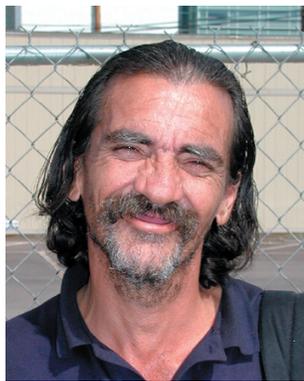


ending
homelessness
is everyone's
responsibility

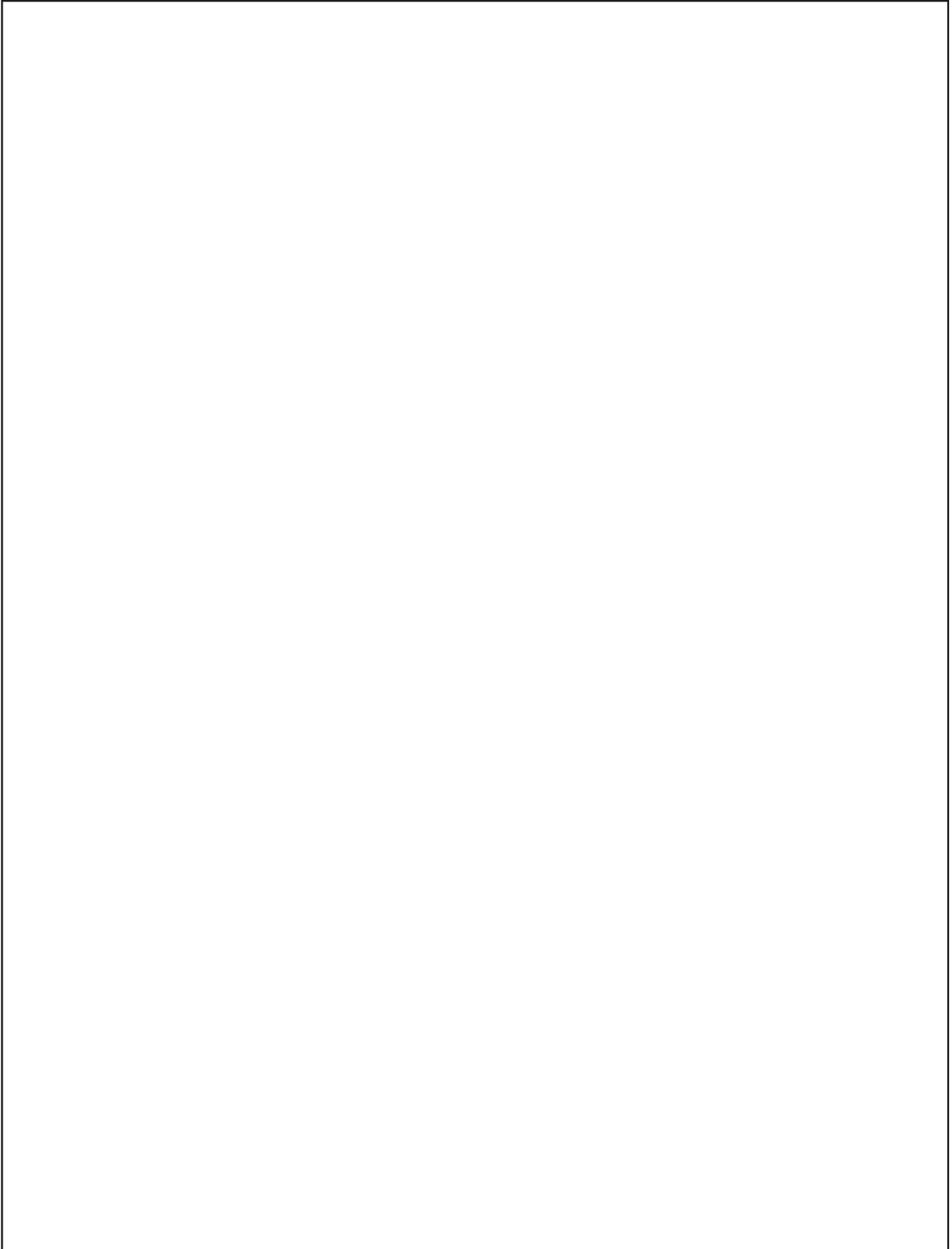


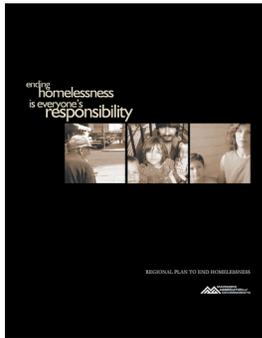
REGIONAL PLAN TO END HOMELESSNESS
2005 UPDATE



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Introduction

The Regional Continuum of Care Committee of the Maricopa Association of Governments (MAG) published the MAG Regional Plan to End Homelessness in 2002. The plan was developed to raise awareness and offer direction to end homelessness. This report will provide an update of the progress made on the plan and identify remaining steps. Four basic goals lead the charge: increase funding, prevent homelessness, remove barriers to accessing services, and improve data collection and outcomes. These goals provide the direction, the community provides the energy and the people experiencing homelessness provide the impetus for action.

