



**ARIZONA DEPARTMENT OF HOUSING
AS UNITED FUNDING AGENCY
FOR
THE ARIZONA BALANCE OF STATE CONTINUUM OF CARE (AZBOSCOC)
STRATEGIC ACTION PLAN FOR 2023/2024**

GOAL: End homelessness in the AZBOSCOC geographic area.

PURPOSE: The purpose of this document is to outline the aspirations and strategies that the AZBOSCOC will implement in 2023 and 2024 that contribute to ending homelessness in the AZBOSCOC geographic area. The foundation of this plan is the work that was completed by the Local Coalitions/Continuums to End Homelessness (LCEH). In the summer of 2022, the LCEHs developed action plans locally that identified strategies for ending homelessness. These plans are summarized in this CoC level plan.

ALIGNMENT WITH U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) POLICY PRIORITIES RELATED TO ENDING HOMELESSNESS: The AZBOSCOC 2023/2024 Strategic Action Plan aligns with the following HUD Policy Priorities related to households experiencing homelessness including:

1. End homelessness for all persons.
2. Use Housing First –
 - Prioritize rapid placement.
 - Support stabilization in permanent housing.
 - Provide access to housing without service participation or precondition requirements.
3. Reduce Unsheltered Homelessness
4. Improve System Performances across the CoC by
 - Reduce average length of homeless episode.
 - Reduce returns to homelessness.
 - Increase the number of households that exit to permanent housing destinations.
 - Reduce first time homelessness.
 - Promote participant choice.
 - Ensure assistance is open, inclusive and transparent.
 - Ensure individuals can access and receive services quickly.
 - Ensure projects provided are cost effective.
 - Focus on continuous quality.
5. Enhance partnerships and collaborations with housing, health and service agencies.
6. Ensure fairness and equity for all households related to race, health conditions and other social determinants.

- 7, Ensure non-discrimination related to gender identity and sexual orientation and enhance assistance for individuals that identify as LGBTQ+.
8. Engage and support the involvement of persons with lived experience in processes and activities throughout the CoC.
9. Increase affordable housing supply.

AZBOSCOC BACKGROUND: The Arizona Balance of State Continuum (AZBOSCOC) includes thirteen (13) of Arizona’s 15 counties: Apache, Coconino, Cochise, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai, and Yuma. The AZBOSCOC covers over 95,000 square miles (83% of state area). The AZBOSCOC conducts an unsheltered/sheltered Point in Time (PIT) Count each year, Within this vast area, the 2022 PIT count identified 2,300 unduplicated individuals across all thirteen counties of which 1,349 (58.7%) were unsheltered and 951 (41.3%) were in a shelter or transitional housing on the night of the count..

AZBOSCOC GOVERNANCE AND STRUCTURE: The AZBOSCOC provides an inclusive structure that incorporates input and coordinates action from multiple partners, stakeholders, beneficiaries and organizations across the CoC. The AZBOSCOC uses a multi-layer approach to empower participations and input.

The Governance Advisory Board is responsible for overall planning, coordination, guidance, and direction for the AZBOSCOC. The GAB supports policies and protocols to meet the requirements of U.S. Department of Housing and Urban Development (HUD) HEARTH CoC regulations. GAB participation is open to all interested stakeholders. There are currently 13 members including.

- The Special Needs Administrator from the Arizona Department of Housing (ADOH).
- The Arizona State McKinney/Vento State Homeless School Liaison from Arizona Department of Education.
- Representative from the Arizona Department of Economic Security (ADES) who has direct responsibility for the state HUD Emergency Solutions Grant (ESG) Program and Domestic Violence Services.
- Representatives from two of the Medicaid Regional Behavioral Health Authorities (RBHA) Managed Care Organizations (MCOs) under the Arizona Health Care Cost Containment System (AHCCCS), AZ’s Medicaid program, covering the AZBOSCOC geographic area.
- At least one individual with lived experience (homeless or formerly homeless).
- The remaining seven (7) board positions are at large and include many subrecipients and represent other community key stakeholders, partners, expertise and experience.

An open recruitment process takes place in November/December of each year to fill vacant positions . A solicitation for candidates is widely distributed through email

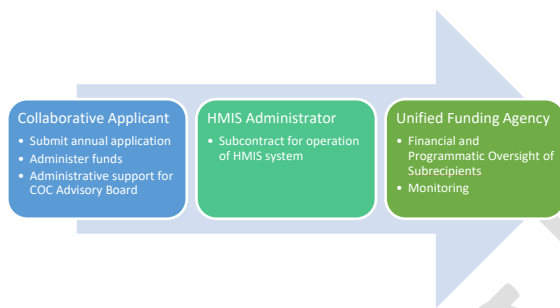
HUD Recommended CoC Governance Participating Entities
<i>(Blue = currently represented on GAB) (Underline = Participate in LCEHs)</i>
• Non-Profit Homeless Providers
• Victim Service Providers (DV)
• Faith Based Providers
• Governments
• Businesses
• Advocates
• Public Housing Authorities
• School Districts
• Mental Health Agencies
• Hospitals and Health Care
• Universities
• Affordable Housing Developers
• Law Enforcement
• Veterans Service Organizations
• Persons with lived Experience
24 CFR 578.5.a

and the ADOH Bulletin process as well as through referrals from the community and Local Coalitions to End Homelessness (LCEHs – see more below).

A diverse range of participation to reflect the breadth of the AZBOSCOC is the focus of filling vacant positions. This includes geographic diversity from all regions of the CoC, demographic diversity (including race, ethnicity, and gender) consistent with the population of the CoC and the homeless population, representatives from other institutional stakeholders addressing homelessness (e.g., domestic violence advocates, veterans, youth), and a broad range of experiences and expertise including persons with lived experience.

Please note, while the AZBOSCOC encourages participation from persons with lived experience, disclosure of such history or experience is not required and is at the discretion of the individual in order to avoid any trauma or stigma the individual may feel or associate with their lived experience. Individuals interested in becoming members complete the Governance Advisory Board application form and submit to the AZBOSCOC Coordinator. Selection is based on board member review and approval of new members.

The Arizona Department of Housing (ADOH): ADOH serves three roles for the AZBOSCOC. ADOH



serves as the United Funding Agency, the Collaborative Applicant, and HMIS Lead. Collaboration and inclusivity related to policies, protocols, and processes is achieved through the AZBOSCOC committee structure. Standing AZBOSCOC committees include: Veterans Coordination, HMIS and Data, Coordinated Entry, Subrecipients, and Social Justice and Racial Equity. Ad hoc committees are established for the annual

PIT count coordination, annual HUD CoC NOFO bonus project review, as well as other CoC strategies as needed. Committee participation is open to the public and incorporates participation from a diversity of stakeholders and all levels of governance.

