or subset of CoC participate in AHAR 5?** Yes

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

**How frequently does the CoC review the quality of program level data?** Monthly

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

During HMIS training, each user is trained on how to run data quality reports using the reporting tool in HMIS and to correct their data. Users are encouraged to check their data at least monthly. The HMIS system administrators regularly review data quality for all agencies and work with users to correct data. If needed, users are provided with additional training. Also, data quality is reviewed monthly with the HMIS Committee.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

During HMIS training, users are cautioned about the importance of entering correct program entry and exit dates. HMIS system administrators run regular data quality reports to check the reasonableness of entry and exit dates. The HMIS software does not allow the entry of invalid dates. Users also review the program entry and exit dates through their regular review of data quality and through the APR process.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Quarterly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Never
<b>Use of HMIS for performance assessment:</b>	Annually
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Never

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:**

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

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Quarterly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Quarterly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 09/30/2009

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

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Quarterly
HMIS software training	Monthly

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/27/2009

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	72	229	7	308
<b>Number of Persons (adults and children)</b>	227	740	21	988
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Number of Households</b>	560	666	1,351	2,577
<b>Number of Persons (adults and unaccompanied youth)</b>	580	676	1,352	2,608
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Total Households</b>	632	895	1,358	2,885
<b>Total Persons</b>	807	1,416	1,373	3,596

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	171	756	927
* Severely Mentally Ill	479		479
* Chronic Substance Abuse	605		605
* Veterans	429		429
* Persons with HIV/AIDS	154		154
* Victims of Domestic Violence	329		329
* Unaccompanied Youth (under 18)	15	119	134

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

**How frequently does the CoC conduct a point-in-time count?**      Annually

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)**      01/27/2010

**Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.**

**Emergency shelter providers:**      100%

**Transitional housing providers:**      100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Arizona Department of Economic Security distributes and collects the annual point-in-time shelter survey. The survey forms are disseminated in early January of each year with detailed instructions to all homeless service providers in the Tucson/Pima County CoC area.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There were 2,205 sheltered people counted in the 2009 annual shelter survey compared to 2,059 sheltered people counted in the 2008 survey. The increase is attributed to the severe economic recession being experienced in the current year and to the fact that cold weather overflow shelter was in use on the day of the 2009 count but not the day of the 2008 count.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *A Guide for Counting Sheltered Homeless People*, at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

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

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

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

The Arizona Department of Economic Security provides instructions to shelter staff about how to carry out the point-in-time survey. These instructions include a section concerning proper identification of subpopulations. Each provider routinely collects data on each sheltered person upon entry into the shelter. The collected data points are consistent with data entered into HMIS. In 2009 as in the past, most of these data were self-reported by the sheltered individuals. These records were reviewed to ascertain the number of housed persons who fit each category at the site, and these numbers were entered into the Arizona Department of Economic Security shelter survey. The completed surveys were sent to the Arizona Department of Economic Security, which produced state and county-specific spreadsheets that summarized point-in-time data. TPCH sourced the data reported in 2J from these state summary spreadsheets.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

The reason for the large decrease from 2008 to 2009 in the point-in-time count for sheltered chronically homeless persons is that providers are using improved techniques for identifying and assessing the homeless individuals they serve. The point-in-time numbers for chronic substance abuse and victims of domestic violence also showed a large increase from 2008 to 2009. These increases reflect the impact of the severe economic recession being experienced by the nation in 2009, with Arizona being especially hard-hit in terms of unemployment and foreclosures. The point-in-time count for veterans also increased significantly from the previous year. This, too, is a result of a national-level phenomenon, that of large numbers of veterans returning from two theaters of war. Southern Arizona is the home of two large military bases.

