

MEMORANDUM

Date: April 17, 2023

To: The Honorable Chair and Members

Pima County Board of Supervisors

From: Jan Lesher County Administrator

Re: Update on County Initiatives to Address Homelessness and Public Safety: Housing and

Shelter Services

Pima County's Community and Workforce Development (CWD) staff have begun ongoing collaboration with the City of Tucson's Housing and Community Development (HCD) Department staff along with leadership from the Tucson Pima Collaboration to End Homelessness (TPCH) in an effort to improve the current regional housing support system. To this end, this collaborative group has agreed to meet regularly as a steering committee and will report progress made in these improvement efforts to the Pima County Board of Supervisors and the City of Tucson's Mayor and Council. The purpose of this memorandum is to provide background information on the responsibilities of the Continuum of Care system, a description on how coordinated entry works, the current collaborative housing efforts that are taking place with individuals who are in need of housing, and policy recommendations that are being made to improve the current housing system.

Background

The U.S. Department of Housing and Urban Development establishes regional Continuums of Care which exist throughout the country and which provide local community-driven leadership to regional strategies to prevent and end homelessness. The Tucson Pima Collaboration to End Homelessness serves as the Continuum of Care for Pima County, Arizona. The City of Tucson Housing and Community Development Department serves as the Collaborative Applicant and administrative backbone agency for the Continuum of Care. The Pima County Community and Workforce Development Departments serves as the Homeless Management Information System (HMIS) Lead Agency for the Continuum of Care. The Continuum of Care is led by its governing board, which is elected by the Continuum of Care membership.

Continuum of Care

The Continuum of Care is assigned responsibility for a variety of activities by the U.S. Department of Housing and Urban Development including:

• Coordinating with state and local entitlement jurisdictions to establish HMIS and adopt written standards for the administration and evaluation of emergency shelter, rapid rehousing, street outreach, and homelessness prevention programs.

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- Administering the annual funding competition and recommending prioritized transitional housing, rapid rehousing, permanent supportive housing, Safe Haven, HMIS, Coordinated Entry, and specialty programs for funding through the Continuum of Care program.
- Developing and implementing cross-sector strategies to prevent and address homelessness in partnership with local governments, non-profit housing and human services providers, faith communities, healthcare providers, persons with lived experience of homelessness, and other community stakeholders.
- Implementing coordinated outreach strategies to ensure street outreach effectively reaches individuals and families in need of housing assistance.
- Implementing the HMIS and reporting homelessness data to the local community and HUD.
- Developing and implementing Coordinated Entry strategies to assess, prioritize, and refer eligible persons to community housing programs based on risk and vulnerability.

Several key interventions are funded and/or coordinated by the Continuum of Care. These include:

- Street Outreach: Street outreach and day shelter (drop-in center) services are provided by trained outreach workers who provide basic needs assistance and engage persons experiencing unsheltered homelessness with the goal of facilitating transitions from unsheltered environments to shelter and/or long-term housing solutions. Street outreach is not generally able to be funded by the Continuum of Care; however, TPCH recently received specialty program funding from HUD to support the creation of a Multi-Disciplinary Outreach Team which will be led by the City of Tucson HCD and will supplement existing outreach programs funded by the City, County, and non-HUD federal sources.
- Emergency Shelter: Emergency shelters provide temporary accommodations for people who are experiencing homelessness. Emergency shelter models vary with some offering nightly accommodations while others provide transitional stays for up to 120 days or longer (commonly referred to as bridge or transitional shelter).
- Safe Haven: Safe Haven programs provide shelter-like services for longer lengths of time, often up to three years, for individuals or families with disabling conditions. Safe Haven programs are low-barrier housing sites which provide on-site behavioral health and other services to promote acceptance and success in permanent housing upon exit.
- Transitional Housing: Transitional housing programs offer temporary stays, often for up to 24 months, in congregate or community-based housing environments during

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which residents are able to participate in supportive services and receive case management and other assistance to promote their transition to permanent housing after exit.

- Rapid Rehousing: Rapid rehousing programs are a form of permanent housing in which
 households rent living units of their choosing and receive rental assistance payments,
 calculated based on monthly household income, for up to 24 months. Assistance is
 evaluated every 90 days and terminated when no longer needed to support housing
 stability. Rental assistance is accompanied by case management and supportive
 services.
- Permanent Supportive Housing: Permanent supportive housing is a form of permanent housing available for persons with disabilities and commonly reserved for persons experiencing chronic homelessness (i.e. persons who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability). Permanent supportive housing is not time-limited meaning that households may continue to receive rental assistance and supportive services as long as necessary to maintain permanent housing stability.
- Homelessness Prevention: Homelessness prevention programs are not funded by the Continuum of Care; however, HUD-funded homelessness prevention services are required to participate in the Homeless Management Information System, accept referrals only from the Coordinated Entry system, and adhere to the Continuum of Care's written standards. Homelessness prevention is a more intensive alternative to short-term rent/utility assistance provided through mainstream programs such as the Community Action Agency and includes rent and financial assistance paired with case management and supportive services for up to 24 months. Most local homelessness prevention programs cap services at 3-6 months.

