

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: AZ-500 - Arizona Balance of State CoC

1A-2. Collaborative Applicant Name: Arizona Department of Housing

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Arizona Department of Housing

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	No	No
19.	Organizations led by and serving people with disabilities	Yes	No	No
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	No	No
24.	State Sexual Assault Coalition	Yes	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veteran's Services	Yes	Yes	Yes
35.	Medicaid/Medicare providers	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

- 1) Participation in the AZBOSCOC is an open and transparent process. Annual vacancies on the Governance Advisory Board (GAB) level are posted publicly through the statewide ADOH email and web posted bulletins and shared locally through the Local Coalitions/Continuums to End Homelessness (LCEH) level. There are 11 LCEHs. Participation in the LCEHs is open and promoted locally for new stakeholders. Current GAB terms were extended through 2022 to facilitate AZ-500 UFA status implementation, to ensure continuity through COVID and staffing changes within ADOH, as the Collaborative Applicant/UFA. AZBOSCOC participation requirements for the GAB and LCEH are included in the AZBOSCOC Governance Charter.
- 2) New CoC members are solicited through the ADOH Special Needs Webpage and are accessible to those who are hearing impaired through TTY capabilities and electronic formats to offer alternative accessibility formats to those with disabilities. Materials can be requested in alternative formats to promote access and inclusivity.
- 3) To ensure equity, 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. Please note, the AZBOSCOC does not require disclosure of lived experience to avoid invoking any trauma or perceived stigma a member may feel from their experience. In the past year, the CoC has established a standing Social Equity and Racial Justice Workgroup to ensure there is equity and transparency at all levels of CoC policy making and programming. In the upcoming year, with communities returning to normal related to in-person activities, recruitment for the GAB and LCEHs will be a coordinated effort at both levels to maximize and expand reach and representation.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

- 1) The AZBOSCOC solicits opinion and guidance from a broad array of organizations and individuals with a knowledge of homelessness or engaged in efforts to end homelessness. The GAB membership represents a diverse array of sectors including state agencies, behavioral health partners, providers and persons with lived experience. The AZBOSCOC is diverse and the LCEHs are critical for soliciting opinions including experience in the unique needs of our local communities. AZBOSCOC's 11 LCEHs include participation of almost 400 individuals and organizations throughout the CoC. Through regular local meetings, statewide convenings and dialogue, between ADOH, the GAB, open CoC Workgroups and LCEHs, opinions, strategies and needs are identified and solutions implemented.
- 2) In addition to regular public meetings of the GAB, LCEHs, and workgroups, which are publicly noticed and minutes posted, the GAB and ADOH as CA/UFA directly solicit stakeholder feedback. Strategies implemented in the past year include inter-governmental meetings with other state and local partners and constituents, requests for information or stakeholder surveys related to specific issues or topics of concern or interest, development of LCEH local strategic planning processes, and ADOH sponsored convenings of AZBOSCOC stakeholder groups including providers, tribal entities and other similar organizations and public notices through the ADOH email and website bulletin process (distribution list of 3,992 persons and organizations affiliated or engaged in housing and homeless services)
- 3) Through the processes and strategies described above, information is gathered and integrated in GAB and CA/UFA planning and implementation. Key examples of use of feedback or participation of CoC stakeholders in the past year includes: use of LCEH strategic plans to identify and develop HUD CoC Supplemental NOFO projects, expansion of LCEH coverage to additional communities (94% of CoC population now covered), creation of local HMIS dashboard and data tools and participation in annual COC application review process. In addition, locally gathered information and CoC stakeholder commitment also resulted in leveraging of additional non CoC resources including annual investment of over \$20 million in state and ARPA funding to supplement identified homeless and housing priorities, and inclusion of homelessness, special populations, and rural set asides in state LIHTC funding.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

- 1) The AZBOSCOC notified the public that the competition was open to all eligible organizations including those not previously funded on August 15, 2022 through the ADOH Bulletin (circulation of almost 4,000 individuals and organizations throughout AZ) and posted publicly on the ADOH/AZBOSCOC web page. The notice was also shared through the GAB and the LCEH distribution lists.
- 2) The bulletin on the website included the process, instructions and links to publicly posted templates for the bonus project application stating that all entities (nonprofit, local government and Tribal Nations) are eligible to apply. The ADOH as CA/UFA also conducted a public webinar on the process, application instructions, and Q and A for all applicants on August 23, 2022.
- 3) As with the application and AZBOSCOC process, the scoring matrices, review process and notification process were publicly noticed and posted through the ADOH bulletins and website postings. These processes were also discussed, and questions taken at the webinar. After completion of the scoring and review process, new project applicants were directly notified and a public bulletin and posting of accepted projects was made. Ultimately, three bonus project applications (one regular, two DV projects) were received. All were accepted. These applications included one current funded organization, one who had been previously funded (but not currently) and one new organization.
- 4) All communication about the competition occurred electronically and contact information was provided if additional formats were required to accommodate persons with disabilities.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2022 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
 - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		No
-----	--	----

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

- 1) ADOH, as UFA, along with the ESG Recipient for balance of state communities, (except entitlements), the Arizona Department of Economic Security (ADES), work closely to align ESG/CoC activities, planning, funding and project performance. Coordination includes regular monthly coordination meetings and participation in weekly Coffee Talk sessions hosted by ADES. ADES is a member of the AZBOSCOC GAB and ESG funded agencies participate in the LCEHs. As the HMIS Lead, ADOH coordinates to ensure all ESG funded providers are participating in HMIS and have appropriate reporting. This has resulted in increased geographic coverage and coordination of ESG funded components with CoC activities and housing. This coordination extends beyond CoC and ESG funding to allocation and disbursement of COVID, ARPA and additional state funding administered by ADES and ADOH.
- 2) Key strategies for program evaluation include: a) ESG staff participate in CoC project Ranking and Review committee and ADOH CoC staff participate in DES ESG funding application review processes; b) as the HMIS lead, ADOH provides DES/ESG with HMIS data c) DES ESG has a seat on the GAB, attends LCEH lead agency meetings, HMIS and other Committee meetings, d) creation of shared ESG/CoC program standards for PH-RRH; e) a shared Performance Management Plan for both programs; and f) creation of a data warehouse between ADES, AZ's state Medicaid Program and the three AZ CoCs to create standardized system and project reporting based on HUD HMIS reports (ex: CAPER, SPM, APRs) by creating a data warehouse.
- 3) Local homelessness information is addressed in the Consolidated Plan which is annually reviewed and updated by CoC and ESG staff. ADOH as UFA also shared unsheltered and sheltered data summaries from the PIT count with the LCEHs and jurisdictions to inform local planning and consolidated plan development for other entitlement communities in the BOS.
- 4) The LCEHs provide additional information to local consolidated plan update and processes. Many of the jurisdictions participate in the LCEH meetings. In addition to PIT count information, ADOH worked with its HMIS provider to create county level HMIS reporting including local system performance measures, by name lists by county, and Community Solutions inflow/outflow tracking dashboards. These tools are available to the LCEHs and their stakeholders to inform local planning, reporting and coordination.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The LCEHs collaborate with School Districts and Youth Services Providers based upon their geographic locations.

a) LCEH membership consists of homeless liaisons from the school districts that receive McKinney Vento funds. Some LCEH's have participation from Head Start, Homeless Youth Connections, Juvenile Court Services, Runaway Homeless Youth, First Things First, Boy's and Girl's Club, Native American Community Action to name a few. The partnerships are cultivated through outreach and education to address family or individual needs, for those who are accessing homeless services for the first time.

b) One LCEH, Coconino County, has a formal partnership (Memorandum of Understanding) with schools related to participation in Coordinated Entry.

c) The Arizona Department of Education State Coordinator of Homeless Education Programs is a member of the GAB and assists in strategizing how to increase the number of school districts involved at the local level in order to fill gaps in service delivery. (Please note this position with the AZ Department of Education is currently vacant and candidate search is taking place at the time of this submission),

d) Some of the LCEHs have youth service providers including school programs present during LCEH meetings as a means to educate all members. . A few LCEHs are having discussions with school districts to establish a Memorandum of Understanding to work with the Homeless Service Providers.

e) In most cases as is common in smaller communities, it is a matter of personal relationships so that communication occurs about families in need and assisting with keeping children in the same school district and filling gaps with services. An additional access site is where GED and continuing education classes are offered.

f) LCEHs are engaged with local school districts to establish/maintain collaborations. The formal partnership is through membership in the LCEH.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.
--

(limit 2,500 characters)

LCEHs have engaged with McKinney Vento school liaisons for several years. As the UFA for the AZBOSCOC, ADOH assures that all Scopes of Work(SOW) include language about collaborating with all local school districts and to ensure that households are informed about their eligibility for educational services. LCEH lead agencies are in contract with ADOH through the use of planning funds. The SOW of work for the LCEH planning grants includes language about collaborating with McKinney Vento liaisons and promoting participation by school personnel.

The ADOH Special Needs Housing Manual, that is part of all CoC contracts, delineates collaboration with Homeless School Liaisons, as appropriate, to ensure all children participating in the program are enrolled in the most suitable educational program and are connected to the related services within the community. This requirement is monitored annually by ADOH Contract Specialists.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.		No	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1. update CoC-wide policies; and
2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) AZBOSCOC Coordinated Entry policies require participating entities to develop and implement domestic violence safety screening and protocols including training. Each LCEH CE committee determines how often they meet and each has created a separate meeting for this population. The Victim Service providers participate in Coordinated Entry meetings. The LCEHs in Pinal and Mohave County in alignment with CoC funded DV Bonus applications, have created a parallel coordinated entry process tailored to the needs of survivors of domestic violence/dating violence/sexual assault and stalking Survivors.

As an example, when a survivor of DV/SV is referred to an RRH case manager from a COC DV Bonus project, a VI-SPDAT will be completed with the participant. The completed VI-SPDAT is submitted to the LCEH CE/BNL/HMIS/CC chair as de-identified information for review and to ensure services are accessible and provided in a timely manner, all the while protecting their confidentiality and safety planning as written in the policy. Kingman Aid to Abused People (KAAP) meet bi-weekly for case conferencing meetings. KAAP staff utilize the VI-SPDAT to determine the participants most in need. KAAP collaborates with other agencies to ensure other service needs are met. Emergency Case Conferencing meetings are held if the participant is in immediate need.

2)The 2 ACESDV 40-hour trainings (Domestic Violence and Sexual Violence) required of staff include a focus on victim centered services. Each DV provider requires this training for their respective staff. KAAP has training focused on the trauma informed approach. KAPP also has cross training in substance abuse/homeless/mental illness with partner agencies to advocate and understand the issues an individual may be experiencing. AAI (which will be A New Leaf in the upcoming project year) include trainings with a focus on the LGBTQ+ community. The training includes emergency safety planning for victims of domestic and/or sexual violence. Our DV partner agencies provide training with the LCEH and agency about safety, planning and emergency protocols. LCEHs have conducted trainings for trauma informed care, partnered with DV service providers to learn how to best work with the survivors and safety planning.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

Training and staff development are coordinated primarily at the sub-recipient level and among the LCEHs.

