

# Federal Funding Impact Assessment

December 2025



## Acknowledgements

This Federal Funding Assessment was made possible through the contribution and support of the Maricopa Regional Continuum of Care (CoC), and the many partner agencies that contribute daily to the region's homelessness response system.

We extend our sincere appreciation to the CoC-funded providers, local jurisdictions, federal partners, and community stakeholders who share data, insights, and on-the-ground experience essential to understanding the current funding landscape. Their transparency and commitment to systemwide improvement strengthened the accuracy and usefulness of this assessment.

We especially acknowledge staff who contribute data to the Housing Inventory Count (HIC), Grant Inventory Worksheet (GIW), program reports, and financial documentation that formed the foundation of this analysis. Their dedication to maintaining high-quality data ensures that regional planning remains informed and strategic.

Finally, we recognize the frontline service providers and individuals with lived experience of homelessness whose voices and work continue to guide the region's efforts. Their contributions remind us that funding structures are not merely financial mechanisms; they directly impact people's lives, housing stability, and community well-being.

This assessment and these recommendations reflect a shared commitment to building a stronger, more sustainable, and more equitable homelessness response system in the Maricopa region.

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# Executive Summary

This Federal Funding Impact Assessment provides a comprehensive review of the federal resources supporting homelessness, housing stability, and supportive services in the Maricopa region for fiscal year (FY) 2024–2025. The findings illustrate how federal funding streams shape the region’s housing inventory, service capacity, and overall system functioning, and how recent or anticipated federal budget reductions may affect local operations.

The Maricopa region relies on a diverse but interconnected portfolio of federal programs, including U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds, Emergency Solutions Grants (ESGs), HUD-Veterans Affairs Supportive Housing (VASH), Supportive Services for Veteran Families (SSVF), U.S. Department of Veterans Affairs (VA) Grant and Per Diem (GPD), Housing Choice Vouchers (HCVs), Medicaid-supported housing services, and other federal safety-net programs. Together, these programs finance the majority of supportive housing units, emergency shelter capacity, outreach teams, and case management services available across the region.

The assessment identifies several key themes:

## **1. Maricopa County is Heavily Dependent on CoC Funding for Permanent Supportive Housing (PSH).**

CoC funding remains the backbone of the regional PSH inventory. Any reduction of CoC dollars would dramatically reduce the number of units available for chronically homeless individuals and medically vulnerable populations.

## **2. Federal Funding Streams Are Not Optimally Braided.**

Programs such as Medicaid, HOME, HCV, SSVF, and Temporary Assistance for Needy Families (TANF) provide opportunities to expand housing and services, but are inconsistently coordinated across providers, resulting in underutilized resources.

## **3. Budget Cuts Create Immediate System Risks.**

Potential congressional cuts to HUD, VA, or the U.S. Department of Health and Human Services (HHS) could cause:

- Reduced PSH capacity.
- Increased exits from supportive housing
- Higher shelter demand
- Increased homelessness among medically fragile and aging populations
- Loss of skilled staff due to reduced service funding

## **4. Opportunities Exist to Dramatically Expand Funding.**

By strategically pursuing additional federal competitive grants, expanding state partnerships, and leveraging private sector investment, the Maricopa region can close gaps and build a more resilient homelessness response system. Recommendations include pursuing the HUD Youth Homeless Demonstration Program (YHDP), Substance Abuse and Mental Health Services Administration (SAMHSA) homelessness programs, U.S. Department of the Treasury Community Development Financial Institutions (CDFI) Fund capital, Medicaid-billable tenancy supports, Housing Trust Fund expansions, philanthropic innovation funds, and pay-for-success financing models.

## **5. The Region Needs to Improve Data Coordination and Grant Readiness.**

Fragmented data systems and unaligned application processes reduce competitiveness for large federal awards. Coordinating grant teams, standardizing narratives, and building regionwide dashboards will significantly improve the region's ability to win funding.

**6. A Multiyear Strategy Is Required to Maintain System Stability.**

The report outlines a detailed set of recommendations, each with a step-by-step implementation plan to strengthen funding infrastructure, diversify revenue, and prepare for federal reductions while positioning the region to expand.

This assessment is intended to assist the Maricopa Regional CoC leadership and regional partners in planning proactively, mitigating risks, and strategically aligning resources to ensure long-term sustainability of housing and homelessness services in the Maricopa region.

*This assessment was conducted between November 3, 2025, and December 30, 2025, capturing the federal funding landscape at that moment. This period included shifts in the funding landscape related to the Continuum of Care Notice of Funding Opportunity. Developments after December 30, 2025, may be relevant but are not captured in this document.*

## The Big Picture

### State of Homelessness: National and Local Context

Homelessness in America has reached a level that demands urgent and unified action. According to the National Alliance to End Homelessness (2025), more than 770,000 people across the nation experience homelessness on a given night in January 2024, the highest number recorded in over 15 years. Every one of those numbers represents a person: a parent working two jobs but unable to afford rent, a veteran navigating trauma without stability, a young person aging out of foster care with nowhere safe to sleep. Behind the statistics are stories of endurance, heartbreak, resilience, and systems straining to keep up.

In the Maricopa region, the crisis reflects and amplifies these national trends. Rapid population growth, extreme housing shortage, and escalating rental costs have converged to create one of the most severe affordable housing challenges in the country. According to the Maricopa Regional CoC's 2025 Point-In-Time Count, January 27, 2025, more than 9,600 individuals are without stable housing, a number that has risen sharply in recent years. Shelters, outreach teams, and supportive housing providers operate at full capacity.

The CoC and its partners across the Maricopa region have built a coordinated and compassionate system that works daily to move people from crisis to stability. However, this system relies heavily on federal funding. Proposed federal budget cuts to HUD and related programs could significantly impact this process. Reductions to the CoC, ESG, HOME Investment Partnerships Program, and HCVs, as well as cuts to Medicaid, TANF, and the Supplemental Nutrition Assistance Program (SNAP), would affect the region's capacity to respond to homelessness.

These cuts would not only mean fewer housing opportunities and diminished services, but also increased strain on healthcare systems, law enforcement, and local emergency resources. For every dollar withdrawn, the human cost compounds, with more families losing homes, more seniors forced onto the streets, and more children facing nights without safety or stability.

For the Maricopa region the potential funding reductions would reverberate deeply. The loss of even a fraction of federal support could delay housing placements, reduce outreach capacity, and jeopardize critical programs that prevent homelessness before it begins.

This Federal Funding Impact Assessment and its companion Environmental Scan exist to illuminate exactly what is at stake and to quantify the potential impact of federal shifts while centering the lives that hang in the balance. By understanding where funding flows and where vulnerabilities exist, the CoC and its partners can strengthen advocacy efforts, safeguard essential programs, and work toward sustainable, community-driven solutions.



Data source: Maricopa Association of Governments (2025)

## Introduction and Overview

Federal funding is foundational to the homelessness response system in the Maricopa region (CoC AZ-502), supporting permanent supportive housing, rapid re-housing (RRH), shelter, outreach services, and system coordination. With federal budget uncertainty increasing, the CoC has prioritized developing a comprehensive understanding of all federal funding currently supporting homelessness services and the potential risks associated with fluctuations in federal appropriations. Toward this aim, the CoC contracted with consulting firm Advocates for Human Potential, Inc. (AHP) to conduct a Federal Funding Impact Assessment of federally funded entities within the regional homelessness response system. This Funding Assessment provides an integrated review of federal programs contributing to Maricopa’s housing and supportive service infrastructure.

Assessment and identification, and analysis of both direct and indirect federal funding sources that support homelessness and housing-related activities involve the following components:

- Direct funding includes resources awarded specifically for homelessness assistance, such as the CoC Program, ESG Program, and programs administered by VA, including the GPD and SSVF programs.
- Indirect funding encompasses broader federal resources that contribute to homelessness response activities, such as Medicaid, TANF, SNAP, HCVs, the HOME Investment Partnerships Program, and other public benefit or community development initiatives.

The analysis provides the CoC with:

- A comprehensive inventory of federal funding sources and local recipients supporting homelessness services in the Maricopa region.

- Identification of data gaps, overlaps, and inconsistencies in existing funding records.
- A baseline understanding of systemwide financial dependencies on federal resources.
- Insight into potential vulnerabilities and opportunities related to upcoming federal budget changes.

