Phoenix/Maricopa County CoC Preliminary Report

The technical assistance team assigned to the Phoenix/Maricopa County CoC has reviewed assessment results from CoC stakeholders submitted through the CoC self-assessments as well as other Check-up data, including CoC "dashboard" data submitted by the CoC into www.HUDHDX.info, and additional data. This document summarizes the CoC strengths and challenges that the TA team perceived as a result of that review process, which may be useful to the CoC's community planning. The observations made are those of the TA team and not HUD.

Areas of Strength

Governance and Structure

- Seated as a committee of the Maricopa Association of Governments, the CoC primary decision-making group has its administrative roles and responsibilities clearly written out, as well as working committees, sub-committees and groups that work towards effectively accomplishing CoC goals and management.
- The CoC has an established process in place to evaluate programs on a regular basis. It has a written and transparent process for evaluating and selecting projects for the annual CoC funding competition, a neutral ranking process, and a clear procedure for communicating decisions.
- The CoC uses APR, HMIS and other performance data in the annual CoC application review process to inform its decision making to evaluate projects and allocate resources more effectively.

CoC Plan and Planning Process

- The CoC has a written strategic plan to prevent and end homelessness that is consistent with the Ten Year Regional Plan, recognized by CoC stakeholders, and is overseen by a specific body tasked with implementation and regular review and update of the Plan. The Strategic Plan has over 30 specific action steps and entities that are responsible for carrying out parts of the plan.
- The CoC has been engaged in the development of the Arizona Plan to Prevent and End Homelessness for Veterans. The plan localizes the Federal Strategic Plan to End Homelessness and leverages the goals and action steps in the Regional Plan with a specific focus on homeless veterans.

CoC Infrastructure and Administrative Capacity

- The CoC has an HMIS that has been consistently administered by the same lead agency and has high utilization across HUD-funded programs. For example, the HMIS bed coverage in all areas (emergency shelter, safe haven, transitional housing, and permanent supportive housing beds) is at least 73% and over 86% in most areas.

- The CoC has sufficient capacity to administer HMIS and has policies and procedures in place. The HMIS is able to produce project level APRs, produces system level data for the Homeless Pulse Report, and can generate reports that meaningfully support CoC planning and project development. The number and percent of AHAR Categories with Usable Data is at 100% in 2010 with the inclusion of PSH.

CoC Housing and Services

- The CoC includes a range of prevention, outreach, housing (shelter, transitional housing, and permanent supportive housing), and service elements (including rapid re-housing and stabilization), with linkages to mainstream benefits, treatment, and employment assistance systems, whose providers are knowledgeable, and whose programs routinely meet or exceed HUD performance standards

Areas of Challenge

Governance and Structure

- Although functionally, the CoC is strengthened by the participation of a broad range of stakeholders, participation in decision-making was described as largely restricted to representatives from key government agencies and large providers. Largely seen as missing from or under-represented in goal-setting, decision-making, and evaluation processes were consumers, landlords including public housing authorities, mental health service providers, legal services providers, and representatives from justice/corrections, the academic/research community, and the philanthropic community.
- Because of the formal nature of the CoC structure within MAG, stakeholders seemed to see issues with transparency, ability of stakeholders to make their opinions heard, and ability of the CoC to make significant changes. Comments included that the structure was cumbersome and complex and needed more inclusion of service providers and other stakeholders.

CoC Plan and Planning Process

- Stakeholders indicated that discharge policies in place by foster care, corrections and health care are not consistent with the CoC plan. There was general agreement that discharge policies from all institutions could be improved to be more consistent with CoC policies.
- Comments indicated that progress implementing the CoC plan may be hindered by 1) the existence of a second, agency-driven community initiative that does not coordinate effectively with the CoC and 2) the CoC's lack of power over individual agencies to implement the necessary changes required in the plan.

CoC Infrastructure and Administrative Capacity

- Though the CoC monitors all grants by examining program and APR data, the CoC has difficulty monitoring and evaluating the 50+ HUD grants as effectively or thoroughly as it would like because of a lack of administrative staff.

- Questions related to fair housing advancement generally scored weaker, which may be an area where training is needed.

CoC Housing and Services

- Stakeholders indicated a concern that transitional housing providers may not be serving individuals and families who cannot otherwise be more appropriately served in other programs, and that screening is not done upon intake to determine the most effective type of intervention needed. In fact, one comment stated that transitional housing is reserved for the highest functioning people, who may better be served in other, less resource-intensive programs.
- There was general concern over the availability of emergency shelter and transitional housing, as well as street outreach; the ease of navigating the shelter, prevention, and re-housing systems; and the effectiveness of those systems in linking participants to permanent housing.
- One stakeholder noted that the CoC is creating a centralized intake/assessment system and would like help in this, which may address some of the issues noted above. In this new system, the CoC may want to consider including a mechanism for assessing households, and then targeting effective resources to appropriate households.
- There was fairly broad concern that local discharge planning practices by foster care, corrections, health care, and mental health care systems is contributing to homelessness
- There was concern that domestic violence providers were not coordinating effectively with other providers in the Continuum. One of the goals of the updated Regional Plan is to bring together CoC providers and Domestic Violence providers to coordinate and partner on various service provision issues.
- There was concern that although many organizations are doing good work, they sometimes operate in silos, and without adequate attention to collaboration. There was suggestion to use the update of the Ten Year Regional Plan as a way to encourage a more comprehensive and cohesive structure amongst providers that strengthens coordination.

CoC HDX Dashboard

- Despite a large number of individuals and families on the street, data from the Annual Homeless Assessment Report (AHAR) shows that a large percentage of both individuals and families entering emergency shelter, transitional housing, and even permanent supportive housing are coming from housed situations, either family/friends or rental housing situations. This seems to raise resource allocation questions, with such a large number of families and individuals on the street. Alternatively, the problem could be a data quality issue, or a misunderstanding by some staff of the intent of the “prior living situation” intake question, or that the data used to answer these questions is coming from inadequately updated old assessments dating from the clients' entry into homelessness, rather than from assessments capturing their immediately prior living situation.

Other Information

- The CoC’s outcome for moving households from transitional housing to permanent housing is 57%, which is below the HUD national goal of 65%.