1) Safety and best practices training is accessed on an as needed basis. Our behavioral health networks provide some training activities such as trauma informed lens through the on-line Relias system. DV partner agencies also provide training at the LCEH and agency level about safety, planning and emergency protocols. We now have two sub-recipients that are DV providers as a result of the DV Bonus project funding in 2019. We will engage with them in 2023 to provide webinars focused on safety, planning and emergency transfer strategies. Many of our sub-recipients report that trauma informed care is required staff development training on an annual basis. Many of our sub-recipients who serve survivors have established agency protocols for training, safety and emergency transfer planning.

2) AZBOSCOC Coordinated Entry policies require participating entities to develop and implement domestic violence safety screening and protocols including training. Subrecipients and partner agencies work together through the coordinated entry process to ensure the safety of all with specific emphasis on safety for survivors of domestic violence. Again training activities are managed primarily through the agency’s staff development requirements and through collaboration at the LCEH level. Training is accessed on an as needed basis. Training requirements are a part of the AZBOSCOC and LCEH CE policies/protocols. In the next year, ADOH will work with DV advocates and providers to develop formal training criteria.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The AZBOSCOC now has two CoC funded DV Projects provided by agencies that meet the DV provider definition. Both of these agencies came under contract late in 2020 and both use comparable databases to provide de-identified aggregated data on survivors of domestic violence. While some providers in our Continuum of Care communities use Osniium (a stand alone comparable DV database). The HMIS administrator has also established a secure platform that conforms to comparable database standards for DV providers within our AZBOSCOC network that DV providers may elect to use as well. The AZBOSCOC continues to engage additional DV partners beyond those funded for participation in the CoC and who may utilize these tools in the event of future funding opportunities or coordination.

2)As of this date, there has been limited data available from our DV providers due to their late implementation. As the projects mature, data from these comparable databases will be used to assess how services for survivors of domestic violence can be enhanced. In addition, many of our long-time subrecipients provide services and housing to individuals and families that have experienced domestic violence--in these cases confidentiality and privacy are maintained in HMIS through specific protocols of protecting the data and limiting access. We also send a survey to the DV shelters and other non-HMIS pocket shelters to provide aggregate data for inclusion in the HIC and sheltered PIT.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

The AZBOSCOC has a comprehensive Coordinated Entry Policy that was updated in November 2021 and is scheduled for review, update and approval by the GAB this fiscal year end June 30, 2023. In addition, through our planning contracts with the LCEHs, they are required to have Coordinated Entry protocols that reflect local procedures and are in alignment with the AZBOSCOC Policy. Domestic violence service providers participate in case conferencing and assist in ensuring appropriate actions take place to protect households that are part of the process consistent with DV confidentiality requirements.

1) The policy clearly states that the safety of all participants is paramount in the process. Plans are written in accordance with the Violence Against Women Act (VAWA), AZBOSCOC and ESG homeless assistance programs providing housing or rental assistance and state that they must allow participants who are victims of domestic violence, dating violence, sexual assault, human trafficking, or stalking to request an emergency transfer from the participant's current unit to another unit.

2) The policy provides guidance that safety (emergency transfer) plans should be developed for all participants. The LCEHs are familiar with their local domestic violence shelters and DV local and statewide crisis lines to ensure that participants have immediate access to the services they need and law enforcement if necessary. However, the ability of the CE Lead Agency to honor requests for participants currently receiving assistance may depend upon a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, human trafficking, or stalking, and on whether another dwelling unit is available and is safe to offer the tenant for temporary or more permanent occupancy.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

For some time now, communities and LCEHs have invested in the relationships necessary to develop and implement a safe and confidential practices for survivors. The unifying goal of the homeless system is to help each household quickly secure a housing solution. CE policy appropriately addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking. When a homeless household is identified by CE to be in need of domestic violence services, the household is referred to the appropriate domestic violence agency or hotline immediately. If the household does not wish to seek DV specific services, the household will have full access to CE, in accordance with all protocols described in the policies and procedures. If the DV provider the client is referred to determines that the household seeking DV-specific services is either not eligible for or cannot be accommodated by the DV-specific system, the provider will refer the client to an Access Point for assessment in accordance with all protocols described in the CE policies and procedure. Emergency Case Conferencing meetings are held if a participant is in immediate need. The DV providers will review the case plans/discharge plans for the participants. This covers what supportive services will be needed for the participants, safety planning, referrals to employment, obtaining identification, mainstream benefits, needs of children, assisting with school registration/services, assistance needed to locate housing, legal services, childcare, transportation, working with potential landlords, acquiring basic furnishings once a unit has been identified and ensuring their confidentiality during this process.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

The AZBOSCOC has a comprehensive Coordinated Entry Policy that was updated in November 2021 and will be reviewed and updated in the current fiscal year. In addition, through our planning contracts with the LCEHs they are required to have local Coordinated Entry protocols that reflect specific LCEH practices consistent with the AZBOSCOC Policy. Domestic violence service providers participate in case conferencing and assist in ensuring appropriate actions take place to protect households that are part of the process. In many LCEHs, separate case conferencing is held around persons or households with domestic violence issues to ensure that safety and confidentiality requirements are met.

1) Plans are written in accordance with the Violence Against Women Act (VAWA), AZBOSCoC and ESG homeless assistance programs providing housing or rental assistance to victims of domestic violence, dating violence, sexual assault, human trafficking, or stalking and safety protocols are outlined in this plan.

2) The policy provides guidance that safety (emergency transfer) plans be developed for all participants. The LCEHs are familiar with their local domestic violence shelters and DV local and statewide crisis lines to ensure that participants have immediate access to the services they need and law enforcement if necessary.

3) All agencies participating in coordinated entry, regardless of whether they also use HMIS are required to sign a commitment to confidentiality, ethics and ensuring the privacy of individuals serviced. In the two counties where our COC funded DV projects are, additional protocols provide for a separate non identifiable by person List and separate case conferencing. This process may be used in any situation where there is a need to ensure the safety of the individuals and families served.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:	
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and

4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) The AZBOSCOC has a Non-Discrimination clause in the Coordinated Entry policy that incorporates the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity. Services are provided within a framework of social justice and racial/ethnic equity. AZBOSCOC reviews policies annually taking into account feedback from the CE committee, stakeholders and new knowledge that has been gained through the year.

2) There are two processes for evaluating compliance. First, under AZBOSCOC policies, program participants may file a complaint related to their experience which may include allegations or potential violations of the Anti-Discrimination Policy. These complaints will be reviewed and adjudicated according to the policy. The household is informed of the option in writing at the beginning of the assessment process. The culturally responsive, equitable, appeal process includes the review by the LCEH and if not resolved, the complaint is forwarded to the Governance Advisory Board for final review. The timeline for the process is fourteen days. Second, as part of annual monitoring of providers and CE, ADOH as Collaborative Applicant reviews anti-discrimination documentation and policies of providers, ensures posting of appropriate notices and reviews case files and data for compliance as well as providing statewide annual training through the SW Fair Housing Council.

3/4) As part of annual review and implementation of the AZBOSCOC UFA status, ADOH is updating current housing operations standards including non-compliance on anti-discrimination. Per existing policy, any non-compliance found in a complaint or in a monitoring would be subject to the written notification and corrective action policy. This process begins with a notice to the provider of the non-compliance along with any relevant information, requested corrective action and a timeline. If necessary, the ADOH contract specialist will meet with the provider to discuss the issue. If non-compliance is not resolved satisfactorily and within the designated timeline, the issue may be escalated to additional processes and consequences up to suspension of funding, impact on renewal scoring in the NOFO, or possible re-allocation of funds (being added via UFA authority) depending on the severity of the non-compliance. Escalation policies and consequences are included in the ADOH Operating Manual incorporated into CoC sub-contracts.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of Yuma	0%	No	No
Flagstaff Housing Authority	34%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1) The AZBOSCOC contains over a dozen PHAs as well as multiple TDHE's. The AZBOSCOC has worked through the LCEHs to recruit and increase participation with the PHAs. As a result of the EHV program, the AZBOSCOC, LCEHs and PHAs executed 9 MOUs in counties throughout the BOS geographic area. This has resulted in updates to LCEH coordinated entry policies related to the EHV's and has opened opportunities for discussions with PHAs that currently do not address homelessness and moving on preferences to add them to the next plan. As an example: the Housing Authority of the City of Yuma (HACY) is considering preferences in 2023 and has allocated units for persons experiencing homelessness determined SMI; the two largest PHAs, HACY and the City of Flagstaff Housing Authority have been actively involved in their respective LCEHs prior to EHV and are active in coordinated entry in their communities and have incorporated general preferences for homelessness; Yavapai Housing Authority (administered via ADOH) has established limited preferences for HCV vouchers and has provided operational funding to support CE efforts for referrals and coordination; and in Mohave County the PHA wait list includes general preferences for individuals experiencing homelessness who are immediately connected and assisted with applying for HCV's as part of their overall case planning process. The CoC provides additional support for PHAs participating and coordinating with the AZBOSCOC CE including providing access to local by name lists for coordination and providing free HMIS licenses for coordination. In the coming year, the AZBOSCOC will continue to coordinate around the Housing Stability Vouchers as well as existing mainstream, HCV and EHV programs. This will include focused outreach to TDHE's as well.

2) Not applicable. The CoC works with the PHAs in its geographic area.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		No

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
		No

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	NA

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section VII.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	--	-----

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
--	--	-----

	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
--	---	--

PHA
Flagstaff Housing...
Nogales Housing A...
Winslow, Navajo a...
Yuma City Housing...
Mohave County Aut...
Pinal County Hous...
Housing Authority...
Arizona Public Ho...
Gila County Housi...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Flagstaff Housing Authority--City of Flagstaff

1C-7e.1. List of PHAs with MOUs

Name of PHA: Nogales Housing Authority--City of Nogales

1C-7e.1. List of PHAs with MOUs

Name of PHA: Winslow, Navajo and Apache County

1C-7e.1. List of PHAs with MOUs

Name of PHA: Yuma City Housing Authority--City of Yuma

1C-7e.1. List of PHAs with MOUs

Name of PHA: Mohave County Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Pinal County Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of Cochise County

1C-7e.1. List of PHAs with MOUs

Name of PHA: Arizona Public Housing Authority (AZ Dept of Housing) Yavapai County

1C-7e.1. List of PHAs with MOUs

Name of PHA: Gila County Housing Department

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	No
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	21
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	21
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2. the list of factors and performance indicators your CoC uses during its evaluation; and
3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

The ADOH Housing Manual, that is part of all CoC contracts, states the 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, the following also occurs:

- 1) ADOH, as the UFA, conducts monthly desk and annual on-site monitoring of all providers. This includes review of sub contractor/provider policies, files and other contract requirements. As part of this process, compliance with Housing First is reviewed. It should be noted that in the NOFO and renewal process, adherence to Housing First is an objective measurement for scoring. This is based on review of number of clients with presenting “housing first” conditions in HMIS in the program/project.
- 2) In addition to review of provider policies to ensure no Housing First barriers or restrictions are included, ADOH's CoC contract monitoring uses HMIS performance indicators to determine compliance. 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). Over the next year, we will work with HMIS and our CE system to identify additional metrics around individuals not accepted to programs and by name list data. HMIS reporting is available at a system and county level for review.
- 3) As noted above, in addition to using Housing First compliance and HMIS data on presenting barriers for CoC NOFO renewal funding processes as a scored objective criteria, Housing First compliance is monitored as part of annual CoC monitoring. This includes review of provider policies, facilities, training materials, intake/referral programs, application packets, client visits and program documents to ensure no program violates Housing First principles. Program monitoring staff also reviews HMIS and case files to ensure that program participants entry status shows presence of individuals with potential barriers (i.e., incoming members have disabilities, no income, criminal backgrounds) to ensure they are not being weeded out – especially in programs committed to serve chronically homeless members and those with significant potential service barriers.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1) AZBOSCOC has dedicated homeless SAMHSA PATH (administered by AHCCCS) and ESG (administered locally or by DES) funded street outreach teams in 8 of the 13 BOS counties which covers the majority of the CoC population and geographic area. AZBOSCOC has an established CE phone outreach line with dedicated engagement staff for follow up to provide additional coverage, for communities that do not have dedicated street outreach teams, bringing coverage of area to 100%. ADOH has been working closely with both AHCCCS and DES to maximize outreach coverage. These efforts have included coordinating CoC, ESG and state funding to maximize ESG funding for street outreach, working with AHCCCS on a Medicaid 1115 Waiver to expand funding for street outreach for Medicaid eligible individuals, and inter-agency data sharing to identify individuals in other systems of care that may not have street outreach or be identified in the homeless system. For those counties without dedicated street outreach, outreach takes place through coordinated LCEH local activities such as: a) Project Connect or Stand Down events; b) during the annual PIT count engagement; c) at community based feeding events usually conducted by faith-based or community organizations; d) drop-in or seasonal facility centers; and e) at food banks or other local community partners; f) outreach by other mainstream homeless providers (i.e. the VA) and g) through coordination with local governmental, first responders and mainstream partners. The AZBOSCOC makes HMIS and other tools available to assist these stakeholders coordinate outreach with CE and other COC resources.

2) 100% of our geography is covered by either street outreach or the AZBOSCOC CE hotline. Physical street outreach covers approximately 60% of the physical area and 50% of CoC population.

3) For counties with dedicated PATH or ESG funding, street outreach occurs daily. The AZBOSCOC CE Hotline is also available daily. PIT count processes ensure at least annual outreach but local LCEH entities coordinate more frequent outreach activities as described above.

4) Street outreach, especially PATH, is focused on unsheltered persons with acute needs, primarily those diagnosed as Seriously Mentally Ill. PATH and ESG funded programs are trained in motivational interviewing, trauma informed care and other evidence based strategies to engage. Peers with lived experience are also used for engagement and to improve rapport building.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

--	--	--

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	346	480

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area; |
| 2. | works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and |
| 3. | works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

- 1) DES, the state agency overseeing TANF, SNAPs/Food Stamps and Employment Services holds regular homeless provider “Coffee Talks” on a bi-weekly basis covering coordination topics, mainstream program access, program changes and trainings. The AZBOSCOC, Arizona Housing Coalition and the state VA programs also held trainings on coordination of AZ Long Term Care Benefits and Medicaid enrollment with AHCCCS. The LCEH’s membership include staff from mainstream resource agencies that provide training and regular updates about policy and program changes. Arizona’s Managed Care Organizations (MCOs) all participate in the GAB and the local LCEHs within their geographic service areas.
- 2) In 2021, AZ’s Governor created a Goal Workgroup around interagency coordination that includes the Arizona Departments of Housing (ADOH), Economic Security (DES), Medicaid (Arizona Health Care Cost Containment System or AHCCCS), Corrections (ADOC), and Veterans Services (AZDVS). This group meets bi weekly. ADOH has provided consultation to AHCCCS on its 1115 CMS waiver (<https://www.azahcccs.gov/Resources/Federal/HousingWaiverRequest.html>) to increase Medicaid reimbursement for homeless outreach, and all housing supports. AZBOSCOC and AHCCCS are working to establish additional CoC based Community Assistors to expand access to Medicaid enrollment and services. ADOH and AHCCCS also participated in Federal TA around Housing and SUD services through a SAMHSA and Housing and Health Care integration through NASHP. 4) AHCCCS is a partner in an initiative with all three AZ CoCs initially funded by Robert Wood Johnson Foundation to develop a data sharing system to increase the ability to serve participants in a more holistic manner-driven by Social Determinants of Health. All subrecipients are required to assist participants in enrolling in healthcare services. Healthcare networks are members of the LCEHs. Two of the GAB members represent the Regional Behavioral Health Authorities (RBHA). AZBOSCOC utilizes HMIS data to identify gaps in benefit assistance to increase enrollment and engagement for persons experiencing homelessness.
- 3) Periodically, Social Security staff are asked to attend LCEH meetings and present along with DES Workforce Development. It is a CoC contract requirement that every agency have at least one SOAR trained staff person to assist homeless clients with applying and ADOH is the state SOAR coordinator promoting and coordinating TA around SOAR implementation.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Through COVID 19, ARPA (SLFRF) and newly available state Housing Trust Funds, ADOH has invested in additional emergency non-congregate capacity for AZBOSCOC communities. In Balance of State, ADOH has made available over \$30 million in funding to acquire properties for non-congregate “bridge” or “transitional” shelter. These facilities primarily consist of purchased and converted hotel/motel properties that were originally leased or acquired by local municipalities to serve as isolation/safe distancing facilities for COVID. With current grant opportunities, these facilities will be purchased and converted into ongoing non congregate shelter (and eventually PSH if the demand changes). While these programs are still being converted or rehabbed for longer term use, they will be incorporated into the AZBOSCOC HMIS so their efficacy can be reviewed going forward. One newly acquired site in northern Arizona provides more than 72,000 square feet, including 58 rooms, and is expected to serve more than 1,000 people annually with emergency shelter in addition to the comprehensive services clients of congregate shelter receive (meals, medical care, behavioral health, and rehousing services). Additionally, the Department of Economic Security ESG programs have funded non-congregate shelters through community action agencies, in communities without shelters.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
NOFO Section VII.B.1.o.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:		
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

- 1) During the initial COVID outbreak, AHCCCS, the State Medicaid provider, and the Arizona Department of Health Services, held regular calls of statewide homeless providers, local governments and public health departments, MCOs, and other stakeholders to develop statewide protocols, share resources and information, provided education and training, promoted vaccinations and developed immediate responses to address COVID and other infectious diseases within the homeless system. This resulted in the adoption of distancing policies, use of PPE, screening and notification processes and coordination with health care providers. While these protocols are in place locally and within COC shelters, AZBOSCOC is working to incorporate these into COC written policies and procedures.
- 2) As noted above, through the COVID outbreak, the AZBOSCOC and its LCEHs developed not only immediate policy and procedures to respond to outbreaks but to prevent future infectious disease outbreaks. Key strategies include notification processes, capacity to provide isolation facilities, use of PPE and other health informed practices. Again, while these practices are in place locally, AZBOSCOC is incorporating these into standard operating standards across the COC which become part of the Housing Manual and thus, contracts too.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
	1. sharing information related to public health measures and homelessness, and	
	2. facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. As noted above, Arizona state health agencies (AHCCCS and ADHS) held regular statewide meetings with CoCs and other stakeholders, issued public health announcements and CDC information, developed isolation facilities, coordinated PPE and other health emergency resources to educate and equip providers to address the public health emergency.

2. At the local level the AZBOSCOC Coordinator worked to get information out to the LCEH Leads following the CDC and state health agency statements and press conferences on a daily basis in the pandemic's early days. They in turn communicated with their membership using emails, flyers, and telephone contacts to update and exchange information. The LCEHs were communicating safety measures of social distancing, use of masks, hand sanitizing, and availability of vaccines when available to those experiencing homelessness as well as providers' staff. Virtual LCEH meetings were used to inform and educate. They compiled what services were needed, who could provide a particular service and how to execute the plan. The CoC's responsibility was to disseminate information, make sure programs were still operating and that staff and clients were following established protocols as well as could be managed given the distances and polarization of this crisis. LCEHs provided information about vaccination sites, dates and times through flyers, and emails. Transportation was/is provided if feasible. The LCEH meetings distribute pertinent health information for testing, prevention, vaccines, and quarantine using available motels or alternate shelter situations such as sleeping rooms. The homeless service providers mandated staff wear masks, keep physically distanced, use the telephone and texting as much as possible and use gloves and gowns as appropriate.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
	1. covers 100 percent of your CoC's geographic area;	
	2. uses a standardized assessment process; and	
	3. is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

- 1) Since January 2018, CE has been available in all 13 counties (100% physical coverage) of the AZBOSCO. Persons experiencing homelessness are entered into HMIS within 7 days, through an access point or a phone intake. This includes physical sites and intakes in most states and access through a staffed telephone access system in four rural counties that lack homeless facilities and programs.
- 2) The AZBOSCO maintains a COC wide CE policy that covers core mandatory functions required by all LCEH coordinated entry programs. Key issues include standard policies such as DV and safety protocols, confidentiality and release of information, HMIS information gathering and standards, non-discrimination policies, low barrier approaches and use of the VI-SPDAT as the current assessment tool (currently under review) and general prioritization categories (focus on chronic). LCEH may modify the application of these processes to reflect local resources and priorities within the LCEH (i.e.; not all interventions are available in all geographies or available units may have specific restrictions or target populations). The AZBOSCO supports local activities with standardized HMIS reporting including a weekly by name list that can be sorted to identify specific lists for each county/LCEH for use in local case conferencing. By name lists can also be sorted to identify local priorities based on available resources (i.e., veterans, families, single adults).
- 3) COC CE policies are reviewed and updated at least annually through a standing CE workgroup that includes providers and representatives from all LCEHs and their CE managing providers as well as other systems of care (i.e., VA, DV providers). These stakeholders and the HMIS Administrator provide feedback on local challenges, proposed changes to CE systems or policies, feedback from grievances, case conferencing meetings, and feedback from persons experiencing homelessness. Key issues currently being reviewed include use of the VI-SPDAT or other screening tools, modification of HMIS and intake questions to incorporate more health care information, strategies for increasing coverage, service coordination and use of data to improve CE systems.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

