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| Map  Description automatically generated | **Arizona Balance of State Continuum of Care (AZBOSCOC)**  **Arizona Department of Housing (ADOH) as**  **United Funding Agency and Collaborative Applicant**  **Sub-Recipient Request for Information (RFI)** |

**The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, Indian Tribes or tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103) (TDHEs)), and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.**

**To this end, the purpose of this document is to gather information from the Sub-Recipients that will be used to complete the narrative portion of the 2021 AZBOSCOC Collaborative Application for the HUD CoC Notice of Funding Opportunity (NOFO).**

**We understand that this document is lengthy and that your agency may not have strategies in all areas. Please remember its context--$5 million+ is at stake to fund housing projects for persons experiencing homelessness in the AZBOSCOC. The Sub-Recipients’ input ensures that responses to collaborative application questions are well informed. The NOFO is a competitive process among 400+ Continua of Care throughout the United States.**

**The due date for the RFI is October 14, 2021 by 5:00 pm. Upload the RFI in the original Word Document format through the ADOH Special Needs Portal to submit. The portal can be found here.** [**https://housing.az.gov/portals/document-upload-portals/special-needs-portal**](https://housing.az.gov/portals/document-upload-portals/special-needs-portal)

**Rename the file with your agency name.**

**The Sub-Recipient answers to the following questions will helps us enhance our responses to the Collaborative Application narrative. Responses can be in bullet form or in simple straight forward narrative.**

**For reference, the question template from the HUD CoC collaborative application was attached to the email with this document and can be found at this link** [**https://housing.az.gov/fy21-continuum-care-competition**](https://housing.az.gov/fy21-continuum-care-competition)

**Please call or email Candee Stanton if you have any questions. Phone Number: 602.881.6606; EMAIL:** [**candee.stanton@gmail.com**](mailto:candee.stanton@gmail.com)

**SUB-RECIPIENT**

**REQUEST FOR INFORMATION**

**Note: for the purposes of this document—households means both individuals and families**

|  |  |
| --- | --- |
| **Name of Sub-Recipient** | **Contact Name** |
| **Contact Phone Number** | **Contact EMAIL** |
| **Date Completed** |  |

**1. What strategies does the Sub-Recipient use to communicate with individuals with disabilities, including the availability of accessible electronic formats? Does the format you use for virtual meetings include a captioning function?**

**2. What strategies does the Sub-Recipient use to partner with organizations serving culturally specific communities (e.g., African Americans, Latinos/Hispanic, faith-based, LGBTQ+, persons with disabilities) to access resources for program participants?**

**3. The collaborative application requires information about collaboration related to children and youth. Provide an example about how the Sub-Recipient collaborates with the following:**

**3a. Youth Education Providers**

**3b. Local Education Agencies (e.g. school districts and other school systems).**

**3c. Does your agency have any formal relationships (e.g. written agreement, MOU) with youth education providers? If yes, provide a one or two sentence description.**

**4. What strategies does the Sub-Recipient use to work with education systems to ensure that individuals and families experiencing homelessness are informed about services and their eligibility?**

**5. Does your agency have written/formal agreements with the following? Indicate if it is an MOU or other Formal agreement and what agencies have these agreements.**

|  | **Childhood focused Service Providers** | **MOU/MOA** | **Other Formal Agreement** |
| --- | --- | --- | --- |
| **1.** | **Birth to 3 years** |  |  |
| **2.** | **Child Care and Development Fund** |  |  |
| **3.** | **Early Childhood Providers** |  |  |
| **4.** | **Early Head Start** |  |  |
| **5.** | **Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)** |  |  |
| **6.** | **Head Start** |  |  |
| **7.** | **Healthy Start** |  |  |
| **8.** | **Public Pre-K** |  |  |
| **9.** | **Tribal Home Visiting Program** |  |  |
|  | **Other** |  | |
| **10.** |  |  |  |

**6. There are several questions in the collaborative application about training (staff development).**

**Did your agency have staff attend workshops/training specifically related to best practices to serve survivors of domestic violence?**

**6a. Trauma informed/Trauma lens. It is understood that a trauma lens is used across populations served; describe how your staff learn about using the trauma lens for survivors of domestic violence as well as other program participants.**

**6b. Victim Centered. It is understood that victim centered strategies are used across populations served; describe how your staff learn about using victim centered strategies for survivors of domestic violence as well as other program participants.**

**6c. Describe how your staff learn to implement Safety and Planning Protocols including emergency safety plans for survivors of domestic violence.**

**7. If training opportunities occurred for your staff related to the topics above, what was the frequency? (e.g., monthly, quarterly, yearly)**

**8. Does your agency provide (or facilitate staff attendance at) workshops related to HUD’s Equal Access to Housing regardless of Sexual Orientation or Gender Identity? (Refer to the Equal Access Final Rule link below)**

[**https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/**](https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/)

**9. Is your agency involved with working with the PHA related to accessing Emergency Housing Vouchers or Housing Choice Vouchers through coordinated entry or other processes? Does the PHA you work with implement a homeless admission preference? Indicate in your answer which PHA(s) your agency coordinates with, if any.**

**10. How does your agency facilitate outreach (including street outreach) to identify and engage with individuals experiencing homelessness? Examples could include engagement events, engagement at congregate meal locations, partnering with health fair events, Veteran Stand Downs, or working with forest rangers.**

**10a. Provide a brief summary of how agency staff coordinate with street outreach staff or how other outreach activities coordinate with your LCEH continuum of services (focus should be on referral, assessment, case conferencing, meetings).**