This report analyzes funding sources active in FY2024–2025, assesses their impact on system capacity, evaluates risks related to potential federal reductions, and identifies opportunities for improved coordination and strategic planning. The goal is to support and identify how MAG can build a more resilient, diversified, and adaptive homelessness response system.

## Limitations

This Funding Assessment is subject to several limitations that should be considered when interpreting the findings and recommendations.

First, the analysis was conducted between November 3, 2025, and December 30, 2025, capturing the federal funding environment was in flux, including the release of the HUD Continuum of Care Notice of Funding Opportunity (NOFO) on November 13, 2025, followed by a pause in the NOFO competition on December 10, 2025. As a result, funding amounts, program priorities, and award timelines may change and are not fully captured in this assessment.

Second, data sources vary in completeness and consistency. Federal funding information is drawn from multiple datasets, including CoC program materials, Housing Inventory Count (HIC) data, Grant Inventory Worksheets (GIWs), and publicly available award announcements. Not all funding streams, particularly those administered outside of the CoC framework (e.g., Medicaid, Tribal housing programs, VA services, and state-administered funds), are centrally reported or uniformly documented. Consequently, some funding amounts are estimated or presented as ranges rather than precise figures.

Third, Tribal funding data is limited by sovereignty considerations and public reporting constraints. Tribal housing and service programs are administered independently by Tribal Nations and Tribally Designated Housing Entity (TDHE)s, and detailed award, expenditure, and unit-level data are not always publicly available. As such, Tribal funding contributions may be understated, and housing units supported by Tribal funding are generally not included in CoC system inventories or performance measures.

Fourth, this assessment focuses on funding inputs and system capacity rather than outcomes. While the report examines how funding streams support housing inventory, service capacity, and system operations, it does not evaluate program effectiveness, housing stability outcomes, or costeffectiveness across funding sources. Outcome analyses would require additional longitudinal data and access to program-level performance metrics.

Finally, this assessment does not account for future policy changes, funding reallocations, or potential federal budget reductions beyond what was known during the assessment period. Scenario planning and recommendations are intended to support strategic preparedness but should be revisited as new funding guidance and budget decisions emerge.

## Funding Sources Reviewed

### FUNDING TYPES

**Direct Funding:** CoC Program; ESG Program; VA GPD programs and SSVF program.

**Indirect Funding:** Refers to broader federal resources that can contribute to homelessness response activities, and can include Medicaid, TANF, SNAP, HCVs, HOME, or other public benefit programs.

**Other Funding:** State and local funding, such as Arizona Promise Budget funding to support eviction prevention and the homelessness response system.

This Funding Impact Assessment examines 12 major federal funding streams supporting homelessness services, identifies their system contributions, and provides analytic insights that help leaders prepare for future shifts in federal investment.

This assessment covers the following federal programs:

- **AZ-502 Continuum of Care (CoC)**  
The AZ-502 Continuum of Care provides federal funding to support permanent supportive housing, rapid re-housing, and system coordination for individuals and families experiencing homelessness in the Maricopa region.
- **Emergency Solutions Grants (ESG)**  
Emergency Solutions Grants fund street outreach, emergency shelter, homelessness prevention, and rapid re-housing to address immediate housing crises.
- **Housing Choice Vouchers (HCVs)**  
Housing Choice Vouchers provide long-term rental assistance that helps low-income households afford housing in the private rental market.
- **HUD-Veterans Affairs Supportive Housing (HUD-VASH)**  
HUD-VASH combines rental assistance with VA-provided case management and clinical services to support housing stability for veterans experiencing homelessness.
- **Supportive Services for Veteran Families (SSVF)**  
SSVF provides short-term financial assistance and supportive services to prevent and rapidly resolve homelessness among veteran households.
- **HOME Investment Partnerships Program**  
The HOME program funds the development, rehabilitation, and preservation of affordable housing and provides tenant-based rental assistance.

- **Community Development Block Grant (CDBG)**  
CDBG provides flexible funding to local governments for housing, public services, and community development activities that benefit low- and moderate-income households.
- **Medicaid (Indirect but Critical Service Funding)**  
Medicaid finances healthcare and behavioral health services that are essential to housing stability, particularly for individuals experiencing homelessness or living in supportive housing.
- **Temporary Assistance for Needy Families (TANF):**  
Provides cash assistance and services to vulnerable families, helping with basic needs that prevent homelessness.
- **Supplemental Nutrition Assistance Program (SNAP)**  
Food assistance reduces financial strain, freeing up funds for housing.
- **Medicaid/Arizona Health Care Cost Containment System (AHCCCS)**  
Provides health care, addressing health crises that can lead to homelessness and stabilizing individuals.
- **Housing Choice Vouchers (Section 8)**  
While administered locally, these federal vouchers help low-income families afford private housing.

Each program contributes differently to housing units, staffing capacity, outreach, supportive services, and system sustainability.

## Contribution of Federal Funding Sources to Housing Inventory, Service Capacity, and System Operations in Maricopa Region

The regional homelessness response system in the Maricopa region is heavily supported by a diverse collection of federal funding sources. Each federal stream plays a different but often complementary role in sustaining housing inventory, expanding service capacity, and enabling system-level coordination and operations. The sections below outline how each major program contributes to the regional continuum.

### System Impact Summary

Housing inventory refers to the number of units or beds supported through federal funding, including PSH, RRH, transitional housing, and voucher-based housing.

CoC, HCV, HUD-VASH, and HOME contribute to the largest share. *Medicaid contributes to no units directly but is essential for stabilizing clients in units. AHCCCS has a specialized waiver allowing them to fund direct units, but this is not a long-term waiver and is not considered in this summary.*

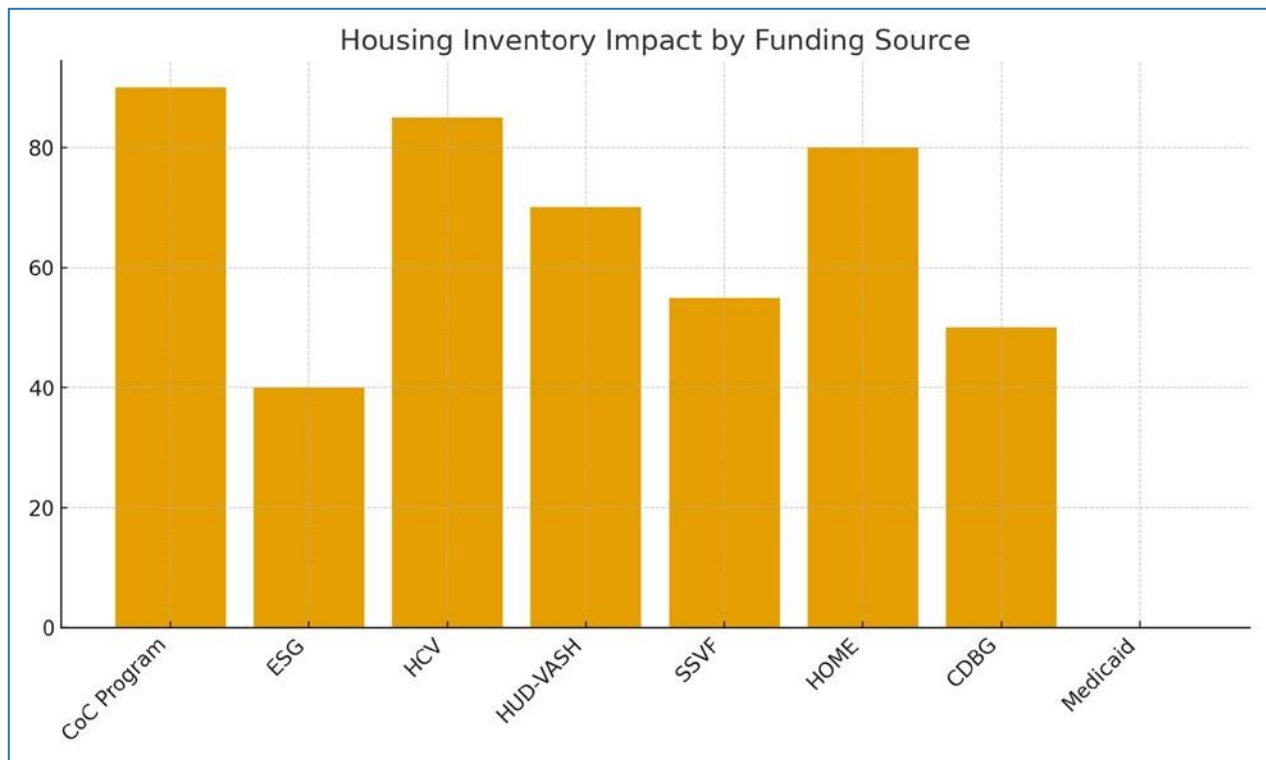


Figure 1.1. Relative contribution of major funding sources to housing inventory within Maricopa County's homelessness response system. Impact scores reflect comparative influence on housing availability rather than total funding levels.