Local Coalitions/Continuums to End Homelessness (LCEH): The Local Coalitions/Continuums to End Homelessness (LCEHs) are foundational for the AZBOSCOC to the ability of the CoC to implement strategies to end homelessness. The counties that comprise the AZBOSCOC are demographically and geographically diverse creating unique challenges related to solving homelessness. These challenges are further compounded by the disparity in both specific mainstream and other resources, homeless services infrastructure, available funding as well as access to housing stock which in some of the more rural areas is limited, geographically impractical, does not qualify for quality standards or is otherwise in poor condition.

The AZBOSCOC currently has active LCEHs in 11 of the 13 counties covering 95% of the AZBOSCOC population and geography. Plans are in place to add LCEH activity for the remaining two counties during 2023. Through the LCEH network, the AZBOSCOC has active participation by almost 300 individuals and organizations statewide. ADOH convenes quarterly statewide meetings of LCEH leadership to gather local feedback, discuss strategic goals, and coordinate CoC activities.

While each county faces unique challenges, each also boasts a unique collection of local stakeholders, advocates and resources to meet these challenges. To incorporate these stakeholders into the larger

coordinated work of the AZBOSCOC, CoC planning, and state funds are used to fund Lead agencies to coordinate LCEH activities including:

- convening and coordinating local stakeholders and providers including CoC and other mainstream funded programs into the coherent local continuum of services.
- strategic planning described here and for performing HUD CoC required activities including establishing and operating coordinated entry within the LCEH county;
- coordinating the annual unsheltered Point in Time Count;
- use of HMIS and local data to inform practices and coordination with mainstream resources;
- develop local plans to inform the overall AZBOSCOC strategic action plan.

ADOH and the AZBOSCOC work closely with our HMIS provider to provide LCEH level reporting and data to empower local coordination around AZBOSCOC goals and priorities. Key reports available at an LCEH level include: By name lists sortable by county, HUD system performance measures by county, and demographic/equity reporting.

System Partners and Stakeholders: Other Federal, State and local partners funded agencies including two Veteran's Administration hospitals, AHCCCS, Public Housing Authorities, school districts, County and City Governments, HOPWA, Councils of Government, the USDA, and the Runaways and Homeless Youth Assistance (RHYA) programs participate in the AZBOSCOC both at the LCEH and CoC level.

Through these collaborations, the AZBOSCOC coordinates and leverages additional housing and service resources including VASH and SSVF VA resources, HUD mainstream housing vouchers (including HCV, 811, EHV and Stability vouchers), Low Income Housing Tax Credit (LIHTC), CDBG, HOME, ESG, HOPWA, Arizona Housing Trust Funds, SAMHSA funded Projects for Assistance in Transition from Homelessness (PATH) outreach teams and more recently ADOH, ADES and other locally administered CARES Act and ARP funding.

Arizona Department of Housing as UFA: The AZBOSCOC was designated as a Unified Funding Agency (UFA) under HUD CoC rules beginning in 2022. ADOH serves as the UFA on behalf of the AZBOSCOC and is responsible for UFA duties related to subrecipients, contracting, financial oversight, monitoring, performance evaluation, and general administration of the CoC.

AZBOSCOC STRATEGIC ACTION PLAN 2023/2024

IDENTIFIED NEEDS:

AZBOSCOC challenges to ending homelessness were identified through numerous sources including LCEH local plans, subrecipient and provider feedback, HMIS data, other governmental partners and agencies as well as client experience. As a result of information gathered from these sources, the AZBOSCOC identified the following primary Balance of State challenges:

1. **Service Disparities:** Programs and resources in the AZBOSCOC are not evenly distributed across our geographic service areas. Many of the traditional services focused on households experiencing homelessness including shelters, drop-in centers, outreach services, food banks, mainstream service offices and affordable housing stock are available but focused in the more populated areas and counties. Some key challenges this present include:
 - a. *Engagement/Outreach/Navigation:* Dedicated full time, professional PATH and ESG funded homeless outreach services are only available in seven of the thirteen AZBOSCOC counties and do not include two of the four largest counties by population and there is no dedicated routine coverage.. There is minimal formal outreach to tribal areas. The lack of outreach combined with lack of traditional homeless services like shelter (need described below) means it is difficult to identify and engage populations for assessment, enrollment in Coordinated Entry, and prioritization for housing and services. PIT count and by name lists for uncovered counties are artificially low due to lack of engagement resources. There is a Homeless Outreach Hotline project that provides 211 like coverage for counties that have limited outreach options. This is operated by Solari which is also the HMIS Systems Administrator.
 - b. *Emergency Shelter/Basic Needs:* Again, most Emergency Shelter resources are focused in the more populated areas of the AZBOSCOC. Three counties, have no recorded Emergency Shelter in the Housing Inventory (the inventory is updated each year) . An additional three counties have only DV shelter, no general emergency shelter in the HIC for single adults or non DV families. This lack of shelter makes it difficult to engage, provide basic needs or coordinate persons experiencing homelessness and is part of the reason for the increases in unsheltered homelessness in the AZBOSCOC geographic area.
 - c. *Mainstream Resources* – As with other resources, not all mainstream resources are available across all counties or if available may require transportation to access. There are counties without a hospital, public housing authority, VA services or other mainstream resources that are critical to meet the needs of persons experiencing homelessness.
 - d. *Geography* – four of AZBOSCOC’s counties are larger than 7 US states. Many others are large and contain large areas of desert and/or forest. These geographical issues make both homeless outreach and identification as well as service access difficult. In almost all counties what limited services that may be available, are centered in the larger, more urban areas and may be over an hour by car from more rural areas. In other counties, what outreach or service coverage may be available, may be delivered from out of county providers driving from Tucson or Phoenix and is not available on a consistent or regular basis.
 - e. *Tribal Communities* The AZBOSCOC includes 23 tribal communities, some of which are vast. This presents challenges and opportunities to resolve service disparities through collaboration and coordination with tribal communities.
2. **Lack of Affordable Housing** – As in many national, and in particular Arizona communities, there is a critical lack of affordable housing rental units in the AZBOSCOC. Vacancy rates statewide are

under 5%. The shortage of units is also driving increases in rents. The shortage of units is particularly acute in much of the AZBOSCOG. In addition, much of the housing stock in very rural areas of the CoC do not meet basic HQS including lack of running water and connection to the grid. The lack of housing has hampered the ability to identify and place persons exiting homeless, including those with vouchers.

3. Staffing Challenges – Changes to Arizona’s labor market has impacted nonprofits and providers serving persons experiencing homelessness. This has resulted in significant turnover or vacancies in key service roles despite the additional funding available through federal and state stimulus. This has limited the impact of new programs and services to end homelessness. These issues are particularly acute in many Balance of State communities with limited populations or qualified staff.

