

ACTION PLAN FOR STATE OF ARIZONA

Goal 1: Lay the groundwork for systems change through planning, development, implementation and evaluation.

Objective(s)	Lead Manager	Strategy/Action	Expected Outcomes	Benchmarks
<p><u>1.1</u> Gain buy-in of local communities for planning and activities that focus on improving access to mainstream resources for persons who are chronically homeless.</p>	<p>CoCs and ADES</p>	<p><u>1.1.1</u> Solicit input thorough the continuums of care and other local planning groups. <u>1.1.2</u> Establish a feedback mechanism between the communities, planning groups and elected officials.</p>	<p><u>1.1.1</u> CoCs and local area input incorporated into actions/plans. <u>1.1.2</u> Increased statewide participation and ownership of this plan.</p>	<p><u>1.1.1</u> A forum for input established by each of the three continuums. <u>1.1.2</u> Communication between planning groups, such as CoCs, SPAH, and local communities.</p>
<p><u>1.2</u> Collect comprehensive data and information to guide decision-making that impacts services to those who are chronically homeless.</p>	<p>Governor's Office and ADES</p>	<p><u>1.2.1</u> Assess mainstream service system. <u>1.2.2</u> Identify laws/regulations that negatively impact the provision of mainstream services. <u>1.2.3</u> Develop a pilot project to produce cost data. <u>1.2.4</u> Establish an inventory of best practices.</p>	<p><u>1.2.1</u> Identification of issues associated with access to mainstream services. <u>1.2.2</u> Identification of legal and regulatory impacts, barriers and needed changes. <u>1.2.3</u> Cost of managing homelessness versus preventing homelessness through integrated services. <u>1.2.4</u> Adoption of best practices.</p>	<p><u>1.2.1</u> Identification of mainstream services and utilization rates. <u>1.2.2</u> Create proposal of recommended changes to laws/regulations that pose barriers. <u>1.2.3</u> Cost/benefit data completed. <u>1.2.4</u> Evaluation of potential models and strategies completed.</p>
<p><u>1.3</u> Develop long-term data sources to capture information on persons who are chronically homeless.</p>	<p>CoCs and ADES</p>	<p><u>1.3.1</u> Implement HMIS. <u>1.3.2</u> Develop an evaluation tool. <u>1.3.3</u> Identify and collect other related data sources.</p>	<p><u>1.3.1</u> More comprehensive data. <u>1.3.2</u> A means to measure effectiveness of programs. <u>1.3.3</u> More comprehensive data on those who use or will use and agencies providing or not providing services.</p>	<p><u>1.3.1</u> Summary of data on population served. <u>1.3.2</u> Baseline evaluation data on programs. <u>1.3.3</u> Create an inventory of related service data.</p>
<p><u>1.4</u> Maximize the use of funding/resources to expand or enhance services to those who are chronically homeless.</p>	<p>Governor's Office and ADES</p>	<p><u>1.4.1</u> Identify untapped federal fund sources. <u>1.4.2</u> Identify creative opportunities around funding of categorical programs including state set-asides and braided funding. <u>1.4.3</u> Assist agencies in applying for new federal and private grant monies.</p>	<p><u>1.4.1</u> Plans made to tap unused federal fund sources. <u>1.4.2</u> Opportunities seized that maximize categorical funding. <u>1.4.3</u> Expansion or enhancement of services with federal or private monies.</p>	<p><u>1.4.1</u> Review and summary of federal funds usage by state department. <u>1.4.2</u> Summary of information on categorical programs and state set-asides and braided funding. <u>1.4.3</u> Prospect list compiled.</p>
<p><u>1.5</u> Enhance education and advocacy opportunities on</p>	<p>Governors Office, ACEH, and</p>	<p><u>1.5.1</u> Educate system leaders and elected officials on benefits of service integration for</p>	<p><u>1.5.1</u> Better coordination and improved access to mainstream resources.</p>	<p><u>1.5.1</u> Track included in ACEH conference.</p>