Progress

The federal government's investment in this region through the Department of Housing and Human Development (HUD) McKinney-Vento funds has increased from just over \$7 million in 1999 to more than \$19 million in 2005. New programs are added every year in an increasingly competitive environment. New beds and services, along with the renewal of continuing programs each year, make a formidable defense in the struggle to end homelessness. Implementation of the Homeless Management Information System is ahead of schedule. The Arizona Evaluation Project, an objective tool designed to measure the performance of homeless assistance programs, has already garnered national attention. With its implementation imminent, this region will soon begin analyzing the best practices and needs of homeless programs.

Challenges

Despite these efforts, the region must continue to build on this progress. Affordable housing is still out of reach for one out of ten people living in Maricopa County, according to the Pollack Affordable Housing Study. If a person is earning minimum wage pay at \$5.15 per hour, they will make \$10,712 a year working full-time. Their monthly rent at 30 percent of their income will only be \$268. The 2000 U.S. Census reports that 15 percent of the households in the Maricopa Region earn up to \$14,999 a year. This 15 percent of the population competes for the 4 percent of housing that costs less than \$299 a month in rent. When affordable housing is not available, homelessness increases as families are more at risk and have fewer resources available when a crisis hits.

In a community planning meeting with 40 stakeholders in October 2004, participants identified limited funding, the need for technical assistance, public resistance to homelessness and limited choices for treatment and housing as barriers to ending homelessness. It was clear that priorities must center on ensuring the region has diverse and broad funding options that will support a variety of services and a sophisticated social service system to meet the needs

of the community and of people who are homeless. Participants also stressed that the general public needs more information to better understand issues surrounding populations who are homeless.

Purpose

This update is offered to inform and to provide a benchmark for what has been accomplished and a focus for what remains to be done. The information compiled reflects the diligence of a wide variety of stakeholders, including nonprofit agencies, homeless service providers, elected officials, municipal staff, concerned citizens, the faith-based community and people who have experienced homelessness.

Following is a description of homelessness in Maricopa County. By understanding what has come to pass, we will be able to appreciate the progress made and identify future plans.

Homelessness in Maricopa County

The History

Like other counties across the country, Maricopa County began experiencing widespread homelessness in the 1980s as a result of affordable single-room occupancy hotels being closed down in favor of higher-end housing. These hotels were often the housing of choice for low-income workers and the only option for those recently released from mental institutions or prison. When the hospitals began releasing mentally ill patients en masse with the deinstitutionalization trend of the 1980s, there were no longer safe, affordable housing options for people who could not be gainfully employed. Nearly overnight, this community faced a burgeoning homeless population and little expertise or resources to meet this crisis. An ad hoc assortment of temporary shelters was erected and thus began the Maricopa region's relationship with homelessness and the elusive struggle to make a place for every person in the community.

Homelessness Today in the Maricopa Region

The Maricopa region has employed a variety of methods to end homelessness. From the structure and support of shelters to the independence of Housing First programs (permanent housing programs that offer voluntary supportive services), we continue to search for solutions that minimize barriers and maximize opportunities for success. Currently there are 1,584 emergency shelter beds for single adults and families, 3,964 transitional housing beds, and 2,876 permanent supportive housing beds, for a total of 8,424 beds for homeless people in the county. This is an increase from 7,010 beds two years ago, representing a 17 percent increase in shelter and housing capacity.





The Continuum of Care

The MAG Continuum of Care Regional Committee on Homelessness provides the forum for the year-round planning and activity that make such efforts possible. The Continuum of Care is a planning entity made up of local stakeholders convened for the purpose of ensuring that homeless planning is coordinated across municipalities and agency lines. A progression of services is included from the most basic and temporary to the most intensive and permanent. Maricopa County first developed a Continuum of Care in 1994 in response to a directive from the Department of Housing and Human Development (HUD). Municipalities such as the City of Mesa and the City of Phoenix first hosted the Continuum of Care.

The Maricopa Association of Governments first hosted the Continuum in 1999. This diverse group is composed of people from all walks of life, including formerly homeless people, elected officials, providers of homeless services, faith based agencies and military veterans from the homeless arena. Over the past two years, the MAG Continuum has garnered national attention for the Regional Plan to End Homelessness, the implementation of the Homeless Management Information System, and the development of the Arizona Evaluation Project. These achievements make the MAG Continuum of Care one of the highest-ranking Continuums in the Western Region for Stuart B. McKinney funds and a national leader in homeless programs.

In an effort to engage hard-to-serve clients who resist traditional programs such as shelters, the Continuum of Care recommended Casa de Paz, a Housing First project, for funding in the 2003 grant application to the Department of Housing and Urban Development. Housing First represents an opportunity to take chronically homeless people off the streets and place them directly into permanent housing with access to case management, treatment, counseling and an array of important supportive services. Innovative programs such as Housing First, challenge the community to consistently seek out new solutions in order to provide the highest quality care for every person.

