

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: AZ-501 - Tucson/Pima County CoC

1A-2 Collaborative Applicant Name: Community Partnership of Southern Arizona

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Volunteer, Organizational employee, Community Advocate
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Coordinated Intake Subcommittee	The Coordinated Intake Subcommittee operates under the Continuum of Services Committee to develop a coordinated assessment system for Pima County homeless services providers who receive HUD and ESG funds. This effort is in alignment with HEARTH Act requirements as well as national best practices in the interest of ensuring long-term self-sufficiency among people experiencing homelessness. The Subcommittee meets monthly, with occasional additional workgroup meetings as projects require. The subcommittee also has lead responsibility for implementation of actions included in Strategies 5.1 and 5.2 of the CoC's Strategic Plan. (see attachment to CoC Application)	Monthly	Amity Foundation, COPE Community Services, Gospel Rescue Mission, Emerge!, Old Pueblo Community Services (OPCS), Open Inn, Our Family Services, Pima Prevention Partnership Sin Puertas, Primavera Foundation, Southern Arizona AIDS Foundation (SAAF)

1C-1.2	Homeless Management Information System (HMIS) Committee	The HMIS Committee is responsible for the implementation, expansion and regulation of the CoC-wide HMIS system. To use HMIS as a tool to ending homelessness, the HMIS Committee have four main operational objectives: (1) To ensure that the privacy of the homeless individual's information is secure; (2) To maintain the highest data quality to meet HUD Standards; (3) To collaborate with the HMIS Lead Agency in the development and management of all HMIS related policies and procedures; (4) To be a discussion based forum for HMIS users and agency administrators to stay abreast of HMIS data quality, standards and privacy updates. The committee members include HMIS users, agency administrators and representative(s) from the HMIS Lead Agency.	Monthly	AZ Department of Housing, City of Tucson - Housing and Community Development, CODAC, CPSA, COPE, Esperanza en Escalante, Hope Inc., La Frontera Arizona, OPCS, Open Inn, Our Family, Primavera, SAAF, Sullivan Jackson Employment Center (Pima County)
1C-1.3	Continuum of Services Committee	The purpose of the Continuum of Services Committee is to: 1) compile, review, and make available information concerning the inventory of housing and supportive services to individuals and families who are homeless and complete an annual gaps analysis; 2) identify emerging needs of those at imminent risk of homelessness and engage homeless service organizations in addressing those needs; and 3) with the Collaborative Applicant, submit HUD Continuum of Care Applications and monitor Annual Performance Reports. The committee also has lead responsibility for implementation of actions included in Strategies 1.2, 2.1, 2.2, 2.3, 4.1, 4.2, 5.2, and 5.3 of the CoC's Strategic Plan.	Monthly	Amity Foundation, AZ Department of Housing, City of Tucson - HCD, CPSA, El Rio Community Health Center, Compass Affordable Housing, Emerge!, La Frontera, Open Inn, Our Family, Primavera, SAVAHCS, SAAF, Sullivan Jackson Employment Center, United Way
1C-1.4	HEARTH Subcommittee of the Executive Committee	The purpose of the HEARTH Subcommittee is to establish a planning forum to direct the evolution of the CoC. The subcommittee addresses emerging trends, legislative mandates, and community responses to poverty and homelessness. It reviews the Governance Charter and Operating Policies and presents suggested updates and amendments to it at the CoC's May General Council meeting in preparation for a vote at the council's June meeting.	Monthly	City of Tucson - HCD, International Rescue Committee (IRC), La Paloma Family Services, Primavera, Sullivan Jackson Employment Center (Pima County), OPCS, Our Family, CODAC, Amity Foundation

1C-1.5	Emergency Solutions Committee	The purpose of the Emergency Solutions Committee is to prioritize the use of Emergency Solutions Grants for proven strategies. Responsibilities include: 1) acting as a liaison between and among city, county and federal funding sources for the Emergency Solutions Grant; 2) advising on the selection of grant recipients, performance measures, alignment with goals, and evaluation procedures; and, 3) presenting identified service gaps to the General Council for discussion.	Monthly	AZ Housing and Prevention Services, Christian Family Care, City of Tucson – HCD, Compass Behavioral Health Care, Grace St. Paul's, Hope of Glory Ministries, IRC, Our Family, Salvation Army, Primavera, Van of Hope, Society of St. Vincent de Paul
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1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

The CoC's membership includes wide representation from the private sector (non-profit organizations, health care providers, and faith-based groups) and the public sector (city, county, and state government agencies, and educational institutions) as well as individuals committed to the CoC's goals. (See attached membership spreadsheet.) The CoC promotes greater community awareness of involvement in the organization through its website, distribution of flyers, and an annual conference. All CoC members are invited to participate in committees, subcommittees, and workgroups, with each organization or individual having one vote. Representation in such groups is sufficiently large and diverse to ensure a broad range of opinions are considered.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

A CoC workgroup developed and used a form to collect APR data from applicant projects to document accomplishment in HUD and CoC priority areas. The workgroup invited people from various community sectors who were not affiliated with applicant agencies to engage in a Rating and Ranking process. Applicants were screened for conflicts of interest. A 7-member community group met and, facilitated by independent consultants and using a scoring rubric designed by the workgroup, individually scored each question on the form for each project (de-identified), compared scores, and came to consensus for each score. Total scores were tallied and used to rank each project within its HUD priority category. The community group ruled on appeals to scoring.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

In 2013, return rates and barriers were not monitored or ranked. In 2014, TPCH will use Planning Grant funds to develop monitoring and ranking processes including return rates and barriers. TPCH will develop return rates measures in two stages: (1) Agencies will self-report returns within their agency, and (2) By 2015 TPCH's HMIS Committee and Lead Agency will establish a policy to expand access to the HMIS system so each agency can view past housing program stays across all agencies. To address barriers TPCH plans to measure barriers using SAMSHA's Fidelity measures for Permanent Supportive Housing that examines: choice of housing; separation of housing and services; decent, safe, and affordable; housing integration; rights of tenancy; access to housing; flexible, voluntary, services. We will also operationalize barrier measures of eviction prevention, employment income, non-cash benefits and cash benefits.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

TPCH recruits and welcomes new members to the CoC. This year a pool of reallocation funds was created for new Rapid Re Housing programs and Permanent Supportive Housing programs. An RFP for these funds was made available to agencies inside and outside of TPCH. TPCH actively encouraged organizations who have not previously received funds through our COC to apply for these programs. One new agency submitted an application, although it did not meet threshold review and was not passed forward for funding. CoC members reviewed this with the agency and recommended other funding sources to support their proposed project. The agency will be encouraged to remain active with TPCH and apply again when more funds are available.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/29/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? No

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

The last version of the GIW that TPCCH received included three projects for which grants had not been executed by HUD. These projects were Compass Healthcare, Inc.'s Libertad 2012 (AZ0134L9T011200), Pima County CDNC's AZ-501 New Pima County HMIS Expansion (AZ0135L9T011200), and Community Partnership of Southern Arizona's AZ-501 CoC Planning Application 2012 (AZ0138L9T011200). None of the three grants was executed by HUD's deadline for inclusion. Therefore, as per direct communication from HUD to the Collaborative Applicant, Libertad 2012 and AZ-501 New Pima County HMIS Expansion were removed from the GIW. However, the AZ-501 CoC Planning Application 2012 project was not removed from GIW based on HUD guidance included in FAQ ID 1461.