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

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:  
(select all that apply)**

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

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see

¿A Guide to Counting Unsheltered Homeless People¿ at:  
[http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

### Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	X

### If Other, specify:

Food bank data and self-description as homeless when picking up a food box at a food bank

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Complete Coverage

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. 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 people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

Training:	X
HMIS:	
De-duplication techniques:	
Other:	

If Other, specify:

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

TPCH maintains a committee to oversee execution of the annual homeless street count. The committee's tasks involve preparations prior to, tasks the day of, and tasks after the count. Prior to the street count, the committee maps out the incorporated areas of the greater metropolitan area of Tucson into geographic quadrants. It determines the number of street count teams needed, recruits volunteers to serve on the teams, and designates experienced individuals as team leaders. Street count teams include members of the Tucson Police Department and Pima County Sheriff's Department, students and staff from the University of Arizona, members of the faith-based community, homeless and formerly homeless individuals, vets, and street outreach workers from CoC members. The 2009 street count was conducted by 139 individuals (including 14 self-identified as homeless or formerly homeless), a 56% increase in the number of volunteers over the previous year. Each team is assigned to a single quadrant. The committee provides each team with a street count map, directions to the assigned quadrant, and a data collection form. On the day of the street count the committee maintains regular communication with all teams to address any questions or issues that may arise. The committee collects street count forms from all teams at the end of the street count day. Following the street count, committee members review the street count forms to ensure there has been no duplication in counted quadrants.

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

Pima County's 2006 Plan to End Homelessness, developed with the strong involvement of TPCH, identifies families with children as comprising a significant portion of the local homeless population. Consequently, the population of unsheltered homeless households with dependant children is one of TPCH's primary targets for outreach. TPCH works with local school districts and CPS to provide services to such households. An example of the importance TPCH gives to reaching and aiding this population is the outreach work of one if the CoC's member organizations, Primavera Foundation. Primavera's outreach policy prioritizes unsheltered households with children as recipients in its hotel voucher program so those households may have a safe place to stay while they wait for emergency shelter. In addition, TPCH works in collaboration with the City and County regarding local program design and expenditure of HPRP funds. In recognition of TPCH's proactive approach to aiding homeless households, 3 TPCH members (CODAC, Primavera, and SAAF) were selected by Tucson and Pima County to provide services under the HPRP grant. The City of Tucson also receives Family Unification Program choice vouchers that are used to aid unsheltered households with children.

**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):**

The CoC uses various means to identify and engage people that routinely sleep on the streets or other places not meant for human habitation. The Community Outreach Services Alliance (COSA), comprised of front line homeless outreach workers, meets monthly to share info about community resources available and provide networking opportunities. COSA membership includes staff from Primavera Foundation and La Frontera, whose RAPP Team is funded by SAMHSA's Project for Assistance in Transition from Homelessness. The CoC's street outreach workers visit sites where homeless persons gather, including homeless camps, to assist in referrals for transitional housing and treatment for mental health issues, substance abuse treatment, and medical problems and to provide survival items such as health and hygiene products, bus passes, and socks. One CoC member's (Our Family) street outreach program provides survival aid for runaway and homeless youth on the streets and connects them with emergency shelter, brief intervention support and long-term transitional living programs or family reunification programs as appropriate. Twice a year, the CoC sponsors Homeless Connect, a one-day community outreach event that helps persons who live on the street engage with services that can help them exit homelessness. The local VA office conducts street outreach targeting homeless vets.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

The 2009 point-in-time count has 1,373 unsheltered persons, as compared to 1,108 unsheltered persons in the 2008 count. The increase in the unsheltered population count is due to several factors. First, in 2009 TPCH mobilized a greater number of volunteers and provided improved training and strategies for locating and counting the homeless unsheltered population. Second, the State of Arizona has been experiencing a severe fiscal crisis, which has caused a significant cut in state social services that serve as a safety net for low-income households. Third, the serious recession being experienced in the country as a whole has been felt especially strongly in Arizona, with the state having one of the highest unemployment rates as well as foreclosure rates in the nation.

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

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

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

TPCH has submitted an application for a Bonus Grant for a program that will include new permanent housing beds for chronically homeless persons. In addition, TPCH members are creating permanent housing beds for chronically homeless persons using funds from the Arizona Department of Housing (ADOH) and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS).

##### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

TPCH is working in coordination with a local community task force, the Plan to End Homelessness, to develop programs that will create new beds for the chronically homeless. In addition, TPCH collaborates with and is represented on the Arizona Commission to End Homelessness, which is also working to create new beds for this population. TPCH will continue to apply for funds through the HUD Bonus Program for the duration of the program's existence.

