

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	Yes	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	No
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	No
30.	State Sexual Assault Coalition	Yes	Yes	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.				
35.				

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

The CoC conducts racial equity assessment at CoC and County level due to geographic demographic differences. Assessment compares census to HMIS demographics as well as STELLA intervention data to determine any population related disparities or outcomes. This analysis has identified significant disparities related to representation and outcomes for persons identified as American Indian (AI) both in general and within specific counties. Statewide, AI are 11% of the state's population yet represents 14% of all HMIS numbers and 21% of persons in ES/SH/TH. AI make up 7.8% of RRH and 9% of PH placements. Deeper focus showed that the vast majority of AI persons focused in Coconino County where AI persons are 28% of total population and 39% of HMIS identified homeless population and 41% of shelter users. Data insights inform strategies.

County level CoC HMIS, CE/BNL, dashboards and outcome data are shared with CoC sponsored Local Coalitions (LCEH) in each county. The LCEHs undergo training to utilize data to evaluate local disparities and strategies. Each LCEH is required to have a Justice, Equity, Diversity and Inclusion (JEDI) committee whose leadership also participates in the CoC wide JEDI committee to review policies and strategies. This has resulted in intensive outreach through the CoC and LCEHs. LCEHs have representatives from their local Tribal communities who participate in LCEH and CE activities including: the White Mountain Apache Tribal Housing Authority, Tribal liaisons from Medicaid Regional Behavioral Health Authorities(Coconino, Gila, Yuma, La Paz), Tuba City Health-Navajo and Hopi tribal communities, Native Americans for Community Action (Coconino) and the San Carlos Apache Tribal community (Graham). This also includes engagement of persons with lived experience from over represented communities in GAB, Committees and LCEH meetings. This has resulted in increases in AI placement in PH reducing service disparities. In Coconino County cited above, PH utilization by AI members equaled HMIS representation for the last year for which data was available. The CoC is still working to improve AI positive exits from all settings and monitoring potential disparities for other populations.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. AZBOSCOC participation is an open and transparent process at all levels. 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 that are present in all 13 AZBOSCOC counties. Locally, participation in the LCEHs is open and promoted locally for new stakeholders. AZBOSCOC participation requirements for the GAB and LCEH are included in the AZBOSCOC Governance Charter which is posted on website.

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/different abilities. LCEHs offer closed captioning for meetings held on virtual platforms. Social media such as Facebook/county/city websites, flyers, and community bulletin boards in libraries are also used to communicate. Materials can be requested in alternative formats to promote access and inclusivity for all people.

3. To ensure equity, 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 racial and ethnic diversity. The GAB currently has 5 of its 15 members and the LCEHs have 13 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. It is a goal of the GAB to generally reflect the diversity and demographics of the AZBOSCOC population. At the present time, there are six BIPOC representatives in the 15 filled GAB seats (40%) consistent with AZBOSCOC demographics. Over 330 individuals and organizations representing all facets and demographics of the AZBOSCOC participate in LCEHs of which 36 organizations serve culturally specific or other special populations.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	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. CoC strategy is guided by the CoC Governance Advisory Board (GAB), which includes subrecipients, state agencies, Tribal Nations, individuals with lived experience, advocates, and developers. Local Coalitions (LCEHs) involve over 330 organizations and individuals, providing multi-sector local insights. CoC committee meetings are open to LCEH participants and the public, and CoC staff conduct regular field visits to engage with local communities. ADOH invests in CoC planning and state funds to support LCEH coordinators in recruiting local participation. At the state level, Arizona has reinstated the Governor’s Interagency Community Council on Homelessness and Housing (GICCHH), which brings together state agencies, providers, private sector representatives, individuals with lived experience, and underserved populations to coordinate homeless strategies. CoC members access HUD TA, national collaboratives, and webinars to incorporate national expertise.

2. The CoC holds open gatherings for subrecipients, LCEHs, and committees to gather input. Strategic planning documents, HMIS data, and CoC policies are shared, and feedback is collected at all meetings. The CoC participates in the statewide ADOH Housing Forum and the State Homeless Conference. Committee meetings are publicly announced, and minutes are posted online. CA/UFA staff visit all 13 county LCEHs at least once a year for site visits and listening sessions.

3. CoC meetings and documents are available through ADOH Information Bulletins and the public ADOH Special Needs Webpage. The information is accessible for those with hearing impairments via TTY and can be requested in alternative formats for individuals with disabilities. All meetings have virtual options for those unable to attend in person.

4. Information is incorporated into AZBOSCO planning, gap analysis, and priorities. CoC insights have influenced ESG funding allocations and state homelessness investments. Feedback led to ADOH’s commitment of \$1 million annually to expand LCEH capacity, funding 16 full-time equivalents statewide for outreach, case conferencing, and filling local gaps. Insights on shelter and housing stock prompted over \$25 million in state and ARPA grants for rehabbing hotels, tiny homes, and rural set-asides in the LIHTC program, resulting in eight BoS projects. CoC feedback also informed special initiatives leading to innovative projects addressing rural homelessness and integrating healthcare with housing resource.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. The AZBOSCOC issued public notice that the 2024 NOFO application was open to all eligible organizations including those not previously funded, on 8/30/24 through: the ADOH Bulletin (circulation of almost 4,000 individuals and organizations throughout AZ); posting on the ADOH/AZBOSCOC web page; distribution by the LCEHs; through the GAB open meetings; and through partner organizations and government entities (i.e.; ADES). Specific notice was sent to DV providers via these outlets as well. and the DV Coalition. Notices stated that all entities (nonprofit, local government and Tribal Nations) including new eligible entities are eligible to apply.