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

TPCH's Rating and Ranking (R and R) Workgroup created a scoring rubric to conduct R and R; an appeal process was built in. R and R scores were also used for reallocation. A Community Group scored projects on 1/3/14. 4 appeals reviewed by the R and R Workgroup on 1/14/14, objected that scoring unfairly docked TH projects; for reallocating only, all project scores were adjusted to reduce weighting favoring PSH. A score was adjusted where an error prevented the Safe Haven from entering a value. One appeal objected to scoring on a PSH project of less than a year without an APR that could not compete with legacy PSH projects that included much longer participant time in the program and full capacity from the first day of the operating year; the workgroup rejected the appeal. Another appeal was rejected for missing the appeal deadline.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC has selected a high quality software that conforms with 2010 HMIS data standards and includes excellent technical support and assistance. The software regularly provides updates to the software to improved data collection and reporting in response to the CoC Program interim rule and other related HUD notices, then notifies the HMIS Lead Agency of the updates. The HMIS Lead Agency provides the HMIS participating agencies with information and training on software changes at least monthly and works directly with agencies to ensure HUD-required data collection and reports are available while providing technical support as needed.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes
If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

1) Privacy Plan-The HMIS Lead and the CoC are collaborating to research current HMIS regulatory guidelines and data standards, review other communities' privacy policies, and are in the process of developing a comprehensive Privacy Plan. The CoC and HMIS Lead are in the beginning phase of working with HUD Technical Assistance (TA) providers for HMIS; 2) Security Plan- The HMIS Lead and the CoC are collaborating to research current HMIS regulatory guidelines and data standards, review other communities' security policies and are in the process of developing a comprehensive Security Plan. The CoC and HMIS Lead have begun working with HUD TA providers for HMIS; 3) Data Quality Plan- The HMIS Lead and the CoC are researching current HMIS regulatory guidelines and data standards, review other communities' data quality and monitoring policies and are currently developing a comprehensive Data Quality Plan. The CoC and HMIS Lead have begun working with HUD TA providers for HMIS.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software). ServicePoint Software

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems). Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: AZ-501 - Tucson/Pima County CoC
 (select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$184,518
ESG	\$12,500
CDBG	
HOME	
HOPWA	
Federal - HUD - Total Amount	\$197,018

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	\$5,200
Other Federal	
Other Federal - Total Amount	\$5,200

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	
County	\$44,000
State	
State and Local - Total Amount	\$44,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	
Organization	
Private - Total Amount	

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	
Other - Total Amount	

2B-3.6 Total Budget for Operating Year	\$246,218
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	65-75%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	169
Transitional Housing	7
Safe Haven	5
Permanent Supportive Housing	32
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	1%
Ethnicity	1%
Race	2%
Gender	4%
Veteran status	1%
Disabling condition	12%
Residence prior to program entry	11%
Zip Code of last permanent address	16%
Housing status	12%
Head of household	1%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS-generated data is used to generate all HUD required reports. The Annual Performance Report (APR) required for all HUD grantees is generated annually. Agencies run data quality reports and their own APR reports in preparation for the final grantee version. Emergency Solution Grant (ESG) recipients enter all of their data into HMIS and the CAPER data generated through an HMIS report on an annual basis. HUD-required Housing Inventory Chart (HIC) and Point-in-Time (PIT) data, including the Unsheltered portion of PIT, is HMIS-generated and then uploaded into the HUD HDX reporting system. The HMIS Lead Agency and HOPWA grantees are working together to generate the new HOPWA APR utilizing HMIS for the new grant period beginning January 1, 2014.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The HMIS Lead Agency provides the CoC data quality reports on a monthly basis. The HMIS committee reviews the data completeness reports for the previous month and the past 12 month period. Each program is also encouraged to run their own program data quality report on a quarterly basis, along with the APR report. Each program runs their APR on an annual basis and addresses data quality issues prior to submitting their APR to HUD. The HMIS Lead Agency conducts training monthly during the HMIS committee meetings on key data elements that data quality has been an issue throughout the community. Some of the focus areas in the past year have been: chronic homelessness, disabling condition, unearned and earned income. The data subcommittee will research the topic and provide the HMIS committee guidance on maximizing data quality in each topic area. The HMIS consultants have provided directed one-on-one assistance with agencies with data quality issues.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Annually
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Monthly
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. No

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

On Pg 1, the HMIS Participating Agency Agreement states agencies shall "maintain a high level of data quality and immediately resolve data discrepancies and inconsistencies to ensure data integrity and accuracy for reports to HUD and the CoC."

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 02/26/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/29/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters			10%	90%
Transitional Housing				100%
Safe Havens				100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

In comparing the 2012 and 2013 sheltered point-in-time counts, overall there was an increase of 61 households sheltered (5%) in households sheltered. The 5% overall increase breaks down into an increase of 38 households (6%) in Emergency housing; an increase of 25 households (4%) in Transitional housing; This increase reflects improved efforts to get people into temporary shelter through outreach efforts, the marketing of services available, especially, to hard to reach subpopulations, and the availability of beds. There was a decrease of 2 households (15%) in the Safe Haven which is only reflective of one night of Pima County's sole Safe Haven, but on an annual basis the Sonora House Safe Haven exceeds utilizations rates for Chronically Homeless and SMI beds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

2H-2 If other, provide a detailed description. (limit 750 characters)

Trained volunteers interviewed clients at the non-HMIS provider shelters. Information collected from non-HMIS provider shelters was aggregated and added to the Sheltered HMIS report to produce a complete Shelter Point-in-Time report for all sheltered persons in the community.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Volunteers were trained in the data collection process before conducting PIT interviews with clients at non-HMIS provider shelters. Interview data was aggregated by the HMIS consultant and combined with HMIS-generated PIT data to accurately count clients receiving assistance in the community. Provider agency HMIS users were trained in HMIS data entry and agencies were e-mailed clear instructions to ensure that all clients admitted were entered in HMIS and that clients not served were exited for the PIT. Programs were trained to run data quality reports to check data and compare HMIS data with physical attendance. HMIS consultants also ran PIT and data quality reports and provided technical assistance to agencies with data quality issues.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	<input type="checkbox"/>
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Volunteers were trained in the data collection process before conducting PIT interviews with clients at non-HMIS provider shelters. Interview data was aggregated by the HMIS consultant and combined with HMIS-generated PIT data to accurately count clients receiving assistance in the community. Provider agency HMIS users were trained in HMIS data entry and agencies were e-mailed clear instructions to ensure that all clients admitted were entered in HMIS and that clients not served were exited for the PIT. Programs were trained to run data quality reports to check data and compare HMIS data with physical attendance. HMIS consultants also ran PIT and data quality reports and provided technical assistance to agencies with data quality issues.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Volunteers were trained on the data collection process before conducting PIT interviews with clients at non-HMIS provider shelters. Interview data was aggregated by the HMIS consultant and combined with HMIS-generated PIT data to accurately count clients receiving assistance. Provider agency HMIS users were trained in HMIS data entry and agencies were e-mailed clear instructions to ensure that all clients admitted were entered in HMIS and that clients not served were exited for the PIT. Programs were trained to run data quality reports to check data and compare HMIS data with physical attendance. As follow-up, HMIS consultants ran program PIT and data quality reports and provided technical assistance to agencies with data quality issues.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 02/26/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/29/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The unsheltered PIT in 2013 (501 persons) represented a decrease from the unsheltered PIT in 2012 (707 persons). This represents a 30% decrease in our measured unsheltered homeless population in the Continuum of Care. The explanation for this decrease is not completely clear. However, an increased emphasis in our community on housing chronically homeless persons and veterans experiencing homelessness through coordinated outreach as part of the national 100,000 Homes campaign may have contributed to the reduction in unsheltered persons. Also, the date of the unsheltered PIT was moved to avoid a conflict with a major local event and it is possible that the change of date may have affected the unsheltered PIT numbers.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Outreach workers and shelter staff collect extensive pre-count data on locations of homeless persons by interviewing persons they work with. Outreach workers collaborate with homeless persons during the count to ensure all major camps and the majority of persons are counted. Homeless individuals assist in actually conducting the unsheltered count. Volunteers receive thorough training on completing the survey tool. Completed surveys are proofread by team leaders. Surveys are entered into HMIS. HMIS data is validated by the HMIS Lead. The survey data is checked and de-duplicated during the data entry into HMIS. Surveys collect respondent name, time of survey, and location of survey allowing comparison to determine if duplication occurred.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

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

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

The CoC provided training to volunteers on completing surveys legibly, recording time and location of interviews, and staying inside their assigned sector of the CoC to conduct interviews. The "blitz" element was achieved by having all 200+ volunteers complete interviews with respondents early in the morning before they had time to move around and be counted twice. The last four digits of the social security number and name were used as unique identifiers. Survey questions included de-duplication measures asking: name, date of survey, time of survey, and survey location. These allow the data analysts to identify duplicate interviews. Enumerators are trained to identify homeless person or indicators that a person has already been surveyed.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		754	725	700
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	118	83	161	186
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		390	367	357
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		50%	50%	50%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		38	25	25