- 1) The AZBOSCOC CE system continues to implement strategies to reach people who are least likely to apply for assistance. Four years ago funding was re-allocated to create an SSO CE phone line for 4 rural counties with few resources to enhance the ability for individuals to access CoC services. The CE hotline is accessible by calling 211. A person will do a phone assessment and enter the person into HMIS. Spanish and Native American speaking Navigators are available to assist individuals calling in to the hotline to diminish language barriers. The AZBOSCOC also works to incorporate providers from other systems of care that engage persons experiencing homelessness in the CE system including street outreach teams, veterans providers, and behavioral and health care providers/health homes to engage populations, especially those with acute needs so they may be housed.
- 2) The CoC adopted HUD’s CPD Notice 16-11 for PH to focus on CH persons, LOT, disability, and overall acuity. In addition to chronic homelessness, prioritization is given to those with higher acuity.
- 3) Due to limited PSH and other permanent housing resources, variances in available PSH resources, and a very difficult housing market that limits housing options, timely access to PSH resources cannot be guaranteed. Through the CE process and case conferencing, members can state their housing preferences including geography and housing support type. The refusal to accept an offered housing placement does not change a person’s waitlist status or priority for future housing opportunities although they are notified that declining a housing placement may increase wait time. While some PSH housing is site based, COC RRH and TBRA can be used by the member to select a unit that meets their self identified needs and accommodations subject to affordability.
- 4) A navigator is assigned at case conferencing and the household is outreached within 72 hours of the initial assessment. The CE Committee reviews prioritization, data and improvements including “dynamic” prioritization to ensure overall system performance and effectiveness annually. The CoC tracks time from CE to housing lease up to ID barriers and works to reduce barriers and identify housing needs for future resource allocation. CE policies also require access points or CE processes to be physically accessible or provide reasonable accommodation to assist persons with disabilities or other barriers access the system.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/11/2019

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. In 2018, AZBOSCOG began reviewing HMIS and LSA data to identify potential racial disparities in the provision or outcomes of its homeless assistance programs. Based on these initial assessments which did identify potential disparities, in October 2020, the AZBOSCOG formed a committee with members of the Governance Advisory Board--the Social Justice and Racial Equity Committee. The Committee developed the guidance for the LCEHs to conduct a more thorough assessment, at the local level, about social justice and adopting racial equity tenets. The initiative began with a presentation by the committee with each of the 10 LCEHs that existed at the time. Our HMIS Systems Administrator also developed LCEH level dashboards to provide real time demographic information for the LCEHs to use in their assessment. The LCEHs are charged with aligning their charters with the tenets and developing action items in their 2022 strategic action plan to address the issues they have identified through their assessment. Initial proposed strategies include additional screening questions in CE intakes and targeted outreach to tribal entities.

2. While the AZBOSCOG and the Social Justice and Racial Equity Committee focus on disparities among all racial and ethnic groups, the primary racial disparity within the AZBOSCOG is related to the PSH matriculation rates of the COC's Native American members. Native Americans are the largest minority in most of our counties/LCEHs and are over represented in the emergency shelter system compared to their statewide representation. 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. In addition to reviewing CE policies and practices, the AZBOSCOG 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 population accessing homeless resources. The AZBOSCOG also recognizes that much work is needed to develop the relationships required with all tribal social work and healthcare entities to better serve this population both on and off the reservations.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The Social Justice Racial Equity Committee has been working on educating the AZBOSCOG regarding disparities. The committee has been active in making presentations over the past year to all the Local Coalitions to End Homelessness (LCEH). As the information was introduced, it brought up questions how to correlate available data from the BNL, HIC and PIT within each LCEH and how to better understand and interpret the data in HMIS. The LCEH's want training to understand the data, how to use it so they can educate their communities and design policies to address the disparities. The HMIS Systems Administrator also developed LCEH level dashboards to provide real time demographic information for the LCEHs to use in their assessment. The LCEHs are charged with aligning their charters with the tenets and developing actions items in their 2022/2023 strategic action plans to address the issues they have identified through their assessment. LCEH plans and equity strategies were submitted 9/22/22 and are being implemented. The dashboard provides a picture of the communities in terms of race/ethnicity breakdown for homelessness and housing intervention demographic data. This helps communities identify disparities in who is experiencing homelessness and whether there are disparities in who gets access to specific housing programs. The dashboard provides quarterly comparisons and a specific tab for Racial Disparities in Homelessness. Solari, the HMIS administrator, has been training the LCEH's in how to use the dashboard, what the data is stating about the county, comparisons to other BOS counties, system performance measures by county and measured against the entire system and how to use the data to educate the communities and elected officials. The information provides an opportunity to review assessment tools and prioritization policies. The Governance Advisory Board is collaborating with the other two CoCs in Arizona to research if there is a tool to replace the VI-SPDAT and/or an add-on assessment which is more inclusive and equitable. But training people and broadening their understanding and cultural awareness also goes a long way to reduce stigma and create inclusivity in all communities.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

LCEHs have undergone training in the use of the Tableau Public dashboard and the toolkit the HMIS team released to guide communities about how to look at equity data. The dashboard provides a depiction of the BOS regarding the breakdown of race/ethnicity for homelessness and housing program data. This is accessible to the LCEHs on a monthly basis and in real time from the data entered into HMIS. It is the responsibility of the LCEH's to review this data and that responsibility is outlined in the contract they have with ADOH for the planning dollars they receive. The HMIS subcommittee reviews the data for the quarter and notes trends, which is reported to the Governance Advisory Board, LCEH and subrecipient meetings where it is discussed and possible solutions provided. The LCEHs are implementing policies and procedures derived from their strategic plans. LCEHs and subrecipients continually provide training resources about achieving social justice and eliminating racial disparities. As an example, subrecipient Catholic Charities partners with agencies that are specifically trained to serve the diverse populations they encounter and serve within their community. The HMIS committee has members who participate in the LAPP statewide data sharing workgroup to review the cause and effect of racial inequity and social inequality using analytic insights from the current project to develop a statewide data warehouse. The LCEHs are creating workgroups/committees of persons with lived experience to incorporate ideas for improvement of engagement, outreach and service provision to those experiencing homelessness. In the coming year, the AZBOSCOG will develop a coordinated strategy to engage tribal stakeholders to better understand issues around coordination of on and off reservation resources and identify culturally appropriate responses to address the needs of the Native American population and their PSH needs.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

GAB membership, LCEHs, workgroups, ranking and review processes and meetings are open to all stakeholders and interested participants including those with lived experience. Through ADOH bulletins, web postings, and local LCEH's, activities are advertised and participation is recruited. As noted elsewhere, over 380 diverse organizations and individuals participate statewide in these activities. In all of these activities, the participation of persons with lived experience is encouraged although disclosure of lived experience is not required so as to avoid any trauma or stigmatization an individual with lived experience may feel if identified. In the GAB and other related workgroups, self-identified individuals with lived experience or organizations with peer programs (there are many) are recruited and a minimum number of seats are held by persons with lived experience although there is no limit to the number of persons with lived experience who can participate. Some key examples of participation of persons with lived experience include: a) AZBOSCOC Sub-Recipient CPSA has a Housing Director who has lived experience; b) the Housing Director serves on the Board of Directors for all housing related entities in the ICHD Company; c) CPSA has 22 peer support staff who have lived experience. CPSA offers to pay for their Peer Support Certification at no expense to the employee; d) US Vets has a grant to support clients with peer support training, as the client continues to engage US Vets coordinates with the VA or Transitional Work Experience program. to work with veterans to provide meaningful vocational opportunities; e) Against Abuse have participants who have transitioned to another stage. The participants do not readily disclose their experience however, they want to give back as they were "in their shoes" at one time, so they volunteer and apply to work. Catholic Charities employs several staff members with lived experience. Their experience informs service delivery and allows them the ability to create greater rapport with clients and perspective with their work team. The LCEH's conduct outreach to service program providers and community organizations to recruit individuals with lived experience for job openings, volunteer positions, LCEH membership, committees and leadership roles within the LCEH's. AZBOSCOC will be implementing stipends for persons with lived experience to reduce burdens of participation. Travel expenses are already covered.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	18	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	18	0
3.	Participate on CoC committees, subcommittees, or workgroups.	18	0
4.	Included in the decisionmaking processes related to addressing homelessness.	18	0
5.	Included in the development or revision of your CoC's local competition rating factors.	2	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The subrecipients are committed to providing services to understand homelessness. Therefore they seek individuals within its programs who have experienced homelessness to be part of program structures. For example, veterans in US Vets can become part of a resident veteran’s council and peer support. Their experience informs service delivery and allows them the ability to create greater rapport with clients and perspective with their team members. This is based upon populations, as in the case of DV survivors who may not readily disclose their past experience. People with lived experience often state that because they were “in their shoes” at one time, they want to give back. As a result, the volunteer and work efforts attract those who have lived experience. We have sub recipients who can support clients with peer support training, pay for peer support certification, and volunteer opportunities. Catholic Charities has two staff positions for Peer Support Specialists and are in the process of hiring for both positions due to the past Peer Support Specialist being promoted to supervisor within the agency. CPSA, a subrecipient, has a Housing Director, who is primarily responsible for program development and delivery and is an individual with lived experience. He also serves on the Board of Directors for all housing related entities in the ICHD Company. Through AHCCCS, Medicaid licensed programs can secure "peer" certification" for behavioral health service delivery for peers that counts as form of accreditation within AHCCCS.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and |
| 2. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness |

(limit 2,500 characters)

1) AZBOSCOC subrecipients are invested in providing services and continue to develop avenues to elicit information from program participants. For years, annually, subrecipients ask current residents to complete a one page survey. It can be submitted anonymously if they want and surveys are mailed to ADOH monthly. US Vets has a resident Veteran Council for self-governance in the residential programs. This provides feedback to the program staff working in the programs. US Vets is a supporter of peer support training through an HVRP grant. As the training program is completed, clients continue to engage with HVRP and identify employment where their peer support skills can be utilized. Multiple subrecipients have board members with lived experience who provide input to their policies/procedures and services. The subrecipients provide training and volunteer opportunities which may lead to employment at those agencies. We have a Governance Advisory Board member who has worked his way to his position, Director of Housing for CPSA/CPIH. His experience and knowledge are sought for perspective in such things as CoC policies, Coordinated Entry and Move on Strategies for clients who no longer need intensive supportive services. He serves on the Arizona Data Sharing initiative to share information with CoC's, Medicaid, Emergency Solutions Grants in order to better serve the homeless population (chronically homeless, medically fragile, elderly, individuals/families, DV survivors).

2) The CoC recognizes the value of those with lived experience to be part of the solution in addressing the need for stability and not returning to homelessness. Subrecipients have recognized the importance of employing persons with lived experience to engage and establish rapport with clientele to increase positive outcomes and to better inform leadership how to improve existing programs. The homeless population is not homogenous, is challenging and establishing trust takes time. Catholic Charities has employed persons with lived experience with various backgrounds in substance use, justice involvement, homelessness, and mental illness. Another aspect is supporting newly employed staff with lived experience, in their transition to housing and employment. Persons with lived experience are able to educate the communities about the issues and problem solve solutions which are appropriate to the community if their skills and confidence lead them in this direction.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. ADOH educates and shares information on best practices on the impact of policies related to zoning, and other regulatory barriers to housing. Due to this, and the local nature of zoning and land use policy LCEHs often take the lead in addressing local barriers and restrictions. ADOH developed a Gap Analysis for rural communities. ADOH-LIHTC has HOME ARP authorized by the ARP Act of 2021. This funding is for new construction, acquisition and/or rehabilitation of HOME ARP rental housing in 11 of the AZBOSCOC's 13 counties. ADOH sponsors an annual Housing Forum to bring developers, financial entities, community entities, and other state agencies together to network on potential projects. This is an opportunity to learn about the layering of funding sources including LIHTC, CDBG, IDA's and collaborations with city/counties to create housing in the rural communities.