2. The bulletins on the website and other notices included the application process and timelines for both renewal and bonus applications. This included instructions, and links to publicly posted application templates for the bonus project, request for updated information from current subrecipients and the submission process to ADOH. As Collaborative Applicant and UFA for the AZBOSCOC, ADOH hosted and posted a pre-proposal webinar on 9/12/24 which included a review of the application and processes and giving an opportunity for Q and A which was subsequently posted as an FAQ for reference.

3. As with the application, the AZBOSCOC process, the scoring matrices, the ranking, review and the notification process were approved by the GAB, 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 the ranked posting of accepted projects was made through an ADOH bulletin on October 10, 2024.

4. All communication about the competition occurred electronically and contact information was provided if additional formats were required to accommodate persons with disabilities. The local coalitions publicize the opportunity through social media-Facebook/county websites, videos, newspaper articles, radio interviews for new PSH, RRH and DV-RRH Bonus Projects applications.

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:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.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)	No
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.	Local Coalitions to End Homeless (LCEH) provides coordination in support of CoC activities.	Yes

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 family members are not separated?	Yes
3.	Worked with CoC and 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 questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

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

School districts and youth services provider participation occurs at both the GAB and LCEH levels. This continues to be an area the AZBOSCOC is working to standardize participation across all geographic locations. Current key efforts include:

- a. The AZ Dept. of Education State McKinney Vento Homeless Coordinator of Education Programs (SEA) is a standing member of the GAB and assists in strategies to increase LEA involvement among the 200+ districts in the AZBOSCOC. The State Coordinator is also a conduit of CoC information to the McKinney Vento Liaisons in and training on LCEH and CE case conferencing participation, coordination with local homeless providers and to access housing. The State Homeless Education Program Coordinator provided training webinars for our LCEHs on McKinney Vento LEAs and programs. The SEA also works to ensure district and school LEAs adhere to statutory duties including participation with CoCs for housing resources and assisting families with early education and preschool aged family members of school aged children.
- b. LCEH membership consists of LEAs from their local school districts as well as participation from youth/family serving organizations that support school programs such as Head Start, Homeless Youth Connections, Juvenile Court Services, Runaway Homeless Youth, First Things First, Boy's and Girl's Club, and Native American Community Action. There are collaborations with DV victim service providers and McKinney Vento liaisons who assist families with children and their educational needs as discussed in local CE/CC meetings.
- c. One LCEH, Coconino County, has a formal partnership (Memorandum of Understanding) with schools related to participation in Coordinated Entry. A number of other LCEHs are currently in discussion with school districts to establish a Memorandum of Understanding to coordinate between the LEAs and LCEHs.
- d. Some of the LCEHs have youth service providers present during LCEH meetings as a means to facilitate collaboration.
- e. In most cases, as is common in smaller communities, it is a matter of personal relationships where 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 offers GED and continuing education classes.
- 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 Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

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

In addition to subrecipients, the AZBOSCOC supports LCEH work through investment of ADOH HTF and CoC planning funds via contracts with LCEH lead agencies. LCEHs facilitate CE/CC processes and related protocols. LCEHs ensure consistency of information about notification of education rights through CE and engagement with local McKinney Vento Liaisons as LCEH members.

Within the LCEHs, case managers and program staff regularly engage with McKinney Vento school liaisons as part of case conferencing and case plan activities. One example, a CoC subrecipient case manager engaged her local McKinney Vento Liaison to assist a family fleeing domestic violence coordinate a housing placement within their chosen school district..

Annually, ADOH and the AZBOSCOC review all active policies and procedures as part of the full implementation of our UFA status. This includes updating COC Coordinated Entry policies for all persons engaged in the system to strengthen requirements of notification of education rights as part of the intake and assessment process. The AZBOSCOC implemented the CoC Online Training Platform(OTP) which includes modules on McKinney Vento rights and processes for all CoC stakeholders.

The LCEHs have initiated open communications with local education and school principals to facilitate coordination with schools and the homeless service network in the community to serve the families impacted by homelessness. There are ongoing efforts to engage school liaisons with identifying families and bringing their housing needs to Coordinated Entry/Case Conferencing for housing assistance, additional resources and ensuring continued enrollment in schools. The LCEHs work diligently to solidify the educational relationships with available resources with the goal of establishing MOUs with the schools.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No

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.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

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

(limit 2,500 characters)

1. In the past year, the AZBOSCOC has formalized its coordination and collaboration with the DV and sexual assault system to align with and inform CoC wide policies related to integrating DV services. This includes developing and implementing emergency transfer plan protocols (ETP), coordination of CE priorities and housing referrals, data coordination and confidentiality. Formal partnerships include establishing and filling a permanent GAB position with the ED from the AZ Coalition to End Sexual and Domestic Violence (ACESDV), AZs DV and sexual violence coalition. ACESDV leadership and members participate in all AZBOSCOC work groups and committees reviewing policies and strategies. In AZBOSCOC CE and LCEH contracts, LCEHs, are required to engage all DV programs into their local LCEH activities. DV/ES provider participation in LCEH CE has resulted in the piloting of additional CE assessment screening for DV prioritization to address identified disparities. The CE Committee will be working to incorporate pilot screening tool into the CE Policy to recommend to the GAB for consideration and approval. Currently, all 3 AZ CoCs are working with ACESDV to develop a state-wide coordinated ETP process to maximize options for ETP cases.