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

TPCH believes that the following strategies combined will end Chronic Homeless (CH) in Pima County by 2015: 1) The city-wide Mayor's Commission on Poverty; 2) VA initiatives; 3) Improving CoC-wide agencies' ability to designate, document, enter into HMIS, and serve CH participants through the development of a campaign promoting chronically homeless awareness in 2014-15 which will establish that ending CH by 2015 is TPCH's priority, and it will provide the educational resources to support agencies in successfully designating and serving CH; 4) The four PSH programs that serve only CH will provide CoC-wide mentorship on successful CH related practices; 5) The reduction and reallocation process for CoC-funded programs will increase the number of new beds needed to serve CH and the reduction plan decreased the funding to the lowest scoring programs in order to expand new PSH beds for CH through an open reallocation application process; and 6) Frequent data analysis on CoC-wide CH statistics.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The following are responsible for implementing the CH strategies: 1) The Mayor's Commission and VA will continue their excellent initiatives; 2) The TPCH Executive Committee is responsible for developing an initiative to increase CH awareness in 2014; 3) The agencies managing the four CH only programs Solitude, LifeWorks, Libertad and ESHP will provide mentorship and expertise on serving CH participants; 4) To reach 88 new PSH for CH units as identified in the TPCH Gaps Analysis, the CoC will add 38 PSH for CH new units in 2013, and 25 new PSH CH units in 2014-15. The three agencies that will create new PSH for CH-only programs using 2013 funds are Primavera, Old Pueblo and Our Family. Eight programs that have non-CH designated PSH will turnover a minimum of 50% beds to prioritize CH. A TPCH monitoring workgroup designated by the Planning grant will work alongside the monitoring consulting team to monitor CH programs and statistics and assist low performing CH programs to improve through performance improvement plans.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1107	1129	1152
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	918	936	955
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	83%	85%	87%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

TPCH has an average PSH stability rate of 83%. Four strategic steps will lead to improved stability: 1) Reduce barriers to maintaining housing such as evictions, unresponsive services and access to mainstream benefits; 2) The Coordinated Intake/assessment system and other housing resources such as the Pimacountyhelp.org website will help identify appropriate housing for participants; 3) The Rating and Ranking processes hold agencies accountable for Housing Stability rates, and programs with low performance (as measured by R and R scores) will experience reduced funding. Eleven programs across six agencies experienced a 13% reduction because of moderate to low performance, and TPCH believes the cuts will encourage agencies to improve individual performance to achieve maximum housing stability performance; 4) Comparative data analyses executed across the established and new PSH scattered and sponsor-based sites will examine reasons for recidivism, intermittent stayers, and leaving and develop remedial actions.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

To increase the rate of Housing Stability over the next two years TPCH is holding the following responsible: (1) Individual agencies are responsible for maintaining high housing stability numbers in their programs in order to maintain funding, (2) Programs with exemplary performance such as Solitude, LifeWorks and SPC Pima will provide mentorship to lower performing programs, (3) CoC monitoring will begin in February with receipt of the Planning grant contract. Each program's housing stability quarterly report will be reviewed by the Data Subcommittee Chair, and if performance issues are identified then the monitoring consultant and team will work in collaboration the agency and high-performing mentors to develop a Performance Improvement Plan (PIP). If the agency fails to follow the PIP or refuses funding will be impacted in the next cycle.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 2463

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?			
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?			

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	723	29.35	%
Unemployment Insurance	38	1.54	%
SSI	288	11.69	%

SSDI	231	9.38	%
Veteran's disability	52	2.11	%
Private disability insurance	1	0.04	%
Worker's compensation	0		%
TANF or equivalent	33	1.34	%
General Assistance	15	0.61	%
Retirement (Social Security)	23	0.93	%
Veteran's pension	18	0.73	%
Pension from former job	8	0.32	%
Child support	43	1.75	%
Alimony (Spousal support)	4	0.16	%
Other Source	46	1.87	%
No sources	1540	62.53	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

TPCH has a 6 point strategy to increase income and reporting of income from non-employment sources: (1) HMIS training series for 2014 will focus on data quality issues relating to data entry of non-cash and cash benefits to address the CoC-wide concern of data quality surrounding income at entry and exit in HMIS; (2) The CA will request SOAR training from the Arizona Department of Health Services/Division of Behavioral Health Services to provide training for 25 case managers from CoC projects. (3) The people who received SOAR training will provide training for all others at their agencies who provide services for homeless participants (4) A request has been made to the Chair of the Governor's Interagency Council on Homelessness and Housing to ask local representative of each of their agency to join TPCH and attend monthly general council meetings (5) Representatives from the state agencies will be requested to provide quarterly presentations at the General Council Meetings on how to assist participants to sign-up for mainstream benefits. (6) Project monitoring will identify those projects not meeting community projects so that they can be assisted to improve performance.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The TPCH Revised July 2013 Strategic Plan established the Employment Committee as Priority Three. Action 3.1.1 establishes that the CoC will collaborate with organizations to create a centralized resource that identifies existing programs in an effort to expand available employment and job training assistance.

The Employment Committee developed an inventory of employment assistance programs in an effort to enable more people the opportunity to receive employment assistance associated with their individual needs. The outcome expected was a 10% increase in the use and implementation of employment assistance programs.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

TPCH's Employment Committee, Primavera Foundation's Primavera Works Program and the Pima County One-Stop Sullivan Jackson Employment Center are the responsible organizations for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program entry. An inventory conducted in the fall of 2013 identified an additional twenty-five employment and job training programs functioning within the CoC to provide employment assistance to the full array of people experiencing homelessness. CPSA, the collaborative applicant, will be responsible for providing SOAR training to TPCH members.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 2463 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	79%	89%	94%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1572	63.82 %
MEDICAID health insurance	1106	44.90 %
MEDICARE health insurance	117	4.75 %
State children's health insurance	1	0.04 %
WIC	30	1.22 %

VA medical services	124	5.03 %
TANF child care services	18	0.73 %
TANF transportation services	0	%
Other TANF-funded services	3	0.12 %
Temporary rental assistance	1	0.04 %
Section 8, public housing, rental assistance	3	0.12 %
Other Source	5	0.20 %
No sources	1002	40.68 %

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

TPCH has a below average non-cash mainstream benefit rate of 79%. Five strategic steps will lead to a 10% increase in 2014: 1) TPCH hears HUD's request to decrease dependence on service support money, and increase income sources and therefore, will introduce an education series on mainstream benefits in 2014 to campaign the message and to provide ease of access to educational resources about non-cash sources; 2) HMIS training series for 2014 will focus on data quality issues relating to data entry of non-cash and cash benefits to address the CoC-wide concern of data quality surrounding income entry in HMIS; 3) To conduct quarterly monitoring processes on programs and offer PIP support; 4) The Rating and Ranking process will identify each agency's performance; and 5) Help people who were removed from Medicaid in the last 2 years, sign-up again under the new State Medicaid funding of 2014.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

To increase the rate of non-cash mainstream benefits over the next two years, TPCH holds responsible: (1) TPCH Executive Committee (EC) in collaboration with the Collaborative Applicant (CPSA) is charged with organizing an education series on mainstream benefits in 2014. The EC will set up DES presentations/trainings, disseminate information via quarterly CoC-wide DBHS and SOAR trainings, and advertise the RHBA's monthly trainings on related resources. 2) Pima County, the HMIS Lead Agency, in conjunction with the TPCH Data Subcommittee, will conduct income-related trainings at HMIS Committee meeting at least annually; 3) The CoC Data Subcommittee Chair will review each program's non-cash income quarterly report, and a PIP will be developed with the monitoring consultant/team, agency and high-performing mentors. 4) High performing agencies in non-cash benefits such as the HUD-VASH program, with twenty SOAR-trained employees, will be asked to present and engage the CoC in mainstream benefit discussions.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	50	50
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	9	61	76
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	323	421	435