#### **X-Axis: Funding Source Categories**

The horizontal axis identifies major funding streams that contribute to the creation, preservation, or utilization of housing units within Maricopa County's homelessness response system. These funding sources include direct homelessness assistance programs, rental subsidy programs, veteran-specific housing resources, housing development funds, and flexible community development programs. Each category reflects a distinct mechanism through which housing inventory is expanded or maintained.

#### **Y-Axis: Relative Housing Inventory Impact Score**

The vertical axis represents a relative impact score measuring each funding source's contribution to the region's housing inventory. Housing inventory includes permanent supportive housing units, rapid re-housing placements, rental subsidy slots, and affordable housing units available to households experiencing or at risk of homelessness. Higher scores indicate greater influence on the number of housing units or housing opportunities supported by each funding source.

#### **Interpretive Context**

Funding sources such as the Continuum of Care Program, Housing Choice Vouchers, and HOME Investment Partnerships Program demonstrate high housing inventory impact due to their direct role in creating, financing, or sustaining housing units. HUD-VASH also shows strong impact through dedicated voucher allocations for veterans. Programs with lower scores, such as ESG and CDBG, primarily support short-term stabilization or services rather than long-term housing unit creation. Medicaid shows no direct housing inventory impact, as it funds services rather than housing costs.

## Contribution to Service Capacity

Service capacity includes outreach, case management, housing navigation, crisis response, and supportive services. ESG, SSVF, Medicaid, and CoC provide the strongest contributions.

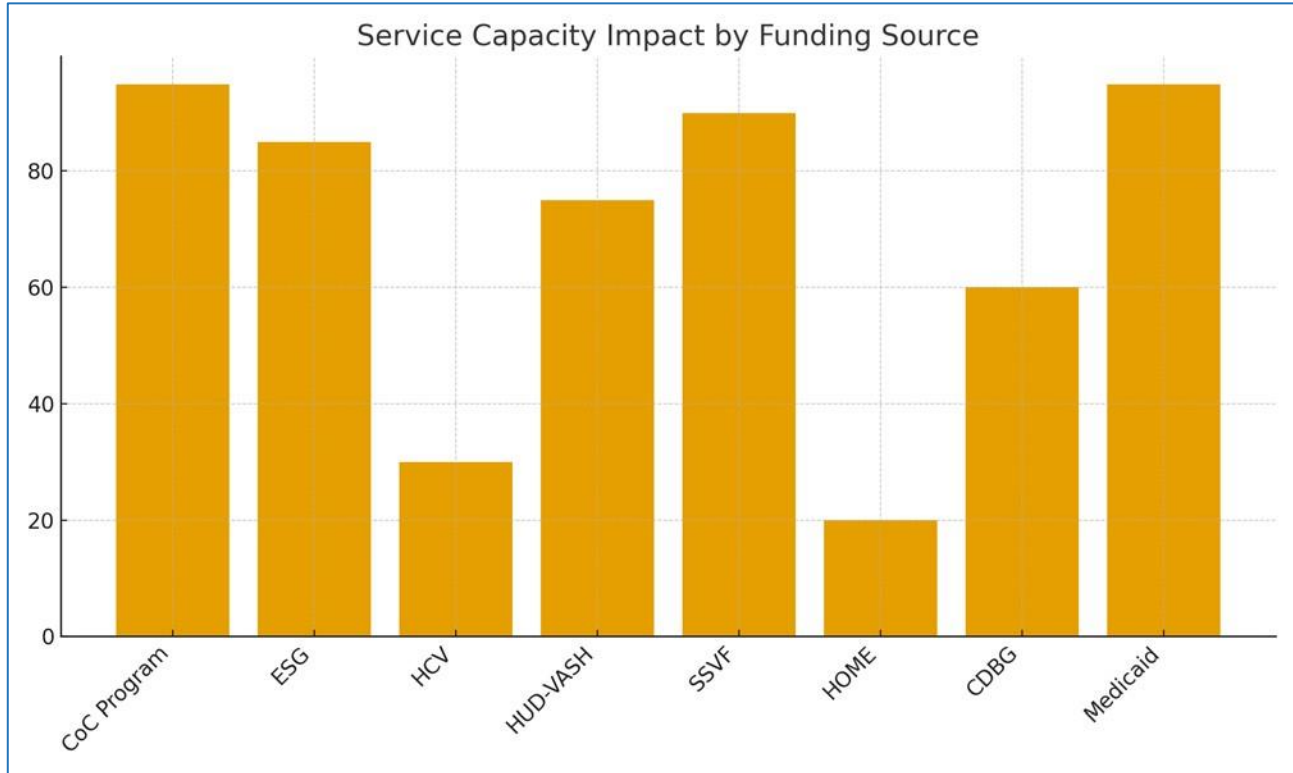


Figure 1.2. Relative contribution of major funding sources to service delivery capacity within Maricopa County’s homelessness response system. Impact scores reflect comparative influence on staffing and services rather than funding levels.

### X-Axis: Funding Source Categories

The horizontal axis identifies key funding streams that support service delivery across Maricopa County’s homelessness response system. These funding sources include direct homelessness programs, veteran-specific assistance, housing affordability resources, flexible community funding, and indirect healthcare financing. Each funding category represents a distinct mechanism through which outreach, case management, clinical services, shelter operations, and housing stabilization activities are delivered.

### Y-Axis: Relative Service Capacity Impact Score

The vertical axis reflects a relative impact score measuring each funding source’s contribution to service capacity within the homelessness response system. Service capacity includes the availability of outreach teams, case managers, behavioral health clinicians, peer support specialists, housing navigators, and prevention staff. Higher scores indicate greater influence on the system’s ability to deliver direct services to individuals and families experiencing or at risk of homelessness.