The next section will highlight some of the changes experienced since the plan was written in 2002.

What Has Changed

As the Continuum of Care works to fully implement the Regional Plan to End Homelessness, the issues change in the community. The Maricopa Region has provided leadership over the past two years in many community efforts. This has lent support to the implementation of projects like the Human Services Campus, a one stop environment for providing shelter and services to homeless people, and the Homeless Management Information System. As progress is made, everyone benefits. People who are homeless are given options for safe

housing, nonprofit agencies receive the resources they need to provide critical programs, the government's burden to provide emergency services is lessened by preventative measures, the community is a safer, stronger place to live, and businesses have more reliable employees when they have housing.

Funding

The first goal of the plan and a concern for many is to increase funding. Since the Continuum of Care came to the Maricopa Association of Governments in 1999, funding has risen significantly. The table below shows the Stuart B. McKinney funds awarded by the Department of Housing and Urban Development to the Maricopa Region over the past six years.

Year	Amount Awarded
1999	\$7,700,000
2000	\$18,637,000
2001	\$9,273,000
2002	\$15,339,000
2003	\$15,966,172
2004	\$19,333,276
Total:	\$86,248,448

Private foundations contributed more than \$4 million in 2004 to local nonprofit agencies to make homeless services available. Community Development Block Grants from the municipalities gave \$1,473,131, HOME funds supplied \$1,499,144, and the Housing Voucher Program gave 190 vouchers, 50 housing units and \$271,220. Public Housing gave four units to homeless programs. The Mental Health Block Grant funded \$266,000. Social Service Block Grant dollars made up \$1,639,013 while the state awarded the most money at \$15,532,656. Private donors contributed nearly as much at \$13,668,537. City and county programs contributed \$6,088,330. Despite this generosity, many programs still struggle to make ends meet and providers cited limited funding as a critical barrier to ending homelessness.

A Shift in Priorities

Money may not always be the most important factor in ending homelessness. A shift in priorities signals an evolution in thinking and service delivery. With the recognition that there may never be enough money to meet every need, there has been an increased emphasis on performance and the need for accountability. The Arizona Evaluation Project is an excellent example of an initiative supported by each group involved. Providers express the need to determine program effectiveness objectively when they apply for funding. Funders want to know the impact of their dollars. The public wants to know





their taxes are being used efficiently and effectively. As stewards of trust and funding, the Continuum of Care embarked on the mission to implement a program that would objectively identify best practices and provide technical assistance to agencies that are struggling to improve. The Arizona Evaluation Project has moved forward with broad community input and is scheduled for implementation in Summer 2005. The shift has occurred from trusting anecdotal images to reporting accurate numbers that quantify progress and impact.

A shift has also occurred from relying on one service delivery model to investigating an array of options. People are diverse, their needs are varied and this requires individualized approaches that take such differences into account. The community identified the need for a wider array of choices. For example, programs that have zero tolerance for drug use indeed serve some people well. For others, however, relapse is a part of recovery.

Some people need a program that will still work with them even if they have a temporary relapse but struggle to reacquire their sobriety. Other programs work with people from one housing tier to the next with the belief that one level prepares a person for the next level. Some homeless people succeed when moving from the streets to emergency shelters to transitional housing programs to permanent supportive housing. Others make progress more quickly when they move straight from the streets into permanent housing of their choice through Housing First. Having an array of choices means people will find the program that fits their needs, instead of having to force themselves to fit a particular program. While some Housing First models exist, the community has expressed the need to further diversify housing and services.

Accomplishments

Increase Funding

A stable funding source is necessary to maintain current programs and to develop new programs to meet emerging needs. The Continuum recognizes the need to develop ongoing relationships with existing funding sources and to develop opportunities with potential sources of support.

Based on community input, the following goals and community strategies were ranked for achievement. When a task is ranked “done” then no further activity is required. When a task is “actively engaged” then many resources have been committed and much progress has been made. “Some activity” denotes a task that has been started but is not yet in full swing. When no activity has taken place toward a goal, then it is considered “not established.” Some goals require multiple partnerships that will take years to develop fully. This *Regional Plan to End Homelessness* will evolve over the years and as it develops, funding will play a critical role in the success of each major goal.

Maricopa Association of Governments

Specific examples of progress are outlined in each chart. These examples are meant to highlight action steps, and are specific to all activities.

Community Strategies to Increase Funding:	Done	Actively Engaged	Some Activity	Not Established
Identify and secure funding for permanent and affordable housing and support services such as rental subsidies, childcare subsidies and job training in order to prevent homelessness and facilitate movement into housing.			X	
Advocate for protection of the State Housing Trust Fund state budget cuts.		X		
Advocate for an increase in funding for substance abuse and general mental health services and treatment, including outpatient, residential treatment, aftercare and appropriate partnerships in the community in order to provide for services on demand.		X		
Support request made by Arizona Department of Health Services (ADHS) for approximately \$100 million to complete the terms of exit criteria in the Arnold vs. Sarns stipulation.		X		

The following community strategies were identified as steps that would lead to completion of the goals above.