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

Our Family Services has submitted a new project application to provide rapid re-housing for 50 homeless families in this current CoC application, with the Primavera Foundation as sub-recipient. Home Again includes a cross-agency Coordinated Intake process that provides streamlined access to the program and services of both agencies. The City of Tucson and Pima County have released a new competitive RFP for RRH services through ESG funding for 2014-2015. The Arizona Dept. of Economic Security will continue to fund RRH activities for families in Pima County through the Primavera Foundation and Our Family Services. This funding comes through a combination of ESG funds allocated to the State of Arizona, SSBG and TANF funding, as well as State funds dedicated to projects meeting the needs of families who are homeless. The American Red Cross and the Primavera Foundation are Supportive Services for Veteran Families (SSVF) grantees, and provide RRH services to veteran families through funds from the Dept. of Veterans Affairs.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The CoC's Emergency Solutions Committee is responsible for increasing the number of households with children that are assigned to rapid rehousing within the CoC. Our Family Services and Primavera Foundation, two of the rapid rehousing providers in our CoC, are both members of that committee as are all the major shelter providers. The Emergency Solutions Committee provides information to its members so emergency providers can coordinate their activities, understand rapid rehousing eligibility, and refer families to those programs effectively. In this way, shelter stays are shortened or bypassed when possible and more families enter rapid rehousing. The Arizona Department of Economic Security, the City of Tucson, and Pima County are ESG grantees and contract for RRH services in the region. The Primavera Foundation and the American Red Cross are SSVF grantees providing RRH services to veteran families in the geographic area through Department of Veteran Affairs funding.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC's ESG Written Standards/Performance Standards Workgroup is drafting policies and procedures for RRH assistance that comply with ESG standards including 24 CFR 576.2 and 24 CFR 576.500. Participants must: 1) meet the revised HUD definition of homelessness; 2) provide verification documents (e.g., identification, financial documents showing need, proof of residency); 3) be able to enter into a legally binding lease; and 4) show ability to maintain housing and household expenses after assistance. Eligibility must be re-evaluated annually. Sub-recipients, following ESG guidelines, will determine type and cost of housing stabilization. They may require households to pay partial rent based on available income and may increase a household's contribution to rent and utility costs as it develops financial independence and stability. Sub-recipients must verify that housing units adhere to rent reasonableness (30% of household's monthly income) and HUD's FMR guidelines.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

At a minimum, program participants must attend monthly case management meetings for the RRH services funded through the AZ Dept of Economic Security. Most receive case management support in person or by phone at least weekly, especially during the period when participants are searching for housing. City ESG RRH providers Emerge and Old Pueblo Community Services provide case management to households weekly. Services might be more often when the participant first enters the program and shift to biweekly or even monthly as they get close to completion. The CoC new project application for Home Again uses a step-down model of assistance, reducing financial and supportive services as families become more self-sufficient. Participants must meet with their case manager at least monthly to evaluate progress and re-evaluate need. Because it is a highly individualized program, we may continue supportive services for up to 6 months after rental assistance has ended. Annual re-evaluations assess the need for continued support based on resources and support networks and participant needs to achieve stability and maintain permanent housing.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

The RRH program funded by the Arizona Department of Economic Security is in its first year, so there has not been long-term follow up with any of the participants. The DES office is currently working with its RRH providers statewide to determine a system for follow up, which the Primavera Foundation and Our Family Services will participate in. This will include making contact with former participants and documenting contact to determine if the family is maintaining stable housing and has not experienced a return to homelessness within 12 months after the RRH assistance ends.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Open Inn’s Transitional Apartment Living Program (TALP) serves clients ages 16-18. Most of its clients are referred by AYAP as wards of the state. All CPS children placed at TALP who are nearing the age of majority participate in a Team Decision-Making Meeting (TDM) involving the child, TDM Coordinator, CPS staff, mentors, TALP staff, and others to conduct exit planning. A monthly Child, Family & Team meetings also reviews medical, dental, educational, employment, social/recreational, and mental health needs for children involved in a behavioral health network. CPS clients who reach the age of majority and depart successfully from TALP typically transition to D.E.S.’s apartment subsidy program through AYAP, where they receive continued case management and earn a housing subsidy to assist with living costs while working on educational and employment goals. Open Inn and Our Family, collaborate with other agencies to discharge homeless youth into their RHY-funded programs.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

CPS develops a discharge plan for foster children nearing the age of majority and ensures that child and caregivers receive information needed to initiate services. Stakeholders and collaborators that provide housing and other services for dependent children who are transitioning to young adulthood, including Open Inn, Sullivan Jackson Employment Center, Our Family Services, Old Pueblo Community Services, Lutheran Social Services, Youth On Their Own, Job Corp, Salvation Army Shelter, Gospel Rescue Mission, Primavera and Saint Joseph's Church. CPS' Arizona Young Adult Program (AYAP) has been working for many years with TPCH-member Open Inn to help foster children move into adulthood. Open Inn provides housing for dependent children who are transitioning to adulthood through its Transitional Apartment Living Program (TALP), which serves clients ages 16-18, and works with CPS to support discharge plans and facilitate the transition of young adults to D.E.S.'s apartment subsidy program.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Arizona Department of Health Services' Provider Manual directs health service providers to develop a discharge plan for persons discharged from inpatient settings. Housing is recognized as critical to the recipient's recovery; as part of discharge planning, the patient and Case Manager (CM) complete a housing assessment and meet with necessary parties to address housing-related needs. TPCH-member agencies work with hospitals and community health centers to ensure that persons are not discharged into homelessness. One of the county's largest providers of health care to indigent persons, El Rio Community Health Center, is a CoC member. TPCH-member Primavera Foundation has a shelter that coordinates with El Rio doctors and local hospitals to accept men released from area hospitals. Southern Arizona Health Village for the Homeless provides mobile medical services to local homeless persons; its Van of Hope visits the shelter twice weekly. El Rio nurses visit the shelter weekly.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Stakeholders and collaborators responsible for ensuring that persons are not discharged homeless from healthcare facilities include Primavera Foundation, Southern Arizona Veterans Health Care System, Pima County's public and private hospitals, neighborhood health centers such as El Rio Health Center and Marana Health Center, Medicaid providers, and Arizona Long Term Care System (ALTCS). Southern Arizona Health Village for the Homeless provides medical care to homeless persons in the community, including those released to local shelters from hospitals; its partnership includes Carondelet Health Network, Dependable Health Services, El Rio Community Health Center, Interfaith Coalition for the Homeless, Pima Community Access program, Pima County Health Department, Primavera Foundation, Salvation Army, St. Elizabeth's Health Center, Veterans Administration.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The Arizona Department of Health Services/Division of Behavioral Health Services practices a statewide protocol not to discharge patients into homelessness. The state allots funds to the Regional Behavioral Health Authority (RBHA) to prevent discharge into homelessness. Community Partnership of Southern Arizona (CPSA) is the RBHA for Pima County and coordinates behavioral health services and hospitalizations of low-income and homeless persons through a network of behavioral health providers and non-profits. Some of the places where housing is provided include residential level II behavioral health housing, independent permanent housing in the community owned and operated by behavioral health providers. Also, some patients are housed in independent permanent housing in the community paid for by the behavioral health provider through state funding. In some instances, the patient is able to be reunited and live with relatives.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

CPSA, the coordinator of behavioral health services in Pima County must follow the protocol established by the State of Arizona to not discharge patient into homelessness. Through its behavioral health providers, CODAC , COPE, La Frontera Arizona and HOPE, Inc., CPSA ensures that before a patient is discharged from a system of care they have chosen or been assigned a behavioral health provider and participated in the development of an Individual Service Plan that outlines outpatient services and referrals including responsible parties and dates of actions. A case manager has a face-to-face appointment with the patient within 72 hours of discharge to ensure the discharge plan, including housing placement, is in place. Other agencies such as Pima County, City of Tucson, Primavera, Our Family, Old Pueblo and Compass-SAMHC have housing and support services available to ensure that no individual is discharged into homelessness.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

