

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

CoC Lead Agency Name: Tucson Planning Council for the Homeless

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

Instructions:

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

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

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

Name of primary decision-making group: Tucson Planning Council for the Homeless

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 94%

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

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

Specify "other" process(es):

Accepted and confirmed by consensus

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

Collaboration membership is comprised of General Members and Voting Members. Any person who attends Collaboration meetings (General Council or subcommittees) is considered a General Member and can participate in discussions, projects, and other activities. General Members do not have voting rights. To become a Voting Member, an individual or an organization must be represented at 3 consecutive monthly CoC General Council meetings and 2 consecutive standing committee meetings. All Voting Members must continue to attend General Council meetings and participate on at least one standing committee to maintain voting status.

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

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

Specify "other" process(es):

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

TPCH would have the capacity to be responsible for HUD funding and serving as the grantee. The CoC uses the Community Partnership of Southern Arizona (CPSA), a 501(c)(3), as its fiscal agent. The CoC operates by a set of organizational policies and utilizes a committee structure, which includes an executive committee that positions it to be responsible for the indicated activities. CPSA provides financial management (e.g. accounts payable and receivable; preparing and monitoring budgets, grants, and contracts management; financial reporting; and using financial controls to ensure compliance with local, state and federal statutes and audit requirements) for the administration of funds made available to the CoC.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	The tasks of the Executive Committee are to: 1) plan the agenda for general meetings; 2) identify issues for the council to address; 3) serve as the point of community contact; 4) participate in the development and review of all contracts and memoranda of understanding involving the CoC, including the CoC's administrative contractor position and fiscal agent; 5) coordinate the CoC's contractor supervision and ensure monthly reports to funding entities are coordinated with fiscal agent 6) make quarterly financial reports to the council; and 7) perform other duties as requested and approved by the CoC's membership.	Monthly or more
Continuum of Services Committee	The main purposes of the Continuum of Services Committee are to gather and analyze data concerning the inventory of housing and services available to homeless populations for the purpose of planning a seamless continuum of services in our community. The committee is also responsible for the point-in-time count of sheltered and unsheltered homeless populations, coordination of the Ten Year Plan, and the process of completion of the Exhibit 1 application.	Monthly or more
HMIS Committee	The purpose of the committee is to provide guidance for the Homeless Management Information System (HMIS) to the CoC, which is responsible for HMIS implementation. The areas of guidance include planning, software selection, implementation, and management of the database according to HUD's HMIS Data and Technical Standards. The CoC's data collection process captures all services and housing available in the community for at-risk and homeless individuals and families.	Monthly or more
Homeless Youth Committee	The purpose of the Homeless Youth Committee is to coordinate providers of education and homeless services for youth to plan for outreach, prevention, education, and evaluation of homeless youth programs.	Monthly or more

Emergency Services	The purpose of the Emergency Services Committee is to plan for, organize, implement, and evaluate Tucson's seasonal homeless programs such as Operation Deep Freeze, Project Hospitality, and Summer Sun Sites. Among those participating in seasonal homeless programs are more than 30 Pima County faith-based communities.	Monthly or more
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If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Arizona Department of Housing	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Emerge! Center Against Domestic Abuse	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Arizona Department of Economic Security - Child...	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
Southern Arizona AIDS Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
City of Tucson Housing and Community Developmen...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Pima County Community Development and Neighborh...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Domestic Vio...
Pima County One Stop Career Center - Sullivan J...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
Amphitheater Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Tucson Preparatory School	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
U.S. Department of Housing and Urban Developmen...	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Arizona Housing and Prevention Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans, Su...
CODAC	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Comin' Home	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Community Partnership of Southern Arizona	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...

Compass Health Care, Inc. dba Compass Behaviora...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
COPE Community Services, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Esperanza en Escalante	Private Sector	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Se...
La Frontera Center, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
La Paloma Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
New Beginnings for Women and Children	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Old Pueblo Community Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veteran s, Su...
Open Inn, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Our Family Services	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Primavera Foundation	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
TMM Family Services, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Wingspan - Southern Arizona's LGBT Community Ce...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes..
The Giving Tree	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Gospel Rescue Mission	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Hope of Glory Ministries	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Salvation Army	Private Sector	Faith -b...	Primary Decision Making Group, Attend Consolidated Plan f...	Youth, Subst...
American Red Cross	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Youth on Their Own	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
El Rio Health Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...

Pima County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Southern Arizona Veterans Administration Health ...	Public Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Su...
San Xavier Mission Franciscan Friars	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Arizona Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Sunnyside Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
St. Andrew's Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Pio Decimo Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Hope, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Arizona Coalition to End Homelessness	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Pima County One-Stop Career Centers	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
The Society of St. Vincent de Paul - Tucson	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Wings of Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Stand Up for Kids	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Symmetric Solutions, Inc.	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Compass Affordable Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Kathleen Joy	Individual	For merl..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Living Faith Christian Center	Private Sector	Faith-b...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Pima Prevention Partnership - Sin Puertas Clini...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Subst...
Arizona Department of Veterans Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Tucson Unified School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth

Carondelet Health Care	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Marana Health Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Community Food Bank	Private Sector	Non- pro.. .	None	NONE
Mary Pat Sullivan	Individual	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Housing

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Emerge! Center Against Domestic Abuse

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Economic Security - Child Support Enforcement, Emergency Services, Family Assistance Administration, Family Connections, Veterans Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southern Arizona AIDS Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Prescription Assistance, Mental health, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Tucson Housing and Community Development Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pima County Community Development and Neighborhood Conservation Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pima County One Stop Career Center - Sullivan Jackson Employment Center