Increase Funding:	Done	Actively Engaged	Some Activity	Not Established
Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care on Homelessness to end homelessness in the region.				X
Maintain dedicated funding for eviction prevention and affordable housing through the State Housing Fund.		X		
Increase funding annually for general mental health and substance abuse treatment.		X		
Support efforts for new funding.			X	



Increasing funding is often an issue of building capacity within organizations. To that end, some agencies have hired fund developers. Others have looked at micro-enterprise (starting for-profit businesses to support their nonprofit work) in order to increase revenue. For example, New Arizona Family, Inc. (NAFI) builds houses for purchase by low-income people. The new homeowners gain the stability of permanent housing and the benefits of equity, the community benefits from in-fill projects that raise all property values and gains first time homebuyers, and the agency receives revenue from the sale of the house. United Methodist Outreach Ministries has developed a micro-enterprise program that teaches culinary skills and then caters events. Others, like House of Refuge East, received monetary donations from Honeywell when Honeywell employees volunteered at House of Refuge East. U.S. Vets is a hybrid social venture, meaning that a for-profit company provides housing and partners with a nonprofit agency that provides services. The for profit company generates unrestricted dollars to support the nonprofit agency.

On a broader level, municipalities have increased funding for homeless programs. For example, the cities of Phoenix and Glendale have increased Emergency Shelter Grant allocations while the City of Tempe advocates for increased mental health and substance abuse funds. The City of Scottsdale approved \$150,000 in funding for FY 2005/06 to support the construction of NOVA Safe Haven that will provide emergency shelter and a day program for 36 homeless individuals with serious mental illness.

Corporate sponsors like Honeywell promote social responsibility and social justice within the community. Stakeholders identified Home Depot, American Express, Blue Cross Blue Shield, SRP, APS, Wells Fargo and Cisco as generous donors when providing resources for successful homeless programs. The Continuum itself has been strengthened by engaging the business community. Several members, including a former chair and the current vice chair, represent the interests of the business sector. It is critical to engage all segments of the community to assist in our goal of ending homelessness. With such a focus and commitment, even more progress can be made.

There is still much work to do. While the State Housing Trust Fund is much more secure, there is still not a dedicated source of revenue for homeless assistance programs. Stakeholders identified the following barriers that have slowed progress in increasing funding:

- Requirements from funders can unnecessarily restrict program development.
- Funding increases often don't keep pace with the increased need for services and the cost associated with providing these services.

- Follow-up information is often required, but not always funded. Even if follow-up services are funded, getting accurate information from clients no longer in the program is usually difficult.
- Some private donors have been more reluctant to donate money because their own situations are not as financially secure.

The stakeholders identified three main areas of focus for the next steps: collaboration, education and innovation. The Continuum will need to develop new partnerships in order to increase funding. Informing the community about homelessness will help to bring new people to the table and forge these new relationships. Informing elected officials can be a powerful application of democracy and can help to sway public opinion. Innovation will be especially critical as existing funding sources strain under the burden of increased need. Micro-enterprise offers promise and many providers are looking for ways they can participate in this venture. New partnerships with faith-based organizations and businesses will open doors to new opportunities. By engaging the private and public sectors, working more efficiently with providers and raising awareness, the community may not only increase funding, but also move closer to ending homelessness.



Prevent Homelessness

Preventing homelessness can reduce the system-wide costs as well as promote self-sufficiency. The Continuum of Care has received feedback from the community citing affordable housing and discharge planning as key elements of preventing homelessness. As mentioned earlier, the Maricopa Region suffers from a lack of affordable housing, placing more people at risk of homelessness every day. In approaching this issue, solutions can be found at all levels. From a systems perspective, barriers to the development of affordable housing can be addressed and removed. On a personal level, people can receive more job training so they can upgrade their employment and become more financially secure in their own housing. Rental assistance can provide an effective support system when a crisis hits.

Discharge planning offers another opportunity to prevent homelessness. The Department of Corrections has made great strides in the past two years by establishing a new position to work exclusively with inmates at risk of being released without a place to live. Their new offender transition plan addresses the individualized interaction that will ensure inmates are released to a safe, affordable home instead of to a shelter or on the streets. The state foster care system is making similar efforts. Some hospitals, such as John C. Lincoln Hospital, have very detailed discharge plans.

The following goals and community strategies were developed in an effort to reduce the incidence of homelessness and to increase support systems and strengthen the community.