TPCH's Discharge Planning Sub-Committee developed Guidelines for Getting Out, a directory of local housing and reentry services that is routinely provided by the Arizona Department of Corrections (ADC) to inmates who might be released homeless. ADC inmates complete a release packet that includes a focus on stable housing and those at risk to be released homeless receive a list of approved transitional housing providers; they can obtain approval for placement prior to release and transportation from prison to housing. Inmates may be assessed for services to support their housing choice (e.g., addiction counseling, job training) and helped to re-qualify for SSDI benefits. For the jailed population, two TPCH-member agencies provide information about housing at daily court hearings and provide transportation to housing, including temporary shelter placement. CoC member-Old Pueblo Community Services provides counseling at the Pima County Jail and transitional housing placement on release.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Entities collaborating in Pima County include the CoC (TPCH), member agencies and sub-grantees, Pima County courts and jail, Arizona Department of Corrections (ADC), and Southern Arizona Veterans Affairs (VA). ADC inmates who may be released homeless receive a list of transitional housing providers and Guidelines for Getting Out (an outline of local housing/reentry services developed by TPCH's Discharge Planning Sub-Committee). They can get approval for housing placement prior to release and transportation from prison to housing. For jail inmates, two TPCH-member agencies provide housing information at daily court hearings and transportation to housing, including temporary shelter placement. Old Pueblo Community Services provides counseling at the jail and transitional housing placement on release. HOPE Inc., a TPCH member, coordinates behavioral health and recovery services for inmates released from state and county systems. Inmates with veteran status are referred to the VA.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The Strategic Plan (SP) is updated annually. A new SP is being incorporated into The City of Tucson/Pima County's new Consolidated Plan. It's goals are: 1) Increase civic engagement and leadership among all segments of the community to prevent and end homelessness (regarding which TPCH strengthened the process of tracking and increasing membership and knowledge of services via agency presentations); 2) Improve access to safe, affordable housing (regarding which TPCH launched Pimacountyhelp.org housing resource webpage in September 2013, and conducted 2013 Gaps Analysis); 3) Expand community-wide economic development and strengthen individual financial stability (regarding which TPCH conducted a community survey to collect employment resource data); 4) Enhance quality of life and decrease vulnerability through equitable housing and health care resources (regarding which TPCH facilitated housing/healthcare integration workshop at 2013 annual conference); and 5) Develop an integrated homelessness assessment system effective in 2014.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The City of Tucson and Pima County collaborate closely with the CoC (TPCH). Several members of TPCH assisted with the review and selection of ESG proposals. The Emergency Solutions committee was formed as a committee of TPCH. The Emergency Solutions committee provides input into the ESG process, serves as a review committee for ESG proposals, and assists in the writing of a Policy and Procedures manual. Regular reports regarding progress of the ESG programs are made to TPCH in which performance objectives are reviewed and suggestions are made for improvements.

The State of AZ Homeless Coordination office through the Dept of Economic Security contracts for RRH services and other ESG funded activities in Pima County through Our Family Services and Primavera, and coordinates distribution of ESG funding with the City of Tucson and Pima County. Our Family and Primavera report on ESG funded activities through HMIS and make periodic reports on progress to the CoC.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

ESG Rapid Re-housing funds of \$210,191 were awarded to Emerge! Center Against Domestic Violence and Old Pueblo Community Services. ESG Homeless Prevention funds of \$105,000 were awarded to Chicanos Por La Causa and Our Family Services. These funds were used for housing relocation, stabilization services, and short and/or medium term rental assistance. Rapid Re-housing represents 38% and of the total ESG funds allocated for these activities. Homeless Prevention represents 19% of the total ESG funds allocated for these activities. The State of AZ Dept of Economic Security allocates ESG funds of \$321,149 to Primavera and Our Family Services in Pima County, of which 33% is for RRH and the remainder is for shelter and outreach services.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

TPCH developed short term and long term approaches to reducing the number of individuals and families who become homeless. Short-term Homeless Prevention activities include a community-wide emphasis on Housing First, increased inventory of available low-income housing resources, development of a self-sufficiency matrix tool, coordination with agencies that provide rental and utility assistance, and increased leverage of ESG and support service funding to agencies providing case management and support services. Long term solutions to preventing homelessness include increased access to mainstream benefits and employment, implemented via TPCH's trainings and presentations in 2014-15, to strengthen individual financial stability and self-sufficiency, increased access to safe and affordable housing by broadening community housing resource information and reducing barriers such as bad credit and prior evictions, and increased RRH and PSH projects through TPCH's reduction and reallocation process.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

TPCH participated in the 2012 HUD CoC Checkup and submitted a CoC Action Plan, securing HUD Technical Assistance to help address the following areas: 1) Identify best practice models and governance structures that support diverse membership 2) Transition CoC to efficient and HEARTH compliant sustainable structure 3) Collaborate with the Governor’s Commission on Homelessness and Housing to discuss efforts to create a statewide inventory 2) Implement a coordinated assessment process. As part of TPCH’s Strategic Plan, broader involvement and increased membership of civic leaders, private and public entities is sought through TPCH participation in events such as the Street Count, Homeless Connect and Veterans StandDown, increased social media publications, and development of CoC membership materials. This year, TPCH coordinated Street Count efforts with the Mayor’s Commission, and held community discussions regarding partnership opportunities with the City’s Housing Choice Voucher Program.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

PHAs within TPCH geographic area include Pima County and the City of Tucson which have joined together to be The City of Tucson/Pima County PHA. Pima County has 6 CoC-funded projects that serve homeless individuals and families and is the HMIS Lead Agency. The City of Tucson has 5 CoC-funded projects serving homeless individuals and families. Pima County and City of Tucson coordinate ESG funding awards throughout Tucson/Pima County. The PHA is an integral part of the VASH housing program and the Pima County 100K Homes effort. The PHA has acquired Mainstream vouchers and participates in the NEDS program which both provide housing for very low-income individuals and families with disabilities. Recently the PHA made a presentations to the TPCH general council about making PHA project-based housing and on-site office space available to non-profit agencies for housing homeless persons. This offer of partnership with the PHA to help end homelessness will come out as an RFP during 2014.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

TPCH emphasizes a Housing First approach in CoC-funded projects and non-CoC funded projects within the community. Agencies are continuously building relationships with private landlords and housing entities to support the client in housing so they are willing to let people rent with less than perfect credit history and outreaching private housing entities to educate managers on the homeless populations and barriers. TPCH has done the following in accordance with its Strategic Plan: 1)Engage and educate housing providers to ensure inventory is accessible to persons with credit issues, eviction history and criminal backgrounds, provide improved or additional resources available to persons with credit issues, eviction history and criminal backgrounds; 2)Launched a housing program resources website, pimacountyhelp.org, that allows individuals to search housing programs based on eligibility filters; and 3)TPCH's annual review of unmet needs and coordinated assessment will help to identify and remove current barriers to housing.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

All 13 of the CoC-funded PSH programs practice Housing First. In 2013, whether or not a program practiced Housing First was a measure on Rating and Ranking and from the responses we found the most common practices in TPCH are consumer choice that promotes participant entry into the housing unit of choice and amount and type of services utilized. Sam Tsembris explained that people may make risky choices but can learn from that experience when permitted the dignity of failure and that repetitive practice in making choices will lead to making the right choice. We do not allow past choices to hinder entrance into housing (low threshold admission),and implemented harm-reduction based policies. We believe participants' know their needs best, and that they will utilize services as they choose to. We ensure that participant rights are protected through Fair Housing laws, and that no additional or special rules are placed on participants in housing because of their involvement in the program.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC has been working with HUD TA, the Tucson Mayor's Commission on Poverty, and TPCH member agencies to develop a Coordinated Assessment (CA) system. The proposed CA system for Pima County, ratified by the CoC involves a centralized call center assisting people seeking homeless services. Specialists will assess people seeking services using a standardized tool, which will determine need, barriers to housing, urgency, and eligibility. People seeking services will receive further assessment at the program level to ensure the referral will meet the person's needs and support their successful reentry to housing. A key part of the proposed system is a feedback loop that returns people who were referred to programs inappropriately for a reassessment and new referral. TPVH is evaluating screening tools, including Service Prioritization Decision Assistance Tool (SPDAT). We are working to find a concise tool which holistically assesses need while gathering necessary information.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