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issues impacting those who are chronically homeless.	Veterans Services	<p><u>1.5.2</u> people who are chronically homeless.</p> <p><u>1.5.2</u> Conduct trainings for field staff frontline staff, etc., geared to improving access to mainstream services.</p> <p><u>1.5.3</u> State Dept of Veterans Services liaison with Federal VA and US Vets centers to determine potential linkages with other mainstream programs.</p> <p><u>1.5.4</u> Elevate visibility of State Planning to Address Homelessness (SPAH).</p> <p><u>1.5.5</u> Revive the Joint Legislative Committee on Homelessness (JLCH) to champion the issue.</p>	<p><u>1.5.2</u> Increase in linkages with mainstream service providers.</p> <p><u>1.5.3</u> Obtain leadership buy-in from state agency stakeholders and mainstream service providers.</p> <p><u>1.5.4</u> SPAH becomes an interagency coordinating Council (ICC) with authority to take action to fight homelessness.</p> <p><u>1.5.5</u> Provide a forum for high-level visibility discussion on issues impacting persons who are chronically homeless.</p>	<p><u>1.5.2</u> Relationships established with Federal VA and US Vets centers.</p> <p><u>1.5.3</u> Create advisory groups with membership that supplements SPAH.</p> <p><u>1.5.4</u> Executive Order delineating responsibility and authority of SPAH signed by the Governor.</p> <p><u>1.5.5</u> JLCH extended.</p>
<u>1.6</u> Increase consumer involvement in efforts to promote systems change.	CoCs, ACEH and ADES	<u>1.6.1</u> Promote consumer involvement on all levels; including invitations to meetings, surveys, etc.	<u>1.6.1</u> Consumer input and buy-in and systems that are responsive to consumers.	<u>1.6.1</u> Consumer input received at meetings and development of a Speakers Bureau.
<u>1.7</u> Develop a housing strategy to improve access to housing for those who are chronically homeless.	ADOH and CoCs	<p><u>1.7.1</u> Evaluate current housing stock.</p> <p><u>1.7.2</u> Increase existing rental subsidy stock for persons who are chronically homeless.</p> <p><u>1.7.3</u> Identify funding sources for ongoing project-based assistance.</p> <p><u>1.7.4</u> Implement HMIS and use data to design programs and projects that facilitate housing options.</p> <p><u>1.7.5</u> Ensure people who are chronically homeless are a priority in the point system for low-income housing tax</p>	<p><u>1.7.1</u> Information on current stock and condition of existing structures.</p> <p><u>1.7.2</u> Increase in housing options.</p> <p><u>1.7.3</u> Increase in funding for project-based assistance.</p> <p><u>1.7.4</u> Programs and projects that facilitate housing are tailored to needs of persons who are chronically homeless.</p> <p><u>1.7.5</u> Projects that facilitate access to housing for persons who are chronically homeless receive preference.</p> <p><u>1.7.6</u> Increase in persons obtaining housing.</p> <p><u>1.7.7</u> Increase in Housing Options.</p>	<p><u>1.7.1</u> Inventory developed.</p> <p><u>1.7.2</u> Exploration of creative ways to develop rental subsidies</p> <p><u>1.7.3</u> Development of a proposal to utilize fund sources.</p> <p><u>1.7.4</u> Statewide database developed to place people in housing.</p> <p><u>1.7.5</u> Project preference implemented.</p> <p><u>1.7.6</u> Coordinate access to benefits.</p>

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		<p><u>1.7.6</u> credit. Maximize access to benefits to provide rent money.</p> <p><u>1.7.7</u> Address NIMBY issues affecting housing.</p> <p><u>1.7.8</u> Develop a new Housing First project.</p>	<p><u>1.7.8</u> Increase in housing options through Housing First project.</p>	<p><u>1.7.7</u> Identification of NIMBY issues and recommend changes to overcome issues.</p> <p><u>1.7.8</u> Housing First new project funded.</p>