Prevent Homelessness:	Done	Actively Engaged	Some Activity	Not Established
Increase permanent affordable housing and support services, which target low-income and homeless people.		X		
Regionalize permanent affordable housing and support services.			X	
Secure comprehensive, standardized pre-release planning from corrections system for every release.			X	

Community Strategies:	Done	Actively Engaged	Some Activity	Not Established
On April 30, 2003, the Housing Work Group of the Regional Continuum of Care Committee on Homelessness further investigated the need and identified resources on the number of affordable housing units that will be developed within the next five years.			X	
Advocate for and provide technical assistance to develop a "housing first" approach with support services as needed.		X		
Support the National Housing Trust Fund production legislation. This legislation allows cities, counties and states to permanently dedicate a source of public revenue to support the production and preservation of affordable housing.			X	
Advocate for and support housing counseling programs for landlords and tenants that instruct landlords on available resources and issues specific to homeless people that can help homeless people develop the skills to be successful tenants.			X	
Conduct a countywide study to provide local governments with critical information for evaluation. The study should assess regulatory barriers (i.e., impact fees, development fees, building codes, land use control, zoning, permits, taxes, land, infrastructure, financing, employment, community attitudes, crime, etc.) and offer best practices that can result in the removal of barriers and increase housing affordability.				X

Community Strategies: (continued)	Done	Actively Engaged	Some Activity	Not Established
Support social marketing campaigns to inform the public on the issue of homelessness and its relationship to other issues important to our quality of life, including economic development, health care and a safe and healthy environment for kids. The campaign should be thoughtful and focused on the collection of key information on current attitudes, beliefs, and obstacles, as well as presenting a pro-social image.				X
Advocate for HUD and Congressional delegates to increase the number of Section 8 Housing Choice Vouchers made available for Arizona.				X
Advocate housing for people with current or past criminal records by: a) Identifying and developing relationships with housing managers and developers who will accept tenants with criminal histories; b) Identifying affordable housing vacancies; and c) Increasing affordable permanent and transitional housing and supportive services for releases.			X	
Work with Arizona Coalition to End Homelessness to inform stakeholders (including homeless and formerly homeless people, providers and advocates) of advocacy opportunities and enable them to participate in advocacy efforts through training, networking and tracking outcomes.			X	
Review crime-free housing policies and determine if they contribute to homelessness and advocate for policy changes if they do.				X
Convene regular meetings of stakeholders to assess progress and provide oversight to prevent released offenders from becoming homeless.			X	
Obtain support from legal and veterans' organizations to identify veterans in prison and jails who may benefit from prerelease planning in an effort to prevent homelessness and recidivism.				X



In trying to prevent homelessness, the region is developing affordable housing while also providing emergency services to help people remain in their own homes. The City of Scottsdale provides CDBG grants for down payment assistance through the First Time Home Buyer Program and the American Dream Down Payment Assistance Program. The City of Avondale gives land to Neighborhood Services and Habitat for Humanity for the construction of affordable housing for low-income families. The City of Avondale also reduces the impact fees in an effort to keep construction costs low for developers. The City of Glendale also decreases development costs by offering rebates to developers.

Once in crisis, families are kept from homelessness with rental assistance available in most municipalities. The Community Action Agencies and Labor's Community Service offer foreclosure intervention programs for struggling homeowners. New Arizona Family, Inc. and Labor's Community Service Agency are all keeping their clients in programs for longer periods of time to help them fully stabilize. This change is the result of seeing clients struggle once they left the program. Additional time in the program allows homeless people to save more money, reduce debt and stabilize in their jobs before making the transition into permanent housing.

While many strides have been made in making affordable housing more available, limited land and resources make this task challenging. While vouchers are helpful, construction costs continue to escalate. There continues to be challenges in providing housing that is appropriate for people with different needs. For example, if someone seeks substance abuse treatment and housing, there are not enough programs and the wait is usually long. Out of the available programs, most have a zero tolerance for relapse. Many stakeholders professed a need for housing options that positively incorporated temporary relapse into recovery.

In order to resolve these barriers, stakeholders identified the following as potential next steps:

- Develop a risk assessment tool to better determine who is at the highest risk for becoming homeless. This will facilitate better use of resources and more strategic planning.
- Pool funding and services to make them more cost efficient. Arbitrary boundaries around funding make program development difficult and unresponsive. Agencies can partner on similar programs and save money without sacrificing quality.
- Research the needs of subpopulations within homelessness. Use this research to plan for both short- and long-term needs.

Remove Barriers to Accessing Services

Much has been accomplished over the past two years to help homeless people access critical services. The Day Resource Center, assists homeless people living on the streets. People receive treatment, housing and job placement services quickly and with dignity. When construction of the Human Services Campus is completed, the Day Resource Center will move to the Campus with other agencies to provide seamless service in a one-stop environment. Housing, job placement, treatment and case management will be provided on one site by collaborative agencies. This will not only help the people served, but will allow for more people to be served more efficiently.