2. AZBOSCOC written policies and contracts require subrecipients and LCEH CE practices to coordinate with DV providers. CE policies require the use of trauma informed practices and that persons seeking services be informed of their VAWA rights. A second component of the AZBOSCOC partnership with ACESDV is training. There were 3 trainings(20 attended each session-total of 60) open to BOS. The AZBOSCOC is finalizing an MOU to implement AZBOSCOC-wide DV awareness and assessments as well as to implement DV trauma informed care training for both CE and system level implementation. DV focused content is on the AZBOSCOC LMS. This training for homeless programs and systems will augment training already implemented with AZBOSCOC DV programs including the two ACESDV 40- hour training required of DV staff. ADES office of Interpersonal Violence (DV and SV) has regularly presented at DES Coffee Talks and held an Interpersonal Violence roundtable to discuss service delivery challenges. ADES partners with SWIWC, NCDVTMH & ACESDV to offer an array of training targeted to DV, dating violence, and SV annually. ESG collaborators are encouraged to attend offered training sessions.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. The AZBOSCOC CE policy and LCEHs lead agency contracts require implementation of safety planning protocols for persons experiencing DV, sexual violence and/or trafficking. To this end, DV service providers participate in CE, case conferencing and assist in ensuring appropriate actions take place to protect households consistent with DV confidentiality requirements. This includes taking referrals for emergency DV shelter for immediate assistance. The policy states that the safety of all participants is paramount. Plans are written in accordance with VAWA. AZBOSCOC and ESG homeless assistance programs providing rental assistance policies state that they must allow DV/SV participants to request an emergency transfer from the participant's current unit to another unit. There is on-going written safety planning between the survivor and case manager/advocates. Safety plans include children and locations of areas that might be at high risk (employment, childcare, school, etc). Emergency shelters are undisclosed locations to ensure safety and confidentiality. Through contract with ACESDV, AZBOSCOC is providing additional training for CE and subrecipients around safety planning, identifying and assessing DV situations and DV Awareness. AZBOSCOC updated CE policies 6/14/24. AZBOSCOC is working with the other 2 CoCs to develop a statewide emergency transfer plan/process best practice with HUD TA by the end of 2024.

2. AZBOSCOC CE and HMIS data policies include both general and specific confidentiality policies pertaining to DV. VSP/DV providers are required to use comparable databases as well as de-identifying and locking files of any DV survivors in HMIS. Non VSPs providing DV RRH programs may use HMIS, but all DV information is locked down and restricted and not shared. Confidentiality for survivors ensures that their name, address and pertinent personal information are protected. Per CoC policies, LCEHs work with all DV providers, to ensure CE referral processes and case conferencing maintain confidentiality/anonymity for DV survivors. PI is only released to housing provider with vacancy with informed consent of the DV survivor/household. CoC policy and programs must have a written Release of Information (ROI) signed by the survivor for the parties that wish to share the information.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes

	Other? (limit 500 characters)	
7.		

** **

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking. NOFO Section V.B.1.e.	
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	Describe in the field below:
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1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1. Yes, the written policies and procedures include a transfer plan. The AZBOSCOG updated its Emergency Transfer Plan policy 6/14/24 and training is being held for all current subrecipients to ensure compliance with the policy and its requirements. Subrecipients were also provided with the HUD template for notification of Transfer Plan rights and VAWA protections to incorporate into all new client housing intake/lease up/recertification packets.

2. The updated policy requires, at intake into an AZBOSCOG housing program, that all program participants regardless of survivor status are presented with VAWA rights and transfer policies and sign an acknowledgement. ETP request forms have been provided to all CoC providers with the policy.

3. Per the policy, individuals and families may request an emergency transfer by notifying program staff of the need for an emergency transfer. This request involves completing HUD Form 5382 and only requiring documentation if appropriate under VAWA.

4. Once notified, program staff work with the all households of survivor families to ensure they feel and are safe in their current residence. Additional accommodation can occur such as placement in a temporary DV or ESG shelter or use of a hotel voucher. Assuming the client is safe, the individual or family could be given an option of maintaining the current placement with the perpetrator removed or if not feeling safe in the current unit, request an internal or external emergency transfer:

a. In a leasing program (internal), the subrecipient has discretion to offer the household a vacant alternate unit in their leasing program.

b. In a voucher/TBRA program (external), the household would be eligible to be reprioritized to top of the CE system for the next available voucher.

Reprioritization is based on their entry status into the original housing program and their stay in the housing program would not compromise or change their length of stay or homeless status qualification.

Under LCEH lead agency contracts, local CE systems are responsible for adhering to this policy in the administration of their CE processes including BNL management, case conferencing and referral prioritization. The LCEHs are required to have CE protocols that are in alignment with the AZBOSCOG Policy including the ETP processes. The CoC is working with HUD TA and the other two AZ CoCs to develop statewide ETP protocol to facilitate additional geographic options for survivors.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Because VSP and homeless shelter and housing options vary significantly by CoC county, VSPs work closely with the LCEH CE leads and providers to facilitate safe access to all available housing and essential VSP services for survivors. DV providers can serve as an access point and provide trauma informed care and are sensitive to the survivors needs which fosters trust and security in the client relationship. DV survivor’s are prioritized for all available housing openings in the local LCEH. CE committee Lead and VSPs adhere to strict confidentiality protocols and limit access for CE/CC meetings to essential staff and CE Leads and VSPs convene separate CE processes for DV survivors to ensure confidentiality and safety. There is no identifying data or demographics noted in meetings without informed releases to avert risk to the survivor. The CE Lead and VSP ensure all personal information is protected and only shared with consent or in compliance with legal obligations. During a separate CE/CC meeting with VSP, a review and subsequent housing and service options are made available for the survivor. They meet more frequently based upon the survivor’s immediate situation or need. CE lead and VSP emphasize confidentiality and safety in all interactions, ensuring that survivors feel secure in accessing the help they need. The VSPs provides a range of resources, including emergency shelters, rapid rehousing and referrals to long-term housing assistance; ensuring survivors have a safe place to stay while they begin to rebuild their lives. In addition to housing, VSP connects survivors with vital services such as legal assistance, counseling, and employment support, creating a comprehensive network that addresses the multifaceted needs of individuals escaping violence. VSPs may continue VSP services initiated in DV shelters in housing to ensure safety and to facilitate transition to community. The AZBOSCOC has established policies to guide LCEHs in the application of these practices. The AZBOSCOC also works with VSP providers and ACESDV to inform CoC policies and practices with VSP best practices (e.g., trauma informed services).

