

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

Objective(s)	Lead Manager	Strategy/Action	Expected Outcomes	Benchmarks	Target Completion
<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 Veterans Services</p>	<p><u>1.5.1</u> Educate system leaders and elected officials on benefits of service integration for people who</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.		<p><u>1.5.2</u> are chronically homeless. 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 credit.</p> <p><u>1.7.6</u> Maximize access to benefits to provide rent money.</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>1.7.1</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>1.7.7</u> Address NIMBY issues affecting housing.</p> <p><u>1.7.8</u> Develop a new Housing First project.</p>	<p><u>1.7.7</u> Increase in Housing Options.</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>	

Goal 2: Integration and coordination to improve access to mainstream resources for people experiencing chronic homelessness.

Objective(s)	Lead Manager	Strategy/Action	Expected Outcomes	Benchmarks	Target Completion
<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 needs.</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>	
<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>2.3.1</u> Expedited access to Federal SSI benefits.</p> <p><u>2.3.2</u> Expedited access to medical benefits.</p>	<p><u>2.3.1</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>	

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Objective(s)	Lead Manager	Strategy/Action	Expected Outcomes	Benchmarks	Target Completion
		<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.	<u>2.3.3</u> Expedited access to food stamps and other cash assistance.	<u>2.3.3</u> Relationships established and meetings held with ADES/FAA.	

Goal 3: Prevent homelessness through comprehensive discharge planning

Objective(s)	Lead Manager	Strategies/Actions	Expected Outcomes	Benchmarks	Target Completion
<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). <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). <u>3.1.3</u> Encourage discharge planning from shelters to housing.. <u>3.1.4</u> Develop statewide advisory commission around discharge planning policies. <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. <u>3.1.2</u> Continuous medical coverage for eligible persons. <u>3.1.3</u> Decrease in persons released to homelessness from shelters. <u>3.1.4</u> Forum to receive information on discharge planning policies. <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. <u>3.1.2</u> Policies and practices implemented that support suspension versus termination of medical coverage. <u>3.1.3</u> Shelters provide listing or information on other shelter/housing options for persons leaving their shelter. <u>3.1.4</u> Advisory Commission established. <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>	
<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. <u>3.2.2</u> Promote exemplary practices for discharge planning utilized by other communities. <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. <u>3.2.2</u> Increased awareness of models and exemplary practices on need for discharge planning policies and practices. <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. <u>3.2.2</u> Compile information on models and exemplary practices. <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</p>	<p>ADES, ADHS, ADOC and</p>	<p><u>3.4.1</u> Create an ex-offenders resource guide.</p>	<p><u>3.4.1</u> Increase in linkage with available resources.</p>	<p><u>3.4.1</u> Resource guide created and distributed.</p>	

Goal 3: Prevent homelessness through comprehensive discharge planning

Objective(s)	Lead Manager	Strategies/Actions	Expected Outcomes	Benchmarks	Target Completion
being discharged from institutions/care who are at risk of homelessness.	CoCs	<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>3.4.2</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>3.4.2</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>	
<u>3.5</u> Collect data and information.	CoCs, ADHS, ADOC and ADES	<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 programs and services.</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>	

Goal 4: Develop a Housing First approach for people experiencing chronic homelessness.

Objective(s)	Lead Manager	Strategies/Action(s)	Expected Outcomes	Benchmarks	Target Completion Date
4.1 Develop a new Housing First project focusing on persons who are chronically homeless.	CoCs and ADOH	4.1.1 Apply for grant funding to support a new project.	4.1.1 More funding for coordinated projects that increase services and housing options for persons who are chronically homeless.	4.1.1 Grant application/s submitted to Federal sponsors by 4/24/03.	6/30/03
4.2 Establish additional Housing First project/s.	CoCs and ADOH	4.2.1 Identify funding opportunities. 4.2.2 Target HUD Continuum of Care bonus project/s to Housing First projects. 4.2.3 Target State Housing Fund and state special projects for Housing First project/s. 4.2.4 Leverage new money to provide services.	4.2.1 Increase in services and housing options for persons who are chronically homeless. 4.2.2 Same as 4.2.1. 4.2.3 Same as 4.2.1 4.2.4 Better coordination and integration.	4.2.1 Prospect list developed. 4.2.2 Submit Housing First bonus projects to HUD. 4.2.3 Funding targeted for Housing First project/s. 4.2.4 Collaboration through braided or blended funding.	
4.3 Promote the Housing First concept throughout Arizona.	ADOH and ACEH	4.3.1 Develop a marketing strategy. 4.3.2 Publicize concept through Continuums of Care and other local planning venues. 4.3.3 Publicize existing successes. 4.3.4 Educate stakeholders by bringing in outside experts. 4.3.5 Gain buy-in for a Housing First model at the state level from mainstream service providers.	4.3.1 Increase in acceptance of Housing First model. 4.3.2 Same as 4.3.1 4.3.3 Understanding of successful Housing First models. 4.3.4 Same as 4.3.1. 4.3.5 Same as 4.3.1.	4.3.1 Outline of strategy developed. 4.3.2 Information on concept shared at Continuum of Care meetings and in local planning meetings. 4.3.3 Information shared on exemplary practices in AZ. 4.3.4 Experts present at conference or meeting. 4.3.5 Discussion of concept at SPAH.	
4.4 Ensure consumer involvement in project development.	ACEH, ADOH and CoCs	4.4.1 Involve consumers in design and implementation of housing first projects.	4.4.1 Project/s meet the needs of consumers to be served	4.4.1 Consumer representative in attendance at meetings.	