How many permanent housing beds do you currently have in place for chronically homeless persons? 76

How many permanent housing beds do you plan to create in the next 12-months? 116

How many permanent housing beds do you plan to create in the next 5-years? 196

How many permanent housing beds do you plan to create in the next 10-years? 246

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

#### Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

##### Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The CoC has exceeded the HUD objective for persons staying in permanent housing for over 6 months. To maintain the level of success in this area, CoC members will continue to locate and apply for funds for supportive services through funding sources other than HUD. Such services are key to helping homeless persons remain in permanent housing.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC's percentage of homeless persons remaining in permanent housing for at least six months currently exceeds HUD's 77 percent goal. Members of the CoC will continue to develop new funding sources for the supportive services crucial to helping homeless persons remain in permanent housing. The CoC has been successful in applying for funds from state, local, and federal agencies other than HUD for transportation, case management, and medical and social services for homeless persons. The CoC also holds a fundraising event each year to raise funds for Project Homeless Connect. In addition, a number of providers of permanent supportive housing serve on the CoC's Continuum of Services Committee, which meets monthly and whose focus includes developing strategies in this area.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 86

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 86

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 86

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 86

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

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

The current economic recession has greatly affected the CoC's ability to help homeless persons move from transitional housing to permanent housing. A key factor in a homeless person's move from transitional housing to permanent housing is the ability to maintain employment. The current economic downturn has caused some in transitional housing to lose their jobs, forcing their early exit from transitional housing and rendering them unable to move on to permanent housing. Realizing the depth of this problem, transitional housing providers and permanent housing providers within the CoC are more closely collaborating to increase the percentage of the homeless able to transition to permanent housing.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

The CoC views its ability to increase the percentage of homeless persons moving from transitional to permanent housing as being closely linked to the amount of employment opportunities within the community. Therefore, the CoC's strategy is one of working in collaboration with Pima County and the State of Arizona to develop policies and initiatives that will bring more employment to the community.

**What percentage of homeless persons in transitional housing have moved to permanent housing? 56**

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65**

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 66**

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 66

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

#### Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

##### 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. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

#### In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC will place an emphasis on homeless prevention activities while assisting those who were recently left homeless due to job loss to find housing and rapidly reenter the workforce. The Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) of Tucson and Pima County includes a statement from the CoC that employment must be a key component of HPRP activities, and recommends that HPRP case managers not only be required to be housing specialists, but also to be familiar with employment resources. A CoC member, the Jackson Employment Center, is one of only three One-Stop Career Centers that provides specific employment-related services via a satellite facility to serve Pima County's homeless populations. Pima County's Supportive Housing Programs serve families, individuals, youth, and veterans in an employment-based HUD program that understands the reciprocal relationship between housing and employment.

#### Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Despite the current economic downturn, the CoC plans to increase the number of program participants that are employed at exit by 2% each year for the next five years. This threshold is obtainable due to the diversity of resources that will come into the CoC in the coming years. This CoC will embrace the Secretary of Veterans Affairs' pledge to end veterans homelessness in five years by applying for additional funds to move the CoC's veterans from the street to living as independent as possible in permanent housing. This CoC enjoys a strong working relationship with programs of the Workforce Investment Act. A founding member of the CoC and current member of the Executive Committee represents the local One Stop Career Center (WIA) and provides mainstream support for homeless program participants to secure employment opportunities now and in the future.

What percentage of persons are employed at program exit? 46

- In 12-months, what percentage of persons will be employed at program exit?** 48
- In 5-years, what percentage of persons will be employed at program exit?** 52
- In 10-years, what percentage of persons will be employed at program exit?** 58

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

**Objective 5: Decrease the number of homeless households with children.**

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

The City of Tucson and Pima County have been awarded HPRP funds. Three members of the CoC have been chosen to be the agencies that, using this funding, assist community members in staying in their housing or finding housing. It is expected that a significant proportion of those receiving such assistance will be households with children, some of them homeless households with children.