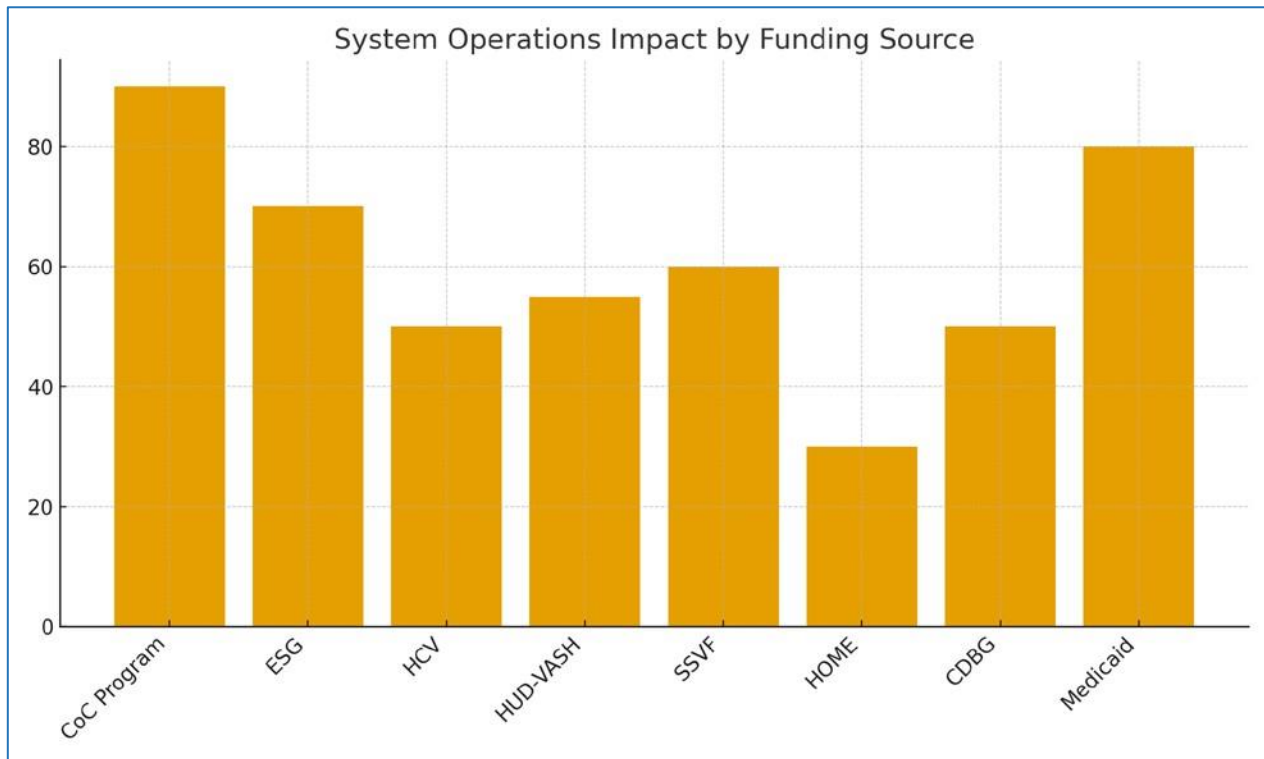
**Interpretive Context**

Funding sources such as the Continuum of Care Program, ESG, SSVF, and Medicaid demonstrate high service capacity impact due to their ability to fund staffing, service delivery, and ongoing client support. Programs with lower scores, such as HOME and Housing Choice Vouchers, primarily support housing affordability and development rather than direct service provision, resulting in a more limited effect on service capacity despite their critical role in long-term housing stability.

**Contribution to System Operations**

System operations include the Homeless Management Information System (HMIS), coordination, system planning, administration, and governance functions.

CoC remains the backbone of operational support, with Medicaid also contributing significantly via billable behavioral health services.



**CoC Program Funding (HUD)**

*Figure 1.3. Relative system operations impact of major funding sources supporting homelessness response activities in Maricopa County. Impact scores represent comparative contributions to system coordination, service delivery, and infrastructure rather than funding amounts.*

**X-Axis: Funding Source**

The horizontal axis displays major federal and indirect funding sources that contribute to the operation of Maricopa County’s homelessness response system. Each funding source represents a distinct role within system operations, ranging from housing placement and rental assistance to service delivery, care coordination, and system infrastructure. The chart includes both direct homelessness funding

(e.g., CoC, ESG) and indirect but critical funding streams (e.g., Medicaid, CDBG) that support system functionality.

### **Y-Axis: Relative System Operations Impact (Index Score)**

The vertical axis represents a relative index score reflecting each funding source's contribution to system operations, including coordination, service integration, data infrastructure, and sustainability. Higher values indicate a greater operational impact on the homelessness response system. Scores are illustrative and comparative rather than dollar-based, capturing the extent to which each funding stream supports core system functions such as coordinated entry, case management, service continuity, and cross-system collaboration.

### **Interpretive Context**

The Continuum of Care (CoC) Programs demonstrates the highest system operations impact, reflecting its central role in funding permanent supportive housing, coordinated entry, HMIS, and overall system governance. Medicaid also ranks highly due to its essential role in financing behavioral health and medical services that enable housing stability and reduce reliance on crisis systems. ESG and veteran-specific programs (HUD-VASH and SSVF) show moderate to high operational impact, as they support shelter operations, prevention, rapid re-housing, and targeted service delivery. Housing Choice Vouchers and HOME exhibit lower relative operational impact, as they primarily support housing affordability and development rather than day-to-day system coordination.

## **CoC Program Funding**

**Primary Role:** CoC Program funding from HUD contributes long-term housing inventory, supportive services, and system-level operations. The CoC Program is the backbone of the Maricopa region's homelessness response system. It provides the following:

### **Housing Inventory Contributions**

- Funds the majority of PSH units in the region.
- Supports RRH programs, adding short- to medium-term housing slots.
- Funds joint transitional housing (TH) RRH projects, adding transitional bridge capacity.

### **Service Capacity Contributions**

- Services tied to PSH and RRH (case management, housing navigation, stabilization services).
- Support for Coordinated Entry (CE) operations and monitoring.
- Street outreach in select projects.

### **System Operations Contributions**

- CoC planning funds support system governance, HMIS, performance monitoring.
- Enables data-driven decision-making and compliance infrastructure.

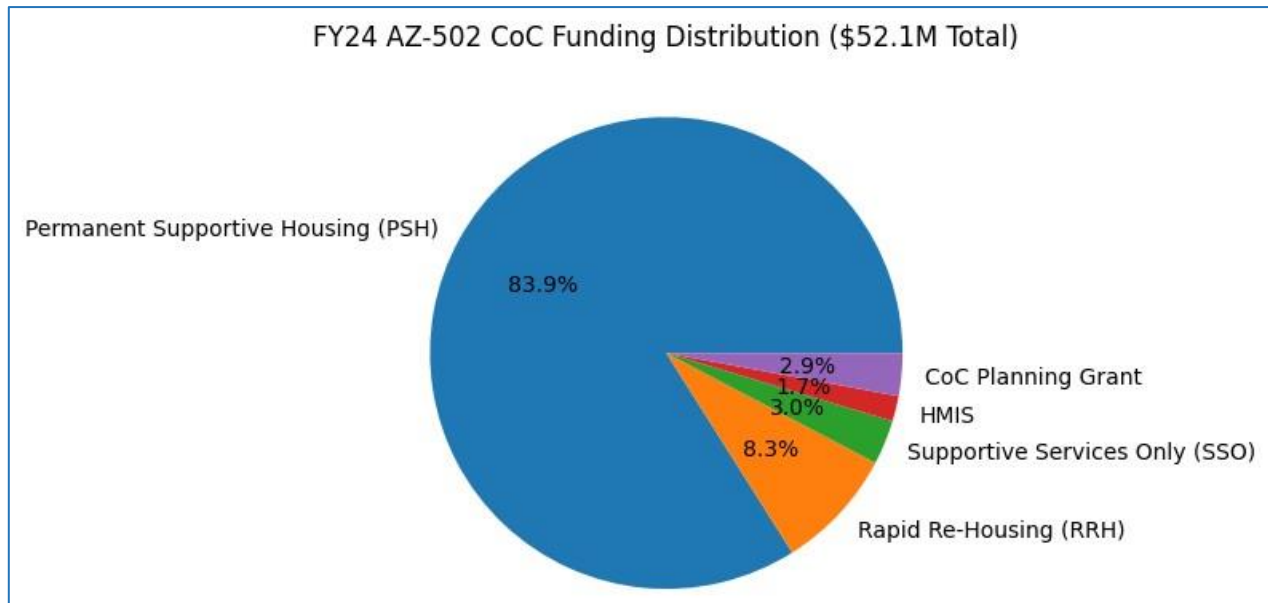
The CoC Program is the single largest funder of long-term housing units.