2) At the state level House Bill 2674 a bi-partisan Housing supply study committee was established, convening members of the AZ State Legislature and key stakeholders representing the housing sector statewide. The purpose of the committee is to create a report about increasing housing statewide. The report will help to shape legislation and will address issues such as zoning. The Arizona Housing Coalition advocates for annual allocations to the State Housing Trust Fund to provide flexible funding to respond to the housing need. ADOH is also working to inform possible statutory changes that may allow school district property to be used to develop affordable housing.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section VII.B.2.a. and 2.g. You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	
-------	--	--

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/15/2022
--	---	------------

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
-------	---	--

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	19
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,500 characters)

1) The AZBOSCOC has primarily used HMIS info in analyzing data to evaluate project success for housing participants. HMIS data is used for three reasons: 1) overall data quality is high (over 95% accuracy) and is the most complete data set; 2) HMIS data is standardized which allows inter-project comparison and comparison to national benchmarks for performance; and 3) providers/projects can pull their own standard reports so they can use HMIS in real time to track progress and outcomes to make program changes. Key measurements used include process evaluation tools and outcomes. Process measurement criteria from HMIS include demographics and presenting issues of incoming members to determine if the program is serving target populations, #s of persons entered into program from CE and time to housing placement. Program outcomes include housing retention and exits to PH and changes in participant status including securing employment, benefits, or other income. These are incorporated into project reporting and in the renewal scoring process.

2) AZBOSCOC's goal is to minimize the time persons experience homelessness. Key metrics include length of time on the by name list and HMIS data points related to time from referral to housing move in with a benchmark goal of move in within 30 days.

3)The COC NOFO renewal scoring tool includes assessment of program performance and agency capacity and management. For program evaluation, scoring evaluates the projects ability to reduce barriers while serving the highest acuity and chronic populations prioritized by the AZBOSCOC and their success in doing so. To determine acuity, the AZBOSCOC scores: 1) chronic status of persons placed in PSH; 2) # of presenting issues (i.e., disability, SUD) at intake; 3) and # of persons referred and case conferenced via the CE process. Higher points are awarded for accepting these members with minimal barriers per a Housing First model. Success of programs is based on housing retention and/or # of members exiting to other permanent settings (a NOFO scoring criteria) as well as improvement in resources (i.e., maintain/ increase income).

4) The renewal projects serve the entire geographic area and include frontier communities with significant need. The two PSH bonus projects are focused on rural areas and will result in a significant increase in resources for those counties as will the DV-Bonus projects as there are limited housing options for households that are fleeing domestic violence

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

- 1) For the ranking and review tool process, the GAB gathered feedback from multiple sources including current providers, and LCEH participants. The tools as approved by the GAB were publicly posted for community feedback. AZBOSCOG will continue to improve this outreach through more direct contact and engagement with AZ’s tribal communities which represent the largest over-represented demographic in the COC homeless populations in almost every LCEH.
- 2) AZBOSCOG has worked to use more objective measurements to review project applications. Realizing that even “objective” criteria may have unintended biases or disparate impact, the GAB started a sub-committee, Social Justice and Racial Equity workgroup to look at issues around diversity and racial equity. This group as well as other stakeholders including those who self-disclose that they have lived experience, will help to improve ranking and review.
- 3) Ranking and review was conducted by the GAB. The GAB is comprised of a diverse range of stakeholders and organization representatives including persons of different races as well as persons with lived experience of homelessness. The AZBOSCOG continues to evaluate racial disparities and will continue to solicit and recruit additional representatives from groups overrepresented in the AZBOSCOG population.
- 4) Addressing racial, ethnic or other disparities in the ranking and review process primarily focused on the bonus projects and how to determine where and for whom these projects would be best suited to meet unmet needs. To determine need, specific questions were asked in the application about the relation of the demographics in the community related to those served by the program. Agencies had to demonstrate how their outreach and collaboration ensured a broad reach to locations where persons experiencing homelessness gather. Two of the bonus projects propose to serve multiple counties which are vastly different in their demographic composition. These issues were also considered in ranking, specifically in determining whether bonus projects and goals should be scored or prioritized above renewal projects in determining tier 1 and 2. The ranking and review favored maintaining programs currently serving our target populations, geography and demographics rather than funding new programs that may leave certain identified populations or geographies with housing options which could potentially affect over represented groups already being supported or served.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

- 1) The AZBOSCOG implemented reallocation in 2013, 2015, 2016, and 2018. As a part of those reallocations, projects were eliminated, reduced, and reallocated from one project type to another to meet the community needs, transition funds away from low performing programs or programs that were not aligning with COC goals (particularly around serving chronically homeless persons), and to align with the types of households experiencing homelessness. The most recent reallocation policy, adopted by the Board in 2018 included criteria which was assessed through contract monitoring. Reallocation criteria includes financial viability, timely expenditure and full utilization of funds, data quality, coordinated entry participation, use of HMIS if not an agency that meets the definition of DV Provider, operates programs in alignment with housing first. ADOH as grantee of all funds communicated in writing with the agencies about the criteria and subsequent potential for reallocation. If needed, technical assistance was provided to resolve the problems/issues that made the agency a potential candidate for reallocation. If issues were not resolved, funds for the project were reduced or projects were reallocated to a different type of housing to better serve the needs of the community.
- 2) No projects were identified to reallocate via the NOFO process. We did have one provider who voluntarily requested to transfer their program to a new provider based on their concerns about their ability to manage the housing portion of their DV project. A new provider was selected in coordination with the NOFO ranking and review process.
- 3) No reallocation has taken place since 2018. All projects are needed and performing well and geographic coverage is maintained.
- 4) There are no less needed projects or non-performing projects in the AZBOSCOG requiring re-allocation outside of the change in providers related to a DV project. Because of the pandemic, including rental moratoriums there has not been the movement of households as usual so there have been challenges with full expenditure of funds because of the lack of housing availability and the significant increases in rental costs. All projects are PSH, TH-RRH and RRH. Underspending is not an annual issue, so projects were not identified for reallocation on this basis alone. ADOH is always analyzing the effectiveness of the programs and working with the GAB to see if reallocation is necessary.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
--	---	----

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
--	--	------------

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
--	--	-----

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
--	--	------------

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/28/2022
--	---	------------

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
--	--	---------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
--	--	------------

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/02/2022
--	---	------------

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

- 1) The AZBOSCOC currently has two CoC funded DV projects that were funded through 2019 DV-Bonus Funds. Both of the projects have comparable databases (Osnum) and are able to produce reports comparable to the APR. Contracts for these projects were executed in late 2020. As a result at the time of this application, these projects are just beginning to be integrated into the overall data process for the CoC. The first priority was to implement coordinated entry policies relevant to the two counties (Pinal and Mohave) where the projects are located. Both LCEHs amended their coordinated entry policies and added the following protocols--manual development of a by name list that includes households that are survivors or are fleeing from domestic violence coming from established access points and those directly referred from the DV Bonus Projects; a separate case conference process specifically focused on these households; VI-SPDATS are completed by the two agencies; data is maintained in their comparable data systems; the AZBOSCOC coordinated entry prioritization protocol for RRH projects is used with case conferencing information to determine priorities.
- 2) The AZBOSCOC is compliant with 2022 HMIS Data Standards

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	716	138	536	92.73%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	220	57	135	82.82%
4. Rapid Re-Housing (RRH) beds	480	42	438	100.00%
5. Permanent Supportive Housing	1,071	0	1,059	98.88%
6. Other Permanent Housing (OPH)	3	0	3	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,500 characters)

For TH, we have two small pocket programs-that are privately funded transitional housing--Right Turn For Veterans--operated by Child and Family Services in Yuma, and Agape House which was recently established by the Salvation Army in Prescott. We will work with these programs during the year and encourage their participation in HMIS.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
--	-----

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/22/2022
--	---	------------

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/02/2022
--	---	------------

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. Participation by stakeholders that serve homeless youth in the PIT count would have been primarily through coordination in the LCEHs who coordinated the local PIT counts.
2. We do not have specific information regarding youth stakeholders or specific homeless youth who participated in the PIT count. Unfortunately, the AZBOSCOC has limited programs that specifically serve youth. To ensure that the PIT count identified unsheltered homeless populations,
3. LCEHs incorporated volunteers, providers and stakeholders with knowledge of homeless sites and locations to target for the PIT count. These LCEH stakeholders not only included outreach providers, public safety and other community based services, but peer representatives of local agencies and community organizations with lived experience to assist in identifying PIT coverage areas and populations of persons experiencing homelessness. Engaging youth providers is a key goal for the coming year. Over the past year, ADOH has been working with youth providers across all three AZ CoCs to identify gaps and to target investment of state Housing Trust Funds to expand youth services and their engagement in the CoCs.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

The AZBOSCOC did conduct a 2022 unsheltered PIT count. There were no significant changes in methodology. While methodology did not change, the establishment of new LCEH leads ensured more PIT volunteers and coverage in rural counties that had limited or no PIT coverage in the past due to lack of volunteers including Santa Cruz, Apache, Navajo, Graham and Greenlee counties. Again, this represents a significant improvement in understanding and knowledge regarding the needs of these areas in which there was limited coverage or PIT engagement.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) AZBOSCOC began dialogue and communication within the COC, LCEHs and HMIS and with sister state agencies; the AZDVS (Veterans), ADES, AZ Dept. of Corrections, AHCCCS (AZ’s Medicaid Administrator), and the Governor’s Office to develop strategies to address homelessness statewide. One key strategy has been data sharing to better understand the risk factors related to both first time and recidivism to homelessness, particularly issues related to institutional setting discharge and the impact of mental health, chronic health, substance abuse, and racial disparities. A number of risk factors have been identified related to first time homelessness: domestic violence forcing the survivors to flee from their perpetrators; returning veterans; those over the age of 50, race, especially Native Americans and African Americans in rural AZ; formerly incarcerated and recently released, financial insecurity and eviction data (e.g., AZ has one of the highest eviction rates in the U.S.) behavioral health and discharge from physical and mental health facilities.

2) The strategy to address first time homelessness currently has been to utilize funding from new resources through the CARES Act or ARPA and state funding to increase eviction prevention, outreach, shelter capacity and PH options. ADES has provided over \$100 million in ARP/ERAP funding statewide for eviction prevention and maximized it’s flexibilities to assist households to avoid homelessness. AZ is also working within the AZBOSCOC and statewide on strategies to reduce institutional discharges that result in homelessness. ADOC and ADOH worked on a pilot project in this area and the final report is still being written. The CoC is collaborating with agencies that have received CARES Act or ARP funds to identify households that would benefit from homelessness prevention(HP). A workgroup met and developed a simple assessment that the LCEHs can use as a part of identifying households. Households may be offered assistance including utility and diversion activities, i.e. move to be closer to families and/or job opportunities. All providers work closely together to support each other and make appropriate referrals to veteran programs, senior providers, DV etc. so that a household has resources before the situation becomes a crisis.