4. Increasing Homelessness – The combined impact of the above trends, as in the other Arizona CoCs, has been an increase in homelessness in balance of state. Since 2019, AZBOSCOG PIT counts have increased 13.8%. The overall increase in homelessness with limit resource has also increased the number of unsheltered persons. Again, in the 2022 PIT count, almost 60% of identified persons were unsheltered compared to less than 50% in 2019. While total numbers of chronically homeless persons experiencing homelessness stayed relatively consistent, the percentage unsheltered remained disproportionately high. These trends were also reflected in System Performance Measures which showed increased in total count in the AZBOSCOG HMIS system in 2021 compared to 2019. 2021 also had the highest number of 1st time persons served in Emergency and Transitional Shelter programs in 7 years (almost 3,000 total first time homeless).

KEY AREAS OF FOCUS

Within the larger framework of general activities to end homelessness illustrated in Appendix I, specific priorities have been identified for the coming year. As with challenges identified above, prioritization of these activities have been identified through numerous sources and communication including: HUD identified priorities including those incorporated into the annual NOFO and Special NOFO process and audit processes; 2) GAB identified priorities; 3) review of HMIS and other homeless data; 4) subrecipient and provider feedback; and 4) Local Coalitions to End Homelessness strategic plans and priorities. General areas of focus for 2023 are:

1. Increase engagement capacity including “street”/unsheltered outreach and coordinated entry coverage to achieve goal of 100% coverage across all physical geographies so that all persons experiencing homelessness are engaged.
2. Expand capacity and leverage mainstream housing and services including preparing for Medicaid waiver funding;
3. Reduce unsheltered homelessness by expanding capacity and capability of emergency shelter and other crisis interventions in Balance of State;
4. Enhance LCEH capacity and coordinated localized continuums of services and resources within all BoS communities including within traditionally under-resourced rural counties;
5. Begin development of coordination, systems and resources to serve underserved and non-traditional homeless services to serve special populations including youth, tribal populations as well as chronic homelessness;

2023/2024 - OBJECTIVES/STRATEGIES

OBJECTIVE 1: Reduce Service Disparities by Filling Gaps in LCEH Service Continuums including Outreach, Emergency Shelter and Permanent Supportive Housing

Background: As noted above under challenges, resources and services are not uniformly distributed across all BOS counties. Dedicated street/unsheltered access is only available in seven of thirteen counties and eight counties lack emergency shelter capacity for all populations including single adults. While AZBOSCOC coordinated entry(CE) access is formally available in all counties, CE assessment points may often be limited thereby restricting access. Similarly, not all counties have navigation or adequate housing assistance to navigate clients identified on the by name lists to housing and other resources. Finally, shelter, housing settings and subsidies are not uniformly available in all counties.

As a result, one key project that the AZBOSCOC intends to pilot this year is to reduce these disparities to increase the flow of persons from outreach, through CE and to positive exits including PSH. This will involve braiding of existing and new local, state and federal funding to fill gaps in existing LCEH service continuums. This project will: 1) expand outreach and CE access to ensure all persons experiencing homelessness are engaged, assessed and connected to housing options, especially those who are unsheltered; 2) expand shelter and housing capacity; 3) continue use of CE and other HMIS data at local level to inform need and enhance service coordination; and, 4) increase the ability of CE to not only make housing referrals but to assign high priority individuals/families, especially those who are on the street, to dedicated housing navigators to ensure ongoing support for housing and service goals. This will ensure individuals seeking services (or at least those with the highest acuity) have navigation regardless of a permanent supportive housing referral. A dedicated navigator will allow handoffs from outreach providers allowing them to return to their focus on identifying, and engagement of unserved individuals. This model will be based on the evidenced-based practice(EBP) identified within the State of Washington's Apple Health Medicaid 1115 waiver program for serving homeless and other high-cost, high needs health populations. In one county in Washington, the dedication of navigation to the coordinated entry/by name list (BNL) process increased housing placements from the CoC BNL from 30% to almost 80%.

Strategies to meet the objective

1. Use HMIS and tools such as STELLA to track success in moving outreach engaged persons and households through shelter.
2. Conduct significant training and TA this coming year.
3. Continue coordination with AHCCCS, ADES, and ADOH and local partners to maximize impact of available funding to fill system gaps. This includes utilization of existing LCEH dedicated HTF funds, ESG and PATH outreach funds, and potential funding from HUD Special and annual NOFO processes.

OBJECTIVE 2: Increase and Leverage Housing Resources

Background: The AZBOSCOC faces two issues regarding housing opportunities.

- Across the AZBOSCOC, there is an extreme shortage of affordable rental units. The limited rental units has resulted in rapidly rising rents. In some communities, rents have increased almost 25% in a single year. In almost every county, the CoC and other subsidy programs are being forced to

pay up to 10 to 20% above HUD Fair Market Rents (FMRs) to have any access to rental units. Since CoC funds are limited, this often results in reduced voucher capacity. It has also been reported that due to rising rents and demand, many landlords have elected to no longer accept vouchers including CoC and mainstream vouchers.

- In many rural communities, traditional multi-family rental facilities that meet Housing Quality Standards in which to utilize vouchers are limited. AZBOSCOC is utilizing two strategies to address this challenge:

With changes in the Arizona housing and rental market, AZBOSCOC and ADOH will continue current efforts to acquire, construct and expand dedicated housing units for special populations including persons experiencing homelessness instead of investment in incentives. ADOH is tracking these developments as part of its larger goals around reducing the shortage of affordable housing in AZ.

In regard to recruitment, there is no definitive evidence on the success of current strategies, especially those recently initiated. Instead of incentives, the AZBOSCOC and LCEHs will continue to evaluate and expand landlord recruitment/locator services, improve supportive services to better support persons in housing and improve landlord trust and reduce anxiety related to renting to special populations, and simplify and standardize housing processes to facilitate landlord participation. AZBOSCOC and ADOH have created HMIS reporting tools. In addition SEMAP data from Public Housing Authorities(PHA) will be used to track timing of subsidy search times, move in timelines and other housing process to see if efforts are increasing housing availability (i.e., shorter search and move in times).

Strategies to meet the objective:

1. Work with all available mainstream, local and private sector strategies to secure and/or develop affordable housing units and opportunities including;
 - a. PHA Collaboration: In counties with a PHA, the CoC and LCEHs are working closely to leverage traditional Housing Choice Vouchers (HCV), CARES Act and ARP vouchers and resources (including HUD Emergency Housing Vouchers (EHV)) and soon, Emergency Stability Vouchers (ESV). PHAs in nine counties in which Special NOFO funds are being requested have committed ESV vouchers in support of the Special NOFO projects if awarded. State HTF funds are also committed by ADOH to provide PSH/RRH units in AZBOSCOC. (All PHAS in the AZBOSCOC are signatories to MOUs related EHV that included a commitment to participate in coordinated entry.
 - b. Create New Housing Options: Through HOME ARP, investment of AZ State Housing Trust Funds (HTF), CDBG and LIHTC strategies, ADOH is working closely with local communities and LCEHs to develop more housing units. Within these funding streams, key strategies include: 1) homeless and special population set asides within LIHTC QAP to incentivize development of new units (in 9% LIHTC round, resulted in 308 new affordable housing units including 42 designated for homeless and persons with disabilities). State HTF and ARP funding have been used to provide gap financing to qualify additional shovel ready projects to maximize use of 4% LIHTC funding; 2) Use of HTF and ARP funding for hotel to housing conversion projects included a set aside of \$40 million in rural funding to acquire and rehab hotels for non-congregate shelter as well as PSH units. All funds are committed and in development in at least three AZBOSCOC counties; and 3) State HTF and ARP funding is

being used to develop new housing options, especially in communities with limited housing stock. This includes modular, prefabricated, and/or tiny home communities for persons experiencing homelessness.