<p><u>1.8</u> Provide technical assistance for agencies interested in expanding or enhancing services to persons who are chronically homeless.</p>	<p>ADES, ACEH and ADOH</p>	<p><u>1.8.1</u> Identify opportunities to provide technical assistance, such as for expanding or enhancing housing options.</p>	<p><u>1.8.1</u> Statewide agencies take a broader role in facilitating and providing technical assistance to nonprofits.</p>	<p><u>1.8.1</u> Summary of technical assistance needs.</p>
<p><u>2.1</u> Reduce and remove barriers to mainstream services and programs.</p>	<p>CoCs, ADES and Governor's Office</p>	<p><u>2.1.1</u> Identify most appropriate strategies or service teams approach for Arizona, such as integrated service teams, one-stop shop, Arizona's No Wrong Door and individual service plans that promote client engagement.</p> <p><u>2.1.2</u> Promote integration of service systems..</p> <p><u>2.1.3</u> Develop a pilot project for a day resource center.</p>	<p><u>2.1.1</u> Client-focused systems change that improves access to resources.</p> <p><u>2.1.2</u> Decrease in administrative costs for mainstream service providers and an increase in customer service through decreased reporting requirements for clients and other service providers.</p> <p><u>2.1.3</u> Streamlined access to services and benefits determination for persons who are chronically homeless.</p>	<p><u>2.1.1</u> Implementation of appropriate strategies.</p> <p><u>2.1.2</u> Identify opportunities to blend/braid funding and establish universal application processes across service systems.</p> <p><u>2.1.3</u> Day Resource Center established in Maricopa County.</p>
<p><u>2.2</u> Expand outreach efforts to better link persons who are chronically homeless to mainstream services.</p>	<p>CoCs</p>	<p><u>2.2.1</u> Coordinate outreach teams.</p> <p><u>2.2.2</u> Establish more outreach teams statewide.</p> <p><u>2.2.3</u> Expand capability of outreach teams through interdisciplinary teams.</p>	<p><u>2.2.1</u> Improved coordination, supported by HMIS and a decrease in duplication of services and an increase in activities that lend to a client-centered delivery system.</p> <p><u>2.2.2</u> Increase in the number of chronically homeless persons accessing mainstream services.</p> <p><u>2.2.3</u> Expedited identification of individual client's service</p>	<p><u>2.2.1</u> Infrastructure created that coordinates activities of outreach teams.</p> <p><u>2.2.2</u> Relationships established with chronically homeless persons.</p> <p><u>2.2.3</u> Coordinated assessment of clients needs</p>

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			needs.	
<p><u>2.3</u> Maximize participation in mainstream services and programs.</p>	<p>CoCs and ADES</p>	<p><u>2.3.1</u> Improve process for SSI determination for persons who are homeless or are at risk of homelessness.</p> <p><u>2.3.2</u> Improve process for obtaining medical benefits for persons who are homeless or are at risk of homelessness.</p> <p><u>2.3.3</u> Improve process for food stamps and other cash assistance for persons who are homeless or are at risk of homelessness.</p>	<p><u>2.3.1</u> Expedited access to Federal SSI benefits.</p> <p><u>2.3.2</u> Expedited access to medical benefits.</p> <p><u>2.3.3</u> Expedited access to food stamps and other cash assistance.</p>	<p><u>2.3.1</u> Relationships established and meetings held with SSI benefits representatives.</p> <p><u>2.3.2</u> Relationships established and meetings held with AHCCCS.</p> <p><u>2.3.3</u> Relationships established and meetings held with ADES/FAA.</p>