Remove Barriers to Accessing Services:	Done	Actively Engaged	Some Activity	Not Established
Develop a coordinated system of service provision to move clients into permanent housing through development of client-centered, comprehensive systems of care.		X		
Incorporate participation of homeless and formerly homeless individuals in client-centered systems of care.		X		
Develop a coordinated outreach effort targeted to chronically homeless individuals utilizing outreach teams.				X

Community Strategies:	Done	Actively Engaged	Some Activity	Not Established
Pilot client-centered service integration case management model on the Human Services Campus, including intensive outreach and linkages to mainstream resources.	X			
Develop linkages between homeless and domestic violence shelter programs for the purpose of educating and training homeless shelter staff specific to domestic violence.				X
Develop better linkages, communication and collaboration between stakeholders (i.e., service providers, youth, school districts, parents, faith-based organizations) to maximize coordination of existing services for homeless youth.			X	

Community Strategies: (continued)	Done	Actively Engaged	Some Activity	Not Established
Incorporate an HIV/AIDS health testing and education component in shelters and clinics. Inform clients regarding services available and outreach to homeless persons infected with HIV/AIDS through the Human Service Campus Day Resource Center. Coordinate with providers on the Human Services Campus to disseminate information and explore the option of having staff from HIV/AIDS agencies on site.			X	
Advocate for respite beds for persons released from the hospital but require care, including those who are undocumented.				X
Expand and empower the Homeless Veterans Coalition (governments, veterans services agencies, and service providers) to maximize coordination and effectiveness of veterans' services, develop reference materials (print) to distribute to homeless veterans, and advocate for housing and services for homeless veterans.		X		
Work with outreach teams to develop a coordinated outreach effort targeted to chronically homeless individuals, with special emphasis on the elderly and veterans who are likely to be eligible for Social Security Income (SSI) and veterans' benefits.			X	
Advocate for scattered site, low-demand shelters throughout the region.			X	
Increase participation of homeless and formerly homeless individuals on advisory boards, tenant councils, focus groups, activity planning groups, and the Regional Continuum of Care Committee on Homelessness.		X		
Advocate for the development of a drop-in center and services for people who are undocumented. Identify extent of issue, funding streams, and barriers to people accessing services (language, fear, cultural sensitivity).				X
Advocate for intensive aftercare in order to ease transitions for people exiting emergency and transitional shelters.				X

Barriers are being eliminated on all levels. Agencies like the Salvation Army have built successful relationships with landlords to help their clients rent apartments more easily. To ensure that gender is not a barrier, Ozanam Manor, a private nonprofit agency, reallocated their beds and added new beds to increase the number available to women after seeing an increase in the numbers of homeless women. United Methodist Outreach Ministries brings Department of Economic Security (DES) staff on-site to increase accessibility of benefits. New Arizona Family and Labor's Community Service Agency offer both transitional and permanent housing to create a continuum of care within their own agencies. This helps the clients stabilize more fully by making sure there are no gaps in services or housing. Phoenix Children's Hospital and HomeBase Youth Services collaborate to operate a mobile medical van, providing medical outreach services to homeless youth.



Municipalities are removing the barriers that exist within their own systems of care as well. The City of Tempe established the Homeless Coordinator position to better assist homeless people. The City of Glendale and the City of Scottsdale initiated a housing voucher program to help families become homeowners. In the last two years, the City of Scottsdale has accepted 75 additional Section 8 vouchers so that people living in HUD assisted rental properties will not lose their housing when landlords opt out of an assisted mortgage. On a statewide basis, the Interagency and Community Council, under the Governor's Office, obtained funding to offer a Housing First workshop at the Arizona Coalition to End Homelessness Conference. The Interagency Community Council on Homelessness and the Arizona Coalition to End Homelessness have conducted focus groups throughout the state to gather feedback from providers and clients about needs and resources. Maricopa County assisted more than 10,000 individuals with more than \$2.2 million in direct services last year. The Arizona Department of Housing creates affordable housing and makes information about affordable housing more accessible through their database online. This effort reduces the barriers that prevent people from accessing services that are vital to their recovery.

Some barriers still exist, however. Stakeholders identified the following as contributing to maintaining the status quo:

- Fractionalized funding that prevents larger projects from developing.
- Lack of communication between the community and homeless service providers reinforces negative stereotypes about homelessness.
- Some city ordinances criminalize homelessness and make service delivery more difficult.
- Success takes time. Requirements that limit time can prevent an agency from working with clients to the fulfillment of their goals.

Some municipalities are increasing their investment in order to remove more barriers. The City of Phoenix plans to open two more Family Service Centers and another homeless shelter as well. The City of Tempe is studying the feasibility

of opening a Day Resource Center. These centers will be an important resource for preventing homelessness and helping people access services. The City of Scottsdale is in the process of remodeling and expanding its Vista del Camino Community Center that provides emergency rent, mortgage, and utility assistance and a job preparation program. The construction is estimated to be completed in September 2006. The City of Glendale is hiring a consultant to develop a long-term strategy to address the city's housing needs. With this combination of efforts, even more progress will be made in providing a responsive continuum of care.

Improve Data Collection and Outcomes

With the increased emphasis on accountability and collaboration between agencies, the Continuum of Care must have quality data about the people it serves and the programs it supports. The Maricopa Region has become a national leader in this area due to its development of a local Homeless Management Information System and the Arizona Evaluation Project. Our work offers an example of excellence to other continuums across the country. These achievements are the work of providers, government, and funders and the willingness of all sectors to cooperate successfully. The following goals have been achieved as the result of such efforts.

