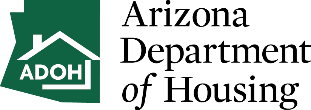
**2018**

**Arizona Balance of State  
Continuum of Care**

**Sub Recipient**

**Request for Information (RFI) for Collaborative Application Narrative**

**DUE: AUGUST 10, 2018 @ 5:00 PM**

**This document must be submitted in Word Format. Please save the file with your agency name in the file name before submitting.**

The majority of information gathered this RFI is used to complete AZ Balance of State Continuum of Care (AZBoSCoC) NOFA Collaborative Application Narrative and will not be used for scoring or ranking of renewal projects. In the specific question that will be used for scoring and ranking purposes, it will be indicated and corresponding scoring criteria will be included on the Renewal Project Score Sheet.

|  |  |
| --- | --- |
| **Name of Agency:** | **Contact Person:** |
| **EMAIL:** | **Phone Number:** |

**LCEH PARTICIPATION (included in scoring of the project)**

1. **What LCEH(s) does your agency participate in?**

**OUTREACH/ENGAGEMENT**

1. **What kind of outreach activities does your agency participate in?**

**2. Are there PATH outreach workers in the communities you serve? If yes, name the community and how your agency interacts with the PATH team.**

**3. What other outreach is conducted in your community? Examples—Are faith communities involved? Are there congregate meal locations? Are there drop in centers? Do first responders and forest rangers call and make referrals?**

**4. How is outreach tailored to those that are least likely to request assistance?**

**Coordinated Entry and Case Conferencing (included in project scoring)**

1. **Explain how Coordinated Entry is working in your community.**

* 1. **Who is the agency that has the primary responsibility for facilitating coordinated entry?**

* 1. **How does Coordinated Entry cover all of the geographic area of your County or CoC Local Coalition to End Homelessness (LCEH).**

* 1. **Describe interaction with partners and how referrals occur.**

* 1. **How does Coordinated Entry reach people who are most likely to apply for homelessness assistance?**

* 1. **How does the assessment prioritize people most in need of assistance?**

* 1. **How does the assessment process ensure that households received assistance in a timely manner?**

* 1. **How do households with children get prioritized? Indicate in the narrative if any of these factors are used—history of vulnerability, victimization, number of homeless episodes, unsheltered homelessness, criminal history, bad credit, rental history, and head of household with mental/physical disability.**

1. **Is case conferencing occurring in your community? If so, describe.**
2. **How does your agency participate?**

1. **How is the By Name List (BNL) used to determine which households are addressed as a part of case conferencing? If the BNL is not being used, how are households prioritized for housing resources?**

1. **Does case conferencing occur on an ad hoc or on a regularly scheduled basis.**

1. **If it is scheduled, how often?**

1. **What agencies in your local community(ies) participate with you in case conferencing?**

**Mainstream Resources**

1. **Describe how you coordinate and interact with each of the following mainstream resources or activities. Provide narrative for each area. If you do not interact with one (1) of these resources, please state why.**

1. **HOPWA**

1. **TANF/SNAP**

1. **Runaway and Homeless Youth Programs**

1. **Veterans**

1. **Head Start**

1. **School Districts**

1. **ESG**

1. **Child Welfare**

1. **Law Enforcement**

1. **Jails/Prisons**

1. **Behavioral Health Agencies/RBHA**

1. **Department of Justice (housing and services programs)**

1. **Other Federal agencies (housing and service programs)**

1. **Other State government agencies (housing and service programs)**

1. **Other local government agencies (housing and service programs)**

1. **Private entities including foundations (housing and service programs)**

1. **How do you work with the mainstream programs in applying for and receiving mainstream benefits?**

1. **How do your staff stay up-to-date about mainstream resources available? (i.e. attend local training, participate in webinars, etc.)**

1. **Name the person(s) on your staff who have primary responsibility for ensuring that staff know about mainstream benefits and ensures that assistance is being provided to participants to enroll in benefits. (provide name and title of staff).**

1. **How do you help participants connect to AHCCCS or the Insurance Marketplace?**

1. **Do you assist participants with enrolling in health insurance through other organizations such as private insurers, other non-profit organizations, or other agencies? If yes, explain.**