**11. What activities is your agency involved in to reduce the criminalization (through policies, practices, regulations, local standards) of homelessness in the communities you serve? Address each of the following:**

**11a. Engage/educate local policymakers**

**11b. Engage/educate law enforcement**

**11c. Engage/educate local businesses**

**11d. Has your agency been involved in implementing community-wide plans to address reduction of criminalization? If yes—please describe.**

**12. How does your agency assist persons experiencing homelessness with enrolling with health insurance and effectively using Medicaid and other benefits? Provide a two or three sentence narrative that specifically details the process.**

**12a. As follow up to the question above—please mark an “x” in the boxes that are applicable.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of Health Care** | **Assist with Enrollment?** | **Assist with**  **Utilization of Benefits?** |
| **1.** | **Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)** |  |  |
| **2.** | **Private Insurers** |  |  |
| **3.** | **Nonprofit, Philanthropic** |  |  |
|  | Other |  |  |

**12b. How does your agency keep staff current on the availability and processes for mainstream benefits and training activities related to those programs?**

**13. Describe how the agency keeps staff updated about policy and procedures related to mainstream resources including Food Stamps, SSI, TANF, substance abuse programs, and other resources.**

**14. Describe how your agency collaborates with healthcare organizations to assist program participants in enrolling in health insurance.**

**15. Describe how your agency assists program participants with using Medicaid and other benefits effectively.**

**16. Describe how your agency uses the VI-SPDAT and works with case conferencing to ensure that your program participants who are most in need are a priority and receive assistance in a timely manner.**

**17. Describe your agency’s participation in the LCEH initiative focused on social justice and racial equity.**

**18. Describe your agency’s activities related to racial equity.**

**18a. Describe your agency’s activities related to ensuring racial equity among staff.**

**18b. Describe your agency’s activities related to ensuring program activities take place in a manner that promotes equity and transparency.**

**19. Describe how your agency involves persons with lived experience with program development and delivery. Answer the specific questions below.**

**19a. Does your agency have board members with lived experience? If yes, how many and what percentage is that of the total number of board members?**

**19b. Describe your agency’s strategies related to employment of persons with lived experience (e.g. peer support staff).**

**19c. Describe your agency’s strategies related to volunteer opportunities to involve persons with lived experience.**

**20. The collaborative application asks several questions about what the response has been to COVID-19. Provide responses to the following questions as applicable.**

**20a. Describe the safety protocols that were implemented in your agency to address immediate needs of people who were experiencing unsheltered homelessness.**

**20b. Describe the strategies that your agency has discussed/implemented to improve readiness for future public health emergencies.**

**20c. Describe the strategies that your agency implements to coordinate with mainstream health systems to decrease the spread of COVID-19.**

**20d. Describe the strategies to ensure safety measures were implemented (e.g. social distancing, handwashing, use of masks). Include the name of the health systems (e.g. hospital, health network, county public health, ADHS, etc.).**

**20e. Describe how your agency facilitated information distribution to your program participants about COVID-19 including topics such as safety measures, changes in local restrictions, and vaccine implementation.**

**20f. Describe how your agency or the LCEH and/or its member agencies identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocols.**

**20g. Did your agency experience an increase in domestic violence incidents? If yes, did your agency or the LCEH implement any strategies to address that increase of persons that experienced domestic violence?**

**20h. What changes did the LCEH make to coordinate entry protocols related to the rapid onset and continuation of the COVID-19 pandemic? How did your agency adapt to those changes in protocol?**

**20i. During the height of the pandemic, did your agency stop service provision for a period of time? How long was the pause in service delivery? What adaptations did your agency make to continue to help program participants move into the available housing units?**

**21. The following questions are about how the Sub-Recipient has reviewed its System Performance Measures (SPMs) and what actions have taken place to positively impact the situations addressed by the measure. Data for this question may come from Solari, your APR, or for the DV Bonus Projects, the CAPER from Osnium. This link provides guidance about the SPM including how performance can be impacted and enhanced.**

[**https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance**](https://www.hudexchange.info/programs/coc/system-performance-measures/#guidance)

**This link is an introduction to the SPM**

[**https://www.hudexchange.info/resource/3894/system-performance-measures-introductory-guide/**](https://www.hudexchange.info/resource/3894/system-performance-measures-introductory-guide/)

**21a. First time homeless: what risk factors does the Sub-Recipient use to identify persons becoming homeless for the first time?**

**21b. How are households at risk of homelessness identified?**

**21c. Reduce the length of time households are homeless: what strategies is the Sub-Recipient implementing to reduce the length of time households remain homeless?**

**21d. How does the Sub-Recipient identify households with the longest length of time homeless?**

**21e. What strategies is the Sub-Recipient implementing that will increase the rate that households residing in emergency shelters, transitional housing, and rapid housing exit to permanent housing destination?**

**21f. What strategies is the Sub-Recipient using to ensure that households in permanent housing projects retain that permanent housing or exit to other permanent housing destinations (e.g., is the agency participating is the implementation of moving on strategies)?**

**22. Describe how the Sub-Recipient is collaborating with health care and behavioral health care networks. There is a potential of bonus points related to the collaborative application if there are any current or proposed projects that include AZBOSCOC rental assistance housing units leveraged with rental assistance housing units paid through by a health care/behavioral health care network. If there are any projects where housing units are being leveraged between multiple funding sources, provide a brief description.**