Coordinated Entry

Coordinated entry for housing is a process designed to streamline and coordinate access to housing resources for people experiencing homelessness or housing instability. The goals of coordinated entry are two-fold:

- To ensure that people in need of housing assistance receive the assistance and support they need in a timely and effective manner.
- To ensure that persons at greatest risk and with the most complex needs are prioritized for limited housing opportunities.

Coordinated Entry replaces agency "waiting lists" and uses a priority-based methodology to match the most vulnerable individual or family known in the community to the next available housing placement opportunity. The local Coordinated Entry system is collaboratively managed by the City of Tucson HCD and Pima County CWD. The City of Tucson is

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responsible for public-facing aspects of Coordinated Entry (e.g. assessment site coordination, assessor training, community and affirmative outreach, etc.) while Pima County CWD is responsible for back office administrative responsibilities (e.g. priority list management, matching households to housing programs, referral tracking and reporting, etc.)

Coordinated entry involves several key components:

- Assessment: Individuals seeking housing assistance are assessed to determine their level of need and eligibility for different types of housing resources. This may involve gathering information about an individual's housing history, income, and other relevant factors. Assessment data is managed in the HMIS. The Continuum of Care currently uses a locally adapted version of the Vulnerability Index Service Prioritization and Decision Assistance Tool (VI-SPDAT) as its standard assessment but will be changing its assessment in the coming year.
- Prioritization: Based on the assessment, individuals are prioritized for housing resources based on their level of need and vulnerability. This helps ensure that those who are most in need of assistance receive it first.
- Referral: Once an individual has been assessed and prioritized, they are referred to available housing resources that match their needs and level of priority.
- Follow-up: Coordinated entry programs often provide follow-up support to help individuals navigate the housing system, access additional services, and maintain their housing stability over time.

Coordinated entry is a community-wide collaboration involving multiple agencies and service providers working together to provide a coordinated and effective response to homelessness and housing instability. This approach helps ensure that individuals are not turned away from services due to lack of information, duplication of services, or barriers to accessing available resources. Instead, coordinated entry helps ensure that people are connected to the appropriate resources and services to meet their needs and help them achieve housing stability.

Collaborative Housing Efforts

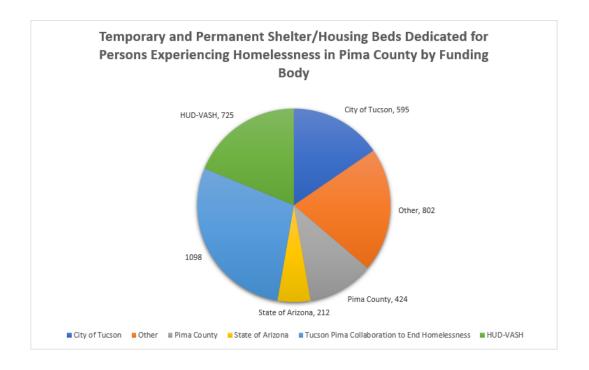
The graphs below show the number of homeless assistance beds funded by City, County, and other major funds. The second shows the distribution of those beds across project type (shelter, transitional housing, etc.) and the proportion of those beds which are funded by HUD and to which HUD rules apply vs. those that are not HUD-funded.

Of the 3,856 beds available, 44% of the beds are restricted to a specific subpopulation (e.g. survivors of domestic abuse, persons living with HIV/AIDS, veterans, families with children, and/or unaccompanied youth) including 81.6% of all beds not funded by HUD.

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Policy Recommendations

Although there are many great efforts taking place within the current housing system to assist with persons experiencing homelessness, there remain concerns with the effectiveness of the current process for expediting people getting housed. For this reason, the steering committee agreed that the coordinated entry policy is in need of serious overhaul to ensure the pathway into housing is simple and urgent. A proposed policy was brought to TPCH to streamline coordinated entry. The board discussed the revision and broadly agreed the change is needed.

Currently, coordinated entry prioritization is centered around serving those assessed as most vulnerable, but has resulted in a system when those in need are assessed for housing and then placed on a By-Name list, which for all intents and purposes is a waiting list. The unintended consequence is that when housing opening occur, significant time has passed since initial assessment and it is difficult to track down participants.

The new policy recommendations propose serving participants who have severe risk of morbidity and can be located in real time. A complementary policy would also prioritize shelter beds for those living on the streets who have begun to work with a housing provider. This would have an impact of creating a dynamic pathway toward permanent housing while stabilizing in temporary shelter.

Additionally, the steering committee is also working with TPCH to ensure that future funding opportunities for housing are tightly coupled to a move on strategy that includes wrap around services. This will help ensure greater accountability with people as they work towards a more permanent housing situation.

Conclusion

We will continue to provide the Board of Supervisors with updates from the collaborative steering committee as the make progress with TPCH in their policy improvement efforts. The regional housing system is all but one of three systemic areas that we will continue to focus on as we work to address homelessness and public safety in our community. The other two areas of focus for improvement that we will provide updates on in the future are the criminal justice system and the state healthcare system. It is our belief that we must work collaboratively in the region to fix systemic issues in these three areas simultaneously if we are to make an impact in homelessness and public safety.

JKL/anc

c: Carmine DeBonis, Jr., Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator and Chief Medical Officer
Steve Holmes, Deputy County Administrator