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

1.The LCEH CE committees engage DV Service Providers to fully participate in CE/CC to ensure the safety and confidentiality needs of this population. CE Leads and DVSP facilitate a separate CE process to provide housing and services options that include an array of services from financial/rental assistance, mainstream resources and supportive services as the survivors identify their needs. To identify DV survivors and address these barriers, most counties/LCEHs, DV providers can serve as an access point. They can start their housing search in the safety of a specialized DV/VSP shelter with staff trained in DV trauma and safety protocols. When ready for housing, DV providers can perform CE assessments/VI-SPDAT and refer DV survivors into the AZBOSCOC CE process using confidentiality protocols to ensure safety. LCEH CE Lead and DVSP conduct separate Case Conferencing for DV survivors. The CE Lead and DVSP limit access for DV specific CE/CC meetings, meet frequently to address the housing need for the survivor as a priority. The CoC in conjunction with ACESDV and VSPs develop screening/identification and trauma informed policies to assist CE access points to identify/ensure the safety and confidentiality of DV survivors within the homeless system if VSP resources are not available. BOS has three DV bonus RRH programs to provide a housing continuum for DV survivors exiting shelters, but this only covers a portion of the CoC.

2.A BOS challenge is the disparities in VSP resources and services across all CoC counties, especially in the seven rural counties. ADOH has dedicated state funds to increase the homeless service capacity and resources to address service continuum gaps within local LCEH. This includes 16 FTE for LCEHs to enhance outreach, CE, case conferencing and system access including for DV survivors. Investments made included ACESDV training and support for CoC providers on engaging and addressing DV survivors needs. HUD NOFO DV Bonus projects furthered this initiative by providing 3 DV RRH projects improving DV housing options. LCEHs also leverage/coordinate local supportive services resources and programs to assist DV survivors in shelter and housing including educational supports (LEAs), employment programs, behavioral and physical health supports, transportation and other housing supports. The CoC continues to work to standardize these resources across all CoC counties.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.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)?	Yes
	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 V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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. AZBOSCOG collaborates regularly with LGBTQIA+ advocacy organizations and other relevant stakeholders to ensure its CoC-wide anti-discrimination policies are inclusive and responsive to the needs of LGBTQIA+ individuals and families. AZBOSCOG incorporates this expertise into its policy updates by working with them to ensure staff and service providers are trained on issues that are specific to the experiences of LGBTQIA+ individuals. This includes education on implicit bias, the challenges faced by LGBTQIA+ people experiencing homelessness, and creating safe, non-discriminatory environments in shelters and housing programs. AZBOSCOG works to ensure that its policies reflect best practices in creating supportive and inclusive housing environments and are reviewed annually.

2. The AZBOSCOG has a Non-Discrimination clause in the Coordinated Entry policy that incorporates the Equal Access to Housing in its housing programs. Individual project contracts also require compliance with the AZBOSCOG anti-discrimination policy. All services are provided within a framework of social justice and racial/ethnic equity. The AZBOSCOG Justice, Equity, Diversity and Inclusion (JEDI) committee provides input for project level policies and practices around nondiscrimination and the provision of appropriate services for all populations (e.g., DV, LGBTQIA+)

3. The two processes for evaluation are: a) a program participant may file a complaint which is reviewed and adjudicated according to policy. An appeal includes review by the LCEH and if not resolved, review by the GAB for final decision. The timeline is fourteen days. b) Annual monitoring of providers and CE completed by ADOH COC staff. Statewide annual training is conducted by SW Fair Housing Council. Providers must submit their anti-discrimination policies for review, ensuring alignment with broader CoC policies, and engage with CoC Leadership for technical assistance and HUD policy guidance.

4. ADOH Housing Specialist conduct monitoring/audits with projects. CoC projects who have a complaint filed have 30 days to resolve. If the complaint is ongoing the ADOH Housing Specialist will provide TA with the project to include a corrective action plan, frequent monitoring, and training. The ADOH Housing Specialist will work with projects for resolution and will note the occurrence for the renewal application process.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.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 current 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 or Housing Choice Voucher Program During FY 2023 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?
City of Flagstaff PHA	0%	Yes-HCV	No
Housing Authority City of Yuma	12%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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 includes 12 PHAs and multiple TDHE's. The AZBOSCOC has worked directly and through the LCEHs to recruit PHA homeless coordination and prioritization. Successes include:

