

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.

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 pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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

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)**

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

Specify "other" process(es):

Accepted and confirmed by consensus

Briefly describe the selection process including why this process was established and how it works.

Council membership is comprised of two groups: general members and voting members. These designations are defined as follows:

General Member: 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 organizational voting rights.

Voting Member: Voting members are generally representatives of organizations. To become a member an organization must be represented at three consecutive monthly TPCH General Council meetings. Voting rights commence at the beginning of the third 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 or ad hoc committee to maintain their voting status.

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

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

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

The Tucson/Pima County CoC would have the capacity to be responsible for HUD funding and serving as the grantees. TPCH currently uses the Interfaith Coalition for the Homeless (ICH) as its fiscal agent. TPCH operates on a set of organizational by-laws and supports an executive and other committee structure 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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Executive Committee	Monthly or more
Continuum of Serv...	Monthly or more
Education Committee	Monthly or more
Homeless Youth Co...	Monthly or more
Discharge Plannin...	Monthly or more
Plan to End Homel...	Monthly or more
Emergency Service...	Monthly or more
Street Count Wor...	Annually
Membership Committee	Monthly or more
Homeless Manageme...	Monthly or more
Tucson Homeless C...	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Terms for elected members will run two years during the fiscal year of July to June. Executive Committee members may serve two consecutive two-year terms with one, two-year-term hiatus before serving on the Executive Committee again. Election for Executive Committee members shall take place at the May meeting. The tasks of the Executive Committee 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 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 bi-annual Orientation and Review/Update session preceding the general council meeting; and 9) Perform other duties as requested and approved by TPCH membership.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the Continuum of Services Committee is 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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Education Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Youth Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the Homeless Youth Committee is to plan for, organize, implement and evaluate services to homeless youth.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the Discharge Planning Committee is to advocate for and provide education to ensure smooth transition for homeless individuals being discharged from hospitals, jails, prisons and other institutions.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Plan to End Homelessness Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Emergency Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the Emergency Services Committee is to plan for, organize, implement, and evaluate Tucson's seasonal programs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Street Count Work Group

Indicate the frequency of group meetings: Annually

Describe the role of this group:

The purpose of the Street Count Committee is to organize and implement a yearly count of unsheltered individuals in Pima County.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Membership Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the Membership Committee is to review each individual or organizational membership registration form on a monthly basis for approval of membership voting status. The Committee membership will consist of 50% Executive Committee members and 50% general members of TPCH.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Management Information System Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The purpose of the committee is to provide guidance to TPCH, which is responsible for HMIS implementation, including planning, software selection, implementation and management of the database according to HUD's HMIS Data and Technical Standards.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Tucson Homeless Connect

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The Tucson Homeless Connect Committee plans and carries out Tucson Homeless Connect, a one-day, one-stop event that helps homeless people to get help that they need, and get engaged with services that can help them exit homelessness. The committee recruits volunteers, identifies businesses to donate products and services, recruits service providers, communicates with elected officials and media, and provides outreach to homeless people to attend the event, which is held twice a year.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, 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
Emerge! 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	Publi c ...	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	Othe r	Attend 10-year planning meetings during past 12 months, C...	Veterans
City of Tucson Housing Assistance Division	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
Amphitheater Unified School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Pima Community College Inmate Transition Program	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Tucson Preparatory School	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
University of Arizona	Public Sector	Sch ool ...	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

Tucson Planning Council for the Homeless				COC_REG_v10_000173
U.S. Department of Housing and Urban Developmen...	Public Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Arizona Housing and Prevention Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substan ce 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...	Veteran s, 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	Veteran s, Su...
Information and Referral Services	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
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...	Substan ce 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