**Table 1. FY24 CoC AZ-502 Funding Awards**

AZ-502 CoC Program Funding Awards FY24/25	Awarded Amount	Project	Populations/ Flexible
<b>PSH – Permanent Supportive Housing</b>			
Arizona Behavioral Health Corporation	\$6,545,542.00	PSH 293	SMI/No
Arizona Behavioral Health Corporation	\$4,240,196.00	SPC189	SMI/No
Arizona Behavioral Health Corporation	\$3,949,128.00	Village	SMI/No
Arizona Behavioral Health Corporation	\$3,921,175.00	Casa Mia de Paz	SMI/No
Arizona Behavioral Health Corporation	\$3,362,990.00	SPC151	SMI/No
Arizona Behavioral Health Corporation	\$3,228,024.00	HUD6108	SMI/No
Arizona Behavioral Health Corporation	\$2,600,923.00	Another Chance	SMI/No
Arizona Behavioral Health Corporation	\$2,128,178.00	PSH2016	SMI/No
Community Bridges, Inc.	\$2,004,971.00	CBI PSH 74	Varies
Community Bridges, Inc.	\$1,934,776.00	CBI PSH 75	Varies
Arizona Behavioral Health Corporation	\$1,583,331.00	Case de Salud	SMI/No
Arizona Behavioral Health Corporation	\$1,545,215.00	PSH 3109	SMI/No
Native American Connections, Inc.	\$1,538,784.00	Camelback Pointe	Singles
Community Bridges, Inc.	\$1,416,907.00	CBI PSH 54	Singles
Arizona Behavioral Health Corporation	\$1,176,367.00	Casa de Luz	SMI/No
Native American Connections, Inc.	\$1,033,728.00	Stepping Stone II	Varies/ Unsure
Arizona Behavioral Health Corporation	\$977,855.00	PSH 2009	SMI/No
Native American Connections, Inc.	\$575,060.00	Stepping Stone III	Varies/Unsure
Native American Connections, Inc.	\$97,325.00	Stepping Stone	Varies/Unsure
<b>Rapid Re-Housing (RRH)</b>			
United Methodist Outreach Ministries (UMOM)	\$1,673,911.00	Next Step 3	Families/No
United Methodist Outreach Ministries (UMOM)	\$1,244,367.00	Next Step	Families/No
A New Leaf, Inc.	\$934,944.00	A New Leaf DV	Families/No
Central Arizona Shelter Services (CASS)	\$419,356.00	CASS RRH	Unsure
<b>Supportive Services Only</b>			
Human Services Campus, Inc. (HSC/Keys to Change)	\$966,902.00	Regional Coordinated Entry	Singles/No
United Methodist Outreach Ministries (UMOM)	\$596,367.00	Regional Coordinated Entry	Families/No
<b>HMIS</b>			
Solari Inc.	\$894,435.00	N/A	All pops
<b>CoC Planning Grant</b>			
Maricopa Association of Governments	\$1,500,000.00	N/A	All pops
<b>Total</b>	<b>\$52,090,757.00</b>		

Note: SMI = serious mental illness; DV = domestic violence.

Source: HUD (2024)



## Indirect Funding Supporting Housing and Homelessness Response

### Maricopa County – Estimated Annual Funding

When accounting for indirect funding sources, including Medicaid, HCVs, public benefits, and state housing resources, the homelessness response system in Maricopa County is supported by an estimated \$520–\$670 million annually. These resources, while not homeless-specific, are foundational to housing stability, prevention, and service delivery and significantly exceed direct HUD homelessness funding.

### Summary of Estimated Indirect Funding

**Table 2. Summary of Estimated Indirect Funding**

Medicaid (AHCCCS)	\$40–60 million	Behavioral health, case management, tenancy supports
Temporary Assistance for Needy Families (TANF)	\$15–25 million	Cash assistance, prevention, family stabilization
Supplemental Nutrition Assistance Program (SNAP)	\$120–150 million	Food security, housing stability
Housing Choice Vouchers (HCV)	\$230–270 million	Long-term rental assistance
HOME Investment Partnerships (HOME)	\$18–25 million	Rental assistance, development, prevention

HOME – American Rescue Plan (ARP) (Homeless-Targeted Portion)	\$20–30 million	RRH, non-congregate shelter (NCS), supportive housing
Social Services Block Grant (SSBG)	\$6–10 million	Case management, emergency services
Workforce (Workforce Innovation and Opportunity Act [WIOA] / AZ@Work)	\$15–20 million	Employment, income stabilization
Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI) (Homeless Recipients Only)	\$35–50 million	Income for housing stability
State Housing Trust Fund (Homeless Portion)	\$10–15 million	Capital, operating, prevention
Other Public Benefits (Low Income Home Energy Assistance Program [LIHEAP], Childcare, etc.)	\$10–15 million	Utility stability, family support

## Key Findings

### Strengths of the Maricopa County CoC

#### Strong Regional Governance Structure Through MAG

The designated CoC Lead Agency offers organizational stability, policy expertise, and facilitation capacity that many CoCs nationwide lack. The CoC Lead Agency supports the CoC Board with a clear governance of charter, structured committees, and transparent decision-making processes that support accountability and stakeholder participation.

The CoC Lead Agency leadership ensures:

- Consistent coordination across dozens of jurisdictions.
- Neutral convening of governmental and nonprofit partners.
- Skilled staff are dedicated to planning, grant oversight, and performance improvement.
- Alignment with regional strategies, transportation, human services, equity initiatives, and data systems.

This governance structure has positioned the Maricopa Regional CoC as a region that can support multijurisdictional planning, attract external funding, and maintain organized systemwide processes, even during periods of crisis or resource constraints.

#### Robust Network of Housing and Service Providers

The Maricopa region benefits from a large, diverse, and experienced provider network that includes major behavioral health agencies, Tribal providers, culturally specific organizations, emergency shelter operators, youth organizations, and family housing providers.

Key strengths include:

- Providers such as Arizona Behavioral Health Corporation, Community Bridges, Native American Connections, UMOM, HSC/Keys to Change, CASS, A New Leaf, Inc., and Circle the City have deep experience in delivering federally funded programs at scale.

- The region maintains specialized programs for families, youth, single adults, chronically homeless individuals, veterans, and people with behavioral health needs.
- Many providers operate integrated models that combine housing, health care, behavioral health, peer support, and case management.
- Organizations in the region have a strong compliance history with HUD, VA, AHCCCS, and other federal entities.

This provides the depth that enables the CoC to respond to complex cases, meet the needs of diverse populations, and maintain service coverage across a geographically large region.

### **One of the Largest PSH Inventories in the Southwest**

The AZ-502 CoC has significantly invested in PSH over the past decade, resulting in one of the strongest supportive housing portfolios in the Maricopa region.

Strengths include:

- Longstanding CoC-funded PSH projects that support stability for chronically homeless individuals.
- HUD-VASH units that integrate housing with VA clinical services.
- Community mental health partnerships allowing integration with Medicaid tenancy support.
- Consistent growth in PSH bed capacity through the low-income housing tax credit (LIHTC) and local capital investments.
- High-capacity operators with deep experience serving medically vulnerable populations.

This well-developed PSH foundation helps reduce chronic homelessness and provides a stabilizing force for ongoing system capacity.

### **Strong HMIS Infrastructure and Commitment to Data Quality**

The Maricopa region's Homeless Management Information System (HMIS), operated by Solari and funded by the CoC, represents a major strength in system coordination.

Noteworthy characteristics include:

- High provider participation rates across shelters, outreach, PSH, RRH, and prevention.
- Data quality monitoring processes, HMIS training, and ongoing technical assistance.
- Integration between HMIS and Coordinated Entry.
- Strong compliance with HUD data standards.
- Increasing use of dashboards, performance monitoring, and system-level metrics.

These data capabilities allow the CoC to track performance, identify gaps, coordinate placements, and analyze trends—functions that many CoCs with weaker HMIS infrastructure cannot achieve.

### **Strong Alignment with Arizona's Behavioral Health System**

Arizona is a national leader in integrating Medicaid-funded behavioral health and housing services. Maricopa County leverages this system well through:

- Strong partnerships with AHCCCS
- Collaboration with Regional Behavioral Health Authorities (RBHAs)
- Access to Medicaid-billable tenancy supports and behavioral health services.

- Co-location of housing services with behavioral health providers
- Joint initiatives between RBHA-funded housing and CoC-funded programs

This integration strengthens the housing stability of people with SMI, chronic medical conditions, and substance use disorders, key populations within the homelessness response system.

### **Functioning Coordinated Entry (CE) System Across Populations**

The Maricopa regional CoC has implemented a CE system that covers:

- Families
- Single adults
- Youth
- Veterans
- Survivors of Domestic Violence (through a parallel DV CE)

Strengths include:

- Standardized assessment and prioritization processes
- Regular case conferencing
- Dedicated housing navigators and peer support
- Integration of outreach and shelter referrals
- Written standards and operating procedures
- Increased emphasis on diversion and problem-solving

While improvements continue, the region's CE structure offers a foundation of fairness, transparency, and systemwide coordination.