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

The CoC will continue to work with local school districts to identify and assist homeless families with children. In addition, the CoC expects that the implementation of the HEARTH Act, with its expanded focus on homeless families, will offer additional funding opportunities for CoC members to develop programs targeting this population.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 301

**In 12-months, what will be the total number of homeless households with children?** 271

**In 5-years, what will be the total number of homeless households with children?** 151

**In 10-years, what will be the total number of homeless households with children?** 0

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

In 2006, members of the Governor's Interagency and Community Council on Homelessness established a protocol to enforce policies to prevent foster care youth from entering into homelessness. The state revised the policy of mandatory exit at age 18. A foster care youth may now remain or re-enter the system and receive services until they reach the age of 21 years old. The State of Arizona utilizes Chafee Foster Care Independence Program funds to provide intensive case management, employment, educational, community living arrangements, life skills training and financial support to youth leaving foster care. Educational training vouchers are provided to current or former foster care youth for education, healthcare, and employment training services. Three major providers (Our Family Services, Youth on Their Own, Open Inn) in Pima County specifically serve youth in need of short-term and long-term housing and other individual resource needs. The TPCH Discharge Planning Committee meets monthly to coordinate resources and implement local policies for persons exiting foster care, corrections, and other institutional settings such as hospitals. The attendees include individuals instrumental in setting forth policies to prevent persons from exiting to homelessness, and community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs.

#### Health Care:

The State of Arizona's Health Care or Medicaid program for individuals with no or very low income is known as the Arizona Health Care Cost Containment System (AHCCCS). In recent years, AHCCCS implemented statewide policies that require the provision of assistance with housing or community living placement to all individuals exiting in-patient health care facilities. The focus of these policies is to prevent homelessness and the provision of community placement prior to institutional discharge, which corresponds with the State Interagency and Community Council on Homelessness (ICCH) and the State Plan to End Homelessness. AHCCCS serves on the ICCH and contributes to statewide efforts to prevent the release of persons from public institutions to community homelessness. It is mandated that discharge planning occur upon admittance and that release to the streets is prohibited. In Pima County, the Health Care for the Homeless provider, El Rio Community Health Center, takes a proactive approach to decreasing the number of visits to emergency rooms by homeless individuals. This in turn decreases the number discharged. El Rio accomplishes this by offering medical and educational services through clinics and at facilities serving homeless persons. In the VA health care system, when people leave the Substance Abuse Treatment Program (SATP), they are placed with community agencies, sponsored under the VA's grant and per diem program.

**Mental Health:**

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona State Hospital follow a statewide protocol not to release any person into homelessness. The state allots funds to develop housing for persons being discharged from the Arizona State Hospital. In Pima County, the Community Partnership of Southern Arizona (CPSA) is the Regional Behavioral Health Authority designated by ADHS/DBHS to coordinate and manage publicly funded behavioral health services. Through a network of behavioral health providers (La Frontera Center, COPE Community Services, and CODAC Behavioral Services) CPSA coordinates the delivery of mental health services, including behavioral health hospitalization. Discharge planning starts as soon as feasible after hospital admission. Within 48 business hours of admission an initial discharge plan is documented by the Hospital Liaison. It includes discharge location options and the types, frequency, and intensity of services to be provided. The behavioral health providers have staff assigned to discharge planning who ensure the discharge plans submitted are clinically sound and viable. Before discharge, a case manager completes an Individual Service Plan to address outpatient service needs. Homeless patients are initially discharged to a licensed Level II Group Home where they receive intensive support services until they are ready for placement in permanent supportive housing.