Tucson Planning Council for the Homeless			COC_REG_v10_000173	
Wingspan/EON Lounge Youth Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
American Friends Service Committee	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
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
Casa Maria (Guadalupe Kitchen)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Community Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Tucson Planning Council for the Homeless				COC_REG_v10_000173
Dorothy Kret & Associates	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	Hos pita..	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 Jackson Employment Center	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Pima County Health Department	Public Sector	Loca l 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	Othe r	Committee/Sub-committee/Work Group	Veteran s
Tucson Interfaith HIV/AIDS Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Tucson Stand Down Committee	Private Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
Franciscans	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Transportation	Public Sector	Stat e 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	Stat e g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Famil...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Emerg...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Arizona Department of Economic Security - Veter...	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	Veteran s
New Life Outreach	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Pima Prevention Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Raytheon Missile Systems, Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Sunnyside Unified School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Abounding Grace Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
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Tucson Planning Council for the Homeless				COC_REG_v10_000173
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
Downtown Merchants Group	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

Tucson Planning Council for the Homeless			COC_REG_v10_000173	
Arizona Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods:
(select all that apply)

b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

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

Voting/Decision Method(s):
(select all that apply)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The change in number of beds for Emergency Shelter is reflective of changes in funding for these homeless services in the Tucson/Pima County community.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The change in number of beds for Transitional Housing is reflective of changes in funding for these services in the Tucson/Pima County community. There is one agency, Gospel Rescue Mission, that plans on opening an additional 74 beds within the next year.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The change in number of beds for Permanent Housing is reflective of changes in funding for these services in the Tucson/Pima County community. There are 70 beds in development for chronically homeless individuals in the Tucson / Pima County area.

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 TPCH HIC	10/21/2008

Attachment Details

Document Description: 2008 TPCH HIC

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/29/2008
(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: Stakeholder discussion, HUD unmet need formula, Unsheltered count
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

TPCH used its annual street count data collected on January 29, 2008 as the base number for the unmet need. This number was then used in a nationally recognized formula to determine a more accurate reflection of the unmet need. The following numbers were used in the unmet need formula: Number of emergency sheltered persons on January 29, 2008, the average length of stay for emergency sheltered adults and children counted in the Point-In-Time survey, and the average number of stays per year per emergency sheltered adult. These numbers were presented to members of TPCH for stakeholder discussion regarding the perceived accuracy of the counts and to identify specific groups of homeless experiencing a lack of housing resources.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

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? No

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

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

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

Indicate the challenges and barriers impacting the HMIS implementation: Other
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The Tucson/Pima County CoC has recently contracted with a new HMIS grantee, Pima County Community Development and Neighborhood Conservation Department. The previous HMIS grantee consistently failed to produce agreed upon services, which resulted in: 1) Tucson/Pima County CoC grantees having to track HMIS data points at the program level; and 2) the CoC's inability to aggregate and/or report findings from aggregate data sets.

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Pima County Community Development and
Neighborhood Conservation Departmentt

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

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

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:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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:

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 2008.

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

Did the CoC or subset of the CoC participate in AHAR 3? No

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

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

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

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

The Tucson Pima County CoC HMIS vendor will extract HMIS results every 90 days and provide a written summary of the results, including problematic and null fields, to the Continuum of Services and HMIS Committees for their review. Additionally, the HMIS vendor will provide upward results reporting to the CoC Executive and General committees every 90 days. The Executive committee will be tasked with sharing problematic or null fields results with the applicable homeless services provider agency on a quarterly basis with direction to help resolve errors and ensure accuracy. Once verified for accuracy, updated and/or corrected between the homeless service provider agencies and the HMIS system, a final report with actual data outcomes will be submitted to the Tucson Pima County CoC Executive and HMIS committees.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

Since TPCH has recently changed its HMIS grantee and the former grantee has not provided service since June 2007, there are no existing policies and procedures used to ensure valid program entry. The HMIS Technical Assistance provider, Symmetric Solutions, is providing comprehensive training and will help monitor data quality. The new HMIS grantee will be training all service providers in the new HMIS policies and procedures during the next 60 days and will have trained all Supportive Housing Programs and Shelter + Care providers by December 31, 2008. Training for non-SHP funded agencies will continue beyond 12/31/08 and will be an ongoing process.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

Instructions:

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

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following 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? No