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Transportation, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Amphitheater Unified School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Prescription Assistance, Transportation, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Tucson Preparatory School

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: U.S. Department of Housing and Urban Development - Tucson Office

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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 - Type of organization
 - Organization role in the CoC planning process
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 - Services provided, if applicable

Name of organization or individual: Arizona Housing and Prevention Services, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CODAC

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mental health, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Comin' Home

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Mental health, Transportation, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
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- Services provided, if applicable

Name of organization or individual: Community Partnership of Southern Arizona

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Prescription Assistance, Mental health, Transportation, Rental Assistance, Alcohol/Drug Abuse

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Compass Health Care, Inc. dba Compass Behavioral Health Care

Type of Membership: (public, private, or individual) Private Sector

Type of Organization: (Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization: (select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: (No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: COPE Community Services, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Employment

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Esperanza en Escalante

Type of Membership: Private Sector (public, private, or individual)

Type of Organization: Other (Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group (select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill (No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Transportation, Employment (select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: La Frontera Center, Inc.

Type of Membership: Private Sector (public, private, or individual)

Type of Organization: Non-profit organizations (Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Employment

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: La Paloma Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Beginnings for Women and Children

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Old Pueblo Community Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Mortgage Assistance, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Open Inn, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Transportation, Alcohol/Drug Abuse, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Our Family Services

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Primavera Foundation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend
(select all that apply) Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Transportation, Rental Assistance, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: TMM Family Services, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Mortgage Assistance, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wingspan - Southern Arizona's LGBT Community Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Life Skills, HIV/AIDS, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Giving Tree

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Utilities Assistance, Life Skills, Child Care, Transportation, Alcohol/Drug Abuse, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Gospel Rescue Mission

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Prescription Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hope of Glory Ministries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Life Skills, Transportation, Alcohol/Drug Abuse, Employment
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend
(select all that apply) Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Utilities Assistance, Life Skills, Mobile Clinic, Alcohol/Drug Abuse, Rental Assistance, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: American Red Cross

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Mortgage Assistance, Prescription Assistance, Mental health, Rental Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Youth on Their Own

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: El Rio Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Healthcare, Mental health, Mobile Clinic, Transportation, HIV/AIDS
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Pima County Health Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, HIV/AIDS
(select all that apply)

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

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Southern Arizona Veterans Administration Health Care System (SAVAHCS)

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Healthcare, Prescription Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: San Xavier Mission Franciscan Friars

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Corrections

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Sunnyside Unified School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Transportation
(select all that apply)

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

Instructions:

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- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: St. Andrew's Presbyterian

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pio Decimo Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Mental health, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Hope, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Arizona Coalition to End Homelessness

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pima County One-Stop Career Centers

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: The Society of St. Vincent de Paul - Tucson

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-
(select all that apply) committee/Work Group

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Utilities Assistance, Rental Assistance, Employment, Soup
(select all that apply) Kitchen/Food Pantry

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Wings of Hope

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings
(select all that apply) during past 12 months

Subpopulation(s) represented by the organization: Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Legal Assistance, Transportation, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Employment
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Stand Up for Kids

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Symmetric Solutions, Inc.

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-
(select all that apply) committee/Work Group

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Compass Affordable Housing

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kathleen Joy

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Formerly Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Life Skills
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Living Faith Christian Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Street Outreach, Case Management, Transportation, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pima Prevention Partnership - Sin Puertas Clinical Services Division

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Street Outreach, Case Management, Life Skills, Mental health, HIV/AIDS, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Veterans Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Tucson Unified School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Prescription Assistance, Transportation, Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Carondelet Health Care

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Healthcare, Mobile Clinic

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Marana Health Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Food Bank

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
 - Type of membership - Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented - No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Mary Pat Sullivan

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

**Services provided to homeless persons and families:
(select all that apply)** Not Applicable

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

Instructions:

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

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

Open Solicitation Methods: (select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s): (select all that apply) g. Site Visit(s), e. Review HUD APR for Performance Results, o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, p. Review Match, i. Evaluate Project Readiness

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Committee, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

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

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

There was a increase in emergency shelter beds due to an increase in the number of 90-day emergency beds for veterans. Also, the CoC identified an additional faith-based program that was uncounted in the past.

HPRP Beds: Yes

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

There was an increase in HPRP beds because the program was more fully implemented in its second year than in its first year.

Safe Haven: No

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

Transitional Housing: Yes

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

There was a decrease in Transitional Housing beds because some transitional beds were converted to service-enhanced affordable housing.

Permanent Housing: Yes

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

There was a slight decrease in Permanent Housing beds due to changes in income levels, family size, and FMR for tenant-based SHP. Additionally, some permanent housing beds were off-line during the Point-in-Time count due to a change in agency management.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply): Unsheltered count, HUD unmet need formula, HMIS data, Other, Housing inventory, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms

Specify "other" data types:

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

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

The CoC used annual street count data collected on January 25, 2011 to calculate, according to HUD formulas, unmet need for Emergency Shelter, Transitional Housing, and Permanent Supportive Housing. In coming to its conclusions, the CoC work group that deliberated and calculated unmet need also utilized data from the state's Point-in-Time count regarding individuals and families turned away from or on the waiting list of programs. The workgroup also used HMIS data for the same day as the Point-in-Time survey.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area: Single CoC

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

Is the HMIS Lead Agency the same as the CoC Lead Agency? No

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

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

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

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

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

The CoC's HMIS system is at the current HUD-funded capacity while there are additional programs, new reporting requirements, and impending HEARTH Act requirements. The CoC is looking at SHP reallocation as well as searching for private and public funds to expand the capacity of the HMIS user base. The CoC will also request that federal, state, and local agencies that are requiring HMIS participation for their grantees budget funding for that participation.