3) The Arizona Department of Housing, David Bridge, Special Needs Administrator.

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
	1. describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

- 1) The challenge of reducing LOT has increased significantly during the pandemic. Some LCEHs have a broader range of resources in their communities and are able to obtain PH for those prioritized on the BNL. The goal is to get them housed within the first 6 months as their risk greatly increases if the experience exceeds that time. There is funding for PH but there are limited units available at sustainable rents in most of the BOS communities. The ADOH will make three (3) 9% LIHTC awards to applicants proposing to construct new housing (including adaptive re-use) in the Balance of State in the coming year if there are sufficient eligible applications. The AZBOSCOC hopes to dialogue with potential applicants to make sure there are sufficient eligible applications.
- 2) The BNL is used since LOT is a factor used in prioritization and that information is garnered at the time of initial assessment.
- 3) Arizona Department of Housing. David Bridge, Special Needs Administrator.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC’s Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

- 1) The AZBOSCOC is challenged currently by lack of available affordable units throughout the geographic area. Earlier this year, the AZBOSCOC provided a webinar for our LCEH networks to introduce them to funding options for permanent housing. It is recognized that communities have to develop long term options in communities to build or rehabilitate buildings/units to increase the amount of affordable, safe housing. This is not an issue limited to those experiencing homelessness and leadership at the state level seems to be increasing.
- 2) Agencies in the CoC match households with case managers and the housing type that offers the best opportunity for permanent housing. There are nine PHAs in the LCEH. MOUs were executed with each of them related to the Emergency Housing Vouchers. The MOU requires ongoing collaboration through identifying households appropriate for the vouchers through coordinated entry and case conferencing. Agencies provide life skills and financial management training to individuals and family members to prepare them for managing and affording permanent housing settings. Follow up, and regular contact with households is crucial to their stability. This is a factor analyzed during monitoring particularly as well as analyzing monthly HMIS exit reports. A short narrative for each exit is reviewed to see how it might have gone differently and TA provided.
3. Arizona Department of Housing. David Bridge, Special Needs Administrator.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

In the field below:

1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

- 1) If households return to homelessness, outreach and engagement takes place. HMIS assists in identifying if households have been homeless multiple times. LCEHs look at the data and will communicate with a provider who has high negative exits to see how services will differ to increase chances of stability.
- 2) Households are identified through outreach, case management and check-ins so that stress and issues that may result in a return to homelessness are identified early. Our sub-recipients and partners communicate regularly so that households can be assisted to maintain their housing.
- 3) Arizona Department of Housing. David Bridge, Special Needs Administrator.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section VII.B.5.f.	

In the field below:

1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

(limit 2,500 characters)

- 1) Our subrecipients and the LCEHs have strong collaborations with training programs and the AZ@Work program has offices in all the counties. Participants are assisted with accessing employment training, skill building for employment search, assistance with clothing and tools needed for employment, developing and maintaining employment retention.
- 2) Employment agencies, Goodwill, community colleges, trade programs, AZ@Work representatives all participate in the LCEHs either as regular participants or by conducting a presentation to ensure that all agencies are familiar with available training and employment resources available to participants throughout the services system. Each CoC provider is required by contract to have at least one SOAR trained staff to assist with SSI applications for clients experiencing homelessness. DES offices are in each county and clients are provided transportation if necessary or helped with online applications for food stamps and TANF. The LCEHs have broad community support and are the hubs for networking and providing information to a network of local service agencies. This facilitates coordination around employment, job fairs that are occurring, availability of employment. AZ@Work, a part of DES has offices throughout the BOS geographic area and are key partners in assisting participants in finding and retaining employment.
- 3) Arizona Department of Housing, David Bridge, Special Needs Administrator.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

- 1) All subrecipients and many partner agencies have established relationship and protocols to assist participants in enrolling in a variety of benefit programs. Subrecipients either have a SOAR expert on staff or collaborates with an agency that assists participants in applying for SSI/SSDI. Other programs that are a part of the standard non-employment assistance includes TANF, SNAPs-Food Stamps, and childcare. Increasing access is not necessarily an issue. All clients are assisted to apply for any and all resources.
- 2) Arizona Department of Housing, David Bridge, Special Needs Administrator.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
--	--	----

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	--	----

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)
 Not applicable

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not applicable

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
--	--	--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	525
2.	Enter the number of survivors your CoC is currently serving:	267
3.	Unmet Need:	258

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(c)		
Describe in the field below:		
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. Need is based on two data points--the 2022 unsheltered point in time count and the HIC data which includes information from shelters and RRH agencies that do not participate in HMIS. The unsheltered count was 258 and the sheltered count (ES, TH, and RRH) was 267.
2. Data for the HIC came from unsheltered point in time reports from the DV emergency shelters, shelter data in response to sent request form and comparable databases data provided by the two CoC funded projects providing services to survivors of domestic violence.
3. The AZBOSCOG has limited DV shelters located throughout the AZBOSCOG geographic area. Although most individuals can access some sort of shelter, currently there are only two RRH projects with a total of 24 units and 38 beds. This is insufficient to meet the permanent housing needs. Also Arizona is facing a housing crisis. According to the National Low Income Housing Coalition, 76% of all low income renter households in Arizona have a severe cost burden. In addition, there are only 26 available units for each extremely low income renter households. These issues are compounded in less urban areas (e.g. the geographic area of the AZBOSCOG). Two RRH projects are proposed to serve survivors in Pinal County--the largest county by population in the AZBOSCOG.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.		

Applicant Name
A New Leaf
CAHRA

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	A New Leaf
2.	Project Name	A New Leaf DV RRH Pinal-Expansion
3.	Project Rank on the Priority Listing	21
4.	Unique Entity Identifier (UEI)	MLZVKA7M2219
5.	Amount Requested	\$166,607
6.	Rate of Housing Placement of DV Survivors–Percentage	82%
7.	Rate of Housing Retention of DV Survivors–Percentage	82%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) A New Leaf (ANL) calculated rates by determining how many referrals were received from Coordinated Entry for survivors of domestic violence and how many individuals and families were placed into housing based on other currently operating ANL domestic violence projects currently. The example provided for the other programs is that 19 referrals were received from coordinated entry (Maricopa County) and 19 of them were accepted by the agency and moved into the housing program. The project had 114 of the 136 individuals in Maricopa County retain housing or move to permanent housing resulting in an 84% rate of housing retention. There is an assumption, that rates will be similar in Pinal County partially due to it's geographic proximity.

2) All of the individuals and families served through the project retained their safe housing destinations or exited to a safe housing destination. If the individual or family did not retain their housing, the agency worked with the individual or family to ensure they went to a safe destination even if the exit was to a temporary destination.

3) The data was collected through the Maricopa County project APR in the comparable database and in coordination with Coordinated Entry.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

- 1) A New Leaf, for its DV focused RRH projects in Pinal and Maricopa Counties is to provide move-in within 30 days of referral. To ensure rapid placement, A New Leaf works with a local landlord support agency for rental property search, leasing services, and Housing Quality Standards inspections. The agency employs Housing Location Specialists who recruit landlords to work with rapid re-housing clients who have high barriers to locating housing. These staff, using a web-based platform the agency created to identify available units, ensure a rapid placement while prioritizing the safety of the survivor.
- 2) All referrals will be prioritized through the Pinal County parallel coordinated entry process related to survivors of DV.
- 3) A New Leaf employs a low-barrier approach to services, creating an environment that is culturally responsive, healing centered, trauma-informed, and understanding of the unique circumstances of each survivor. This approach allows for the survivor to have open conversations about their needs, allowing the case manager to determine the best supportive services to meet their needs. A New Leaf hired staff to work specifically with domestic violence survivors who have lived experience, allowing for further rapport building, understanding, and provision of appropriate services.
- 4) Housing Case Managers assist clients in securing vital documents and filling out and submitting applications for appropriate entitlements and benefits including Section 8 Housing Vouchers, Veterans benefits, healthcare including state Medicaid, Food Stamps, WIC, and others as deemed suitable. A New Leaf's SOAR Specialist works with residents to assist in applying for SSI/SSDI benefits when appropriate. Beyond connection to benefits, Housing Case Managers work hand-in-hand with the client to identify other services needed, including connection to workforce and education services, mental health and substance use services, and childcare.
- 5) Staff work with clients from move-in to develop a Housing Stability and Safety Plans for the household. Creating these plans at the beginning sets clients up for success and establishes goals and expectations for transition and housing stability. To achieve stability, clients are integrated into the apartment community while receiving financial assistance and supportive services. RRH gives clients access to permanent housing quickly and through supportive services, help them retain housing and achieve independence,