If 'Yes' indicate date of last review or update by CoC:

If 'No' indicate when development of manual will be completed: By March 31, 2009

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/29/2008

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		
Number of Households	48	172	66	286
Number of Persons (adults and children)	140	503	136	779
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	221	387	972	1,580
Number of Persons (adults and unaccompanied youth)	221	387	972	1,580
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Exhibit 1	Page 30		11/13/2008	

Tucson Planning Council for the Homeless				COC_REG_v10_000173
Total Households	269	559	1,038	1,866
Total Persons	361	890	1,108	2,359

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	784	718	1,502
* Severely Mentally Ill	493		493
* Chronic Substance Abuse	411		411
* Veterans	247		247
* Persons with HIV/AIDS	141		141
* Victims of Domestic Violence	135		135
* Unaccompanied Youth (under 18)	32		32

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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 most emergency shelters and transitional housing programs.

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

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: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The Arizona Department of Economic Security distributes and collects the annual point in time shelter survey and the TPCH Continuum of Services Committee distributes and collects a local bed count survey as an adjunct to the DES shelter survey. The approved survey forms are disseminated in early January of each year with explicit completion instructions to all known homeless service providers in the Tucson/Pima County CoC area. There were 2,059 sheltered people counted in the 2008 annual shelter survey compared to 2,010 sheltered people counted in the 2007 survey. The change is attributed to more accurate data collection.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

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. These records were reviewed to ascertain the number of persons housed who fit each category at the site and entered into the Arizona Department of Economic Security shelter survey. There were significant differences in numbers reported in many of the sub-population categories that appear unrelated to changes in programming or counting instructions. Discussions with providers indicating that data collectors may have used different criteria for matching clients to categories (e.g. substance abuse disorder). The CoC will spend more time training data collectors in 2009 to ensure consistent reporting.

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

Instructions:

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

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage

If Other, specify:

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

TPCH maintains a workgroup to oversee the execution of the annual homeless street count. This committee: 1) determines the day (during the designated period in January) on which the count will be conducted; 2) maps out the incorporated areas of the greater metropolitan area of Tucson, Arizona by block groups; 3) determines the number of street count teams needed to complete the count; 4) recruits and trains street count teams and then assigns those teams to a block group area(s); 5) assigns a team leader to each team; 6) provides each team with a street count map and directions and a data collection form; 7) maintains regular communication with each team on street count day to address questions; and 8) collects street count forms from each team at the end of the street count day. Following the street count, committee members review the street count forms to evaluate potential duplication.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

As part of this application, a CoC member agency and homeless service provider has submitted a request for funding under the Rapid Re-Housing for Families initiative. This provider, New Beginnings for Women and Children, is proposing to expand transitional housing capacity in the Tucson/Pima County CoC by adding 25 family units. These units will specifically address the needs of families who have moderate barriers to permanent housing.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Several homeless service providers routinely conduct outreach to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. They provide wellness checks, conduct case coordination, and encourage these persons to engage in activities/services to address their homelessness through information and referral. Local law enforcement and emergency services have direct access to these resources. The unsheltered population count was not significantly different from the previous year; this year counted 83 fewer persons than were counted in 2007. The most significant increase from 2007 was the number of families which increased from 32 to 105. The increase in families is attributable to an increase in the survey to include rural areas and also to the local and national economic realities.

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 14 new PH beds for chronically homeless young adults by submitting a competitive application to fund a 2008 Samaritan Bonus SHP Project.	Nancy Panico, Executive Director, Open Inn Inc., TPCH Member
Action Step 2	Submit competitive applications for funding for SAMHSA supportive services.	Nancy Panico, Executive Director, Open Inn Inc., TPCH Member
Action Step 3	Assist 100% of PH clients with accessing mainstream programs and benefits	Nancy Panico, Executive Director, Open Inn Inc., TPCH Member

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	136
Numeric Achievement in 12 months	151
Numeric Achievement in 5 years	235
Numeric Achievement in 10 years	340