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

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

Organization Name Pima County Community Development and Neighborhood Conservation Department

Street Address 1 2797 East Ajo Way

Street Address 2

City Tucson

State Arizona

Zip Code 85713

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

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

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

Instructions:

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

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	1%
* Race	0%	2%
* Gender	0%	0%
* Veteran Status	0%	3%
* Disabling Condition	3%	4%
* Residence Prior to Program Entry	3%	4%
* Zip Code of Last Permanent Address	3%	18%
* Name	0%	0%

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

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

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

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

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

Indicate which reports the CoC or subset of the CoC submitted usable data: 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
(Select all that apply)

Indicate which reports the CoC or subset of the CoC plans to submit usable data: 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans
(Select all that apply)

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

Instructions:

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

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 09/30/2011

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/25/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2012

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

Emergency Shelter: 90-99%

Transitional Housing: 90-99%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The CoC thinks the decrease from 2010 in the count of unsheltered persons was mainly a result of the count methods used. In 2011, to meet the HUD mandate that communities identify veterans living on the street, an interview method was adopted. The CoC adopted a strategy to send volunteers to high-density areas and a random sample of low-density areas. Despite extensive efforts, the CoC was unable to cover all 9,188 sq. miles of the CoC planning area. The CoC decided to target the count efforts in the high density areas because those areas have meal sites and drop-in centers used by homeless people. Thus, the CoC trained 124 volunteers and outreach workers, and deployed them to high-density areas. These volunteers reported that identifying and interviewing people on the streets was very time-intensive. A second reason for the decrease in the unsheltered count is that in 2010 census workers assisted the street count both by identifying areas where homeless persons could be found and participating as enumerators. In 2011, they were not available. There was not a significant change in the numbers of people counted in the sheltered count between 2010 and 2011. The same methodology was used both years.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

The Arizona Department of Economic Security (DES) distributes and collects the annual point-in-time shelter survey. The survey forms are disseminated in early January of each year with detailed instructions to all homeless service providers in the Tucson/Pima County CoC area. In 2011, the CoC arranged to have a staff member from the Homeless Coordination Office of the Arizona Department of Economic Security conduct a training about the point-in-time count for service providers in Tucson prior to the date of the count. The 2011 data collection process also included a review of the point-in-time data by a work group of the CoC's Continuum of Services (CoS) Committee. Reviewers included CoS committee members, the CoC's HMIS consultant, a staff member from the Homeless Coordination Office of the Arizona Department of Economic Security, and the coordinator of the Plan to End Homelessness in Tucson and Pima County, Arizona.

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

Instructions:

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

The Arizona Department of Economic Security provides instructions to shelter staff about how to carry out the point-in-time survey. These instructions include a section concerning proper identification of subpopulations. A trained staff member at each agency collects data on each sheltered person upon entry into the shelter. The collected data points are consistent with data entered into HMIS. In 2011, as in the past, most of these data were self-reported by individuals sheltered at Emergency Shelters. For individuals in Permanent Housing, documentation must be present to verify their disability. All records were reviewed to ascertain the number of housed persons who fit each category at the site, and these numbers were entered into the Arizona Department of Economic Security shelter survey. The completed surveys were sent to the Arizona Department of Economic Security, which produced state and county-specific spreadsheets that summarized point-in-time data. The CoC sourced the data reported in Section 2J from these state summary spreadsheets.

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

Instructions:

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

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

The Arizona Department of Economic Security provides instructions to shelter staff about how to carry out the point-in-time survey. These instructions include a section concerning proper identification of subpopulations. A trained staff member at each agency collects data on each sheltered person upon entry into the shelter. The collected data points are consistent with data entered into HMIS. In 2011, most of these data, including veteran status, were self-reported by individuals sheltered at Emergency Shelters and in Transitional Housing. For individuals in Permanent Housing, documentation must be present to verify their disability. All records were reviewed to ascertain the number of housed persons who fit each category at the site, and these numbers were entered into the Arizona Department of Economic Security shelter survey. The completed surveys were sent to the Arizona Department of Economic Security, which investigated any questionable data and produced state and county-specific spreadsheets that summarized point-in-time data. The same methods were used for all subpopulations.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

The volunteer effort to count the unsheltered people Pima County was the first time the CoC used an interview method to collect data. This method provided detailed information about veteran status and a better picture of chronic homelessness. The CoC adopted a strategy of categorizing areas of the community as high density (HD) and low-density (LD), with a plan to send enumerators to all HD areas and to randomly sample LD areas. The CoC used square-mile sections, so that grid areas would be uniform for sampling. The CoC worked with outreach workers, police and fire departments to identify HD areas where unsheltered people were likely to be found. This information was used to identify HD and LD areas that were mapped onto the grid. The CoC conducted volunteer recruitment and made the decision to deploy its 124 volunteers to HD areas, with the expectation that volunteers would count more unsheltered people in the HD areas than in the LD areas. Many HD areas also included meal sites and drop-in centers frequented by homeless people where interviews could be conducted.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

If Other, specify:

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

Instructions:

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

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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input checked="" type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

During the 2011 street count, the CoC included a question designed to reduce the number of duplicate surveys in its unsheltered count survey. The final survey questions asked, "Has anyone already asked you these questions today?" If a person indicated they had already been asked the survey questions, their responses were removed from the survey pool. Also, the CoC worked with emergency shelter providers to allow shelter residents to stay in shelters later into the morning on the day of the unsheltered count. In this way, individuals who were in shelter the night of the count were not inadvertently counted on the streets in the early morning hours of the street count.