**Corrections:**

At the Arizona Department of Corrections (Department), discharge planning is part of an Individualized Corrections Plan that outlines an inmate's needs, expectations and progress. Before an inmate's release, focus is given to pre-release preparations that enhance successful re-entry into society. The Department, in collaboration with state and local partners, provides re-entry classes to specialty populations and pre-release assistance with housing, health services and treatment to all inmates. Every effort is made to approve a viable housing placement before an inmate's release. An inmate submits at least three release placement possibilities, including private residences or halfway houses. Early release for inmates with earned early release credits and inmates participating in the Transition Program for Non-Violent Offenders is dependent on an approved housing placement. In Fiscal Year 2009, the Department released 90% of inmates with viable housing placements. For released inmates, the focus is on stable housing and access to services. Case management, supervision and services are provided by the Department's Community Corrections staff, through the Transition Program for Non-Violent Offenders and through the Community Accountability Program, working with Old Pueblo Community Services and Primavera PREP. Since 2006, services have also been available to inmates releasing to designated through Department of Justice Prisoner Re-Entry Initiative Grants.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, 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 the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**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) Fund providers through the CoC process that proposes to link housing to services;
- 2) Develop and implement a "housing first" pilot and evaluate effectiveness;
- 3) Identify homeless characteristics and adapt service system to meet them;
- 4) Increase supply of shelter services, transitional and permanent supportive housing;
- 5) Seek additional funding from Shelter Plus Care and Supportive Housing Program Grants;
- 6) Seek additional funds for medical, behavioral, substance abuse, and mental health services;
- 7) Fund services that enhance discharge planning and other preventive services;
- 8) Prevention: rent, utility and mortgage assistance and debt and mortgage counseling
- 9) Short-term assistance: emergency shelters and motel vouchers;
- 10) Employment and training tied to housing assistance;
- 11) Implementation of CoC strategies through participation in the local process;
- 12) Development of housing targeted to special needs populations.
- 13) Implementation of a 10-year plan to end homelessness

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The City of Tucson and Pima County have been awarded HPRP funds, with the local program named Project Action projected to assist 400 families. Members of the CoC have been involved with the project since the application phase, later participating in hearings to discuss the Substantial Amendment to the Consolidated Plan and in the project's design group. In its input to the Substantial Amendment, the CoC promoted employment as a key component of HPRP-funded activities. The CoC's participation in this collaborative process has helped to shape and define strategies for engaging clients, connecting them to assistance, and insuring they receive the necessary assistance needed from HPRP and mainstream resources to prevent and reduce homelessness. Project Action chose 3 CoC members to be the providers assisting individuals and families in staying in their housing or finding housing. Project Action does monthly updates at the CoC's General Council meetings, soliciting questions and input.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

Pima County Community and Economic Development Department applied for a Neighborhood Stabilization Program (NSP) funded under provisions of the ARRA in July 2009. They have not yet been notified of an award. NSP proposed activities are to acquire and rehabilitate foreclosed properties and further develop affordable housing. The Primavera Foundation and the Old Pueblo Community Foundation, both of which are members of TPCH, are members of the consortium formed to carry out such activities under the direction of Pima County. Earlier this year, Pima County's Community and Economic Development Department received a Neighborhood Stabilization Program Grant awarded under the Housing and Economic Recovery Act of 2008 (HERA). NSP funds will support the Primavera Foundation in the City of South Tucson for the acquisition, redevelopment and rehabilitation of vacant lots and foreclosed properties into affordable housing. The project ends in July, 2010. In addition, the CoC collaborates with Pima County's Community Services Employment and Training Department in programs for emergency assistance, employment, and training using Community Services Block Grant funding from the American Reinvestment and Recovery Act. In regards to HUD VASH, the Veterans Administration is a voting member of TPCH and the local VA office's Director of the Healthcare for the Homeless program is on TPCH's Executive Committee. Every Friday morning, the Healthcare for the Homeless program at the VA conducts an orientation of the HUD-VASH Program for potential applicants. Member agencies of TPCH can refer veterans to the orientation to apply for entry into HUD-VASH permanent housing.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	15	Beds	0	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	76	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	%	58	%
Increase percentage of homeless persons employed at exit to at least 19%	33	%	46	%
Decrease the number of homeless households with children.	14	Households	0	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

TPCH's plan to create 15 new beds for the chronic homeless and decrease the number of homeless households with children was contingent upon a continuum member being awarded grant funding. However, the grant application for these beds was not funded, leaving the continuum financially unable to realize its proposed goal for these objectives. TPCH's goal to increase the percentage of homeless persons moving from transitional housing to permanent housing to 65% was impeded by the severity of the economic recession being experienced in Pima County. The recession has caused some in transitional housing to lose their jobs and to be forced to exit programs before moving on to permanent housing.

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

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### 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 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	453	90
2008	890	101
2009	927	96

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 14

### 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, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$148,833				
Total	\$148,833	\$0	\$0	\$0	\$0

**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):**

The CoC conducted a comprehensive review of its 2008 e-HIC and determined that some programs on the Permanent Housing sheet no longer met HUD definition as targeting the homeless. These programs were removed from the Permanent Housing sheet of the e-HIC, causing a slight decrease in the number of beds designated for the chronically homeless.