Improve Data Collection and Outcomes:	Done	Actively Engaged	Some Activity	Not Established
Develop an outcome-based homeless project evaluation system.		X		
Quantify the number of homeless people to better inform policy and advocacy efforts.		X		

Community Strategy:	Done	Actively Engaged	Some Activity	Not Established
Obtain technical assistance grant from HUD to develop an outcome-based homeless project evaluation system.	X			
Assess the scope, criteria, staffing and funding needs of an outcome-based homeless project evaluation system.		X		
Research national best practices.	X			
Conduct a comprehensive street count of homeless people in conjunction with the state survey of homeless services in February 2003 and every three years thereafter. Engage cities in the street count through police departments, service providers and human services personnel. Thus far, engagement included a coordinated meeting in the fall of 2002 and technical assistance training in the winter of 2002.		X		

Many agencies like Homebase have improved their outcomes and now utilize the Logic Model for program and outcome development. In December 2004, all HUD funded agencies began participation in the Homeless Management Information System. The Salvation Army is utilizing technology by making handheld computers available to its outreach teams to track and share information. The homeless street and shelter counts have improved each year, making detailed quantifiable information available to the Continuum and the public.

The Continuum has faced some barriers with implementing the remaining goals in this section. These include the following:

- Insufficient capacity and training in service providers.
- Conflicting definitions and requirements among funders.
- The time burden placed on agency staff when data are required.
- Some agencies are reporting on outputs and not outcomes.

Additional training is needed in this area.

Next steps are being taken now to confront these challenges. The City of Phoenix is streamlining its reporting requirements and making documents available through the Homeless Management Information System. The Interagency and Community Council is analyzing ways to improve the technology available to providers and to define data sharing protocols throughout the region. The Interagency and Community Council has also obtained a grant to conduct a cost analysis of homeless services for families. This research is the first of its kind in the country and will offer invaluable data and assist homeless planning in the Maricopa Region.

Conclusion

With 77 percent of the goals and community strategies done or engaged, there are reasons to be proud of what has been accomplished. Progress is not made on plans alone but also on strategic action and thoughtful evaluation. The following areas are recommended for action over the next two years:

- Integrate economic development into the plan.
- Re-evaluate the goals that have not yet been established for current relevance and measurable action steps.
- Engage the community through education and by providing opportunities for partnerships.
- Increase prevention activities. This was the goal with the least action taken, but is one of the most important activities needed to end homelessness.

With the broad support of the community, the Continuum is well poised to take action and in the end, to positively impact the lives of people who are homeless. The Continuum of Care, as well as multiple organizations,



including municipalities, faith based organizations, hospitals, the Department of Corrections, providers and the business community, will work to fully implement the Regional Plan to End Homelessness. In doing so, the community as a whole will be strengthened. It is everyone's responsibility to end homelessness and we all have a place in that pursuit.

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Brad Bridwell, Site Director/Homeless Outreach, U.S. Vets
James M. Cavanaugh, Mayor, City of Goodyear
Kendra Cea, Customer Relations Manager, APS
Trinity Donovan, Vice President Community Initiatives, Valley of the Sun United Way
Ken Einbinder, Community Builder, Community Planning and Development HUD
Michael Franczak, Chief of Clinical Services, ADHS DBHS
Steven E. Frate, Councilmember, City of Glendale
Mark Holleran, Managing Director, Central Arizona Shelter Services
Fred Karnas, Jr., Policy Advisory on Aging, Office of Children, Youth and Families
Doug Lingner, Councilmember, District 7, City of Phoenix
Daniel Lundberg, Director, Community Initiatives, City of Surprise

Marvin Martin, Project Director, Downtown Southwest NA
Carrie Mascaro, Director of Program and Services, Catholic Social Services
Meggan Medina, Executive Director, The Arizona Coalition to End Homelessness
Guy Mikkelsen, President/CEO, Foundation for Senior Living
Darlene Newsom, CEO, United Methodist Outreach Ministries
Crucita Nuñez-Ochoa, Director of DV Programs, Chicanos Por La Causa
Brenda Robbins, Housing Manager, Value Options
Frank Scarpati, Executive Director, Community Bridges/EVAC
Laura Skotnicki, Director of Case Management, Save The Family
Jeff Taylor, Program Advocate, Phoenix Rescue Mission
Keely Varvel Hartsell, Deputy Director, Office for Children, Youth and Families
Mike Whalen, Councilmember, City of Mesa
Mary Rose Wilcox, Supervisor, District 5, Maricopa County
Ted Williams, President, Arizona Behavioral Health Corporation
Kit Wood, Superintendent, Maricopa County Schools
Diana Yazzie Devine, Executive Director, Native American Connections, Inc.