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

- 1) Staff receive specific training regarding the unique needs of DV survivors including Dynamics of DV, Trauma Informed Practices, Conflict Resolution, Safety Planning, and other DV-related topics. Confidentiality and privacy are paramount during the intake and interview process to ensure clients can be open and honest about their experiences and what their needs are. The intake specialist builds rapport with the survivor, looks for safe times to gather information from individuals apart from others, and ensures the client is safe at all times.
- 2) A New Leaf will work with a local landlord support agency for rental property search, leasing services, and Housing Quality Standards inspections. The agency employs Housing Location Specialists who recruit landlords to work with clients who have high barriers to locating housing. These staff in combination with a web-based platform that the agency has created to identify available units, ensures a rapid placement while keeping in mind the safety of the survivor. Case management staff work with the survivor to determine the location will be a safe housing placement in the scattered-site model across Pinal County (both the more urban areas and the rural communities.) The survivor may choose a location that is several communities away from their abuser or living in a community which offers additional support. In either case, the participant is able to find a place that is safe and comfortable.
- 3) Locations are kept confidential and are only known to the case manager and individual. The case manager works with the client to ensure that their location is kept confidential and can help relocate the individual or family if a safety issue should arise.
- 4) Staff are required to take training on safety planning, confidentiality, and privacy to ensure policies are followed. The Director of the program ensures that policies and practices are followed by all staff.
- 5) The scattered site model ensures that survivors are choosing a location that meets their safety needs. The case manager works with landlords to ensure participants' safety needs are met in accordance with their safety plan including advocating for additional security measures as needed. Clients are asked about their safety through client satisfaction self-reporting surveys. These surveys are provided to all clients upon completion of services.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Safety is a paramount piece of survivors being successful in any project. From accessing Coordinated Entry to project move in, staff ensure that clients can be open and honest about their experiences and what their needs are. As staff build rapport and ask questions, they look for safe times to gather information from individuals apart from others to allow the individual to share concerns, and ensures the client is safe at all times. Staff build a safety plan with the client that is reviewed by the program director to confirm that all safety factors are taken into consideration. Once the client is referred to the landlord support agency, the case manager and client locate a scattered site apartment that meets the need of the client while taking safety, privacy, and confidentiality factors into consideration. After the survivor moves into housing, the case manager continues to meet with the survivor and alter the safety plan based on the individual or family needs. Supportive services are offered that meet survivor’s needs, considering safety factors that may obstruct the individual or family’s ability to seek services. The program director monitors for safety, confidentiality, and privacy. Finally, clients are asked about their safety through client satisfaction self-reporting surveys. These surveys are provided to all clients upon completion of services and ask specific questions whether their safety has improved.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) A New Leaf has been providing housing services for survivors of domestic violence for six years. The agency ensures a Housing First approach with ensuring participants are housed as quickly as possible; A New Leaf's experience in providing suitable housing options, stabilization services, and support systems allows survivors to gain a sense of empowerment which can lead to stable and independent living. Participants are actively involved in the process of identifying and choosing their housing, which is often located in a different community to assure safety. Staff work with landlords to educate and train, expanding housing options for clients who have high barriers to locating housing, assistance with completion of the application, and advocacy for the client in overcoming high barriers.
- 2) Adhering to a victim-centered model, A New Leaf uses a survivor-driven process. The staff put the client in the driver's seat giving the survivor a sense of empowerment and equality with staff. Staff work with the client to develop a plan including identified needs, specific objectives for meeting each need, specific services and frequency of services, desired outcomes and estimated date of attainment of each objective. The survivor leads the conversation rather than staff, ensuring there is an environment of equity.
- 3) A New Leaf case management believes that participants are experts in their own safety and needs. As such, all services are victim-defined, strengths based, voluntary, and provided in a way that is respectful of each client's culture, privacy, and choices. Staff create a safe environment to provide support, resources and help identify how survivors' responses to trauma may be influencing the decisions they are making. This environment includes information regarding domestic violence and trauma.
- 4) Using techniques such as motivational interviewing, staff help clients build a self-sufficiency plan, which builds on strengths and existing assets and takes into account their current situation, needs, preferences, ideas, values, and beliefs.
- 5) A New Leaf accepts clients regardless of national origin, race, creed, religion, disability, gender, marital status, age, sexual orientation, or color. Each staff member is required to complete cultural competency training. Bilingual staff are available for Spanish-speaking clients. Clients who speak other languages will be accommodated through telephonic translation services/other resources. Clients who are hard-of-hearing or deaf will be accommodated through the use of American Sign Language or video remote interpretation. A New Leaf will accommodate the needs of visually-impaired clients by providing magnification devices, alternative light sources, voice mail communication, and/or large-print or braille-written materials. A New Leaf also recognizes and respects nontraditional families such as same sex parenting, single parenting, blended families, etc. RRH services are designed with the goal of assuring the well-being of each survivor, accepting them where they're at, respecting their rights and wishes, and assisting them to attain safety and self-sufficiency.
- 6) Each survivor is given access to the resources that will best support them and meet their needs. These resources include connection to community resources which include peer interaction, substance use treatment, mental health, medical care, and connection to other survivors. These referrals are made based on the housing location the survivor has chosen.
- 7) Finding the right resources for parenting survivors is critical to the support of children and ensuring they are supported in a trauma-informed way. Staff work with parents to discuss the trauma with their children while providing additional resources for childcare, parenting classes, age-appropriate education on trauma, and additional youth education services. Participants are able to access free legal services through A New Leaf's partnership with Arizona State

University’s Legal Aide.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

A New Leaf employs a low-barrier approach to services, which creates an environment that is culturally responsive, healing centered, trauma-informed, and understanding of the unique circumstances of each survivor. This approach allows for the survivor to have open conversations about their needs, allowing the case manager to determine the best supportive services that will meet those needs. While connecting the survivor with supportive services, case management staff ensure that the client is focused on their safety as well as developing their housing plan to ensure a quick transition into permanent housing. Survivors are connected with community resources which include: childcare, parenting classes, peer interaction, substance use treatment, mental health, medical care, and more based on their needs. A New Leaf’s Workforce Services meet the needs of individuals by providing job training, resume building and opportunities in various fields of employment. A customer-centric model addresses client needs by placing the individual in the driver seat and treating each job seeker as a unique individual. Bus passes and/or gas cards are available to assist participants with transportation. Participants are able to access free legal services through Arizona State University’s Legal Aide. A New Leaf’s Court Advocacy program is designed to offer support to domestic violence survivors as they navigate the court system. Case Managers assist clients in securing vital documents (birth certificates, Social Security cards, photo ID, etc.) before applying for appropriate entitlements and benefits. A New Leaf staff will then assist individuals with obtaining all benefits for which they are eligible. Financial coaching is provided by trained staff and includes setting financial priorities, managing a household budget, and setting/achieving financial goals, equipping clients to properly maintain their budget, improve credit and gain financial independence.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:

- | | |
|----|--|
| 1. | prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs; |
| 2. | establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; |
| 4. | emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations; |

	5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) Based on experience, A New Leaf will continue to use a Housing First approach ensuring that program participants are housed as quickly as possible. A New Leaf's experience in providing suitable housing options, stabilization services, and support systems allows survivors to gain a sense of empowerment which can lead to stable and independent living. Participants are actively involved in the process of identifying and choosing their housing, which is often located in a different community to ensure safety. Staff work with landlords to educate and train, expanding housing options for clients who have high barriers to locating housing. Assistance includes providing transportation to the properties for rental application, assistance with completion of the application, and advocacy for the client in overcoming the high barriers.
- 2) Adhering to a victim-centered model, this process is survivor-driven. The staff put the client in the driver's seat giving the survivor a sense of empowerment. Each plan includes: identified needs, specific objectives for meeting each need, specific services and frequency of services, desired outcomes, and estimated date of attainment of each objective. Short and long-term goals are established. The survivor leads the conversation rather than staff ensuring there is an environment of equity.
- 3) A New Leaf case management believes that participants are experts in their own safety and needs. As such, all services are victim-defined, strengths-based, voluntary, and provided in a way that is respectful of each client's culture, privacy, and choices. Staff create a safe environment to provide support, resources and help identify how survivors' responses to trauma may be influencing the decisions they are making. This environment includes information regarding domestic violence and trauma.
- 4) Using techniques such as motivational interviewing, staff help clients build a self-sufficiency plan, which builds on strengths and existing assets and takes into account: their current situation, needs, preferences, ideas, values, and beliefs.
- 5) A New Leaf accepts clients regardless of national origin, race, creed, religion, disability, gender, marital status, age, sexual orientation, or color. Each staff member is required to complete cultural competency training. Bilingual staff are available for Spanish-speaking clients. Clients who speak other languages will be accommodated through telephonic translation services/other resources. Clients who are hard-of-hearing or deaf will be accommodated by use of American Sign Language or video remote interpretation. A New Leaf will accommodate the needs of visually-impaired clients by providing magnification devices, alternative light sources, voice mail communication, and/or large-print or braille-written materials. A New Leaf also recognizes and respects nontraditional families such as same sex parenting, single parenting, blended families, etc. RRH services are designed with the goal of assuring the well-being of each survivor, accepting them where they're at, respecting their rights and wishes, and assisting them to attain safety and self-sufficiency.
- 6) Each survivor is given access to the resources that will best support them and meet their needs. These resources include connection to community resources which include peer interaction, substance use treatment, mental health, medical care, and connection to other survivors. These referrals are made based on the housing location the survivor has chosen.
- 7) Finding the right resources for parenting survivors is critical to the support of children and ensuring they are supported in a trauma-informed way. Staff work with parents to discuss the trauma with their children while providing additional resources for childcare, parenting classes, age-appropriate education on trauma, and additional youth education services. Participants are able to access free legal services through Arizona State University's Legal Aide as well as

connection to the Court Advocacy program is designed to offer support to domestic violence survivors as they navigate the court system.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

Involving survivors with lived expertise in policy and program development is critical to ensuring the program reflects the needs of the survivors. A New Leaf holds listening sessions with participants to understand how to better serve survivors within the program and what resources are missing to allow the program to pivot to meet needs in the future. A New Leaf asks clients to complete anonymous surveys and implement the feedback throughout their program. In addition, the program director does random sampling of client households to gain feedback, engaging participants in direct conversation about what has worked well, suggestions for improvement, and how to better adapt the program and policies within the program. In addition, A New Leaf hires staff with lived experience to create rapport with clients and ask for feedback from survivors to ensure services, programs, and policy are developed in an equitable and survivor-driven way.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	CAHRA
2.	Project Name	A New Beginning DV RRH
3.	Project Rank on the Priority Listing	22
4.	Unique Entity Identifier (UEI)	UJL7MUFCV4H9
5.	Amount Requested	\$166,607
6.	Rate of Housing Placement of DV Survivors-Percentage	45%
7.	Rate of Housing Retention of DV Survivors-Percentage	100%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(c)		
For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below		
1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

1. The rate is based on the number of participants who are survivors/fleeing domestic violence in the current CAHRA RRH programs.
2. Data is from HMIS for non-DV projects.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below how the project applicant:		
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. CAHRA is the Lead for coordinated entry, case conferencing, and by name list management for Pinal County. Both the AZBOSCOC coordinated entry policies and the Pinal County local procedure makes DV survivors a priority for quick response and placement. CAHRA helps survivors with short-term shelter in motels or a DV shelter while helping the participant search for permanent housing. Pinal County has an established separate By Name List specifically for DV survivors to ensure confidentiality and privacy throughout the assessment and prioritization process.
2. Survivors are prioritized for housing and services through the Pinal County coordinated entry process which includes a separate By Name List and case conferencing protocol for survivors to ensure privacy and confidentiality.
- 3/4. CAHRA has been serving the communities in Pinal County since 1981. Its roots are in a traditional human service agency construct—CAHRA and the community have an established and extensive network of supportive resources and services that includes mainstream resources, healthcare, behavioral health, counseling, employment, childcare, legal assistance and support including activities related to restraining order, court advocates, basic needs (i.e. food, household furnishings, clothing, personal hygiene items), and assistance with getting/replacing identification documents. This extensive resource/supportive services networks enables CAHRA to assist each participant with their unique needs.
5. CAHRA operates other RRH programs and has extensive experience in helping participants transition to permanent housing status including transitioning in a current unit that includes a subsidy to continue independently. To ensure the participant has continued access to resources, CAHRA generally provides at least six months of continued support beyond the end of the subsidy to ensure the participants are well settled to independently move into the future.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. CAHRA staff conduct interviews, intakes, assessments, and formal and informal communication in locations that are most comfortable for the participant. Examples include: In Apache Junction and Casa Grande, there are community resource centers where staff can meet participants in private offices or conference rooms. Libraries in some communities are used as well. CAHRA has agreements to use private settings within the libraries. They also communicate over the phone, or if the participant is at a motel—CAHRA has arrangements with some motels to meet in private spaces that don't have camera surveillance. CAHRA takes the safety of the participants and its employees as paramount.
2. CAHRA conducts a housing assessment with the participant to determine with them what type of housing and community where they might want to live. As a part of that process, staff also discuss safety factors to consider when picking a location—such as lighting, parking lot, location of the unit in an apartment complex, 1st or 2nd floor and other factors. In one situation, a participant had chosen an apartment unit and was able to choose one next to one occupied by a police officer. The participant can search for housing on their own if that is their preference or CAHRA staff will accompany them. CAHRA has extensive connections with landlords and property management companies so has current information about unit/property availability.
3. CAHRA's staff is trained in recognizing individuals that are feeling fearful, stressed, traumatized and/or other discomfort. Each interview is approached on an individual basis. Separate interviews take place anytime there are any concerns about safety or privacy.
4. CAHRA conducts internal training of staff on safety planning, confidentiality, trauma lens/informed care among other standardized training. CAHRA also works with the DV shelters in the county and there are opportunities for joint training activities to ensure interaction with survivors is focused on safety, confidentiality, and privacy.
5. Safety factors are discussed with the participant to assure they feel safe and are safe. Their physical safety and location confidentiality of are of utmost importance and the participant is urged to take precautions and not identify their location.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

CAHRA coordinates with DV service providers and local domestic violence shelters. A separate case conferencing process takes place with the utmost confidentiality. Discussion and planning are determined based on the most appropriate procedures to ensure the safety of participants related to coordinated entry. CAHRA staff has a close relationship with the local domestic violence agencies in Pinal County including Against Abuse and A New Leaf, Referrals are sent via fax from local domestic violence participants who are referred to housing programs ensuring participants are placed in a safe environment. Services are provided by partners who provide education on safety planning and other services related to domestic violence. CAHRA collaborates to offer and provide those services to survivors regarding trauma informed care and other applicable supports. A participant is given the choice where they want to live. Should a restraining order be in place, the participant will notify the courts so they are aware of change of address and that order will be valid to where they have relocated. CAHRA has staff available to provide at home services if participant needs continued community services.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

CAHRA currently operates Dreamcatcher, a RRH program. A total of 78 households have been assisted during the year through RRH. Of total participants, 33 (45%) are survivors/fleeing from domestic violence.