TPCH agencies implement diverse marketing approaches in the community in accordance with AFHMP. TPCH acknowledges that word of mouth marketing is our most powerful tool in reaching the diverse individuals in the Tucson community, and word of mouth marketing translates into the following: 1) Location of different shelters and service providers throughout the diverse Tucson neighborhoods is crucial in providing proximity based marketing; 2) Annual services like Summer Sun and Operation Deep Freeze provide opportunities to market to individuals that may not otherwise engage except when the weather is extreme; 3) Local publications like The Guide to Getting Out are resources intended for recently released from jail/prison populations but it is used by diverse individuals. The Need Help brochure is a TPCH guide to locating services for people who are homeless and is distributed at City of Tucson, Pima County offices and libraries and congregations in Pima County.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

CoC Operating Policy requires homeless providers to assess if children that enter homeless programs must be enrolled in school or early childhood programs as part of regular case planning. Families are assisted with enrolling children in school or early childhood programs as needed. Families are informed of the available resources like transportation to ensure that children who are already in school remain enrolled. Families are made aware of their educational rights under the McKinney-Vento Act if they encounter barriers in enrolling a child in school or keeping a child in their home school even if as a result of homelessness they have had to leave the boundaries of the school district. Unaccompanied youth who are similarly informed of their rights under McKinney-Vento. Once the need is identified at intake and through case planning, unaccompanied youth are assisted with enrolling in school and are helped with overcoming barriers they may encounter to staying at their school of choice.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Local homeless assistance providers work with McKinney-Vento liaisons at the school, district, and state level to ensure that families and children are aware of the educational rights and access McKinney-Vento funded services like transportation, remaining in school of origin, and rapidly re-enrolling in school without the barrier of needing to immediately provide documentation typically required for school enrollment. A member of the Homeless Youth Committee attends bimonthly district level McKinney-Vento liaison meetings and representatives from the school district attend Homeless Youth Committee meetings and are members of our CoC. This close collaboration and strong working relationships with school and district liaisons ensure schools and homeless assistance providers collaborate effectively and can quickly cut across complicated systems of bureaucracy (both in schools and homeless services) to navigate homeless persons to the educational support and services they require.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

None of TPCH's permanent housing programs deny entrance to families with children unless they were originally built as SRO or 0-bedrooms, although formal CoC policy regarding this issue is still in development. Primavera Foundation, Our Family, Gospel Rescue Mission and Salvation Army all have shelter or transitional housing which allow families to stay together. Our Family Services uses a scattered site shelter model so no one is split up and there is no limit on family size. There are multiple CoC-funded programs in Pima County that have units for families, and by enforcing the two-person per room policy agencies are permitted to serve more families and large families. In addition, some agencies whose buildings are restrictive utilize motel vouchers for families. FEMA has provided vouchers that are used during the winter months. Lastly, Our Family Services is known in Pima County as the experts in family housing, and is an available resource to providers to use when family housing crises arise.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

TPCH's HMIS is a primarily open system and shares demographic information to reduce duplication of clients. In some cases TPCH can retroactively share client data across agencies; however, client must give their permission as required by HUD. One member agency, SAAF, is a closed agency because of some clients HIV/AIDS status. Primavera and Our Family self-report families who exit their rapid re-housing projects. Outside of these two agencies, TPCH's HMIS users are unable to see participant's stays in other programs. As TPCH establishes data-sharing agreements, each agency will be able to view past housing program stays, and TPCH will be able to monitor returns to homelessness on a community-wide scale. The emphasis TPCH places on increasing mainstream benefits and employment translates to increased stability and reduction in return to homelessness. TPCH is actively increasing access to resources that keep people housed (e.g., rental/utility assistance, case management support services).

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC's Strategic Plan (SP) goals directly align with Opening Doors; Goals and progress to date include: 1) Increase civic engagement and leadership among all segments of the community to prevent and end homelessness (regarding which TPCH strengthened the process of tracking and increasing membership and knowledge of services via agency presentations); 2) Improve access to safe, affordable housing (regarding which TPCH launched Pimacountyhelp.org housing resource webpage in September 2013, and conducted 2013 Gaps Analysis); 3) Expand community-wide economic development and strengthen individual financial stability (regarding which TPCH conducted a community survey to collect employment resource data); 4) Enhance quality of life and decrease vulnerability through equitable housing and health care resources (regarding which TPCH facilitated housing/healthcare integration workshop at 2013 annual conference); and 5) Develop an integrated homelessness assessment system effective in 2014 (regarding which system design flow has been improved).

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

In a pilot effort, the Primavera Foundation and Our Family Services operate a mutual coordinated intake service that streamlines linkages for families experiencing homelessness to housing and shelter resources, and is accessible to potential participants as well as referrals from the Continuum of Care. Funding from CoC, ESG, VA, and other sources support shelter, housing, homelessness prevention, and rapid-rehousing programs for families through direct contracts or subcontracts with Pima County, City of Tucson, and the AZ Dept of Economic Security. CoC funded transitional housing projects for families through the City of Tucson and Pima County include services that provide resources to families to increase income through employment and contribute to long term economic and housing stability.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The primary provider of DV services is Emerge! Center Against Domestic Abuse. Emerge! provides a single point of entry and access to services for all victims of intimate partner violence and their dependent children. The agency's current available services include: a 24/7 telephone hotline; a 50-bed emergency shelter for women and children; a hotel-based shelter program used for adult male victims and other high-risk victims who cannot be accommodated at shelter dues to space limitations or other factors; a Housing First/Rapid Re-Housing program for those who are homeless due to DV; extensive case management; and a variety of support services for adult and child victims of DV, provided either directly or through referral to other community providers. The majority of funding for DV services comes from federal DHHS and DOJ sources along with state and local government, although about 30% is from private sources. This SSO project is being reallocated to RRH in this year's application.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

CoC members individually and collaboratively provide housing for youth in Pima County through HUD and other funding. HUD-funded programming for unaccompanied homeless youth ages 18-24 is provided by Our Family (housing, case management and counseling), two Sullivan-Jackson Employment Center housing/employment collaborations (one with Tucson Prep and Our Family and one with Open Inn), and CPSA (mental health and housing with Open Inn). FYSB funding supports programs within the CoC, including housing for pregnant and parenting mothers (18-20) and families (18-21), and a shelter for youth 12-17 through Our Family, and a housing program for LGBTQ youth 18-21 through Open Inn. A multi-partner SAMHSA-funded effort addresses needs of LGBTQ youth 15-21 with substance abuse issues, including homeless youth. Open Inn and Our Family provide additional case management for homeless youth with local and state funding and Our Family conducts street outreach with youth 12-23 with funding from AZ DES.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

TPCH outreach includes: 1) Individual agency activities: active outreach workers to engage homeless individuals in places not meant for human habitation; streets, in parks, under bridges, desert camps, and places where homeless individuals congregate; emergency shelters, soup kitchens, churches and drug treatment centers. 2) Collectively, agency outreach workers coordinate efforts via meetings and partnerships ensuring local geographic areas and neighborhoods are targeted, provide resource materials and information about Sonora House Safe Haven via RAPP (a SAMHSA PATH program) drop in center, Summer Sun Relief Sites, Winter Shelter Program/Operation Deep Freeze, and inform TPCH Committees on locations, needs, and trends of the homeless street population.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The Sullivan-Jackson Employment Center coordinates efforts to end veteran homelessness for veterans who do not qualify for VA assistance, particularly through HUD-funded Project Advent, which provides housing and other services to homeless veterans who do not qualify for VA services. Community agencies provide housing and other services to homeless individuals, including veterans who do not qualify for VA services, particularly Primavera, the Salvation Army, and Gospel Rescue Mission, and La Frontera's Sonora House Safe Haven. PHA's plan to set aside 10% of all their regular vouchers for the chronically homeless, including those veterans who do not qualify for VA services, will be addressed at a Public Hearing on February 4, 2014 and hopefully implemented in March 2014. The needs of homeless veterans who are eligible for VA services are also addressed in the community; Southern Arizona Veterans Affairs Health Care System (SAVAHCS) has 152 Grant and Per Diem beds, all operated by CoC members.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)