2. Where housing is available, the AZBOSCOC works to engage landlords. Much of this effort is focused within the LCEHs and local stakeholders who know their local communities and resources including:
 - a. Block Leasing: Many AZBOSCOC projects elect to block lease units from supportive landlords. Subrecipients provide incentives to landlords to participate. Subrecipients provide support to ensure tenant stability and reduce administrative costs since the subrecipient manages all screening, placement and terminations. These strategies have allowed AZBOSCOC to maintain consistency in availability of leasing units.
 - b. Housing Locator Services: Through HUD EHV funding and AZ State HTF funding, PHAs and ADOH have contracted for designated housing locator services, designated staff responsible for identifying, outreaching and recruiting landlords for participation in voucher and subsidy programs for persons experiencing homelessness. This is a new strategy started in the last year and is limited in geographic coverage. Data on impact will be available later in the year, although early anecdotal discussions suggest potential success in those counties covered.
 - c. Access to Rentals: Some LCEHs that have more rentals available in their county are organizing landlord and property manager focus groups to identify new strategies for increasing access to rentals. LCEHs have also created a survey and exit interview to gather feedback on concerns and barriers to participating in voucher and homeless subsidy programs.

OBJECTIVE 3: Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance.

Background: The AZBOSCOC has been working with the HMIS Systems Administrator to implement tools such as dashboards to provide basic data and performance data at the project, LCEH (County), and CoC level. The strategies for 2023/2024 will build on this foundation.

Strategies to meet the objective

1. The AZBOSCOC will expand outreach/navigation services across the AZBOSCOC and use data to assess its effectiveness.
2. Key evaluation strategies to ensure integration into the CoC and CE process will focus on the by name list. In many counties with limited outreach or homeless services, BNL's are not consistent with numbers reporting in PIT and other homeless counts since there is no one to engage or enroll persons experiencing homelessness into HMIS and by extension the CE system and housing prioritization.
3. The AZBOSCOC will track outputs to ensure new investments are resulting in the intended full coverage. Key outputs AZBOSCOC will continue to track for existing and new outreach/navigation partners will include increases or changes in the composition and contact points for persons on the LCEH BNL for each county, it will be possible to evaluate increases in engagement, outreach, first time and recidivist contacts, and reduced time from contact to engagement to the BNL.

4. Through LCEH rosters and case conferencing logs, ensure that outreach teams are participating in CoC and CE activities and engaging other stakeholders and CoC partners in their communities of services.
5. Use STELLA and the underlying HMIS data, to track outreach outcomes through flow of persons through our CoC to ensure individuals and families engaged via outreach are utilizing low barrier emergency shelter, transitional and PSH resources within the CoC and participating programs. In regard to housing connectivity,
6. Review key system performance measures and metrics including length of time from BNL placement to housing placement, percent of eligible households from outreach placed in PSH, positive exits from outreach to housing, average length of time homeless or in shelter, and recidivism to homelessness.

OBJECTIVE 4: Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

Background: One of the primary service gaps within the AZBOSCOC is the lack of access points to directly engage and connect persons to the available resources. Communities not only lack outreach, but they also generally lack shelter, drop in centers or other traditional access points. The AZBOSCOC has a standing Coordinated Entry Committee that is responsible for evaluating data, updating policies, and ensuring that standards align with both HUD CoC regulations as well as AZBOSCOC standards and objectives. Households that meet the definition of chronically homeless are prioritized in the AZBOSCOC policies and subrecipient contracts. Of all persons experiencing homelessness in the 2022 PIT count 26.1% (600 out of 2,300) were identified as chronic, 75% of this population was unsheltered. ADOH is working with State funding on strategies to supplement this navigation effort including additional RRH vouchers, housing search, funding ID assistance, promoting SOAR and other income coordination, especially for underserved and rural communities that would potentially receive Special NOFO funding.

Strategies to meet the objective

1. Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.
 - a. Increase outreach/navigation coverage: –Increase not only outreach but shelter options and expand contact points for persons experiencing unsheltered homelessness. Emergency shelter hotel vouchers will be used to address unsheltered homeless and will be targeted to communities that currently lack any low barrier shelter capacity.
 - b. Use current and develop new tools to measure system performance including tracking outputs to measure activity levels, but also outcome measures and system performance measures to evaluate impact on unsheltered and underserved counts.
 - c. ADOH as the UFA and Collaborative Applicant for the AZBOSCOC is establishing performance standards in current contracts around goals that will include in any new subrecipient contracts. ADOH will invest additional state funds to augment training, capacity building and TA support for the AZBOSCOC and the LCEHs.
 - d. Within any awarded AZBOSCOC contracts, subrecipient contracts include eligibility standards and requirements established by the Governance Advisory Board and monitored for implementation through ADOH monitoring and oversight of subrecipients. Policies will be revised to more precisely target unsheltered or underserved populations based on data or other concerns.

- e. Increase engagement and access to the AZBOSCOC coordinated entry system. Once in place, the CE Committee will review the data elements described and update CE prioritization standards or processes to ensure access and prioritization into the appropriate resources.
- f. Continue focus on households that meet the definition of chronically homeless. Conduct ongoing review of HMIS data, project performance and identify new resources to reduce the number of these households.
- g. Expand outreach/housing coordination –New outreach programs will be integrated into existing LCEH and CE functions including outreach use of CE assessments for prioritization and housing eligibility. This will be accomplished through case conferencing, coordination with navigators and housing providers, data sharing, and HMIS reporting., LCEH meetings will continue to be used to coordinate between local stakeholders including other mainstream housing and homeless service programs.
- h. Expand Other Services (IDs, housing navigation and other housing programs and services) – Continuing assistance or “navigating” engaged members to housing or until another appropriate service provider/navigator is identified (i.e.; VA, Behavioral Health Case Manager through Medicaid). As part of the navigation, outreach/navigators will be responsible for assisting with securing identification (also critical to outreach), connecting engaged participants to food, health care or other emergency services, connecting to mental health or SUD treatment if willing (or using petition process if participant meets involuntary treatment regulations of being danger to self or others due to behavioral health), and assisting with applying for housing processes.