## 4C. Continuum of Care (CoC) Housing Performance

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	36
b. Number of participants who did not leave the project(s)	132
c. Number of participants who exited after staying 6 months or longer	28
d. Number of participants who did not exit after staying 6 months or longer	116
e. Number of participants who did not exit and were enrolled for less than 6 months	16
<b>TOTAL PH (%)</b>	<b>86</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	573
b. Number of participants who moved to PH	331
<b>TOTAL TH (%)</b>	<b>58</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 781**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	60	8	%
SSDI	68	9	%
Social Security	13	2	%
General Public Assistance	9	1	%
TANF	23	3	%
SCHIP	30	4	%
Veterans Benefits	8	1	%
Employment Income	581	74	%
Unemployment Benefits	5	1	%
Veterans Health Care	45	6	%
Medicaid	341	44	%
Food Stamps	385	49	%
Other (Please specify below)	24	3	%
child support, spousal support, Medicare			
No Financial Resources	457	59	%

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

**Does CoC have projects for which an APR Yes  
should have been submitted?**

## 4E. 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 Energy Star initiative go to: <http://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 service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, 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

## 4F. 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.

TPCH annually collects, aggregates and analyzes data related to enrollment and participation in mainstream programs. This information is used to guide discussions and to develop or modify policies related to mainstream program access. As part of these discussions, TPCH invites guest speakers to its General Council meetings to address specific issues related to mainstream program access for homeless individuals. For example, in 2009 a manager from the local Social Security office made a presentation at a General Council meeting about how homeless individuals may apply for benefits under SSDI/SSI. TPCH members also attend community forums to address these issues. In addition, TPCH holds a yearly conference that includes sessions addressing improving access to mainstream programs. At the 2009 conference, there was a track focusing on ways to help clients in their dealings with the Social Security system. Also, a TPCH member participates in Workforce Investment Board planning activities.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

If "Yes", indicate all meeting dates in the past 12 months.

The meeting dates for the Continuum of Services Committee during the past year have been as follows: 10/22/08; 11/19/08; 12/17/08; 1/21/09; 2/25/09; 3/25/09; 4/22/09; 5/27/09; 6/24/09; 7/29/09; 8/26/09; and 9/23/09.

**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?** Yes

**If yes, identify these staff members** Both

**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.** Annually

**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.**

**Has the CoC participated in SOAR training?** Yes

**If "Yes", indicate training date(s).**

Sept. 2, 2005

Sept. 6-7, 2006

Mar. 27-28, 2006

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Case Managers meet with clients at entry to assess their needs and develop a case plan with them. During this meeting, case managers help clients identify potential mainstream benefits and begin the process of acquiring these benefits. Case managers assist clients in completing applications and help clients monitor the status of applications, including providing advocacy as needed.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	92%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Case managers follow the case plan developed at program entry with each client. Many providers review these plans weekly with each client and all providers follow-up at least monthly with each client to determine status of mainstream benefit applications. During the follow-up meetings case managers check the status of benefits and advocate for each client, as needed. Case plans are in place during each client's entire program enrollment and most programs provide access to six months of follow-up case management following a client's exit.	



## Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	<p>Yes</p>
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<p>Yes</p>
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<p>Yes</p>
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>Yes</p>
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<p>Yes</p>

## Part A - Page 2

<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	<p>Yes</p>
<p><b>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory requirements applicable as different levels of work are performed in existing buildings?</b></p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	<p>Yes</p>
<p><b>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</b></p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p><b>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</b></p>	<p>Yes</p>
<p><b>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</b></p>	<p>Yes</p>
<p><b>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</b></p>	<p>Yes</p>
<p>The City of Tucson has initiated the following four major regulatory reforms within the past five years: 1) Improved local code enforcement effectiveness through the adoption of the Neighborhood preservation ordinance; 2) Made rehabilitation of housing less costly through the adoption of the Tucson Rehabilitation Code; 3) Created a fund for low-income housing developed by non-profit agencies to offset the cost of the Water Impact Equity Fee; and 4) Created a fund for low-income housing developed by non-profit agencies to offset the impact fees associated with Parks and Transportation.</p>	
<p><b>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</b></p>	<p>No</p>