- Through the EHV program, 9 PHA MOUs were executed in the BOS geographic area in conjunction with the Special NOFO and 7 counties received additional EHV vouchers through the HUD.
- The Housing Authority of the City of Yuma (HACY) applied for 50 vouchers under the Stability Voucher Program for households experiencing or at risk of homelessness, fleeing or attempting to flee from DV, human trafficking and other vulnerable populations. HACY has adopted a preference for admission of families that have been victims of domestic violence, dating violence, sexual assault, or stalking. They have Special Vouchers-21 EHV and 5 SV. HACY has units allocated for persons experiencing homelessness determined to have a Serious Mental Illness. HACY participates in CE for EHV, FUP, HUD VASH, Stability Voucher and are active in their local LCEH as is the City of Flagstaff Housing Authority.
- Mohave County Housing Authority has a homeless preference and reports 53% of new admissions were experiencing homelessness. They also have a housing continuum working with homeless individuals in PSH housing programs through to home ownership. This occurred for one client this past year.
- Yavapai Housing Authority has established limited preferences for HCV vouchers and has provided operational funding to support CE efforts for referrals and coordination.
- The Flagstaff PHA has limited set asides for persons experiencing homelessness and participates in LCEH.
- 6 PHAs are regularly participating in LCEH and the CE/CC committees reviewing the BNL for the next available housing opening(s).
- With AHCCCS, AZBOSCOC is participating in HUD/CMS Accelerator Program to coordinate Medicaid and HUD resources for vulnerable homeless populations. The strategic focus of this initiative is to increase AZ PHA set asides for shared homeless/1115 Medicaid waiver SMI High Cost members.
- The CoC is working with the Arizona Housing Authority Director's Association to increase set asides and coordination of resources for homelessness and other special populations.

AZBOSCOC continues to work with BOS PHAs to increase coordination around the Housing Stability Vouchers as well as existing mainstream, HCV and EHV programs. This includes focused outreach to TDHE'sl.

2. NA. The CoC works with the PHAs in BOS 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.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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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)	Yes
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	Yes
8.	Other Units from PHAs:	

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	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
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1D. Coordination and Engagement Cont'd

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2024 CoC Program Competition.	20
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 2024 CoC Program Competition that have adopted the Housing First approach.	20
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 2024 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1. Annually, subrecipients must complete the HUD Housing First Evaluation Tool and submit it to ADOH as the UFA. This assessment serves two purposes: 1) It is part of the UFA's ongoing subrecipient program monitoring and oversight, including site visits. Deficiencies may result in technical assistance or corrective action to ensure consistency with Housing First policies. 2) The Housing First Evaluation score is an objective criterion for NOFO scoring and ranking of renewal projects along with other HMIS data points related to reducing barriers and serving populations with special needs. Bonus project applicants must describe how they will incorporate Housing First approaches into their projects.
2. Housing First evaluation criteria include HMIS/APR demographics, population served with identified barriers, review of terminations/negative exits, and number of chronically homeless persons served. Key factors include households with at least one barrier, such as DV survivors and participants with low income, mental or physical disabilities, or substance abuse. This data indicates if the program reduces entry barriers or screens out complex cases. Exit destinations and reasons are also considered to ensure retention.
3. At the system level, SPM, HMIS, and CE BNL data are reviewed annually to track placement of chronic and high-needs populations. Project-level monitoring occurs at least annually, assessing Housing First performance and fidelity. On-site reviews examine provider policies for potential barriers to eligibility or mandated service participation. Client notes are reviewed to ensure appropriate service offerings. The CoC is reinstating a procedure requiring PH/RRH subrecipients to report involuntary terminations or negative exits, providing documentation of legitimate reasons and processes followed.
4. The CoC improves fidelity by training subrecipients to use APR data year-round and providing tools like the HUD assessment. ADOH has established an online training platform for AZBOSCOC participants on Housing First principles. ADOH is collaborating with other AZ CoCs, DES ESG programs, and AHCCCS to develop statewide program standards based on Housing First and evidence-based principles.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Funded homeless outreach teams (e.g.; PATH, ESG, HUD Rural Special NOFO) cover 9 of the 13 BOS counties and are trained in motivational interviewing, trauma informed care and other evidence-based engagement strategies. A statewide 211 Outreach Hotline is available 24/7. ADOH has provided approximately \$1 million annually to LCEHs to fill gaps in their local continua including outreach or other CE access point needs. This funding maintains 16 FTE across all LCEH's including dedicated SO staffing in rural unserved counties so that 100% of counties have outreach coverage. All state outreach teams are mobile to cover the large physical areas in BOS. Outreach hours are flexed to allow weekend or evening outreach to identify populations that may be unavailable during traditional day "work hours". Outreach teams participate in LCEH meetings and CE case conferencing to coordinate engagement and outreach teams serve as CE access points with HMIS access in order to register participants on BNL for housing and services. Some SO teams partner with crisis services to engage persons experiencing homelessness first engaged by law enforcement or crisis. One major development in AZ, effective 10/1/24, the new Medicaid 1115 AHCCCS H20 waiver allows Medicaid funding to cover SO activities for Medicaid and Medicaid eligible members experiencing homeless (@85%+ of homeless persons) including persons determined SMI on a per diem rate which will expand state SO capacity. The CoC and AHCCCS already have a data share of HMIS BNL information. AHCCCS matches this with their eligibility and shares with their health care network to identify homeless persons with high needs (i.e. SMI) who may not be engaging in physical or behavioral health services.