### **Extensive Outreach and Crisis Response Coverage**

The region maintains a robust outreach network that includes:

- City-funded homeless outreach teams.
- Nonprofit outreach staff.
- Behavioral health mobile crisis teams.
- Housing navigators.
- Peer Navigators.
- Healthcare street medicine teams.
- Specialized outreach for veterans and Tribal members.

This allows the CoC to maintain engagement with unsheltered individuals across urban, suburban, and rural areas, supporting quicker connections to resources and housing.

### **Strong Cross-Sector Partnerships with Health Care, Justice, and Local Governments**

The CoC collaborates actively with:

- Hospitals and health systems
- Behavioral health providers
- Managed care organizations
- Law enforcement and specialty courts
- Probation and reentry programs
- Local parks, code enforcement, and public works departments

- Housing authorities and city governments

These partnerships support diversion from jails, improved hospital discharge planning, and better coordination between public systems and CoC providers.

### **Commitment to Continuous Improvement and Innovation**

Maricopa County has actively invested in system improvements, including:

- Performance monitoring and benchmarking.
- Data-driven decision-making.
- Updates to CE assessment tools.
- New diversion and prevention pathways.
- Expansion of RRH strategies.
- Environmental scans and funding analysis.
- Cross-agency alignment with ESG and local housing investments.
- Increased focus on equity and fair housing.

This culture of innovation positions the region to adapt quickly to policy changes, funding cuts, and emerging needs.

## **Indirect Funding**

The following describes AHP's key findings regarding indirect funding sources.

### **Indirect funding significantly exceeds direct homelessness funding.**

Indirect funding sources such as Medicaid, HCVs, SNAP, TANF, and other public benefit programs provide an estimated \$520–670 million annually in the Maricopa region, compared to approximately \$52 million in direct HUD CoC funding. These resources represent the majority of financial support underpinning housing stability and homelessness prevention.

### **Housing Choice Vouchers (HCV) are the single largest source of housing stability.**

HCV funding accounts for approximately \$230–270 million annually, making it the most substantial contributor to long-term housing affordability and homelessness prevention. Voucher availability and utilization directly influence the system's ability to prevent inflow into homelessness and support exits from shelter and short-term housing programs.

### **Public benefit programs play a critical role in preventing homelessness.**

Programs such as SNAP, TANF, SSI, and SSDI provide essential income, and food supports that reduce household financial stress and stabilize vulnerable households. These benefits enable households to prioritize rent and utilities and are foundational to preventing homelessness, particularly among families and individuals with disabilities.

### **Medicaid is essential to the sustainability of supportive housing.**

Medicaid, administered through AHCCCS in Arizona, funds behavioral health services, case management, and other supportive services critical to housing retention. Without Medicaid-funded services, many PSH programs would be financially unsustainable and would require significantly higher reliance on limited CoC funds.

### **Indirect funding increases system flexibility and resilience.**

The availability of non-CoC funding sources allows the homelessness response system to diversify housing and service strategies, including prevention, diversion, RRH, and supportive services. This flexibility is especially important in periods of federal funding uncertainty or potential budget reductions.

**Access to indirect funding varies across populations.**

Eligibility requirements being tied to income, disability status, household composition, or immigration status means that not all individuals experiencing homelessness can access indirect funding sources. As a result, gaps remain for certain populations, particularly those without qualifying disabilities or documentation.

**Strategic coordination could significantly improve outcomes.**

Improved alignment between CoC-funded programs and indirect funding sources such as Medicaid, TANF, SNAP, and workforce programs could reduce duplication, improve service integration, and increase housing stability outcomes without requiring additional direct homelessness funding.

## Identified Gaps

There is a lack of comprehensive visibility into non-HUD federal funding (e.g., SAMHSA, HRSA, U.S. Department of Justice [DOJ]). This includes:

- Incomplete local data on braided funding where federal, state, and private funds intersect.
- Variability in data quality and consistency across grantees and program types.
- Absence of a centralized mechanism to track funding expiration timelines and contingency plans for potential federal cuts.

AHP identified the following data gaps in assessing the Maricopa region housing and homelessness system:

- **Lack of a complete, centralized list of *non-CoC* federal awards at the project level.** While HUD CoC award/project data is on [HUD Exchange](#), many federal flows (VA SSVF subgrantee awards, SAMHSA PATH subcontracts, Housing Opportunities for Persons With AIDS [HOPWA] Program subrecipients, ESG subrecipients) are recorded in separate systems, Annual Action Plans, or VA/SAMHSA dashboards. There is not a single consolidated, validated table that maps every federal award to the local project ID, contract period, and geocoded service footprint.
- **Temporal mismatch and one-time funds tracking (American Rescue Plan Act [ARPA]/ESG-CV).** The expiration dates and “sunset” of ARPA/ESG-CV-funded operations (hotel conversions, temporary shelter contracts) are not always well documented in CoC planning documents, making it hard to calculate net permanent loss in bed inventory. PIT reports a loss of 1,000+ beds as ARPA wound down, but a clean inventory-by-contract table is missing.
- **Granular Public Housing Agency (PHA) voucher data for Emergency Housing Vouchers (EHV) and HUD-VASH.** Publicly available PHA administrative plans describe programs but do not publish voucher counts tied to the CoC’s service areas on a project-by-project basis in a tangible accessible format (e.g., how many EHV’s were released in a given month by municipality).

- **There is no crosswalk between federal awards and HMIS project IDs / Housing Inventory Count (HIC) bed inventory.** Some projects (especially non-HMIS victim service providers [VSPs] or DV-comparable databases) are not fully mapped in a central spreadsheet to CoC project IDs and HIC bed counts. HUD reporting shows aggregated bed counts but validating which federal award supports which beds requires a crosswalk.
- **Outcome and System Performance Measures (SPMs) should be linked at the subrecipient level.** SPMs are reported at the CoC or project aggregate level, but many subrecipient SPMs (length of time, returns) are not easily available for small providers or time-limited ARPA projects.
- **Indirect funding is fragmented and underreported.** Indirect funding streams are administered across multiple agencies and systems and are not racked collectively as “homelessness funding.” As a result, their role in supporting housing stability and service delivery is often underrecognized in planning, budgeting, and policy discussions.

## Recommendations

Based on the evolving federal housing and homelessness policy landscape, AHP has developed the following recommendations to support the Continuum of Care in proactively planning, mitigating fiscal and programmatic risks, and strategically aligning resources to ensure the long-term sustainability of housing and homelessness services across the Maricopa region.

### Priority Recommendations

The following recommendations are critical to ensuring the Maricopa region’s housing and homelessness service system can continue to support the needs of its residents.

#### 1. Recommendations of scenario planning (including a 30% CoC PSH reduction scenario)

This scenario reflects the 30% permanent housing funding cap established in HUD’s now-enjoined FY2025 CoC Notice of Funding Opportunity. Develop operational criteria to determine:

- Who remains in PSH (high-acuity, long-term stayers)
- Who transitions to RRH, bridge housing, transitional housing, or HCV units.
- How to prevent exits back into homelessness (what resources are needed)
- Underperforming or high-cost models or programs and develop transition plans that preserve housing while improving efficiency.

#### 2. Support Medicaid billing capacity

- Offer technical assistance and guidance to providers on utilizing Medicaid-billable services, strengthening partnerships with managed care organizations to enhance supportive services sustainability beyond CoC funding.

#### 3. Expand cross-program braiding

- Integrate HOME, CDBG, and HCV more strategically with PSH and RRH projects.
- Leverage Medicaid’s stability without treating it as a replacement for housing subsidies.

## Risks and Constraints

- Capacity mismatch: The demand for shelter is outpacing exits; 2025 unsheltered jump after ARPA wind-down signals fragile shelter capacity.
- Policy pressure: Expanded local authority to restrict public camping (post-Grants Pass) intensifies the need for routing to lawful alternatives (shelter/housing) to avoid a cycle of displacement. *The "Grants Pass decision" refers to the June 2024 U.S. Supreme Court ruling in the City of Grants Pass v. Johnson, which held that cities can enforce anticamping ordinances and punish people for sleeping in public, even if shelter isn't available, without violating the Eighth Amendment's ban on cruel and unusual punishment.*

## Expanded Recommendations: Strategies to Bring Additional Federal and Private Funding into Maricopa County

### 1. Expand Federal Funding Opportunities

The Maricopa region can significantly increase its federal revenue by diversifying beyond CoC/ESG funds and positioning itself competitively for HUD, HHS, VA, and U.S. Department of Treasury programs. Many of these programs are underutilized in the region but directly support housing stability, service delivery, and infrastructure.