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<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	<p>No</p>
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	<p>No</p>
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	<p>No</p>
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	<p>No</p>
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	<p>No</p>

## Continuum of Care (CoC) Project Listing

**Instructions:**

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Pima County HMIS	2009-10-20 17:25:...	1 Year	Pima County CDNC	181,089	Renewal Project	SHP	HMIS	F
Frontiers	2009-11-17 12:44:...	2 Years	Community Partner...	446,006	New Project	SHP	PH	P1
Catalina Transiti...	2009-10-20 17:16:...	1 Year	The Primavera Fou...	112,486	Renewal Project	SHP	TH	F
CODAC PERMANE NT H...	2009-11-06 14:33:...	1 Year	CODAC Behavioral ...	171,443	Renewal Project	SHP	PH	F
La Casita	2009-11-16 13:58:...	1 Year	Pima County	221,935	Renewal Project	SHP	TH	F
Life Works Suppor...	2009-11-06 16:15:...	1 Year	COPE Community Se...	222,646	Renewal Project	SHP	PH	F
Five Points Trans...	2009-10-20 17:13:...	1 Year	The Primavera Fou...	103,306	Renewal Project	SHP	TH	F
Sonora House - Sa...	2009-11-19 11:19:...	1 Year	La Frontera Cente...	425,148	Renewal Project	SHP	SH	F
New Chance Collbo...	2009-11-16 14:11:...	1 Year	Pima County	387,476	Renewal Project	SHP	TH	F
Men in Transition	2009-10-20 15:17:...	1 Year	Old Pueblo Commun...	68,391	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-21 11:18:...	1 Year	City of Tucson - ...	282,612	Renewal Project	S+C	TRA	U
Oasis Project	2009-10-20 14:58:...	1 Year	Old Pueblo Commun...	221,516	Renewal Project	SHP	TH	F
CASA for Familes II	2009-11-03 19:01:...	1 Year	Pima County CDNC	434,713	Renewal Project	SHP	TH	F

Solitude Housing ...	2009-11-06 14:28:...	1 Year	CODAC Behavioral ...	221,118	Renewal Project	SHP	PH	F
Pathways	2009-10-30 11:41:...	1 Year	City of Tucson - ...	91,037	Renewal Project	SHP	PH	F
Compass Samaritan PH	2009-11-18 15:53:...	1 Year	Compass Healthcar..	156,274	Renewal Project	SHP	PH	F
Positive Housing ...	2009-10-17 16:58:...	1 Year	Southern Arizona ...	28,373	Renewal Project	SHP	PH	F
Positive Housing ...	2009-10-17 15:30:...	1 Year	Southern Arizona ...	86,499	Renewal Project	SHP	PH	F
City of Tucson - ...	2009-10-20 18:10:...	1 Year	City of Tucson - ...	60,385	Renewal Project	SHP	SSO	F
Long Term Housing	2009-10-19 20:23:...	1 Year	Southern Arizona ...	87,783	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-10-20 16:21:...	1 Year	Arizona Departmen ...	799,824	Renewal Project	S+C	TRA	U
Bridges Transitio...	2009-10-20 18:07:...	1 Year	City of Tucson - ...	741,272	Renewal Project	SHP	TH	F
Project Advent	2009-11-16 14:24:...	1 Year	Pima County	461,425	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-20 16:57:...	1 Year	City of Tucson - ...	289,248	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2009-10-20 15:10:...	1 Year	City of Tucson - ...	727,932	Renewal Project	S+C	SRA	U
Your Place Transi...	2009-10-19 19:40:...	1 Year	Our Family Servic...	60,789	Renewal Project	SHP	TH	F
CASA-Coalition As...	2009-11-16 13:45:...	1 Year	Pima County	428,470	Renewal Project	SHP	TH	F

## **Budget Summary**

<b>FPRN</b>	\$4,973,574
<b>Permanent Housing Bonus</b>	\$446,006
<b>SPC Renewal</b>	\$2,099,616
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ-501 Certificat...	11/09/2009

## Attachment Details

**Document Description:** AZ-501 Certification of Consistency with the Consolidated Plan