<p><u>3.1</u> Implement systems change with stakeholders involvement.</p>	<p>ADES, ADHS and ADOC</p>	<p><u>3.1.1</u> Develop consumer focused discharge policies across various systems (hospitals/jails/prisons/mental institutions and foster care system).</p> <p><u>3.1.2</u> Change Medicaid status from termination to suspension when being returned to an institution (i.e. jails/prison/state hospital and other managed care).</p> <p><u>3.1.3</u> Encourage discharge planning from shelters to housing..</p> <p><u>3.1.4</u> Develop statewide advisory commission around discharge planning policies.</p> <p><u>3.1.5</u> Develop and implement presumptive eligibility processes.</p>	<p><u>3.1.1</u> Decrease in persons released homeless from institutions.</p> <p><u>3.1.2</u> Continuous medical coverage for eligible persons.</p> <p><u>3.1.3</u> Decrease in persons released to homelessness from shelters.</p> <p><u>3.1.4</u> Forum to receive information on discharge planning policies.</p> <p><u>3.1.5</u> Persons in institutions linked to mainstream resources prior to release.</p>	<p><u>3.1.1</u> Discharge planning policies implemented.</p> <p><u>3.1.2</u> Policies and practices implemented that support suspension versus termination of medical coverage.</p> <p><u>3.1.3</u> Shelters provide listing or information on other shelter/housing options for persons leaving their shelter.</p> <p><u>3.1.4</u> Advisory Commission established.</p> <p><u>3.1.5</u> Presumptive eligibility polices and processes established by stakeholders and a pilot project established with ADOC and the Arizona State Hospital.</p>

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<p><u>3.2</u> Develop and enhance education and advocacy opportunities.</p>	<p>ACEH, ADHS, ADOC and ADES</p>	<p><u>3.2.1</u> Educate institutions on needs to develop a discharge planning policy.</p> <p><u>3.2.2</u> Promote exemplary practices for discharge planning utilized by other communities.</p> <p><u>3.2.3</u> Identify laws/regulations and practices that create barriers to discharge planning, such as crime free housing practices.</p>	<p><u>3.2.1</u> Institutional buy-in on need for discharge planning policies.</p> <p><u>3.2.2</u> Increased awareness of models and exemplary practices on need for discharge planning policies and practices.</p> <p><u>3.2.3</u> Identification of legal/regulatory and policy/practice impacts and needed changes.</p>	<p><u>3.2.1</u> Draft policies crafted.</p> <p><u>3.2.2</u> Compile information on models and exemplary practices.</p> <p><u>3.2.3</u> Create proposal of recommended changes to laws/regulations and practices that pose barriers.</p>
<p><u>3.3</u> Increase consumer involvement.</p>	<p>ACEH, ADHS, ADOC and ADES</p>	<p><u>3.3.1</u> Engage consumers to assist in creating or reviewing plans to prevent homelessness through discharge planning.</p>	<p><u>3.3.1</u> Consumer driven discharge planning practices.</p>	<p><u>3.3.1</u> Consumers participate in meeting/s, surveys or other creative strategies to provide input on discharge planning.</p>
<p><u>3.4</u> Develop tools to assist persons being discharged from institutions/care who are at risk of homelessness.</p>	<p>ADES, ADHS, ADOC and CoCs</p>	<p><u>3.4.1</u> Create an ex-offenders resource guide.</p> <p><u>3.4.2</u> Ensure youth aging out of foster care have access to resources provided through Foster Chaffee Care Act.</p> <p><u>3.4.3</u> Increase number of respite beds and youth group homes available in the community.</p>	<p><u>3.4.1</u> Increase in linkage with available resources.</p> <p><u>3.4.2</u> Increase in youth's awareness of options for services, education and housing.</p> <p><u>3.4.3</u> Decrease of persons discharged to homelessness.</p>	<p><u>3.4.1</u> Resource guide created and distributed.</p> <p><u>3.4.2</u> Meet with DES/ACYF and determine what information is provided to youth upon aging out of foster care.</p> <p><u>3.4.3</u> Establishment of additional youth group homes and respite beds.</p>