Outreach activities leverage trained peers with lived experience and knowledge of homelessness and cultural issues of those they engage. They also have knowledge of populations or individuals that traditionally avoid shelters or other assistance. Other LCEH and/or SO strategies to engage populations that do not avail themselves of service include:

- a. Project Connect/Stand Down events;
- b. Documenting unsheltered populations during the annual PIT count;
- c. Engagement at community based feeding, libraries, or low barrier weather relief programs;
- d. Coordination with local and tribal governments or affiliated organizations;
- e. Partnership with hospitals and health care organizations;
- f. Coordination with justice system

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

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No

2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	Other:(limit 500 characters)		
	Law enforcement coordination and anti-criminalization occurs at the LCEH/County level since LCEH membership includes law enforcement, courts, first responders, and local policy makers.	Yes	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	672	611

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

- works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
- promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC works closely with AHCCCS, AZs integrated health Medicaid administrator, and its managed care network (MCOs). Over 80% of homeless persons in AZ are either enrolled or eligible for AHCCCS including all persons determined SMI. AHCCCS also manages non Medicaid Substance Abuse and Mental Health Block grants for AZ as well as PATH grants.

a. The CoC has a standing data share of its CE BNL with AHCCCS to match their eligibility and mental health rosters. Rosters of BNL identified homeless enrolled members are provided to MCOs and providers with contractual requirements for supportive service follow up with homeless members within a week. --i. AHCCCS and all AZ CoCs secured funding to implement a data warehouse to share Medicaid and HMIS data for planning and care coordination starting in 2025.

b. The CoC has worked with AHCCCS to modify MCO contracts to require providers participation in CoC including LCEHs, case conferencing, utilizing HMIS to ID homeless members, coordination meetings and coordination of Medicaid supportive services.

c. The GAB has a designated seat for AHCCCS to facilitate coordination.

d. Starting 10/1/2024, CMS approved AHCCCS's 1115 H20 waiver allowing Medicaid reimbursement of shelter, outreach, and pre tenancy and tenancy supports for persons determined SMI, homeless and with chronic health conditions. AHCCCS is working with the CoC on implementation including using HMIS data to verify homeless eligibility, aligning CoC prioritization to include the high acuity target population for CoC housing, certifying CoC subrecipients to become Medicaid providers of the waiver services and integrating H20 into existing LCEH and CoC activities.

e. AZ's Interagency GICCHH has adopted goals to support H20 implementation across state agencies.

2. AZ has a SOAR Committee and ADOH is a member. Promotional materials and literature have been updated and referrals made for training new and existing SOAR staff. ADOH has contractual requirements that subrecipients have SOAR trained staff and is working to identify additional funding to expand SOAR services. There are 79 SOAR certified trained staff in the Balance of State. SOAR assistance to apply for SSDI is a Medicaid reimbursable activity through AHCCCS (AZ Medicaid) for Medicaid members. The 1115 Waiver allows CoC providers to bill AHCCCS for the SOAR application assistance. The CoC providers can offer SOAR assistance re healthcare to obtain treatment for disabilities.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. AZBOSCOC developed policies and practices during COVID to respond to future outbreaks. This includes coordination with state and local public health departments to implement testing, implementation of quarantine/isolation capacity facilities or expanded capacity and outreach for Public health teams deliver health education to residents, teaching them about disease prevention, hygiene practices, and the importance of vaccinations. The state developed protocols for acquiring and distributing PPE and other resources to homeless facilities. Outreach efforts also extend to providing information on how to access healthcare services, which ensures that residents seek timely medical attention when needed. AZBOSCOC maintains ongoing communication with public health departments to ensure regular vaccinations, such as COVID-19, Tuberculosis, Hepatitis A, and influenza, and testing for infectious diseases like tuberculosis (TB) are provided to shelter and transitional housing residents. There are 6 of the 13 LCEHs who have Public Health staff participate in LCEH/CE/CC to coordinate local activities and participate in events like Fresh Start(Mohave), Stand Down(BOS), and Homeless Conferences (Yuma). This partnership ensures timely updates on health risks and coordinated public health interventions to prevent outbreaks. Coordination between state agencies occurs through the AZ Health Improvement Plan and other work groups to implement preventative strategies to continue improving the system preparedness.

2. Public health agencies provide regular health screenings for shelter and transitional housing residents, helping to identify potential outbreaks early. They also coordinate vaccination campaigns for diseases such as influenza, CV-19, tuberculosis, measles and hepatitis, targeting both residents and staff to reduce the risk of transmission. Public health experts train shelter and transitional housing staff on infection control procedures. This includes best practices for sanitation, as well as isolation protocols for individuals displaying symptoms of infectious diseases. Staff and residents are educated on recognizing signs of illness and are provided with PPE when necessary. AZBOSCOC is incorporating these into standard operating standards across the CoC which become part of the Housing Manual and thus, contracts too. AZBOSCOC are working with health care providers, LCEH and stakeholders to incorporate training and practices for the OTP learning platform.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated 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. Arizona state health agencies (AHCCCS and ADHS) held regular statewide meetings with CoCs, providers, local health care providers, managed care organizations 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. A number of projects implemented as COVID/infectious disease response, have become system coordination projects to address future potential outbreaks. This includes data sharing on emergency shelter and unsheltered homeless population data between AHCCCS and the AZBOSCOG for care coordination, development of non congregate facilities, and development of an 1115 Medicaid waiver through AHCCCS to expand use of Medicaid funding to support homeless, housing and social determinants of health related solutions.