#### 1A. Pursue Additional HUD Competitive Funding

HUD operates several large competitive programs outside the annual CoC Notice of Funding Opportunity (NOFO). These can be leveraged to expand the region's service and housing capacity.

#### Examples of Opportunities

- Youth Homeless Demonstration Program (YHDP) for youth-serving housing and diversion
- Unsheltered Homelessness Special NOFO (when available)
- HUD Fair Housing Initiatives Program for tenant rights and housing access
- HUD Healthy Homes grants addressing unsafe and unhealthy housing.

#### Recommendations to Implement

- Establish an HUD grant monitoring process (if it does not exist currently).
- Assign one agency (CoC lead) to track competitive HUD NOFOs.
- Form a rapid pre-application team.
- Include cities, developers, youth providers, and behavioral health agencies.
- Meet monthly to identify eligible partners, gaps, and strategic fits.
- Develop shared narrative templates.
- Create standard sections (needs assessment, system capacity) that can be reused quickly.
- Identify standard budget templates and match sources.
- Complete an annual "funding readiness scan."
- Map which agencies have the capacity to apply, administer, and implement federal awards.
- Identify cross-agency partnerships that strengthen applications.

#### 1B. Leverage HHS and SAMHSA Funding Streams

The homelessness service system can dramatically expand supportive services by tapping into HHS and SAMHSA grants. These funds can underwrite clinical staffing, outreach, and tenancy support that are currently unfunded.

## Examples of Programs

- SAMHSA Treatment for Individuals Experiencing Homelessness (TIEH)
- Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants
- Projects for Assistance in Transition from Homelessness (PATH) Program expansion
- Family Violence Prevention Services
- HRSA community health center homeless programs

## Recommendations to Implement

- Partner with behavioral health providers.
- Convene AHCCCS, RBHAs, and service providers to identify co-application roles.
- Prioritize programs where housing stability is a reimbursable outcome.
- Align funding with clinical service gaps.
- Use CE and HMIS data to show the unmet needs and the high utilizers of crisis systems.
- Demonstrate cost savings to Arizona Medicaid.
- Develop integrated behavioral health and housing applications.
- Combine tenancy support with treatment, stabilization, and case management.
- Propose multidisciplinary teams (Licensed Master Social Workers [LMSWs], peers, navigators).
- Train housing providers in federal grant compliance.
- Many providers hesitate because of paperwork offer TA on reporting, staffing models, and reimbursement of workflows.

### ***1C. Access Treasury, Internal Revenue Service (IRS), and CDFI Housing Funds***

The U.S. Department of Treasury-administered resources can significantly expand capital and financing for affordable and supportive housing. ADOH could serve as the lead agency.

## Examples of Resources

- 4% LIHTC + tax-exempt bonds for PSH projects
- New markets tax credits (NMTCs) for service or supportive housing facilities.
- CDFI Fund awards to local CDFIs
- Opportunity Zone (OZ) investments tied to homeless-serving housing.

## Recommendations to Implement

- Strengthen current partnerships with CDFIs.
- Engage Local Initiatives Support Corporation (LISC) Phoenix, Raza Development Fund, and Community Development Partners.
- Co-apply for Treasury CDFI program grants to increase loan pools for PSH.
- Launch a PSH LIHTC strategy.
- Prioritize 4% of LIHTC projects by offering public land, fee waivers, and local capital.
- Target at least 200–400 PSH units per year.
- Use New Markets Tax Credit (NMTC) program for facility development.
- Apply NMTCs to build facility-based programs such as medical respite, navigation centers, or day centers.
- Monitor Emergency Rental Assistance (ERA) Program reallocation cycles.
- Position the region to request recaptured funds for eviction prevention and RRH.

## 2. Expand State and Local Housing Resources

Increasing state and local investment can fill gaps that federal funding cannot address, especially operations, capital, matching funds, and flexible innovation dollars.

### 2A. Maximize Arizona Housing Trust Fund (HTF) Flexibilities

HTF is one of the most important and flexible tools available.

#### Examples of Strategies

- Create dedicated PSH capital and operating pools.
- Expand prevention programs targeted to high-risk households.
- Develop a statewide landlord incentive and risk mitigation fund.
- Align HTF with CoC priorities.

#### Recommendations to Implement

- Submit regional HTF proposals annually.
- Develop multi-city proposals for PSH, new shelter beds, or rental assistance.
- Attach data demonstrating unmet need, waitlists, and escalating homelessness.
- Advocate for PSH-specific HTF allocations.
- Present return on investment evidence to state lawmakers.
- Partner with housing developers to demonstrate project readiness.
- Launch an HTF Match Initiative.
- Use HTF commitments as a match for new federal dollars.
- Collect data on reduced emergency room (ER) visits, inpatient stays, and justice involvement.

## 3. Expand Philanthropic and Corporate Investment

Philanthropy provides flexible dollars that fill gaps federal funding cannot address, such as startup costs, match requirements, or innovative pilots.

### 3A. Create a Regional Homelessness Innovation Fund

This pooled fund can attract statewide foundations, corporations, and health systems.

#### How the Fund Would Work

- Centralized administration (Identify a fiscal sponsor)
- Annual investment priorities aligned with CoC needs.
- Transparent reporting and public dashboards.
- The ability to braid funds with federal and state programs.

#### Recommendations to Implement

- Create a formal prospectus describing the fund's purpose and expected impact.
- Convene a philanthropic roundtable (Virginia G. Piper Charitable Trust, Flinn Foundation, Arizona Community Foundation, Thunderbird Charities, etc.).
- Create a 3-year regional investment plan (PSH, diversion, RRH expansion, etc.).
- Secure anchor donors first, then corporate partners.

### 3B. Leverage Healthcare Sector Investments

Hospitals and health systems have strong incentives to fund supportive housing because it reduces costs.

### Examples of Strategies

- Create "Housing for Health" partnerships.
- Secure 5-year commitments from major systems (Banner, Dignity, HonorHealth).
- Fund PSH units for high-utilizing patients.

### Recommendations to Implement

- Present data showing the overlap between homelessness and high emergency department utilization.  
Offer co-designed pilot programs with measurable health outcomes.
- Create cost-sharing models for PSH operating subsidies.

### 3C. Engage Corporate Social Responsibility (CSR) Partners

Large companies can provide resources for housing, homelessness prevention, and workforce development.

#### Example of a Strategy

The region could pursue a coordinated CSR engagement strategy that positions housing stability and homelessness reduction as essential to workforce retention, regional economic growth, and community well-being. By framing investments in housing and prevention as solutions to labor shortages, healthcare costs, and veteran employment pipelines, the region can attract sustained private-sector participation beyond one-time donations. A centralized approach will reduce duplication of outreach and ensure corporate partners are matched with initiatives aligned to their brand, workforce needs, and philanthropic goals.

#### Recommendations to Implement

- Develop targeted pitch materials for the top 20 corporate employers.
- Align opportunities with corporate priorities (workforce housing; science, technology, engineering, and mathematics [STEM] careers; and veteran support).
- Offer naming rights for shelters, navigation centers, or workforce housing initiatives.

## 4. Innovative Capital Tools and Financing Models

Creative financing models can attract large-scale investment and reduce upfront public costs.

### 4A. Social Impact Bonds (Pay-for-Success)

#### Example of a Strategy

Pay-for-Success (PFS) models allow private investors to fund PSH or housing programs, with the government repaying only if outcomes are met.

Pay-for-Success (PFS) financing should be used to fund evidence-based interventions where outcomes can be clearly measured and monetized, such as reductions in emergency room utilization, jail bookings, or shelter stays. By shifting upfront financial risk to private investors and tying repayment to verified outcomes, the region can expand Permanent Supportive Housing (PSH) and supportive services without increasing immediate public expenditure. Early pilots can build proof of concept and position the region as a national leader in outcomes-driven housing investments.

#### Recommendations to Implement

- Identify target populations with high-cost savings potential (chronic homelessness, frequent ER users).