Unmet Need Analysis informed the reduction/reallocation strategies to expand RRH beds through 2015 and the outcome balances ending CH by 2015 without creating an increase of unsheltered Literally Homeless (LH). 88 new PSH beds for CH are needed by 2015 to house the known CH population in Emergency Shelters, Safe Haven and Transitional (TH). The remainder of sheltered and unsheltered CH will be served through the prioritized turnover CH beds, and non-CoC-funded programs like VASH and SSVF. To avoid a lack of beds for LH due to the increase in CH new/turnover beds, LH needs were analyzed. Based on the analyses TPCH decided that SSO and TH could do 1:1 reallocation to RRH and new RRH projects were considered after 35 new PSH CH beds were created and 50% of PSH was prioritized to turnover in 2013. Two RRH projects were accepted in 2013: (1) The existing SSO did a 1:1 reallocation to RRH because it solely serves Domestic Violence CoC-wide. (2) An Our Family RRH new project was approved for Tier 2 to serve LH.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$176,164				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Catalina Men's Sh...	AZ0028L9T011205	TH	\$114,629	Regular
City of Tucson Su...	AZ0029L9T011205	SSO	\$61,535	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Catalina Men's Shelter
Grant Number of Eliminated Project: AZ0028L9T011205
Eliminated Project Component Type: TH
Eliminated Project Annual Renewal Amount: \$114,629

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Two projects were eliminated and reallocated as part of the TPCH 2013 Reduction and Reallocation permitting SSO and TH projects the ability to reallocate 1:1 within the same agency if these were met: 1)TPCH sought to expand PSH/RRH by an open and competitive process. Lowest-scoring projects determined by Rating and Ranking received 10% reductions to create a Reallocation Pool up to the 5% of adjusted ARD to be placed in Tier 2 for new PSH/RRH projects. The same lowest-scored projects received a 3% reallocation for a Pool in Tier 1 for new PSH/RRH projects. 2) 35 new beds for Chronically Homeless in PSH were created, 3) To reallocate 1:1 agency must demonstrate expertise in and a continued need for serving the specific subpopulation.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: City of Tucson Supportive Housing TCWC dba Emerge!
Grant Number of Eliminated Project: AZ0029L9T011205
Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$61,535

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Two projects were eliminated and reallocated as part of the TPCH 2013 Reduction and Reallocation permitting SSO and TH projects the ability to reallocate 1:1 within the same agency if these were met: 1)TPCH sought to expand PSH/RRH by an open and competitive process. Lowest-scoring projects determined by Rating and Ranking received 10% reductions to create a Reallocation Pool up to the 5% of adjusted ARD to be placed in Tier 2 for new PSH/RRH projects. The same lowest-scored projects received a 3% reallocation for a Pool in Tier 1 for new PSH/RRH projects. 2) 35 new beds for Chronically Homeless in PSH were created, 3) To reallocate 1:1 agency must demonstrate expertise in and a continued need for serving the specific subpopulation.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$574,982					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Shelter Plus Care...	AZ0044L9T011205	\$882,108	\$775,747	\$106,361	Regular
Project Bienestar	AZ0129B9T011100	\$461,084	\$401,143	\$59,941	Regular
Five Points Trans...	AZ0031L9T011205	\$105,274	\$91,588	\$13,686	Regular
Frontiers	AZ0110L9T011201	\$231,900	\$201,753	\$30,147	Regular
Project Advent	AZ0042L9T011205	\$470,199	\$409,073	\$61,126	Regular
Casa for Families II	AZ0026L9T011205	\$664,496	\$578,112	\$86,384	Regular
La Casita	AZ0032L9T011205	\$226,142	\$196,744	\$29,398	Regular
Bridges Transitio...	AZ0025L9T011205	\$755,391	\$657,190	\$98,201	Regular
Oasis Project	AZ0037L9T011205	\$225,737	\$196,391	\$29,346	Regular
Men in Transition	AZ0035L9T011205	\$69,691	\$60,631	\$9,060	Regular
New Chance Collab...	AZ0036L9T011205	\$394,861	\$343,529	\$51,332	Regular

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Shelter Plus Care Partnership
Grant Number of Reduced Project: AZ0044L9T011205
Reduced Project Current Annual Renewal Amount: \$882,108
Amount Retained for Project: \$775,747
Amount available for New Project(s): \$106,361
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCH 2013 Reduction and Reallocation process: 1) The TPCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Project Bienestar
Grant Number of Reduced Project: AZ0129B9T011100

Reduced Project Current Annual Renewal Amount: \$461,084
Amount Retained for Project: \$401,143
Amount available for New Project(s): \$59,941
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

1) The TPCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF) to collect project data of renewal applications. 2) Renewal applicants completed the PIF based on APR and HMIS data. 3) Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4) Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5) The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects. The lower 50% of all renewal projects had to allow for a 13% of their funding, no matter their ranking or housing type.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Five Points Transitional Housing
Grant Number of Reduced Project: AZ0031L9T011205
Reduced Project Current Annual Renewal Amount: \$105,274
Amount Retained for Project: \$91,588
Amount available for New Project(s): \$13,686
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Frontiers
Grant Number of Reduced Project: AZ0110L9T011201
Reduced Project Current Annual Renewal Amount: \$231,900
Amount Retained for Project: \$201,753
Amount available for New Project(s): \$30,147
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Project Advent
Grant Number of Reduced Project: AZ0042L9T011205
Reduced Project Current Annual Renewal Amount: \$470,199
Amount Retained for Project: \$409,073
Amount available for New Project(s): \$61,126
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Casa for Families II
Grant Number of Reduced Project: AZ0026L9T011205
Reduced Project Current Annual Renewal Amount: \$664,496

Amount Retained for Project: \$578,112

Amount available for New Project(s): \$86,384
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCH 2013 Reduction and Reallocation process: 1) The TPCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: La Casita

Grant Number of Reduced Project: AZ0032L9T011205

Reduced Project Current Annual Renewal Amount: \$226,142

Amount Retained for Project: \$196,744

Amount available for New Project(s): \$29,398
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Bridges Transitional Housing
Grant Number of Reduced Project: AZ0025L9T011205
Reduced Project Current Annual Renewal Amount: \$755,391
Amount Retained for Project: \$657,190
Amount available for New Project(s): \$98,201
(This amount will auto-calculate by selecting "Save" button)

3G-2 Describe how the CoC determined that this project should be reduced. (limit 750 characters)

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Oasis Project
Grant Number of Reduced Project: AZ0037L9T011205
Reduced Project Current Annual Renewal Amount: \$225,737
Amount Retained for Project: \$196,391
Amount available for New Project(s): \$29,346
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCCH 2013 Reduction and Reallocation process: 1) The TPCCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Men in Transition
Grant Number of Reduced Project: AZ0035L9T011205
Reduced Project Current Annual Renewal Amount: \$69,691

Amount Retained for Project: \$60,631

Amount available for New Project(s): \$9,060
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCH 2013 Reduction and Reallocation process: 1) The TPCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2)Renewal applicants completed the PIF based on APR and HMIS data. 3)Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4)Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5)The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3G. Reallocation - Grant(s) Reduced Details

3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: New Chance Collaboration

Grant Number of Reduced Project: AZ0036L9T011205

Reduced Project Current Annual Renewal Amount: \$394,861

Amount Retained for Project: \$343,529

Amount available for New Project(s): \$51,332
(This amount will auto-calculate by selecting "Save" button)

**3G-2 Describe how the CoC determined that this project should be reduced.
(limit 750 characters)**

This project was reduced using the TPCH 2013 Reduction and Reallocation process: 1) The TPCH Rating and Ranking workgroup developed a criteria tool, Project Information Form (PIF), to collect project and performance data of renewal applications. 2) Renewal applicants completed the PIF based on APR and HMIS data. 3) Projects were rated and scored by non-affiliated community members who utilized a scoring rubric developed by the Rating and Ranking workgroup. 4) Lowest-scored projects received 10% reductions that created a Reallocation Pool up to the 5% of adjusted ARD amount to be placed in Tier 2 for new PSH/RRH projects. 5) The same lowest-scored projects received a 3% reallocation for a Reallocation Pool in Tier 1 for new PSH/RRH projects.