2. At the local level the CoC Coordinator disseminated information to the LCEH Leads about the public health departments, community assistant organizations, and health plan care coordinators/housing specialists for care coordination. 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 a list of service needs, who could provide a particular service and how to execute the plan. The LCEHs continue working on partnerships with health departments and emergency preparedness for fire/floods/climate related issues(winter freezing temperatures and heat relief in summer) which impact health. The LCEHs provide training opportunities with SME from the Health Departments to inform of public health trends and strategies to educate their communities in regard to preventative measures.

1D-8.	Coordinated Entry Standard Processes. NOFO Section V.B.1.o.	
Describe in the field below how your CoC's coordinated entry system:		
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. CE access is available in all 13 counties (100% physical coverage) of the AZBOSCO. This includes in person access points, and outreach access. CE access strategies reflect the unique geographic and resource availability in each LCEH. State capacity building funding provided cell phones and tablets for outreach staff to travel to remote encampment areas to conduct assessments/intakes for homeless assistance and resources. BOSCO saw an increase in the number of persons counted during the PIT count due to more volunteers and LCEH support. The 2-1-1 CE hotline is available to connect individuals to local LCEH CE. There are communities with one or two access points for CE. Solari, HMIS provider, has participated in CE meetings as follow up for the referrals received through 2-1-1 CE/resource line. LCEHs were able to add SO with additional state funding to target their underserved populations.

2. AZBOSCO CE policies define standard requirements for LCEH operated CE systems. Assessment is one standardized function. Standard practices include use of a standardized data gathering and assessment tool (currently VI SPDAT) and supports local activities with standardized HMIS reporting including a sortable weekly BNL to create 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. The LCEH and the Coordinated Entry committee meet to address gaps and how to use alternative resources to meet the individual/family needs with the non-invasive questions. LCEHs update LCEH CE Policies including a review of prioritization, the standard assessment tool, and to update required policies around DV, LGTBQIA+ and family and youth homelessness. These stakeholders and the HMIS Systems Administrator provide feedback on local challenges, propose changes to CE systems or policies, feedback from grievances, case conferencing meetings, and feedback from persons experiencing homelessness to ensure that personal information is collected through a trauma informed lens.

4. 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) including persons with lived experience. GAB approved the CE policy on 6/14/24.

	1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
		NOFO Section V.B.1.o.	

		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 needs and preferences; and
	4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1. With 100% multilingual CE coverage and state funding for SO positions targeting areas not previously accessed, ability to outreach to encampments using technology i.e.cell phones, tablets and laptops at known gathering locations of persons experiencing homelessness, people least likely to apply are encountered. LCEHs collaborate with Law enforcement for information of new encampments and/or persons they may encounter who are in need of assistance. Mohave LCEH Lead/CE Lead and Arizona @ Work fly twice a month north of the Grand Canyon to Colorado City to provide access for housing and employment services for example. Through data sharing with AHCCCS/Medicaid persons with acute behavior or physical health needs are ID'd and targeted for outreach/engagement.

2.The CoC adopted HUD’s CPD Notice 16-11 to prioritize PH and RRH for persons most in need of assistance beginning with persons identified as CH. Subsequent prioritization is based on presenting disabilities or needs, LOT homeless and higher acuity scores on assessment. Some communities have added questions to reach more of the hard to serve and/or underserved populations.

3.Prioritization on BNLs focus coordination of resources. Case conferencing is also required to match persons to available vacancies that meet their needs including what county they would like to reside. They may also be notified of openings in all housing interventions they may be eligible for. Refusal to accept does not change a person’s waitlist status or priority but may affect 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 subject to affordability.

4.CE case conferencing allows for service coordination to reduce burdens for people. A navigator may be assigned, and the household is outreached within 72 hours of the assessment. The CE Committee annually reviews prioritization, data and improvements to ensure system performance and effectiveness. The CoC tracks time from CE to housing lease up to identify system barriers. CE policies require access points to be physically accessible. AZ ID Project now pays the costs and expedites securing IDs and other documents for participants. Access points increased with 14 new agencies as access points. There are newly established relationships with county governments which have assisted in PIT counts and law enforcement do not conduct sweeps of encampments.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	
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(limit 2,500 characters)

1. ADOH's website has a listing of access points by county. The LCEHs in each county develop additional strategies tailored to their communities and resources. ADOH provided state LCEH capacity funding that LCEHs could use to promote their CE systems. Examples of local strategies include: LCEH's have developed websites in the counties of Pinal, Coconino, Mohave; Yuma County websites and active Facebook page; Southeastern Arizona is using flyers, advertisement on the bus/transportation for homeless/housing assistance services in Cochise, Santa Cruz, Graham and Greenlee Counties; and Gila County Community services posts meeting agenda and notes on their website. LCEHs research resources for available housing through the Internet, local realtor associations, calling landlords with units available for rent, building on established relationships with landlords, working with community service organizations and working with the PHAs.

2. Housing Providers/Housing Navigators educate program participants of their rights, review the Arizona Landlord Tenant act, Fair Housing and civil rights. The housing provider staff work with tenants and landlords to educate and resolve issues which may arise. The housing providers respond to property managers/landlords to address a concern in order to keep the housing placement. If necessary, tenants will be assisted in filing a Fair Housing complaint with the AZ AG's office. ADOH uses state funding to contract with Southwest Fair Housing (SWFH) to provide statewide training to subrecipients and stakeholders. SWFH is also available to hear and investigate Fair Housing claims and assist in filing with appropriate jurisdictions (e.g., State Attorney General).