1. **How are you coordinating services provided by Medicaid to assist your participants?**

1. **How are you coordinating or obtaining SSI/SSDI for participants?**

1. **Do you currently have staff who are SOAR trained? If not, is anyone on staff enrolled in SOAR training? When will it be completed?**

1. **If no staff are trained in SOAR, do you have a SOAR contact? With which agency?**

**11. Does every participant in your program get connected to your SOAR contact? If not, why?**

**OTHER SERVICE PARTNERS**

***Emergency Services:***

**1. What is your interaction with emergency service providers in the communities that you served? How are households staying in shelter engaged in assessment for housing services?**

***Domestic Violence***

**1. How do you address the safety needs of domestic violence, dating violence, sexual assault, and stalking survivors?**

1. **What is your policy related safety planning for survivors?**

1. **How do you provide trauma informed care? If you don’t use the best practice, who do you collaborate with who does?**

1. **How do you maximize client choice for housing and services while ensuring safety and confidentiality?**

1. **How do you coordinate with victim service providers related to shared training related to coordinated entry that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking.**

**6. HUD requires that Emergency Transfer Plan be in place to support survivors of domestic violence.**

[**https://www.hud.gov/states/shared/working/r8/mf/whatsnew**](https://www.hud.gov/states/shared/working/r8/mf/whatsnew)

[**https://www.leadingage.org/regulation/vawa-reminder-modify-huds-model-emergency-transfer-plan**](https://www.leadingage.org/regulation/vawa-reminder-modify-huds-model-emergency-transfer-plan)

[**https://www.hud.gov/sites/documents/5381.docx**](https://www.hud.gov/sites/documents/5381.docx)

1. **Describe your action related to the concepts in the Emergency Transfer Plan and how it occurs with your projects?**

1. **b. If you still need to implement emergency transfer plans procedures, how will you do it?**

***Public Housing Authorities (PHA)***

1. **How do you coordinate housing options for clients with community PHA? Indicate not applicable if there is no PHA for your community.**

***Affordable Housing Providers***

1. **Do you have any processes in place to work with affordable housing providers in your community ((ies) (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs) for the purpose of moving participants from HUD funded program to market housing? ( HUD calls this the Move on Strategy).**

**Lesbian, Gay, Bisexual, Transgender( LGBT)**

1. **How do you or working with your LCEH address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness in your community(ies)?**

**Youth**

1. **How are unaccompanied youth experienced unsheltered homelessness provided housing and services in your community(ies)? Describe**

1. **new resources for youth that have become available in the past year?**

1. **effectively using existing resources, including securing additional funding.**

**Anti-Discrimination/FAIR HOUSING**

1. **How does your agency train staff related to anti-discrimination policies?**

1. **Has your agency provided any training been provided or is planned on the Equal Access Final Rule?** [**https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/**](https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/)

1. **Has any training been provided by your agency on the Gender Identity Final Rule?** [**https://www.hudexchange.info/course-content/equal-access-and-gender-identity-rules-training/Implementing-HUDs-Equal-Access-and-Gender-Identity-Rules-Slides-2016-11-17.pdf**](https://www.hudexchange.info/course-content/equal-access-and-gender-identity-rules-training/Implementing-HUDs-Equal-Access-and-Gender-Identity-Rules-Slides-2016-11-17.pdf)

1. **How does your agency demonstrate antidiscrimination by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, race, gender, LGBT status, marital status, or disability when entering a shelter or housing?**

1. **How do you implement fair housing? What strategies do you use to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability?**

1. **How is the fair housing policy communicated with persons with disabilities and limited English proficiency?**

1. **In general, what strategies does your agency use to communicate effectively with persons with disabilities and limited English proficiency fair housing?**

**Homelessness and Criminalization**

1. **Provide information about your communities’ policies and/or ordinances related to homelessness and criminalization.**

1. **What is your involvement with educating elected officials, city and county officials and law enforcement about the impact of criminalization and alternative processes that are effective?**

1. **What interactions do you have with jails and prisons in your communities?**

1. **Does your community have community-wide plans related to preventing the criminalization of homelessness? Describe implementation strategies.**

1. **How do you outreach to jails and prisons to ensure that individuals released do not become homeless? How does the community reach out and serve those recently released offenders**?