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

Pima County's 2006 Plan to End Homelessness, developed with the strong involvement of the CoC, identifies families with children as comprising a significant portion of the local homeless population. Consequently, the population of unsheltered homeless households with dependent children is one of the CoC's primary targets for outreach. The CoC works with local school districts and CPS to provide services to such households. An example of the importance the CoC gives to reaching and aiding this population are the outreach work and housing programs of some CoC member organizations. Primavera Foundation's outreach policy prioritizes unsheltered households with children as recipients in its hotel voucher program so those households may have a safe place to stay while they wait for emergency shelter. Through a grant funded by Adolescent Family and Life, Our Family does outreach with the same population, going into schools and attending fairs targeting young pregnant or parenting women.

With HPRP funds, rapid rehousing and homeless prevention are key tools to reduce the number of homeless families. The City of Tucson/Pima County PHA also receives Family Unification Program choice vouchers that are used to aid unsheltered households with children.

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

The CoC uses various means to identify and engage people that routinely sleep on the streets or other places not meant for human habitation. Street outreach workers from La Frontera RAPP Team (SAMHSA/PATH), VA outreach, and Primavera Foundation visit sites where homeless persons gather, including homeless camps and meal programs, to assist in referrals for transitional housing and treatment for mental health issues, substance abuse, and medical problems. Our Family does street outreach that provides survival aid for runaway and homeless youth on the streets. Open Inn is the Safe Place coordinator for Pima County assisting at-risk youth. Twice a year, the CoC sponsors Homeless Connect, a one-day community outreach event that helps persons who live on the street engage with services that can help them exit homelessness. Outreach is also conducted twice a year at the 3-day Tucson Veterans Stand Down event. The CoC creates and distributes more than 10,000 outreach brochures to homeless persons through prisons, hospitals, school liaisons, service providers, and street outreach.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 91
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 138
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 196
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 246

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

1) The CoC joined the 100,000 Homes Campaign, identifying and housing 51 of the most vulnerable chronically homeless individuals in the community utilizing a Housing First model. 2) The CoC applied for and was awarded a Bonus Grant in 2010 for housing 22 additional persons identified through the campaign's Vulnerability Index. 3) The CoC is working with the Arizona Housing Commission and local housing authorities to establish a policy of set asides for homeless persons in all new affordable housing development. 4) The local PHA will continue to provide Section 8 HCV set asides for chronically homeless households.

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

1) The CoC is working to create new beds for the chronically homeless. 2) The CoC will prioritize new chronically homeless units for families. 3) The CoC will continue to apply for funds to include chronically homeless units through the HUD Bonus Program for the duration of the program's existence. 4) The CoC will continue to work closely with the VA to fill VASH vouchers. 5) The CoC will provide training in Housing First, motivational interviewing, harm reduction, critical time intervention, and trauma-informed care.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 81

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 86

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoC has exceeded the HUD objective for persons staying in permanent housing for over 6 months.

1) To maintain the level of success in this area, CoC members will continue to locate and apply for funds for supportive services through mainstream funding sources other than HUD, such as the Veterans Administration and SAMHSA.

2) CoC members will provide a continuum of case management and support services including enrollment in mainstream services and primary health care, behavioral health care, and substance abuse services.

3) Support services will be provided through a partnership with Medicaid, where applicable.

4) The CoC will provide education in case management and support services based on the philosophies of Housing First, recovery, and harm reduction.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

1) Members of the CoC will continue to develop new funding sources for the supportive services crucial to helping homeless persons remain in permanent housing. 2) The CoC will also continue using the Self-Sufficiency Matrix, which was developed in Arizona, to score individualized domains that indicate housing stability. The goal of the case plan is to increase the scores of these domains, which indicates potential housing stability. 3) A number of providers of permanent supportive housing will continue to serve on the CoC's Continuum of Services Committee, which meets monthly and whose focus includes developing strategies in this area. 4) The CoC will provide transportation (bus passes), more support services in Activities of Daily Living skills, and opportunities for community engagement, and vocational training.

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 54

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 65

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 66

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 66

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

The economic recession continues to greatly affect the movement of homeless persons from transitional housing to permanent housing. Although transitional housing participants may have income, that income is generally insufficient to support their moving to permanent housing. In response:

- 1) Transitional and permanent housing providers within the CoC are more closely collaborating to provide vocational services and employment training to increase the percentage of participants able to transition to permanent housing.
- 2) Agencies have implemented multiple strategies to bridge job loss including emergency assistance funds, flexible payment arrangements, and employment assistance.
- 3) Transitional housing providers have expanded their eligibility requirements to include income supports other than employment such as SSI/SSDI, unemployment insurance, and veterans disability compensation.

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

The CoC will work to increase the number of permanent housing units available to people who are leaving transitional housing. The CoC will:

- 1) Develop strategies to examine the efficacy of transitional housing models, with a focus on connecting transitional living clients to mainstream services, employment and permanent housing outcomes.
- 2) Support efforts for economic and job development in Pima County as well as increasing the pool of affordable housing.
- 3) Advocate with apartment communities to accept tenants with a criminal past or no or poor credit history.
- 4) Identify funding for move-in expenses.
- 5) Reconnect individuals with their families and other natural supports such as faith communities.