CoC and ESG funded programs alone are not sufficient to meet the demand for housing or persons on the BNL, outreach workers will work to leverage mainstream resources and other non-CoC housing programs including securing income to affordable market rate housing if appropriate.

- i. AHCCCS, was recently approved for an 1115 waiver by CMS to utilize Medicaid funding for Social Determinants of Health Services related to persons experiencing homelessness, SMI determined individuals, persons with co-morbidities or other high cost/high needs populations requiring housing supports. Approved activities include street outreach funding, transitional shelter funding for up to six months, housing move in expenses, and dedicated housing navigation.

Approved this year, implementation is expected in the next fiscal year giving ADOH and the AZBOSCOC time to align its practices to incorporate these new Medicaid services and providers into the CoC as required by both HUD and CMS.

OBJECTIVE 6: Expand LCEH Capacity and Expertise

Background: The AZBOSCOC relies upon its LCEHs to design locally responsive strategies to end homelessness within the AZBOSCOC activities and goals. LCEHs are currently active in 11 of 13 AZBOSCOC counties covering approximately 95% of the AZBOSCOC geographic area and population. To support these efforts, AZBOSCOC and ADOH have contributed small stipends from HUD CoC planning funds to support these local efforts. This has been insufficient to implement and sustain LCEH capacity.

Strategies to meet the objective

1. ADOH Housing Trust Fund LCEH Capacity Building: ADOH has set aside Housing Trust Funds to expand LCEH capacity. ADOH will allocate a portion of these funds as direct flexible funding grants to support and expand existing LCEH activities, establish new LCEHs and implement documented LCEH strategies. Funds will be available for LCEH administrative and coordination capacity as well as to expand coordinated entry and CoC required engagement and services. Additional funding will be invested in statewide activities to statewide capacity including training and coordinated entry support to expedite housing.
2. Provide technical assistance and support to strengthen LCEH effectiveness.
 - a. Visit all AZBOSCOC counties to understand local needs and assist in strengthening local coalition building and service delivery
 - b. Work with local stakeholders to establish LCEHs in remaining two AZBOSCOC counties, Graham and Greenlee
 - c. Continue work with AZBOSCOC HMIS system to provide county/LCEH level information to inform and improve local homeless responses and service delivery.

OBJECTIVE 7: Leverage Healthcare Resources

Background: Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), was awarded an 1115 Waiver in September of 2022 to be implemented by October of 2023. When implemented, the waiver will expand Social Determinant of Health services for homeless and other high risk populations. This includes housing based supportive services, outreach and other housing supports. AZBOSCOC will be working to continue its current efforts to work with Medicaid and AHCCCS to braid these new resources into its projects.

Strategies to meet the objective

1. Develop two new housing projects (PSH and RRH) that will directly leverage health care resources.
2. Implement activities that will realize committed leverage totaling \$112,117 annually in physical and behavioral health care services primarily funded through the AHCCCS with Medicare dollars and/or federal Substance Abuse Block Grant funding. Through the combined use of Medicaid and SABG funding, these programs will provide supportive services to Medicaid and non Medicaid eligible persons experiencing homelessness.

OBJECTIVE 8: Involve Individuals with Lived Experience of Homelessness in Decision Making and Meaningful Outreach

Background: The AZBOSCOC, through the LCEHs have implemented initial strategies to ensure that persons with lived experience are involved in multiple aspects of AZBOSCOC policies and procedures. Persons with lived experience are involved in the AZBOSCOC governance and related committees including CE, HMIS and Data Quality, and Social Justice and Racial Equity Committees. To ensure involvement of those with lived experience, in addition to general publication, both the GAB (and LCEHs) conduct targeted outreach and recruitment of key stakeholders including organizations and individuals serving specific communities and populations experiencing homelessness. This includes recruitment of peer run organizations and persons with lived experience with homelessness, mental illness or disabilities, domestic violence and substance abuse history as well as cultural diversity. The GAB

currently has 2 of its 13 members and the LCEHs have 16 members who have self-disclosed their lived experience with homelessness. The AZBOSCOC does not require disclosure of lived experience to avoid invoking any trauma or perceived stigma a member may feel from their experience. The CoC has established a standing Social Justice and Racial Equity Workgroup to ensure there is equity and transparency at all levels of CoC policy making and programming and that underserved populations and voices are included in all facets of AZBOSCOC operations and functions. This also includes leveraging the lived experience of youth, tribal members and other potentially underserved sub populations to begin developing service strategies.

LCEHs – Many outreach practices and strategies are informed by meeting local needs and situations. This includes identifying camps and locations in which unsheltered homeless individuals may congregate or camp, identifying unique cultural or demographic grouping, coordinating with law enforcement and local stakeholders to avoid criminalization of outreach groups, leveraging other community and mainstream partners to support outreach efforts and sharing information and data to improve coordination. LCEHs include multiple local stakeholders and local individuals with lived experience. Over 380 organizations and individuals have participated in the LCEHs. Within these organizations, as well, participation by persons with lived experience is critical. LCEHs have persons with lived experience as staff, in leadership positions, on community councils and on their Board of Directors.

All existing full time outreach providers utilize “peers” with lived experience with homelessness, addiction or behavioral health issues as service staff including case managers and outreach workers. Many of these peers are certified by AHCCCS based on their training and experience. It is well established that use of trained peers or persons with lived experience is an EBP.

The LCEHs collectively created workgroups/committees of persons with lived experience to incorporate ideas for improvement of engagement, outreach and service provision to those experiencing homelessness. One practice that was started by an LCEH in the AZBOSCOC was to establish a hearing/learning session with persons experiencing homelessness. Volunteers were invited, breakfast provided, and discussion ensued. One key dialog point was the causes of homelessness in the LCEH region.

Strategies to meet the objective

1. Governance and Policy Making: The AZBOSCOC operating policies and procedures will be reviewed by appropriate AZBOSCOC committees to enhance strategies to ensure involvement and support from persons with lived experience.
2. Outreach/navigation teams will participate in LCEH meetings: The AZBOSCOC will continue to identify ways to promote more participation including requiring subrecipients to have dedicated board positions for persons with lived experience if they do not already do so.
3. Outreach/Navigation Providers: AZBOSCOC will make use of peers a priority in staffing the outreach/navigation resources. Use of peers will be extremely important to ensure outreach/navigation teams are familiar with local issues, geography and resources.
4. Expand the use of LCEH listening sessions: One of the LCEHs implemented this process which will be replicated throughout the CoC as an effective strategy to gather meaningful input related to policies and practices.

OBJECTIVE 9: Support Underserved Communities and Support Equitable Community Development.