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

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

\$799,146				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
14	Rapid Re-Hou...	PH	\$61,535	Regular
30	Homes First ...	PH	\$216,431	Regular
32	Home Again R...	PH	\$226,590	Regular
29	My Home	PH	\$179,961	Regular
15	Catalina Hou...	PH	\$114,629	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 14
Proposed New Project Name: Rapid Re-Housing for Survivors of Domestic Abuse
Component Type: PH
Amount Requested for New Project: \$61,535

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 30
Proposed New Project Name: Homes First Permanent Supportive Housing
Component Type: PH
Amount Requested for New Project: \$216,431

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 32
Proposed New Project Name: Home Again Rapid Rehousing
Component Type: PH
Amount Requested for New Project: \$226,590

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 29
Proposed New Project Name: My Home
Component Type: PH
Amount Requested for New Project: \$179,961

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 15
Proposed New Project Name: Catalina House Permanent Supportive Housing
Component Type: PH
Amount Requested for New Project: \$114,629

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, “Remaining Reallocation Balance” should equal “0.” If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$751,146
Amount requested for new project(s):	\$799,146
Remaining Reallocation Balance:	(\$48,000)

Note: Funds requested for new reallocated project(s) cannot exceed funds available.

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

TPCH monitoring occurs at three levels: Level 1) Monitoring individual program performance on Chronically Homeless numbers, housing stability, employment income, non-cash benefits, capacity, length of stay, and award utilization; Level 2) Monitoring the CoC-funded programs performance as a collective whole; and Level 3) Monitoring CoC-wide impact on ending homelessness through Gaps Analysis. The Continuum of Services Committee will coordinate the analyses of CoC-wide impacts on ending homelessness in Pima County, including measures of recidivism and homeless length of time. Effective February 2014, through the Planning Grant, TPCH will hire a Consulting Team to establish specific CoC Monitoring processes to ensure the CoC's ability to successfully monitor and maintain long-term monitoring sustainability. The processes will expand from the annual monitoring done through Rating and Ranking to include quarterly monitoring of performance reports from each CoC-funded agency.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

TPCH assists agencies in reaching HUD-established performance goals in two ways: 1) Clearly defined performance-based measures have been made transparent to each agency through the Rate and Ranking measurement tool which includes the APR, TPCH has created the Rating and Ranking tool to align directly with HUD-established measures.(2) By providing a collaborative network for agencies to successful meet performance goals. Agencies have a venue in which to come together to learn, support and collaborate. Support is accessed through key figures in the CoC, most particularly various offices in Pima County, the City of Tucson and the RHBA. In addition, evaluation and monitoring with the addition of specific Process Improvement Plans will be implemented to establish the success of each project

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

Three strategies will be the focus of 2014 and 2015 to assist underperforming agencies: (1) Working with the Monitoring Consulting Team to establishing the Monitoring protocol when Performance Improvement Plans (PIP) are required. (2) Continue to foster the collaborative nature of the CoC by holding high-performing programs responsible for mentoring and sharing expert knowledge with the CoC. (3) TPCH has the capacity to request technical assistance from HUD to assist under-performing agencies. With that said, TPCH expects to see improved performance from all programs based on recent changes such as the transparent and defined Rating and Ranking tool.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

Reducing the length of time of persons remaining homeless requires the CoC coordination of many resources and practices: (1) Strict implementation of Housing First will limit the barriers to obtaining and maintaining housing, plus, the Rating and Ranking process, and the use of SAMSHA Fidelity Evaluation for PSH will provide key monitoring outcomes for program effectiveness, (2) Coordinated in-take and assessment streamlines the entry process into housing by serving needs accurately, (3) CoC-wide prioritization for Chronically Homeless and aligning the services to expedite entry into housing, (4) Improving CoC-wide access to mainstream benefits and employment opportunities, (5) Data analysis executed through the monitoring process will examine the length of homeless episodes and the rate of recidivism. TPCH understands this reduction strategy requires the seamless CoC-wide agreement to execute the above five steps simultaneously.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

TPCH is taking the following steps to reducing returns to homelessness through community-wide initiatives and educational campaigns about employment and mainstream benefits that will provide mentorship on local community best practices. TPCH Gaps Analysis workgroup will continue to develop, conduct and present annual community Gaps Analysis to identify and better understand the nature of recidivism among homeless individuals and identify community gaps and barriers to breaking the cycle of homelessness in Tucson/Pima County. TPCH reallocation to PSH and RRH projects will effectively create needed beds to serve homeless families and individuals, and ESG written standards and monitoring activities will help to coordinate and strengthen programs focusing on homeless prevention activities.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

TPCH agencies coordinate street and medical outreach services to homeless individuals in places not meant for human habitation, jails/prisons, schools, soup kitchens, churches and drug treatments centers. Outreach workers connect homeless individuals and families to the CoC's agency drop in centers and assist with accessing donations, hygiene items, meals, showers, laundry facilities, information on available housing resources including motel vouchers or rental assistance, medical, behavioral health and drug treatment services, mainstream benefit programs, and employment resources. TPCH disseminates available seasonal information such as Operation Deep Freeze and Summer Sun Relief Sites to providers and the greater public through email blasts, Facebook and Twitter updates. TPCH annually updates the "Need Help" information pamphlet used by providers and individuals and collaborates in annual community events including the Tucson Homeless Connect and the Veterans Stand Down. The SAMHSA PATH outreach team has been successful in helping for over 15 years.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

For the proposed Homes First PSH project and Home Again RRH project, employment is a standard Our Family service plan goal, individualized for each client. Job readiness and professional conduct is covered in Life Skills instruction, where clients identify their skills, uncover hidden job markets and learn to make a good first impression. Topics cover career planning, job-seeking, job maintenance, interpersonal skills, etc. Case managers help clients create a resume, learn internet navigation to search and apply for jobs, prepare for interviews and instruct them on appropriate job etiquette and work attire. Staff transport them to job searches, interviews and jobs. We also refer to job training and placement programs through local resources such as the Salvation Army, Community College and Pima County One Stop. Clients who want to pursue post-secondary education are guided through the application, scholarship and enrollment processes. For youth clients without a GED, in-house GED instruction is offered.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	83%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

ACA enrollment assistance is available in Pima County through the Pima Community Access Program, United Way of Tucson and Southern Arizona, Pima County Health Department, and community health centers, who received funding through a federal ACA Navigator grant. Due to a history of low rates of enrollment in insurance coverage, four counties in Arizona, including Pima, also received federal grant dollars to conduct ACA outreach and education. Education and enrollment efforts in Pima County cover both the ACA Marketplace and the AHCCCS (Medicaid) expansion accessed through the healtharizonaplus.gov website. The majority of the CoC-funded programs work with Comprehensive Service Providers that are required by the RHBA to have a Financial Eligibility Staff (FES) that work closely with the RHBA to implement ACA. CoC-funded agencies that are not required to have FES, have created similar FES positions with staff just focused just on providing benefit and healthcare related information.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

TPCH is implementing educational presentations and workshops on Mainstream Benefits and Employment 2015. The education campaigns will put these issues in the forefront of everyone CoC-wide so that as a community we address support service funding head-on and immediately. The Executive Committee (EC) is charged with implementing the presentations because they are the committee that sets the agenda for all TPCH monthly general council meetings. The EC is responsible for marketing materials, presentations from experts, connecting the community with the proper sources, and loudly selling the message to drastically lessen dependency on HUD support service dollars, and increase other support service sources in order to meet HUD's goal of using HUD dollars for housing.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes		
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/24/2014
1D. Project Review	01/30/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/29/2014
2B. HMIS Funding Sources	Please Complete
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/29/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/29/2014
2G. Sheltered PIT	01/30/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/22/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/28/2014
2N. Unsheltered Data - Quality	01/24/2014
Objective 1	01/29/2014
Objective 2	01/30/2014
Objective 3	Please Complete
Objective 4	01/30/2014
Objective 5	01/30/2014
3B. CoC Discharge Planning: Foster Care	01/29/2014
3B. CoC Discharge Planning: Health Care	01/30/2014

3B. CoC Discharge Planning: Mental Health	01/29/2014
3B. CoC Discharge Planning: Corrections	01/29/2014
3C. CoC Coordination	01/30/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/29/2014
3F. Grant(s) Eliminated	01/30/2014
3G. Grant(s) Reduced	01/29/2014
3H. New Project(s)	01/30/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/30/2014
4B. Employment Policy	01/29/2014
4C. Resources	01/29/2014
Attachments	Please Complete
Submission Summary	No Input Required