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 34

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 52

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 62

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 64

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

1) The Sullivan Jackson Employment One-Stop Career Center will continue to provide employment assistance specifically for homeless populations in Pima County. All homeless populations will receive specific employment services under the guidance of case management principles (housing and a job). 2) The Primavera Foundation and the One-Stop will continue serving homeless veterans through the Homeless Veterans Reintegration Program. This will be in conjunction with Primavera's recently funded Supportive Services for Veteran Families Program. 3) The Primavera Foundation and Sullivan Jackson Employment Center will continue to work with the Pima County Attorney's Office on an employment program as an alternative to incarceration. 4) The CoC and providers will collaborate with community-based training and employment opportunities such as the Rehab Services Administration, COPE's RISE, DKA, Linkages, Hope Inc., the Coyote Task Force, and the Caridad de Porres.

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

The CoC plans to increase the number of program participants that are employed at exit by 4% each year for the next 5 years. This threshold is obtainable due to the diversity of resources between the housing and employment systems that improve outcomes for people experiencing homelessness. The direct result of a stable job is stable housing.

- 1) The CoC plans to increase its representation on the Workforce Investment Board and continue its cooperative relationship with that board.
- 2) A CoC member will continue to represent the local One Stop Career Center (WIA) and provide mainstream support for homeless program participants to secure employment opportunities now and in the future.
- 3) Behavioral health SPC and SHP permanent housing projects will continue to expand a long-term employment program that is offered to every participant. Some of the opportunities offered by this program include job coaching, supportive employment, vocational rehabilitation, and peer support.

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

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

Instructions:

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

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 271

In 12 months, what will be the total number of homeless households with children? 251

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

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

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

CoC members have initiated projects to provide housing for low-middle income families with children. 1) With State NSP funds, La Frontera is rehabilitating 24 units for households earning up to 50% AMI. 2) Project Action (HPRP) will provide services through March 2012 to an estimated 110 households with children. 4) Implementation of SSVF will provide homeless prevention and rapid rehousing for veteran families. 5) The local Community Action Agency will continue to provide eviction prevention services through CoC members and other community organizations in the Emergency Services Network. 5) The CoC will continue to collaborate with McKinney Vento school liaisons to identify homeless families and connect them with appropriate resources. 6) Some of Pima County's NSP2 acquisition and rehabilitation rental units will be available to households below 50% AMI. Old Pueblo will have 15-18 units in South Tucson and Primavera will have 9 homes available through the EI Portal program.

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

1) The CoC will continue working with local school districts to identify and assist homeless families with children. 2) The Arizona Department of Education (ADE) and the Arizona Coalition to End Homelessness (AzCEH) partner to host an annual conference that brings together homeless service providers and school homeless liaisons. The CoC will encourage broader participation by service providers in these conferences. 3) The CoC will engage in collaborative planning practices around this issue with ADE and AzCEH. 4) The VA plan to end homelessness of vets within 5 years is heavily focused on the local VA health system's participation in the CoC. The CoC will work with the local VA to provide housing vouchers for homeless female vets with children. 5) Primavera Foundation plans to develop an affordable multifamily rental property using NSP2 and NWA funds in addition to other funds. Pima County will donate a parcel of surplus property in South Tucson and allocate NSP2 funds to the project.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

In 2006, the Governor's Interagency and Community Council on Homelessness created a protocol to enforce policies to prevent foster care youth from entering into homelessness. The state revised its policy of mandatory exit at age 18, allowing foster care youth to remain in or re-enter the system and receive services until age 21. Arizona uses Chafee Foster Care Independence Program funds to provide intensive case management, employment, education, community living arrangements, life skills training and financial support to youth leaving foster care. Educational training vouchers are provided to current or former foster care youth for education, healthcare, and employment training services. Three major Pima County providers (Our Family Services, La Paloma, and Open Inn) specifically serve youth needing short and long-term housing and other key resources. The CoC's Discharge Planning Committee meets monthly to coordinate resources and implement local policies for persons exiting foster care, corrections, and other institutional settings such as hospitals. Its members include individuals instrumental in setting policies to prevent persons from exiting to homelessness and community agency representatives who can serve those exiting the aforementioned systems of care/institutions with resources other than HUD McKinney-Vento funded programs. The CoC's Discharge and Homeless Youth Committees have formally agreed to increase their collaboration on this issue in the current year

Health Care:

Arizona's Medicaid program is known as the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS implemented statewide policies that require assistance with community placement to individuals exiting in-patient health care facilities. The focus is to prevent homelessness and the provision of community placement prior to institutional discharge, which corresponds with the State Interagency and Community Council on Homelessness (ICCH) and the State Plan to End Homelessness. AHCCCS serves on the ICCH and contributes to statewide efforts to prevent release of persons from institutions to community homelessness. It is mandated that discharge planning occur upon admittance and that release to the streets is prohibited. In the VA health care system, when people leave the Substance Abuse Treatment Program (SATP), they are placed with community agencies, sponsored under the VA's Grant and Per Diem program. Carondelet Health Network, through the Southern Arizona Health Village for the Homeless (SAHVH) collaborative, provides discharge planning for homeless men being released from St. Mary's Hospital. Pima County has 3 Federally Qualified Community Health Centers, which work closely with area hospitals to provide primary medical care to homeless and low-income individuals.