- Engage national intermediaries (Social Finance, Third Sector).
- Conduct a feasibility analysis and cost-benefit model.
- Launch a pilot program of 200–300 PSH units funded through PFS capital.

#### **4B. Local Housing Bonds**

Municipal or county housing bonds can finance acquisition, new construction, or renovation of properties for PSH or affordable housing.

##### **Example of a Strategy**

Local housing bonds offer a scalable and flexible financing tool to rapidly expand affordable housing and PSH inventory while leveraging low-interest capital. Bonds can be structured to support acquisition, preservation, and new construction, enabling jurisdictions to act quickly in competitive real estate markets. When paired with strong public messaging and accountability frameworks, housing bonds can gain broad voter support and serve as a cornerstone of long-term housing infrastructure.

##### **Recommendations to Implement**

- Conduct polling to understand voter support for a bond.
- Create a public campaign showing benefits, costs, and projected units.
- Build a coalition of municipalities, nonprofits, developers, and residents.
- Get a bond on a ballot with strong public backing.

### **5. Strengthen the Region’s Capacity to Compete for Funding**

The region can significantly increase its win rate for federal grants by coordinating its funding infrastructure.

#### **5A. Establish a Regional Grant Writing Collaborative**

Rather than each organization applying separately, the region can pool resources.

##### **Example of a Strategy**

A regional grant writing collaborative will reduce competition among local organizations while increasing the scale, quality, and competitiveness of funding applications. By pooling expertise, aligning narratives, and sharing data infrastructure, the region can submit stronger, more coordinated proposals that reflect system-wide impact rather than fragmented efforts. This approach also builds long-term grant capacity across smaller providers.

##### **Recommendations to Implement**

- Hire shared grant writers or contract specialists.
- Host monthly “grant preparation huddles” for major upcoming NOFOs.
- Maintain a shared calendar of federal, state, and private funding cycles.
- Standardize data, narratives, and performance metrics across providers.

#### **5B. Expand Partnerships with Tribal Governments**

Tribal partners have access to federal housing resources that can be braided with local efforts.

##### **Example of a Strategy**

Strengthening partnerships with Tribal governments enables the region to braid funding sources, align housing strategies, and leverage federal resources that are otherwise unavailable to non-Tribal entities. Collaborative planning can support culturally responsive housing solutions while expanding the overall

funding pool for homelessness response and behavioral health services. Regular coordination also supports government-to-government relationships and shared accountability.

**Recommendations to Implement**

- Host quarterly Tribal, CoC, and MAG funding meetings.
- Identify shared priorities across jurisdictions.
- Explore joint applications for HUD, SAMHSA, and VA funding.

## Overview of Tribal Funding



Tribal funding represents a substantial and underrecognized component of the housing and homelessness response system in the Maricopa region. Through sovereign programs administered by Tribal Nations and Tribal Designated Housing Entities (TDHEs), such as the Indian Housing Block Grant (IHBG), Bureau of Indian Affairs (BIA) Housing Improvement Program (HIP), and Tribal behavioral health funds, Native American households benefit from permanent housing, rental assistance, and supportive services. While these programs operate independently from HUD CoC funding, they complement regional system objectives by stabilizing households, reducing reliance on CoC-funded PSH, and providing culturally responsive interventions.

This report analyzes Tribal funding sources and their contribution to housing inventory, service capacity, and system sustainability, and provides a reference framework for integrating Tribal resources into regional planning.

The Maricopa region is home to several federally recognized Tribal Nations, including the Salt River Pima-Maricopa Indian Community (SRPMIC), Gila River Indian Community (GRIC), and Fort McDowell Yavapai Nation. Tribal Nations operate sovereign programs to provide housing and services for enrolled members. Key funding streams include IHBG (Native American Housing Assistance and Self-Determination Act of 1996 [NAHASDA]), BIA housing programs, the Indian Community Development Block Grant (ICDBG) Program, Tribal behavioral health funds, and state set-asides.

While these programs operate outside the CoC framework, they provide critical housing and service capacity that complement regional efforts. Strategic, voluntary coordination can strengthen system efficiency, expand housing options, and improve outcomes for Native American households.

**Table 3. Tribal Funding Sources and Estimated Allocations**

<b>Indian Housing Block Grant (IHBG)</b>	HUD → Tribal Nations / TDHEs	\$2.8M–\$15.6M per Tribe (Total AZ Tribes ~\$233.7M)	Housing development, rehab, rental assistance	Tribal households
<b>BIA Housing Improvement Program (HIP)</b>	U.S. Department of the Interior (BIA)	\$0.3M–\$1M per Tribe	Home repairs/replacement	Low-income Tribal members
<b>Indian Community Development Block Grant (ICDBG)</b>	HUD → Tribal Nations	\$1.8M–\$5M+ per Tribe	Rehab, infrastructure, community facilities	Tribal communities
<b>State Housing Trust Fund – Tribal Set-Aside</b>	Arizona Department of Housing	\$2M–\$6M estimate	Gap financing for Tribal housing	Tribal households
<b>Section 184 Indian Home Loan Guarantee</b>	HUD	Loan guarantees, not direct awards	Homeownership	Tribal members

<b>VA Tribal HUDVASH</b>	HUD and VA	\$0.5M–\$2M estimate	Rental assistance + services	Native veterans
<b>Prop. 202 Tribal Grants</b>	Maricopa County / Tribal Governments	\$1M+ annually (varies)	Community services, prevention	Tribal communities
<b>Medicaid / Tribal Behavioral Health Supports</b>	AHCCCS / Indian Health Service (IHS)	\$10M+ (variable)	Behavioral health, case management	Tribal Medicaid members

Note: M = million; funding amounts vary by fiscal year, Tribal governance, and program scope; IHBG represents the largest Tribal housing investment in the county.

## Tribal Contribution to Regional Housing Inventory and Service Capacity

The following outlines how Tribal programs and funding contribute to inventory and service capacity.

- **Housing Inventory:** Tribal funding produces new and rehabilitated housing units that increase permanent housing stock for Tribal members, often outside the CoC HIC.
- **Service Capacity:** Behavioral health and social services funded by Tribal, Medicaid, or IHS sources reduce inflow to homeless systems, improve housing retention, and provide culturally responsive support.
- **System Operations:** Tribal programs support CoC-funded PSH and enable CoC resources to enhance supportive services to Tribal households, enhancing overall system efficiency.

## Strategic Recommendations

The following strategies can help maximize the Tribal contribution to Maricopa County's housing and homelessness programming and services.

- **Formalize Coordination:** Establish voluntary government-to-government planning tables with Tribal housing authorities to enhance visibility and collaboration.
- **Integrate into Planning:** Include Tribal housing units and funding streams in environmental scans and funding assessments, respecting sovereignty, and confidentiality.
- **Aligning IHBG and CoC Needs:** Identify gaps where Tribal housing can provide alternatives to CoC PSH for eligible households.
- **Leverage Behavioral Health Funding:** Coordinate services funded by Tribal health programs to support tenancy stability.
- **Develop Technical Assistance Resources:** Offer technical assistance to CoC providers on Tribal program requirements and opportunities.
- **Document and Report Outcomes:** Track impacts of Tribal-funded housing and services while protecting Tribal data governance.

## Conclusion

The AZ-502 CoC faces a pivotal moment. Federal funding uncertainty and evolving policy at all levels of government place significant pressure on the Maricopa region's homelessness response system. Yet the region benefits from strong governance, well-established permanent supportive housing infrastructure, and a culture of collaboration. Strategic reinvestment in housing exits, data-driven planning, and equitable coordination can position the CoC to navigate these challenges while advancing the mission to end homelessness across the region.

Tribal and federal funding collectively form a robust and complementary network supporting housing stability and homelessness prevention in the Maricopa region. Tribal programs provide culturally responsive, sovereign-led housing and services for people experiencing homelessness and housing insecurity, while federal resources extend support to chronically homeless individuals, families, and veterans. Together, these funding streams enhance regional housing inventory, expand service capacity, and strengthen system operations. Strategic coordination, integration into regional planning, and targeted technical assistance can maximize the impact of both funding types, optimize resource utilization, and improve outcomes for all populations experiencing or at risk of homelessness in the county.

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