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Evaluate progress in meeting goal by reviewing HMIS data reports every 90 days and APR reports annually and determining course of action to increase retention.	Dia Barney, Housing Director, COPE Community Services, TPCH Co-Chair
Action Step 2	Maintain the 72% or increase the level of retention in permanent housing programs through the provision of case management and supportive services.	Dia Barney, Housing Director, COPE Community Services, TPCH Co-Chair
Action Step 3	Research effective strategies for increasing retention in PH used by other CoCs and select at least one to implement locally	Dia Barney, Housing Director, COPE Community Services, TPCH Co-Chair

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	72
Numeric Achievement in 12 months	76
Numeric Achievement in 5 years	84
Numeric Achievement in 10 years	86

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Utilize HUD APR data on a quarterly basis to check status and to initiate planning to resolve barriers.	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair
Action Step 2	Create a case plan with every TH client that includes objectives related to obtaining and maintaining permanent housing	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair
Action Step 3	Assist 100% of TH clients with accessing employment or mainstream benefits to ensure adequate income to obtain permanent housing	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	64
Numeric Achievement in 12 months	65
Numeric Achievement in 5 years	66
Numeric Achievement in 10 years	68

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Monitor employment goal quarterly using HUD APR data from HMIS and initiate mid-course service changes based on identified barriers.	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair
Action Step 2	Research effective practices used by other successful CoCs and disseminate information about those strategies to all homeless services providers	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair
Action Step 3	Submit competitive applications for funding to support employment training and support, especially for veterans	Linda Kot, Deputy Director, Primavera Foundation, TPCH Co-Chair

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	33
Numeric Achievement in 12 months	33
Numeric Achievement in 5 years	35
Numeric Achievement in 10 years	38

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Tucson Planning Council for the Homeless		COC_REG_v10_000173
		Lead Person
Action Step 1	Submit a competitive application for funding under the Rapid Re-Housing for Families Demonstration Project Initiative	Jennifer Anderson, Housing Director, New Beginnings for Women and Children
Action Step 2	Develop a deeper understanding of the personal and situational circumstances faced by homeless families and initiate strategies to help them end their homelessness.	Jennifer Anderson, Housing Director, New Beginning for Women and Children
Action Step 3	Submit competitive applications for funding to secure additional resources for families to end their homelessness.	Jennifer Anderson, Housing Director, New Beginnings for Women and Children

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	54
Numeric Achievement in 12 months	68
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	90

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: Formal Protocol Implemented

Mental Health Discharge Protocol: Formal Protocol Implemented

Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

In 2006, members of the Governors Interagency and Community Council on Homelessness established a protocol to enforce policies preventing foster care youth 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.

Local Resources and Initiatives

State of Arizona funds the Chafee Foster Care Independence Program, which provides intensive case management, employment, educational, community living arrangements, life skills training and financial support.

Educational Training Vouchers are provided to current or former foster care youth for education, healthcare, and employment training services.

Three major providers in Pima County specifically serve youth in need of short-term and long-term housing and other individual resource needs.

The CoC convenes a monthly Discharge Planning subcommittee exclusively 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 exiting to homelessness, and, those 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 Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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). 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 street or shelter release is prohibited.

Local Initiatives

The CoC convenes a monthly Discharge Planning subcommittee exclusively 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 exiting to homelessness, and, those community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Arizona's Department of Health Services, Division of Behavioral Health Services and the Arizona State Hospital, which is under the regulatory auspices of the Governor of Arizona, follow a statewide protocol not to release any person into homelessness. Discharge planning to acceptable community housing begins at entrance to the primary mental health care institution in the State, Arizona State Hospital. The State of Arizona sets aside specific funding to develop housing exclusively for persons being discharged from the Arizona State Hospital.