Mental Health:

The Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) follows a statewide protocol not to release patients into homelessness. The state allots funds for housing for persons being discharged from hospitals. The Community Partnership of Southern Arizona (CPSA) is the Regional Behavioral Health Authority (RBHA) designated by ADHS/DBHS to coordinate and manage publicly funded behavioral health and substance abuse services in Pima County, including hospitalization, through a network of behavioral health providers. Within 48 hours of hospital admission an initial discharge plan is documented. It includes discharge location options and the types, frequency, and intensity of services to be provided. It is updated as necessary during the patient's hospital stay. The RBHA ensures that the patient has enrolled with a service provider and has an updated Individual Service Plan that outlines required outpatient services and referrals, complete with responsible parties and dates of actions to be taken. The provider ensures that patient has all medications and prescriptions prior to discharge. The provider must ensure that housing and services will be provided in the least restrictive setting. The case manager must have a face-to-face appointment with the patient within 72 hours of discharge to ensure the discharge plan is in place.

Corrections:

The CoC follows Arizona's Discharge Plan, "Getting Ready," which integrates strategic efforts for a road map for re-entry preparation starting day one of incarceration and continues throughout their sentence. Every effort is made to approve a viable housing placement before an inmate's release. The Arizona Commission on Homelessness and Housing is working with the Arizona Department of Corrections and has inmate discharge planning as a focus area during FY11. The purposes of the ACHH are to (1) serve as the statewide homelessness planning and policy development resource for the Governor and the State of Arizona, and (2) oversee the implementation and progress of the Housing Arizona: State Plan to Prevent and End Homelessness.

Inmates submit at least 3 release placements, including private residences or halfway houses. In FY 2011, ADC released 92% of inmates with viable housing placements. For released inmates, the focus is on stable housing and access to services. Case management, supervision and services are provided by ADC's Community Corrections staff through the Transition Program for Non-Violent Offenders and the Community Accountability Program. Since 2006, services have also been available to inmates releasing to approve housing in parts of Pima County through Department of Justice Prisoner Re-Entry Initiative Grants. A vast majority of inmates released without viable housing placements find a placement within 24 hours of release.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

- 1) Increase 24-hour access emergency shelter and Safe Haven sites with detox, on-site human services and public transportation accessibility.
- 2) Continue to actively take part in and support CoC planning and activities.
- 3) Increase eviction and foreclosure prevention resources. Develop a model that shows the cost-benefit of preventing homelessness through foreclosure or eviction prevention activities.
- 4) Increase supply of emergency shelter, transitional housing, permanent supportive housing, and related supportive services.
- 5) Support a community education effort that increases understanding of homelessness and communicates success.
- 6) Support a collaborative inter-related network of services and shelter providers.
- 7) Collaborate with workforce investment agencies, employers and nonprofits to provide job training and employment services for vulnerable populations.
- 8) Research Housing First/Pathway to Housing program as a possible model for providing housing and mental health services.

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

When the City of Tucson and Pima County prepared their substantial amendments to the Consolidated Plan regarding HPRP, a public meeting was held, with all local Continuum (TPCH) agencies being notified and encouraged to attend. TPCH notified the community through their listserv. While preparing the amendment, numerous consultations were held with Continuum providers, agency representatives and local leaders. A second public meeting was held to solicit comments about the final draft of the "substantial amendment" and the comments were incorporated into the planning of the HPRP program. When the HPRP program began, monthly reports were made to report progress and solicit input from the Continuum at TPCH meetings. The HPRP staff has presented outreach information to over 50 community groups and agencies. As the program begins to ramp down, quarterly reports are made to TPCH to update the Continuum on the program.

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

SAVAHCS program Health Care for Homeless Veterans (HCHV) is guided by the VA Five Year Plan to end homelessness among Veterans. The Five Year Plan is aligned with the Federal Strategic Plan to Prevent and End Homelessness for Veterans with the recognition that the VA can't meet this goal without this collaborative approach to ending veterans' homelessness. Part of the "Five Year Plan" is the expansion of short-term immediate housing know as the Rapid Emergent Housing Program (REH). Veterans experiencing homelessness may stay for up to ninety days in REH housing. The REH program has expanded from 16 beds to 40 beds during the 2011 Fiscal year. The HUD-VASH Program is a collaboration between HUD and the VA for permanent housing with case management for veterans. In the third year of operation, SAVAHCS received 75 Housing Choice Vouchers in 2010. That makes a total of 215 Housing Choice Vouchers allocated to SAVAHCS since program inception in 2008. As of the end of August 2011, 172 HUD-VASH Veterans are in permanent housing. HUD-VASH is now a viable option on the VA's continuum of housing options. A CoC member, Old Pueblo Community Services, (OPCS) offers many programs to homeless Veterans in Tucson. With 9 homeless contracts with the Veterans Administration, In 2010-2011 we have had 4 GPD contracts that served 138 veterans, 160 in REH-Rapid Emergent Housing beds, 31 in SFV-Steps For Vets (serving the needs of Veterans with chronic mental illness), 136 in SATP Stabilization beds, 118 in SATP Aftercare beds, 49 in the SAMHSA funded EMPOWR program (Engaging, Motivating and Providing Options Within Recovery), and 6 Veteran homeless families. OPCS served a total of 632 homeless Vets.

Pima County, under NSP2, has implemented acquisition and rehabilitation of foreclosed properties and the redevelopment of vacant land to further develop affordable housing. A CoC consortium carries out such activities under the direction of Pima County. Pima County NSP funds will support the Primavera Foundation in the City of South Tucson for the acquisition, redevelopment and rehabilitation of vacant lots and foreclosed properties into affordable housing. Pima County is in the process of donating surplus property in the city of South Tucson for the purpose of developing Las Abuelitas, a multifamily rental housing property for kinship families. Funds to support this project include: NSP 2 (received), NWA (applied), FHLB and HOME (not yet applied), among others.

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

If yes, please describe the established policies that are in currently in place.