Continuum of Care Committee on Homelessness, 2004

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Terri Wogan, Vice Chair
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Tom Canasi, Planning Subcommittee Chairman
Don Keuth, Membership and Finance Subcommittees Chairman
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Sandra Dowling, Superintendent of Schools, Maricopa County
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Sheila Harris, Director, ADOH
Mark Holleran, Managing Director of the Human Service Campus
Fred Karnas, Jr., Policy Advisory on Aging, Office of Children, Youth and Families
Mary Keehl, Parole Manager, ADOC
The Honorable Doug Lingner, Phoenix
Daniel Lundberg, Director, Community Initiatives, City of Surprise
Marvin Martin, Project Director, Downtown Southwest NA
Meggan Medina, Executive Director, ACEH
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Sara Moya, Chair, Homeless Trust Oversight Committee
Crucita Nuñez-Ochoa, Director of DV Programs, Chicanos Por La Causa
Dr. Frank Scarpati, Executive Director, Community Bridges
Brian Spicker, Senior VP of Community Initiatives, Valley of the Sun United Way
The Honorable Greg Stanton, Phoenix
Louisa Stark, Executive Director, Community Housing Partnership
Annette Stein, Director, Maricopa County Human Services
Margaret Trujillo, Service Integration Officer, Value Options
Jonathan Weisbuch, Director, Department of Health Services
The Honorable Mike Whalen, Mesa
The Honorable Mary Rose Wilcox, Maricopa County Board of Supervisors
Diana Yazzie Devine, Executive Director, Native American Connections

We would like to thank the 150 people who developed the original Regional Plan to End Homeless. Their work continues to inspire us today.

We would also like to thank the agencies and organizations that committed action steps to the plan in 2002. Their willingness to take the first steps in implementing the plan encouraged others to do the same.

- Arizona Coalition to End Homelessness
- Arizona Department of Corrections
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona Department of Housing
- Arizona Family Housing Fund
- City of Glendale
- City of Mesa
- City of Phoenix
- City of Scottsdale
- City of Tempe
- Healthcare for the Homeless Clinic
- Maricopa County
- Phoenix Community Alliance
- State Homeless Trust Fund
- Valley of the Sun United Way

Glossary

Affordable Housing – Housing that costs less than 30 percent of an individual’s salary.

Chronically Homeless – Described as “hard to serve” homeless. These are individuals/singles with disabilities who have been continuously homeless over the past year or have been in shelters at least four times over the past three years.

Community Development Block Grant (CDBG) – A flexible federal source of funding that is granted to local communities to (1) benefit low- and moderate-income persons; (2) prevent or eliminate slums or blight; or (3) meet other urgent community development needs.

Crime Free Housing – An international program that partners property owners, residents, and law enforcement personnel in an effort to eliminate crime in multihousing properties. The program began in 1992 in Mesa, Arizona, and has spread to 38 states, three Canadian provinces, and more than 700 cities.

Domestic Violence – A pattern of coercive control in an intimate relationship. This control may be seen in physical assault or in subtle, but equally devastating ways. Verbal, emotional, financial, and sexual abuse, as well as isolation, fall under the realm of abusive behaviors. Domestic violence crosses all racial, ethnic, economic, and religious communities.

Emergency Shelter – Short-term shelter in emergency situations, usually for less than 30 days, although can be longer.

Federal HOME Funds – The largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households.



Gaps Analysis – Part of the HUD McKinney Application process that involves attempting to estimate the number of homeless in any community.

HIV/AIDS – Refers to a segment of the homeless population who are homeless as a result of having AIDS, the Auto-Immune Deficiency Syndrome, or HIV, the virus that causes AIDS.

Homeless – According to the Stuart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and; has a primary night-time residency that is: (A) a supervised

publicly or privately operated shelter designed to provide temporary living accommodations; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

HUD – The U.S. Department of Housing and Urban Development was created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include: creating opportunities for home ownership, providing housing assistance for low-income persons, working to create, rehabilitate and maintain the nation’s affordable housing, enforcing the nation’s fair housing laws, helping the homeless, spurring economic growth in distressed neighborhoods, and helping local communities meet their development needs.

Institutional Release – Those homeless who were recently released from incarceration or other forms of institutionalization and have no resources to secure housing.

Low Demand – Refers to shelter service delivery with very few restrictions required.

Maricopa Association of Governments (MAG) – The regional planning body that convenes the Continuum of Care Homeless planning process for the Maricopa Region.

Maricopa County Human Services Campus – A new partnership among social service providers to provide homeless individuals and families with a variety of services in one location.

McKinney Vento Act – Homeless Children and Youths Program and state educational agencies (SEAs) must ensure that homeless children and youth have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

Outreach – The process of providing service delivery and resources to homeless individuals who are living on the streets.

Permanent Supportive Housing – Involves permanent, affordable housing with support services, training and employment opportunities.

Self Sufficiency Standard – A methodology utilized to calculate the earnings needed to cover basic needs/expenses without the assistance of public or private subsidies.



Serious Mental Illness – Terminology established by the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders 4th Edition, describing individuals with debilitating and paralyzing mental illness.



State Housing Trust Fund – Administered by the Arizona Department of Housing, the trust fund was created by the Arizona Legislature to expand safe, decent and affordable housing opportunities for low- and moderate-income Arizona households.

Stuart B. McKinney Act – Established in 1987, the first comprehensive piece of legislation to respond to homelessness in the U.S.

Transitional Shelter – Shelter provided to individuals for up to two years.

Undocumented – Refers to a segment of the homeless population who do not possess the necessary U.S. citizenship documentation to gain access to resources and services.