Background: The Social Justice and Racial Equity Committee has been working on educating the AZBOSCOG regarding disparities. The Committee initiated implementation of social justice and racial equity strategies by making presentations to all the LCEHs. As the information was introduced, it brought up questions how to correlate available data from the By Name List, Housing Inventory Count and Point In Time within each LCEH and how to better understand and interpret the data, in HMIS. The HMIS Systems Administrator also developed LCEH level dashboards to provide real time demographic information for the LCEHs to use in their assessment. It should be noted that in looking at potential disparities or underserved communities, evaluation is not limited to race or ethnicity but to other sub populations including age. Specific populations that have been identified for immediate engagement, including of those with lived experience of homelessness include unaccompanied youth and Native Americans. This strategy also aligns with HUD NOFO requirements related to addressing service disparities within the CoCs.

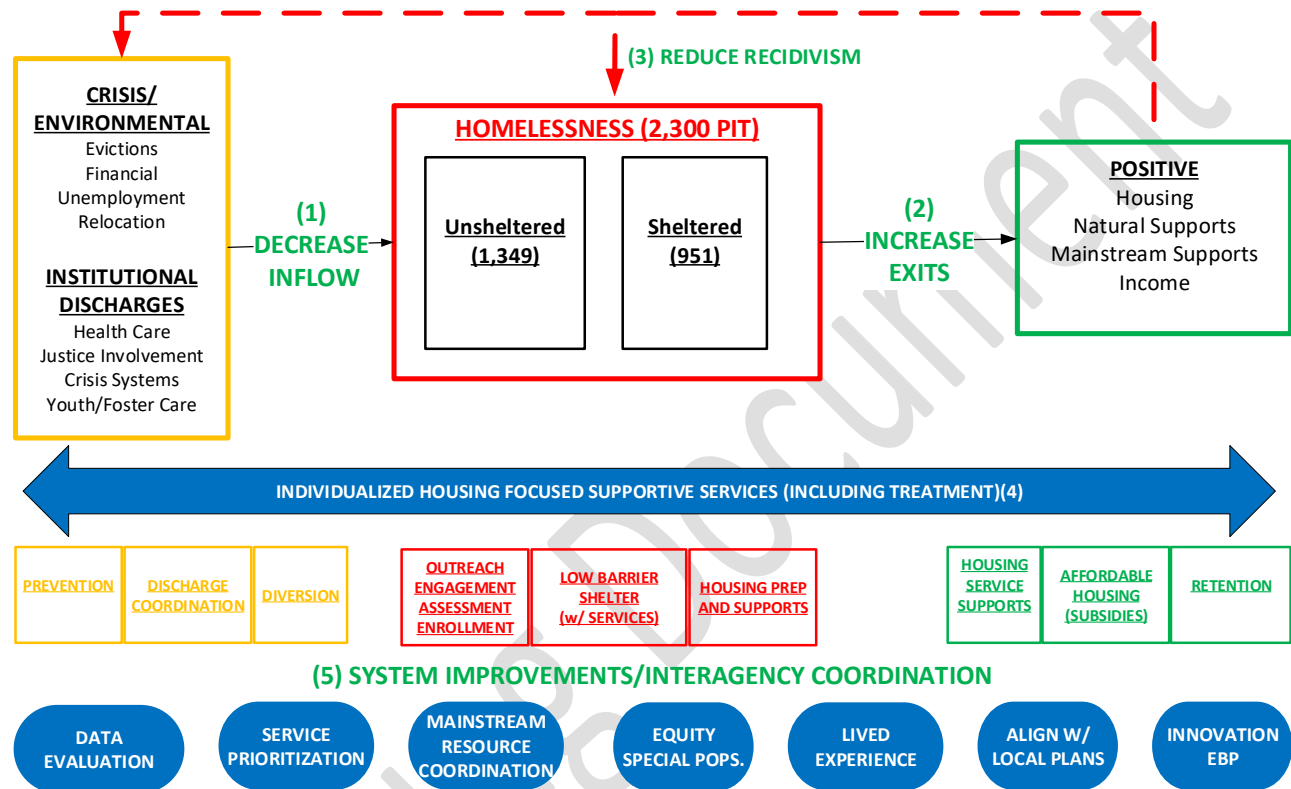
Strategies to meet the objective

1. Develop training opportunities for the LCEHs related to understanding data and how to use it to educate their communities and design policies to address disparities.
2. Develop ongoing strategies to review all aspects of AZBOSCOG policies, services and activities on a regular basis to identify disparities and develop appropriate procedures and process to eliminate disparities identified.
3. Begin stakeholder engagement, outreach and learning opportunities related to Native American and tribal homelessness issues including discussions around potential availability of COG funding on tribal lands
4. Leverage State HTF investment in BOS homeless unaccompanied youth programs to develop AZBOSCOG youth strategy. Strategy should be informed by active engagement of youth with lived experience.

APPENDIX A: OVERALL PROPOSED ACTIVITIES TO END HOMELESSNESS IN AZBOSCOG

AZBOSCOG strategies to reduce and end both unsheltered and sheltered homelessness focus on five ongoing core activities.

The following provides an overview of overall systems efforts to end homelessness.



Ongoing efforts/activities are further outlined here.

1. Reduce the number of persons becoming homeless including those experiencing homeless for the first time.
 - a. Provide interventions to keep people housed by reducing impact of economic and other crises (i.e., loss of jobs, domestic violence, evictions). Interventions include eviction prevention funding, flexible funding to address economic issues, access to legal aid and other resources to address crises prior to resulting in loss of housing.
 - b. Coordinate with other systems of care or provision of transitional housing and services to prevent institutional discharges from resulting in homelessness.
2. Reduce unsheltered homelessness and increasing positive exits from homelessness to appropriate community permanent housing or program related housing options.
 - a. Ensure all persons experiencing homelessness are engaged, assessed and connected to services.

- b. Ensure adequate access to low barrier shelter or transitional settings with services to reduce unsheltered homelessness and expedite housing placement.
 - c. Prepare persons experiencing homeless for housing (i.e., securing ID, coordination of housing and services, identifying housing options, securing income).
 - d. Increase housing options to facilitate placement.
3. Increase housing retention and reduce recidivism of persons back into homelessness.
 - a. Increase housing-based services, income, natural and community connections to increase housing stability and retention.
 - b. Connect to mental and physical health care, substance abuse treatment and other mainstream resources.
 4. Ensure all persons experiencing homelessness have access to individualized housing-based supportive services to end their homelessness.
 - a. Braid individualized supportive services at every level of engagement from engagement to shelter through community housing placement.
 - b. Increase access to behavioral and physical health care, substance abuse services or supportive services provided by other mainstream systems (i.e., AHCCCS, VA, Domestic Violence, Youth Services).
 - c. Ensure supportive service delivery is consistent with evidence based practices and standards.
 5. General strategies to improve system coordination and effectiveness.
 - a. Use data informed practices and interventions to improve system and program effectiveness. Improve utility of data through data sharing and coordination.
 - b. Increase coordination of homeless and mainstream housing and service programs to reduce duplication of effort and maximize resources.
 - c. Ensure equal access to services and housing for all persons experiencing homeless regardless of demographics, geography or subpopulation.
 - d. Incorporate input of persons with lived experience to inform homeless service delivery and programming.
 - e. Incorporate and coordinate Local Coalition to End Homelessness into homeless activities and increasing local capacity to address local needs,
 - f. Educate and train providers to improve service quality and ability to meet needs,
 - g. Continue to innovate and implement evidence based practices to achieve goals in most effective manner.
 - h. Prioritize services as necessary based on AZBOSCOC defined priorities due to limited resources.
 - i. Ensure all AZBOSCOC programs and activities comply with or exceed HUD requirements and quality metrics.