The TPCH operating policy goals state the following: "To assure that TPCH has policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness and to assure that all member agencies serving families have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services." By becoming a TPCH voting member an agency commits to these goals.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The CoC works with the State Homeless Education Coordinator to gather data related to homeless children and youth in local schools. The CoC has also done outreach to local school district homeless liaisons to find out more about what they do and connect them to the CoC's Homeless Youth Committee. CoC members and local school district homeless liaisons also attend the annual Arizona Coalition to End Homeless Conference that provides opportunities for networking and cross training. Liaisons are able to learn more about services available for homeless families and youth. The CoC also provides strategies to member agencies to insure they have tools to inform families of their eligibility for McKinney-Vento educational services.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The CoC's Homeless Youth Committee (HYC) carries forward a standard of care for the local continuum that requires responsive and responsible engagement of the McKinney-Vento resources as well as special-needs and general educational provision for children and youth. The HYC has standing items on its agenda addressing educational needs of children and youth and addresses barrier reduction through representation and participation shelter and housing providers for youth and families as well as drop-out prevention specialists, and McKinney-Vento liaisons. The CoC also considers the needs of families and youth as part of the strategic planning process. A CoC member, New Beginnings for Women and Children, will host a community symposium on family homelessness in conjunction with the National Alliance to End Homelessness. The goal of the symposium is to bring together service providers, homeless families, policy makers and educators to identify strategies that will better serve families entering shelter and transitional housing and end family homeless altogether.

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

The VA's Five Year Plan recognizes the changing demographics of Veterans experiencing homelessness and has expanded to include community organizations providing services to youth and families to better serve those who are returning from the wars in Iraq or Afghanistan and/or are impacted by a changing economy. Part of the "Five Year Plan" is the expansion of short-term immediate housing known as the Rapid Emergent Housing Program (REH). Veterans experiencing homelessness can be housed for up to ninety days in REH housing. The REH program is in the process of expanding from sixteen beds to forty beds during the 2011 Fiscal year. CoC members working to end veteran homelessness include Primavera, Old Pueblo Community Service, Esperanza en Escalante, Comin' Home, 51homes Campaign, Sullivan Jackson Employment Center, and City of Tucson/Pima County PHA.

The HUD-VASH Program is a collaboration between HUD and the VA for permanent housing with case management for veterans. In the third year of operation, SAVAHCS received 75 Housing Choice Vouchers in 2010. That makes a total of 215 Housing Choice Vouchers allocated to SAVAHCS since program inception in 2008. As of the end of August, 2011, 172 HUD-VASH Veterans are in permanent housing. HUD-VASH is now a viable option on the VA's continuum of housing options

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

The Homeless Youth Committee (HYC) meets monthly for the purposes of planning, information sharing, and improvements to services for all homeless youth and families through coordinated, community-wide collaborative efforts utilizing local expertise and best practices. Representatives from local education providers, schools, and McKinney-Vento liaisons are part of the HYC's standing membership providing insight, input, energy, and commitment towards those improvements. The committee organizes information exchanges and training symposiums for local providers on the needs, emerging trends, and service barriers for youth and families as well as identifying gaps in services. Particular attention is paid towards utilizing the Federal McKinney-Vento mandates as a way of bridging youth and families into educational and housing resources and furthering their goals of stability and healthfulness. The TPCH members that currently serve homeless youth are Pima County JTED, Kino Teen Center, La Paloma Family Services, Open Inn, Our Family Services McKinney-Vento Liaisons (TUSD, Amphitheatre, Flowing Wells, Marana and Sunnyside School Districts), Pima Prevention Partnership, Skrappy's Youth Culture Collective, Tucson Preparatory Academy, Wingspan, CPSA, La Frontera, and Youth On Their Own.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	22	Beds	0	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	86	%	81	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	%	54	%
Increase the percentage of homeless persons employed at exit to at least 20%	54	%	34	%
Decrease the number of homeless households with children.	24	Households	24	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC was unable to reach its proposed 2010 objectives of increasing the number of beds for chronically homeless people because 25 beds were temporarily off line while an agency came under new management. Also, last year's Bonus project of chronically homeless beds is pending a HUD contract. The CoC was unable to increase the percentage of homeless persons moving from transitional housing to permanent housing to 65% due to the severity of the economic recession still being experienced in Pima County. The recession has caused some in transitional housing to lose their jobs and to be forced to exit programs before moving on to permanent housing. The state's systematic dismantling of the safety net of mainstream social services has had a devastating effect on families at risk of homelessness. There have been reductions in child care subsidies and access to TANF cash assistance and SCHIP.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	890	101
2010	927	116
2011	627	91

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

0

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

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

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

The number of chronically homeless beds was temporarily reduced at the time of the Point in Time count due to a change in the organizational structure at a member agency. These beds were reassigned to the management of another agency following the count.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	182
b. Number of participants who did not leave the project(s)	573
c. Number of participants who exited after staying 6 months or longer	135
d. Number of participants who did not exit after staying 6 months or longer	478
e. Number of participants who did not exit and were enrolled for less than 6 months	95
TOTAL PH (%)	81

Instructions:

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

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	791
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	425
TOTAL TH (%)	54

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 1,002

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	60	6	%
SSDI	59	6	%
Social Security	5	0	%
General Public Assistance	4	0	%
TANF	16	2	%
SCHIP	0	0	%
Veterans Benefits	8	1	%
Employment Income	336	34	%
Unemployment Benefits	40	4	%
Veterans Health Care	31	3	%
Medicaid	425	42	%
Food Stamps	482	48	%
Other (Please specify below)	318	32	%
child support, spousal support, Medicare, WIC, pension from job			
No Financial Resources	349	35	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

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

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

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

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

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

The CoC annually collects, aggregates and analyzes data related to enrollment and participation in mainstream programs to guide discussions to develop or modify policies related to mainstream program access. The CoC invites guest speakers to its General Council meetings to address specific issues related to mainstream program access for homeless individuals. DES representatives actively participated in the CoC's annual conference with presentations on mainstream services.