1. Survivors are prioritized in the AZBOSCOG and Pinal County Coordinated Entry and Case Conferencing System. CAHRA staff manage these processes for the LCEH. There is a separate by name list and case conferencing for survivors. Participants have the final decision about what kind of housing and what community they want to live in. Staff work with participants to help them consider housing options including safety considerations. Staff treats the participants with attention, caring, awareness, and sensitivity.
2. CAHRA is the premier human services agency in Pinal County and has a diverse staff serving a diverse community. All clients/participants served are respected. Services are participant-centered and focus on working with each participant as an individual. This program does not use punitive interventions and staff interactions are based on equality and mutual respect.
3. CAHRA staff have ongoing trauma lens/informed training and use a trauma lens to work with individual participants. As a part of interactions with participants—the concepts about how trauma can impact individuals, children and families are shared. CAHRA connects participants with behavioral health services to provide support as participants work through the impact that trauma has had on their family situation. Staff have been trained on Bringing the Protective Factors to Life and are scheduled to take additional training.
4. CAHRA uses a variety of methods (both formal and informal) to communicate with participants and identify their individual and natural network strengths. Service resources are built around building on those strengths and also providing access to resources to meet needs. The goal is to help participants build for their future to be successful as defined by themselves.
5. Of CAHRA's 19 staff, eleven are bi-lingual. Staff participate in cultural competency and cultural informed service delivery and implement those strategies as they work with participants. CAHRA's operational tenets are built around racial equity and access to all services.
6. CAHRA connects participants with support groups, substance abuse treatment, behavioral health outpatient and other groups. There is an Equine Assisted Learning Program in Pinal which provides programming equine therapy/learning with children. Some sessions are geared to having parents and children participate together.
7. CAHRA has a partnership with the University of Arizona Cooperative Extension in Pinal County. Families housed can attend the 10 session Strong Family program that allows families to interact together in a safe setting. Parenting programs are also available in other communities throughout Pinal County. CAHRA connects participants with DES for childcare assistance and can help with search and placement at childcare centers. CAHRA also works with local homeless school liaisons to connect families through the schools as appropriate. Program participants are asked as they are interviewed initially and throughout service provision regarding their opinions of CAHRA's service provision. Questions include: Is the program meeting their needs, do they feel safe, what improvements can be made. The opinions of our participants is important to agency management.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Head Start - If there is a child in the home who may qualify for Head Start or Migrant Head Start programs the child will be referred via a written referral.

School Districts--The CAHRA case manager interacts with the school district Homeless Liaisons throughout Pinal County especially when the children have been placed in emergency shelter with family, or the family needs housing services. Coordination with case managers consist of case conferencing to ensure all services have been implemented to provide housing services for those children who are attending school or may have had to discontinue to attend school due to housing circumstances.

Child Welfare - Interaction takes place with CAHRA's case manager when the parent is residing in some type of temporary program required by Department of Child Safety (DCS) and needs housing assistance for unification of family experiencing homelessness. The case manager will conduct case conferencing with the DCS case manager and obtain information and requirements associated with DCS to include in case plan.

Law Enforcement- Personnel from Police Departments, Fire Departments and Sheriff's Department are aware of CAHRA's programs.

Behavioral Health Agencies/RBHA- Staff interacts with behavioral health agency staff by sharing VI-SPDAT/Coordinated Entry tools when referring clients if ROI have been signed. The staff of the behavioral health agencies provides information for CAHRA case managers to prevent duplication of services and resources needed when providing housing assistance. Contact is conducted in person with client who needs housing services and both case managers work together to assist client in maintaining housing.

Individuals who identify as LGBTQ – Any program participant that has identified as LGBTQ and requests services not available through CAHRA are referred after research is conducted if needed to identify a resource for the services requested.

Educational opportunities for young adults/adults such as technical/trades, community college, universities, on-line continuing education, etc. – Central Arizona College has six campuses throughout Pinal County with a variety of certificates, degrees, and pathways within a discipline.

Employment-- CAHRA staff work with Good Will Job Connection Center and Arizona@Work. Staff have also had success with NESCO, a local employment agency. In addition to these collaborations, CAHRA staff also frequently assist qualified clients in obtaining assistance through state Vocational Rehabilitation programs. Staffs work with the clients to develop achievable employment goals based upon the individual needs of the family.

Housing Authority – DV Victim or Survivors are referred to Pinal County Housing to apply for public housing and Section 8 Housing. CAHRA staff helps complete the application if needed.

Increase in Income--The CAHRA case manager provides transportation when no other means are available, to the Good Will Job Connection Center, Arizona@Work or wherever they are working with. CAHRA also supplies work appropriate clothing through the agency clothes closet. Staff helps in completing employment applications and help in obtaining documents they may need. But above all the staff provides encouragement. Participants who can work are assisted in the steps necessary to not only obtain employment, but to retain said employment through supportive employment measures. Participants who are unable to work due to disability are referred to the area RBHA for assistance in applying for social security benefits via SOAR process. CAHRA staff also has a working relationship with the area Legal Aid office that can assist clients in locating appropriate legal assistance for appeals, if necessary. Staff also work with the program participants to ensure they have all the

benefits they many qualify for including Women’s, Infants, Children (WIC) nutrition program, Supplement Nutrition Assistance Program (SNAP/Food Stamps), and Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid agency that offers health care programs. The agency staff has aided DV victims/survivors to apply and obtain birth certificates for all family members using funds donated to the agency. Many of the DV victims leave the abuser’s home without any documents. Staff can help able obtain proper identification, clothing including school uniforms for the children, who may be going to new schools. These are also provided with donated clothing and funds. If they obtain subsidized housing, staff can help with any necessary utility deposits, furniture, household items, food boxes, hygiene items, among other items needed. If they cannot obtain subsidized housing, staff helps find housing the victim can afford. If they do not have income, staff works with the DV victim to find and apply for source of income, including child support, TANF benefits, employment, and unemployment.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Survivors are prioritized in the AZBOSCOC and Pinal County Coordinated Entry and Case Conferencing System. CAHRA staff manage these processes for the LCEH. There is a separate by name list and case conferencing for survivors. Participants will have the final decision about what kind of housing and what community they want to live in. Staff will work with participants to help them consider housing options including safety considerations.
2. CAHRA is the premier human services agency in Pinal County and has a diverse staff serving a diverse community. All clients/participants that will be served in a manner that demonstrates respect. Services will be participant centered and focused on working with each participant as an individual. The program does not use punitive interventions and staff interactions are based on equality and respect.
3. CAHRA staff have ongoing trauma lens/informed training and will use a trauma lens to work with individual participant. As a part of interactions with participants—the concepts about how trauma can impact individuals, children and families will be incorporated. CAHRA will connect participants with behavioral health services to provide support as participants work through the impact that trauma has had on their family situation.
4. CAHRA will use a variety of methods (both formal and informal) to communicate with participants and identify their individual and natural network strengths. Service resources are built around building on those strengths and also providing access to resources to meet needs. The goal will be to help participants build for their future to be successful as defined by them.
5. Of CAHRA’s 19 staff, eleven are bi-lingual. Staff participate in cultural competency and cultural informed service delivery and implement those strategies as they work with participants. CAHRA’s operational tenets are built around racial equity and access to all services. Training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible and trauma informed is scheduled to take place in the next six months.
6. CAHRA will connect participants with support groups, substance abuse treatment, behavioral health outpatient and other groups. There is an Equine Assisted Learning Program in Pinal which provides programming equine therapy/learning with children. Some sessions are geared to having parents and children participate together.
7. CAHRA has a partnership with the University of Arizona Cooperative Extension, Pinal. Families housed will be able to attend the 10 session Strong Family program that allows families to interact together in a safe setting. Parenting programs are also available in other communities throughout Pinal County. CAHRA connects participants with DES for childcare assistance and can help with search and placement at childcare centers. CAHRA will also work with local homeless school liaisons to connect families through the schools as appropriate.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

(limit 2,500 characters)

CAHRA, after participants have stabilized and settled into their housing, will offer the opportunity for them to become peer support volunteers and participate in processes to develop program and policy strategies as a part of an advisory team.

Attachment Details

Document Description: 1C-7 PHA Homeless Preference

Attachment Details

Document Description: 1C-7 PHA Moving On Preference

Attachment Details

Document Description: 1E -1 Local Competition Deadline

Attachment Details

Document Description: !E-5a Notification of Projects Accepted

Attachment Details

Document Description: 1E-5c Web Posting-CoC Approved Consolidated Application

Attachment Details

Document Description: 3A 1a House Leveraging Commitments

Attachment Details

Document Description: 3A-2a Healthcare Formal Agreements

Attachment Details

Document Description: 3C-2 Project List for Other Federal Statutes

Attachment Details

Document Description: 1E-2 Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a Scored Renewal Project Application

Attachment Details

Document Description: 1E-5B Final Project Scores

Attachment Details

Document Description: 1E-5 Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5D Notification of CoC Approved Consolidated Application

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/22/2022
1B. Inclusive Structure	09/27/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/27/2022
1E. Project Review/Ranking	09/27/2022
2A. HMIS Implementation	09/27/2022
2B. Point-in-Time (PIT) Count	09/27/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/25/2022
3B. Rehabilitation/New Construction Costs	09/25/2022
3C. Serving Homeless Under Other Federal Statutes	09/25/2022

4A. DV Bonus Project Applicants	09/27/2022
4B. Attachments Screen	09/29/2022
Submission Summary	No Input Required