**Employment/Income**

1. **What agencies do you work with to help participants become employed? Please describe any strategies specifically targeted to employment barriers and challenges experienced by individuals and families who have experienced homelessness.**

1. **What mainstream employment organizations do you work with? How do you get clients engaged with the employment organizations?**

1. **What specifically do you do to support participants in becoming employed, if appropriate and then increasing income?**

1. **What specifically do you do to support participants increasing income from benefits?**

**Education**

1. **How does the agency ensure children are enrolled in school and receive educational services, as appropriate? *(Answer N/A only if you do not serve families with children or unaccompanied youth.)***

1. **Describe your policies and procedures to inform individuals and families who become homeless of their eligibility for education services. (Indicate not applicable if you only serve adults).**

**3. How do you coordinate and interact with (Indicate not applicable if you only serve adults).**

1. **youth education providers;**

1. **Local Education Agency (LEA);**

1. **school districts;**

**Formal agreements with early childhood service providers.**

**1. Please indicate if you have an MOU/MOA or formal partnership agreement with any of the following? (yes or no)**

| **Type** | **MOU/MOA** | **Other Formal Agreement** |
| --- | --- | --- |
| Early Childhood Providers |  |  |
| Head Start |  |  |
| Child Care and Development Fund |  |  |
| Federal Home Visiting Program |  |  |
| Healthy Start |  |  |
| Public Pre-K |  |  |
| Birth to 3 |  |  |
| Tribal Home Visiting Program |  |  |
| First Things First Providers |  |  |
| Other: |  |  |

**Discharge Planning**

1. **Describe locally how you work with the following organizations with regards to individuals who are discharged to ensure they are not discharged to the streets or emergency shelters. What are the local protocols for individuals referred from the following: (Indicate not applicable if you have no interaction)**

* **Foster Care**

* **Health Care**

* **Mental/Behavioral Health Care**

* **Correctional facilities (jails and prisons**)

**2018 UNSHELTERED POINT IN TIME COUNT (Involvement in PIT is a part of the scoring for renewal projects—see criteria on the self-scoring sheet)**

1. **What was your involvement in the 2018 Unsheltered Point in Time Count?**

**2. What specific measures were implemented in the Count you participated in to:**

1. **Identify youth experiencing homelessness?**

1. **Individuals and families experiencing chronic homelessness?**

1. **Families with children experiencing homelessness?**

1. **Veterans experiencing homelessness?**

**DIVERSION/RISK OF HOMELESSNESS/PREVENTION**

1. **What risk factors do you use to identify persons becoming homelessness for the first time?**

1. **What strategies do you use to address individuals and families at risk of becoming homeless? What are your prevention strategies?**

1. **Do you or another agency provide diversion support for individuals or families to help them divert out the homeless system?**

**RETURNS TO HOMELESSNESS**

1. **How do you identify factors of individuals and families who return to homelessness?**

1. **What strategies do you implement to reduce the rate of additional returns to homelessness?**

**Consolidated Plan**

1. **If you are in one (1) of the following counties, there are entitlement cities within the jurisdiction: Yuma (Yuma), Cochise (Douglas and Sierra Vista), Pinal (Casa Grande), Yavapai (Prescott) and Coconino (Flagstaff). How do you participate with the Consolidated Plan jurisdiction?**

**TRAINING/STAFF DEVELOPMENT**

**The 2018 NOFA has several questions focused on staff development and training this year. To help us answer these questions, provide the following:**

|  |  |  |
| --- | --- | --- |
| **Training Topic** | **How do staff participate? (i.e. in person, webinar, on-line** | **What agency provides the training? (i.e. RBHA, RELIAS, etc.)** |
|  | **Indicate NA here if staff don’t access this training topic** |  |
| **Cultural competency** |  |  |
| **Anti-discrimination** |  |  |
| **Violence Against Women Act** |  |  |
| **VI-SPDAT** |  |  |
| **HMIS use** |  |  |
| **Trauma Informed Care** |  |  |
| **Motivational Interviewing** |  |  |
| **Mainstream Resource Training Indicate Resource here** |  |  |
| **SOAR** |  |  |
| **Add rows for examples other training—that is specific to program no need to add agency specific training such as orientation, etc.** |  |  |