The CoC convenes a monthly Discharge Planning subcommittee exclusively to coordinate resources and implement local policies for persons exiting foster care, corrections, and other institutional settings such as hospitals, including in-patient psychiatric and other mental health care institutions. The attendees include individuals instrumental in setting forth policies to prevent persons exiting to homelessness, and, those community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Arizona Department of Corrections Director serves as a member of the State Interagency and Community Council on Homelessness (ICCH). One of the primary purposes of this council is to ensure that policies are followed and funding is properly spent as budgeted to build resources, including housing, and to conduct proper release planning so as to prevent homelessness.

The CoC convenes a monthly Discharge Planning subcommittee exclusively 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 exiting to homelessness, and, those community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Protocol	10/17/2008
Mental Health Discharge Protocol	No	Mental Health Car...	10/05/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/17/2008
Health Care Discharge Protocol	No	Health Care Protocol	10/17/2008

Attachment Details

Document Description: Foster Care Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Care Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

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

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

PREVENTION

Increase the number of affordable housing units for the elderly by 50 new units a year using HUD 202 or other designated funds.

PERMANENT SUPPORTIVE HOUSING

Build or buy a facility to house 20 individuals with serious mental illness in a low-demand setting with day care capacity for additional individuals. The concept is to reproduce a supportive group setting similar to the Sonora House.

Build or buy 25 new permanent supportive housing units a year for five years with appropriate support services.

TRANSITIONAL HOUSING

Build or buy 50 new transitional rental units for families over the next three years. Fund services to allow them to achieve self-sufficiency in two years.

Construct or renovate 10-20 beds to house 18-24 year olds with employment, life skills, counseling, education and other services so they can transition to healthy adulthood.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	25	Beds	25	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	82	%	75	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	64	%	64	%
Increase percentage of homeless persons employed at exit to at least 18%	56	%	39	%
Ensure that the CoC has a functional HMIS system	88	%	0	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	453	90
2007	890	101
2008	1,502	101

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

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

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	288
b. Number of participants who did not leave the project(s)	411
c. Number of participants who exited after staying 6 months or longer	132
d. Number of participants who did not exit after staying 6 months or longer	316
e. Number of participants who did not leave and were enrolled for 5 months or less	95
TOTAL PH (%)	64

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	603
b. Number of participants who moved to PH	417
TOTAL TH (%)	69

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 970

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	63	6	%
SSDI	81	8	%
Social Security	32	3	%
General Public Assistance	41	4	%
TANF	16	2	%
SCHIP	28	3	%
Veterans Benefits	27	3	%
Employment Income	602	62	%
Unemployment Benefits	2	0	%
Veterans Health Care	24	2	%
Medicaid	282	29	%
Food Stamps	344	35	%
Other (Please specify below)	50	5	%
No Financial Resources	241	25	%

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

TPCH collects, aggregates and analyzes data related to enrollment and participation in Mainstream Programs on an annual basis. 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 address specific issues related to Mainstream program access for individuals experiencing homelessness. TPCH members also attend community forums to address these issues. For example, TPCH members recently participated in discussions with city transportation officials to discuss the negative impact of planned changes in public transportation rates and identification requirements on homeless populations.

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: 10/24/07; 11/28/07; 12/26/07; 1/23/08; 2/27/08; 3/26/08; 4/23/08; 5/21/08; 6/25/08; 7/23/08; 8/06/08 (special), 8/27/08; and 9/24/08.

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. No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

AZSELFHELP.ORG - screening tool for all DES-related benefits (AZ Medicaid (AHCCCS), General Assistance, Temporary Assistance for Needy Families, Foodstamps)

Has the CoC participated in SOAR training? No

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

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
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	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 as needed advocacy.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	71%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
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 each 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>	Yes
<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>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>	Yes
<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>	Yes
<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>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>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p>	Yes
<p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select 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>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*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?</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 (http://www.huduser.org/publications/destech/smartcodes.html)</p>	Yes
<p>*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.</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>	Yes
<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>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*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.)</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>	Yes
<p>*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?</p>	Yes

Part A - Page 3

<p>*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?</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>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*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?</p>	No
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*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?</p>	Yes