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

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

The meeting dates for the CoC's Continuum of Services Committee during the past year have been as follows: Oct. 27, 2010; Nov. 17, 2010; Dec. 22, 2010; Feb. 23, 2011; March 23, 2011; April 27, 2011; May 25, 2011; June 29, 2011; July 27, 2011; Aug. 24, 2011; and Sept. 28, 2011.

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

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. annually (every year)

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

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

Has the CoC participated in SOAR training? Yes

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

Sept. 2, 2005

Sept. 6-7, 2006

Mar. 27-28, 2006

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case Managers meet with clients at entry to assess their needs and develop a case plan with them. During this meeting, case managers help clients identify potential mainstream benefits and begin the process of acquiring these benefits. Case managers assist clients in completing applications and help clients monitor the status of applications, including providing advocacy as needed.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers follow the case plan developed at program entry with each client. Many providers review these plans weekly with each client and all providers follow-up at least monthly with each client to determine status of mainstream benefit applications. During the follow-up meetings case managers check the status of benefits and advocate for each client, as needed. Case plans are in place during each client's entire program enrollment and most programs provide access to six months of follow-up case management following a client's exit.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Sonora House-Safe...	2011-10-07 15:52:...	1 Year	La Frontera Cente...	425,148	Renewal Project	SHP	SH	F
Project Advent	2011-10-07 20:12:...	1 Year	Pima County	461,425	Renewal Project	SHP	TH	F
Solitude Housing ...	2011-10-10 10:29:...	1 Year	CODAC Behavioral ...	221,118	Renewal Project	SHP	PH	F
Positive Housing ...	2011-10-03 18:00:...	1 Year	Southern Arizona ...	28,373	Renewal Project	SHP	PH	F
Bridges Transisti...	2011-10-18 13:24:...	1 Year	City of Tucson - ...	741,272	Renewal Project	SHP	TH	F
Long Term Housing	2011-10-03 17:25:...	1 Year	Southern Arizona ...	87,783	Renewal Project	SHP	PH	F
Pathways	2011-10-18 12:07:...	1 Year	City of Tucson - ...	91,037	Renewal Project	SHP	PH	F
Shelter Plus Care...	2011-10-18 19:00:...	1 Year	City of Tucson - ...	830,916	Renewal Project	S+C	SRA	U
Your Place Transi...	2011-10-07 17:41:...	1 Year	Our Family Servic...	60,789	Renewal Project	SHP	TH	F
Supported Housing...	2011-10-10 10:37:...	1 Year	CODAC Behavioral ...	171,443	Renewal Project	SHP	PH	F
Catalina Transiti...	2011-10-04 17:53:...	1 Year	The Primavera Fou...	112,486	Renewal Project	SHP	TH	F
CASA for Families II	2011-10-13 14:30:...	1 Year	Pima County CDNC	434,713	Renewal Project	SHP	TH	F

Positive Housing ...	2011-10-03 17:47:...	1 Year	Southern Arizona ...	86,499	Renewal Project	SHP	PH	F
LifeWorks Support...	2011-10-21 15:35:...	1 Year	COPE Community Se...	222,646	Renewal Project	SHP	PH	F
Oasis Project	2011-10-03 21:04:...	1 Year	Old Pueblo Commun...	221,516	Renewal Project	SHP	TH	F
Five Points Trans...	2011-10-04 17:42:...	1 Year	The Primavera Fou...	103,306	Renewal Project	SHP	TH	F
Shelter Plus Care...	2011-10-18 19:32:...	1 Year	City of Tucson - ...	322,572	Renewal Project	S+C	TRA	U
La Casita	2011-10-07 18:43:...	1 Year	Pima County	221,935	Renewal Project	SHP	TH	F
CASA Coalition As...	2011-10-07 19:21:...	1 Year	Pima County	428,470	Renewal Project	SHP	TH	F
New Chance Collbo...	2011-10-07 18:04:...	1 Year	Pima County	387,476	Renewal Project	SHP	TH	F
Samaritan PH11	2011-10-10 16:48:...	1 Year	Compass Healthcar..	156,274	Renewal Project	SHP	PH	F
Pima County HMIS	2011-10-13 13:16:...	1 Year	Pima County CDNC	181,089	Renewal Project	SHP	HMIS	F
Men in Transition	2011-10-21 18:04:...	1 Year	Old Pueblo Commun...	68,391	Renewal Project	SHP	TH	F
City of Tucson - ...	2011-10-21 13:25:...	1 Year	City of Tucson - ...	60,385	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-07 16:58:...	1 Year	Arizona Departmen...	913,068	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2011-10-18 19:09:...	1 Year	City of Tucson - ...	330,084	Renewal Project	S+C	TRA	U
Project Bienestar	2011-10-21 19:18:...	1 Year	Communit y Partner...	461,084	New Project	SHP	PH	P1

Budget Summary

FPRN	\$4,973,574
Permanent Housing Bonus	\$461,084
SPC Renewal	\$2,396,640
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AZ-501 Certificat...	10/18/2011

Attachment Details

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