APPENDIX B: CURRENT AZBOSCOC PROCESSES

The following provides context for the Strategic Action Plan and provides a summary of the current AZBOSCOC processes which provide the foundation for the proposed strategies identified in this plan.

Outreach The AZBOSCOC covers a massive geographic area including higher density, rural and frontier settings as well as significant physical barriers (i.e.; deserts, mountains, rivers, forests, public land) and many counties are larger than some US States making coverage difficult and outreach transportation availability critical. Within this area, there are dedicated full-time outreach teams funded through SAMHSA PATH and HUD ESG funding in seven of the thirteen AZBOSCOC counties. Through temporary ESG-CV funding available through 2023 an additional three counties are currently covered. For those counties with dedicated outreach teams, outreach is generally conducted daily on general weekday business hours although arrangements for evening, early morning or weekend hours can be made for special outreach projects or targeted engagement strategies. For those counties, without dedicated outreach teams, the AZBOSCOC funds a Rural Homeless Outreach line with dedicated staffing. While the phone line is available 24/7 and can provide immediate access to 211 services, staffing is available during business hours to take calls or return calls made after hours. Through the combination of physical outreach and the phone line, there is minimal access to AZBOSCOC resources including coordinated entry screening and placement on the by name list across the entire AZBOSCOC.

All formal outreach is conducted in coordination with the LCEH stakeholders in their communities and collaboration is involved with cooperation between various providers, law enforcement, national park rangers, faith-based organizations, and veterans' services. It involves Federal, state, local government, and nonprofits to work at engaging the unsheltered population. Outreach is also coordinated with larger AZBOSCOC activities including the use of HMIS, coordinated entry system, placement of outreach engaged individuals on the prioritized by name list for housing opportunities, in reach and coordination with shelter placement, and case conferencing. Outreach engagement strategies vary by county based upon what shelter, housing or other services may be available in the community. Due to the size and diversity of resources within counties in the AZBOSCOC, outreach efforts are primarily coordinated within the LCEHs. For example, each county has the ability to run its own county-specific by name list within HMIS to identify and prioritize individuals for outreach efforts, housing follow up or other engagement as well as for coordinated entry. Again, all full-time outreach teams participate in HMIS and the CE system within the communities they serve for coordination purposes and place engaged individuals in CE/By Name list for housing opportunities. Formal outreach teams also work with informal outreach efforts including local faith based, VA and/or community programs. PATH funding is provided through AHCCCS, so PATH teams also coordinate with the behavioral health systems.

While all dedicated outreach teams focus primarily on unsheltered populations who often have more acute behavioral health or other barriers, the PATH teams in particular, focus on persons who are or may potentially be determined Seriously Mentally Ill and others with high behavioral health acuity. PATH and other AZBOSCOC full time outreach teams heavily rely upon "peer" cohorts of persons with lived experience and cultural familiarity with homelessness and persons experiencing homelessness. Most of these peers are certified through the behavioral health system. Certified peers and all outreach workers also receive training in evidence-based training required by their funding

sources. These trainings include trauma-informed care, motivational interviewing and assertive engagement among others.

Outreach also does its best to connect engaged individuals into PSH and other appropriate services. In 2021, per AZBOSCOC System performance measure, street outreach teams exited 118 individuals from their programs with only an 8% return rate within a year. AZBOSCOC utilizes HMIS data including the HUD SPMs, which our HMIS Administrator can provide at a LCEH level to promote local coordination, phone system data, and PATH data to measure outreach effectiveness.

Shelter Coordination– To the degree shelter exists in the outreach team’s County or is accessible from a nearby county, outreach teams coordinate closely with shelters to place engaged individuals and families who are willing to go into shelter. All the counties have a variety of access points for shelter. Depending on the county and the richness of resources this may include low barrier emergency shelter, DV/SV emergency shelter, transitional shelter, non-congregate emergency shelter for individuals, youth services and motel vouchers. At least half the counties have also used motel vouchers for immediate shelter needs as they do not have a congregate shelter. Increased motel vouchers and non-congregate family emergency shelters are among the most significant new shelter strategies in several of the LCEH’s. One strategy ADOH is currently implementing is expanding non-congregate shelter options through State and ARP funding. There are currently three hotels being converted to transitional shelter or PSH facilities in AZBOSCOC to meet the demand for both services. This investment was heavily based on the success of the COVID response funded hotel non-congregate facilities which demonstrated high levels of success in engagement, stabilization and ultimately housing placement during the COVID epidemic. The AZBOSCOC is also working with ADOH on integrating and coordinating transitional SUD treatment facilities funded through CDBG and other mainstream resources to provide additional specialized resources for persons in need. Again, participation in all of these programs is voluntary and while SUD programming and transitional programs require SUD history or condition for services, in all other ways they work to be low barrier. Outreach/shelter coordination is also especially critical in the winter or summer in mountain or desert communities respectively where seasonal facilities are sometimes available for emergency shelter on a low demand basis.

To the degree shelters are HUD or state HTF funded, ADOH works with ADES in contracting and monitoring to require facilities to be low barrier and not use substance abuse, mental health, income or other pre-requirements for eligibility. Many emergency shelter facilities are not HUD or state funded and may have specific requirements or eligibility criteria. ADOH works with LCEHs and local providers to promote low barrier and other evidence-based shelter practices in all shelters but cannot force compliance if not government funded. Other outreach/shelter coordination efforts include outreach teams providing transportation to shelter and other facilities, shelter in-reach and follow up with engaged members in shelter to continue support of service plan goals and leveraging outreach rapport with persons to coordinate housing and service efforts to assist shelter staff in ending members homelessness. Through case conferencing, outreach teams also work to re-connect individuals or families who may leave shelter and return to homelessness. Again, through HMIS, by name list reports and other shared tools, outreach teams can coordinate with shelter providers to ensure engagement. This is generally successful as shown by the less than 10% return to homelessness rate within a year of individuals exited from outreach.