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
Sonora House - Sa...	2008-09-04 11:32:...	1 Year	La Frontera Cente...	422,709	Renewal Project	SHP	SH	F2
Your Place TLP	2008-09-11 15:12:...	1 Year	Our Family Servic...	59,692	Renewal Project	SHP	TH	F12
Shelter Plus Care...	2008-10-16 18:02:...	1 Year	Arizona Departmen ...	814,164	Renewal Project	S+C	TRA	U10
City of Tucson - ...	2008-10-14 19:37:...	1 Year	City of Tucson - ...	60,385	Renewal Project	SHP	SSO	F23
Pathways	2008-10-07 17:47:...	1 Year	City of Tucson - ...	87,696	Renewal Project	SHP	PH	F3
Five Points Trans...	2008-09-25 11:00:...	1 Year	The Primavera Fou...	103,306	Renewal Project	SHP	TH	F8
Catalina Transiti...	2008-09-25 10:59:...	1 Year	The Primavera Fou...	112,486	Renewal Project	SHP	TH	F20
Solitude Housing ...	2008-10-14 17:35:...	1 Year	CODAC Behavioral ...	214,578	Renewal Project	SHP	PH	F13
La Casita	2008-10-10 11:36:...	1 Year	Pima County	219,320	Renewal Project	SHP	TH	F16
CASA-Coalition As...	2008-10-10 11:35:...	1 Year	Pima County	422,846	Renewal Project	SHP	TH	F15
Project Advent	2008-10-10 11:40:...	1 Year	Pima County	454,347	Renewal Project	SHP	TH	F21
New Chance Collbo...	2008-10-07 15:36:...	1 Year	Pima County	382,508	Renewal Project	SHP	TH	F22
Positive Housing ...	2008-10-16 12:14:...	1 Year	Southern Arizona ...	83,323	Renewal Project	SHP	PH	F1
Long Term Housing	2008-10-16 12:22:...	1 Year	Southern Arizona ...	87,783	Renewal Project	SHP	PH	F9

Tucson Planning Council for the Homeless							COC_REG_v10_000173	
Positive Housing ...	2008-10-16 18:44:...	1 Year	Southern Arizona ...	27,332	Renewal Project	SHP	PH	F17
Life Works Support...	2008-10-16 19:34:...	1 Year	COPE Community Se...	215,838	Renewal Project	SHP	PH	F18
Oasis Project	2008-10-09 11:11:...	1 Year	Old Pueblo Commun...	218,022	Renewal Project	SHP	TH	F25
Bridges Transitio...	2008-10-10 15:17:...	1 Year	City of Tucson - ...	741,272	Renewal Project	SHP	TH	F7
Men in Transition	2008-10-08 12:29:...	1 Year	Old Pueblo Commun...	67,366	Renewal Project	SHP	TH	F24
CASA for Familes II	2008-10-20 14:47:...	1 Year	Pima County CDNC	429,503	Renewal Project	SHP	TH	F6
CODAC PERMANE NT H...	2008-10-14 17:34:...	1 Year	CODAC Behavioral ...	166,510	Renewal Project	SHP	PH	F14
Shelter Plus Care...	2008-10-13 16:16:...	1 Year	City of Tucson - ...	742,020	Renewal Project	S+C	SRA	U19
Open Inn Permanen. ..	2008-10-20 13:53:...	3 Years	City of Tucson - ...	440,200	New Project	SHP	PH	S4
Pima County HMIS	2008-10-20 17:56:...	1 Year	Pima County CDNC	181,089	Renewal Project	SHP	HMIS	F26
NBWC Rapid Re-Hou...	2008-09-08 19:43:...	3 Years	New Beginnings fo...	884,142	New Project	SHP	TH	R5
Shelter Plus Care...	2008-10-13 16:15:...	1 Year	City of Tucson - ...	295,692	Renewal Project	S+C	TRA	U11

Budget Summary

FPRN	\$4,757,911
Rapid Re-Housing	\$884,142
Samaritan Housing	\$440,200
SPC Renewal	\$1,851,876
Rejected	\$0