<p><u>3.5</u> Collect data and information.</p>	<p>CoCs, ADHS, ADOC and ADES</p>	<p><u>3.5.1</u> Identify stakeholders and impacted institutions.</p> <p><u>3.5.2</u> Identify percentage of population being released to homelessness from institutions (Shelter/hospitals/jails/prisons /mental health institutions and foster care systems).</p> <p><u>3.5.3</u> Conduct cost/benefit analysis.</p> <p><u>3.5.4</u> Measure outcomes of discharge planning efforts.</p> <p><u>3.5.5</u> Use HMIS to produce data on homeless recidivism and utilization of mainstream</p>	<p><u>3.5.1</u> Decrease of people being released to homelessness.</p> <p><u>3.5.2</u> Data for decision-making that supports need for discharge planning.</p> <p><u>3.5.3</u> Data for decision-making that supports need for discharge planning.</p> <p><u>3.5.4</u> Implementation of successful discharge planning strategies.</p> <p><u>3.5.5</u> Determine those at risk of homelessness.</p>	<p><u>3.5.1</u> Adoption of comprehensive discharge planning policies.</p> <p><u>3.5.2</u> Compilation of baseline data on population.</p> <p><u>3.5.3</u> Compilation of baseline data on costs and benefits of discharge planning.</p> <p><u>3.5.4</u> Tool developed to measure success of discharge planning efforts.</p> <p><u>3.5.5</u> Pilot project in an institution to produce utilization data.</p>

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4.1 Develop a new Housing First project focusing on persons who are chronically homeless.	CoCs and ADOH	<p>programs and services.</p> <p><u>4.1.1</u> Apply for grant funding to support a new project.</p>	<p><u>4.1.1</u> More funding for coordinated projects that increase services and housing options for persons who are chronically homeless.</p>	<p><u>4.1.1</u> Grant application/s submitted to Federal sponsors by 4/24/03.</p>
4.2 Establish additional Housing First project/s.	CoCs and ADOH	<p><u>4.2.1</u> Identify funding opportunities.</p> <p><u>4.2.2</u> Target HUD Continuum of Care bonus project/s to Housing First projects.</p> <p><u>4.2.3</u> Target State Housing Fund and state special projects for Housing First project/s.</p> <p><u>4.2.4</u> Leverage new money to provide services.</p>	<p><u>4.2.1</u> Increase in services and housing options for persons who are chronically homeless.</p> <p><u>4.2.2</u> Same as <u>4.2.1</u>.</p> <p><u>4.2.3</u> Same as <u>4.2.1</u></p> <p><u>4.2.4</u> Better coordination and integration.</p>	<p><u>4.2.1</u> Prospect list developed.</p> <p><u>4.2.2</u> Submit Housing First bonus projects to HUD.</p> <p><u>4.2.3</u> Funding targeted for Housing First project/s.</p> <p><u>4.2.4</u> Collaboration through braided or blended funding.</p>
4.3 Promote the Housing First concept throughout Arizona.	ADOH and ACEH	<p><u>4.3.1</u> Develop a marketing strategy.</p> <p><u>4.3.2</u> Publicize concept through Continuums of Care and other local planning venues.</p> <p><u>4.3.3</u> Publicize existing successes.</p> <p><u>4.3.4</u> Educate stakeholders by bringing in outside experts.</p> <p><u>4.3.5</u> Gain buy-in for a Housing First model at the state level from mainstream service providers.</p>	<p><u>4.3.1</u> Increase in acceptance of Housing First model.</p> <p><u>4.3.2</u> Same as <u>4.3.1</u></p> <p><u>4.3.3</u> Understanding of successful Housing First models.</p> <p><u>4.3.4</u> Same as <u>4.3.1</u>.</p> <p><u>4.3.5</u> Same as <u>4.3.1</u>.</p>	<p><u>4.3.1</u> Outline of strategy developed.</p> <p><u>4.3.2</u> Information on concept shared at Continuum of Care meetings and in local planning meetings.</p> <p><u>4.3.3</u> Information shared on exemplary practices in AZ.</p> <p><u>4.3.4</u> Experts present at conference or meeting.</p> <p><u>4.3.5</u> Discussion of concept at SPAH.</p>
4.4 Ensure consumer involvement in project development.	ACEH, ADOH and CoCs	<p><u>4.4.1</u> Involve consumers in design and implementation of housing first projects.</p>	<p><u>4.4.1</u> Project/s meet the needs of consumers to be served</p>	<p><u>4.4.1</u> Consumer representative in attendance at meetings.</p>