Low Barrier Permanent Housing Outreach teams directly support members in attaining low barrier permanent housing or other appropriate housing options or service settings. The primary conduit to

housing for persons experiencing homelessness is through the AZBOSCOC CE system. All identified outreach contacts are entered into HMIS as appropriate and by extension are placed on the HMIS generated BNL which can be sorted by county to enable coordination with local LCEH resources. Outreach teams may also work with clients on CE processes and documentation for housing prioritization (i.e., Chronic Homeless determination, CE assessments). The BNL is prioritized and reviewed on a weekly basis or as housing openings arise in the LCEH case conferencing meetings to match households on the BNL with appropriate CoC and other housing opportunities incorporated in the local process including any mainstream vouchers or special programs (i.e., VASH, state funded RRH) which may be coordinated through CE. Outreach workers support their members on the BNL by working with the client to gather identification or other legal documents, reducing housing barriers, housing eligibility, connect persons to shelter or other temporary housing for ongoing engagement, assisting with housing applications or processes and advocating in case conferencing. Case conferencing with multiple participating stakeholders is also an opportunity to work with community colleagues to explore all possible housing options, including diversion, relocation, family reunification, connecting with community supports and discussing other mainstream housing solutions external to the BNL referral process. This may include state funded behavioral health PSH units, faith-based programs or other local resources.

To facilitate and reduce barriers to housing for persons coming through the CE system, the AZBOSCOC and ADOH require, as part of all CoC contracts, a commitment to, “universal implementation of Housing First principles utilizing the Housing-Based Case Management model.” The commitment to Housing First is also stated again in the Scope of Work for each contract. To ensure commitment to Housing First, ADOH, as the UFA and collaborative applicant, conducts monthly desk and annual on-site monitoring of all providers. This includes review of sub-contractor/provider policies, files and other contract requirements to identify any potential barriers. As part of this process, compliance with Housing First is reviewed. Subrecipient Housing First fidelity, use of low barrier practices and number of persons with presenting issues including chronic homelessness, behavioral health, SUD or no income are incorporated into NOFO renewal objective scoring. In addition to focusing on Housing First, all AZBOSCOC programs also are required to prioritize chronically homeless persons. HMIS and files are reviewed to identify number of participants presenting issues at intake including disabilities, mental health status, income levels (including no income) and SUD history (if disclosed). ADOH also tracks exit destinations in HMIS as well as requires programs to inform ADOH when a housing participant is being terminated from the program to ensure that the project provided adequate supports, is not basing the decision on a mental, disability or SUD condition, or systemically weeding out members with presenting issues.

The AZBOSCOC implemented Housing First principles over five years ago so there has not been major changes in policy. Based on experience over this period, AZBOSCOC biggest goals in reducing barriers and increasing access to housing that will be implemented in the next year include: 1) to work with HMIS and our CE system to identify additional metrics around individuals not accepted to programs and by name list data to ensure no implicit bias or passive barrier to housing are involved in the CE system; 2) expanding the number of units available through the AZBOSCOC CE process to provide additional low barrier housing options especially in underserved or rural areas with limited physical housing options or subsidies; and, 3) providing ongoing training and TA around Housing First practices and implementation to providers to ensure ongoing fidelity.

ADOH has committed \$2 million in state funding for TA, LCEH support and other activities necessary to strengthen local homeless coordination and infrastructure in the AZBOSCOC geographic area to support these activities. Similarly, as described above, ADOH is currently investing a minimum of \$40 million in new AZBOSCOC projects including the aforementioned hotel shelter/housing conversion projects, LIHTC units, and new PSH units. Similarly, through PHA and Medicaid coordination, a number of new housing partners and stakeholders will potentially be added to the current service network and will need support with mandatory HMIS, LCEHs and other COC processes. Again, the AZBOSCOC has invested in HMIS reporting to allow for most of these key HMIS and other evaluation tools to be used at both the CoC and local LCEH/county level so the evaluation and system improvements can be provided to LCEH leadership and stakeholders to address specific issues and barriers unique to the diverse local communities. Finally, it should be noted that the AZBOSCOC also has new experienced leadership at ADOH. New leadership has been specifically tasked with establishing performance benchmarks and strategies for improving performance and outcomes related to the AZBOSCOC.

Equity: The AZBOSCOC and the Social Justice and Racial Equity Committee focus on disparities among all racial and ethnic groups, the primary racial disparity within the AZBOSCOC is related to the PSH matriculation rates of Native American participants who are the largest minority in most of our counties/LCEHs and are overrepresented in the emergency shelter system compared to their statewide numbers.

In some counties they represent between 25 to 30% of the emergency shelter population. While prevalent in shelter, their placement in PH and PSH is significantly lower. The interaction currently involves the use of shelters where they are available and once in a while the use of a motel voucher, but longer-term engagement has been difficult and wrought with challenges, distrust of systems, sense of freedom and inability of a trusting relationship between serving and served.

Moving forward the LCEHs are working to identify and better engage members of the underserved populations and connect them with trauma-informed, culturally appropriate, and developmentally and age-appropriate interventions. Increasing street outreach staff would allow for earlier intervention when members of the underserved population do become homeless and be able to work to divert the individual or household from the experience of homelessness when safe and appropriate.

The system currently prioritizes for the most vulnerable and motel vouchers would ensure increased access to safe shelter and emergency services when needed. Then an assessment to determine the level of housing and service needs could occur.

The AZBOSCOC will be reviewing opportunities in all the local crisis response systems to make sure consistency of the implementation of best practices focused on serving households of the underserved populations are stabilized in housing and addressing connection to all other services that improve the quality of life, i.e., healthcare, employment, treatment and mitigating any social isolation.

Outreach, engagement, and housing interventions serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness. In addition to reviewing CE policies and practices, the AZBOSCOC is developing strategies to better communicate and coordinate with tribal entities and resources as well as conducting more investigation into cultural and practical needs of the tribal populations accessing AZBOSCOC homeless resources.

New models of assistance may be needed to determine the array of interventions necessary to serve the target population. For those who want to stay in their community or return to it, then projects must be designed to meet their unique needs. Outreach/Engagement includes essential services related to identifying and engaging members of the underserved population at risk of, or experiencing homelessness, and connecting them with trauma-informed, culturally appropriate interventions. Whenever possible, outreach services should employ prevention and diversion strategies, and otherwise secure immediate access to low-barrier crisis housing and services for members of the underserved population should they so choose. Prevention and diversion strategies may include: connecting and/or reunifying individuals with members of their family or other natural supports (as defined by each household).

The LCEHs are charged with aligning their charters with these tenets and developing actions items in their 2022/2023 strategic action plan to address the issues they have identified through their assessment.

The AZBOSCOC also recognizes that much work is needed to develop the relationships required with all tribal social work and healthcare entities to better serve Native American populations both in and off tribal lands.

Note:

The foundation of this plan was originally developed in Support of AZBOSCOC Collaborative Application, in response to HUD CoC Supplemental NOFO to Address, Unsheltered and Rural Homelessness- FR-6500-N-25S, October 20, 2022

Most Current Update: 12.15.2022