3. Subrecipients/housing providers receive annual training in Fair Housing and have resources to assist with Fair Housing complaints through Southwest Fair Housing sponsored by ADOH. Subrecipients provide to all participants applicable Fair Housing Information, Discrimination complaint forms, local information and any recourse available to them included in the Tenant Housing Packet.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

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.	03/17/2023

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1. AZBOSCO reviews HMIS/LSA and STELLA data to identify racial or ethnic disparities in the provision or outcomes of its homeless assistance programs. Key data points used include overall demographic census data, poverty demographics, as well as HMIS homeless population demographics and HMIS demographics by CoC intervention type (e.g.; ES, RRH, PH). Data is available on a public dashboard and reviewed at both a County and CoC level by GAB, CoC staff and LCEHs. Additionally, Lead Agency staff and GAB use STELLA to review racial disparities related to service interventions and outcomes include exit destinations, LOT homeless, returns and system outcomes by intervention. These data points are shared with numerous stakeholder groups all of which include people with lived experience. To expand these inquiries, the CoC has created a data warehouse with data from all three AZ CoC and AHCCCS will be able to compare demographics across CoC as well as systems. Secondly, the CoC has been working with AZHAC, a tri university homeless research collaborative, to create a race equity testing tool for projects. Using APR demographic and performance data, the tool informs projects/decision makers if there is a possible statistically significant disparity related to race in the project's performance. This tool will be made public in 2024.

2. The primary racial disparity within the AZBOSCO is related to the PSH matriculation rates of the CoC's Native American members. American Indians (AI) represent 11% of the BoS general population but 39% of persons in poverty, 20% of all BoS homeless persons, 39% of persons in ES but only 4% of PH users. Geographical analysis shows that these issues are almost exclusively in BoS's three northern counties adjacent to AZ largest reservations. STELLA also shows tribal members with significantly more exits to temporary settings from ES. In addition to reviewing CE policies and practices, the CoC has shared information directly with LCEHs and conducted additional fact finding to determine any cultural, programmatic or operational impacts to mitigate these disparities. African Americans are also over represented in the homeless population but their rates of PH and RRH placement are consistent with their overall representation in homelessness (<5%) as are Latinos.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes

4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Racial disparities having been identified, the CoC will address these disparities through its existing structures. These issues have been presented to the GAB which has included strategies for tribal engagement and coordination as a strategic plan initiative. In addition to ongoing reporting and GAB oversight. The CoC is currently restructuring its Justice, Equity, Diversity and Inclusion committee to provide more connection with LCEH activities. As part of this restructuring, in January 2025, the CoC with its HMIS administrator will convene a CoC wide/LCEH multi session workshop and working group on racial disparities. Key topics will include training on how to use HMIS data and other data points to identify and track disparities. Other topics will include LCEH training on interventions to address disparities through CE and other resources. Workshops will also involve 1:1 TA with each County/LCEH to work with their own data and resources. ADOH as UFA is working on identifying subject matter experts to assist in training. Materials will be posted on the CoC learning management system. In addition to LCEH training and capacity building, the CoC will continue to address disparities through its other systems including the CE committee, which is currently working on developing a new assessment tool to replace the VI SPDAT which has shown potential biases as well as in ongoing policy and procedure reviews and updates. Again, these efforts will be tracked and monitored under the larger GAB strategic plan initiative.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The HMIS Systems Administrator provides monthly updated LCEH/county level disparity reports/dashboards for local stakeholders to identify potential racial, ethnic or other disparities. This is critical since population demographics and potential disparities vary from county to county. LCEH leadership has undergone training in the use of these tools and the toolkit the HMIS team released to guide communities about how to look at equity data. It is the responsibility of the LCEHs to review this data and this responsibility is outlined in the contract they have with ADOH for the planning dollars they receive. The HMIS disparity data has been presented to all AZBOSCOC committees to develop solutions within those areas (e.g.; CE). The data is reviewed for trends, which is reported at the GAB, LCEH, and subrecipient meetings for further coordination.

2. The LCEHs are implementing policies and procedures derived from their strategic plans. LCEHs and subrecipients are provided 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. 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 AZBOSCOC is developing 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. With implementation of the AZBOSCOC Online Training Platform, AZBOSCOC is working with stakeholders and partners to develop materials on increasing awareness and addressing disparities. ADOH staff and key stakeholders also participated in two HUD TA workshops in the last year focused on system improvements in CE and shelter services that included a focus on addressing racial and ethnic disparities and systemic racism.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

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 decisionmaking processes.

(limit 2,500 characters)

GAB membership, LCEHs, workgroups, ranking and review processes and meetings are open to all including those with lived experience. Through ADOH bulletins, web postings, and local LCEH’s, activities are advertised, and participants recruited. In all activities, participation of persons with lived experience is encouraged although disclosure of lived experience is not required to avoid any trauma or stigmatization an individual may feel if identified. In the GAB and other related committees, self- identified individuals with lived experience or organizations with peer programs 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. Examples of participation of persons with lived experience include:

- a. AZBOSCOG LCEH Lead agency Catholic Community Services of Southern Arizona(CCS-SOAZ) Executive Director has lived experience and now provides housing and shelter services in Cochise, Santa Cruz and Yuma Counties as well as providing Medical Respite in Pima County.
- b. CPSA has 22 peer support staff with lived experience and pays for their licensed Peer Support Certification; the ReCenter subrecipient in Navajo County all staff employed are Persons with Lived Experience.
- c. 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 provide vocational opportunities;
- d. 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 LCEHs 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 LCEHs. AZBOSCOG implemented stipends for persons with lived experience to reduce the burdens of participation through state funding. Travel expenses are already covered. Through state funds invested in LCEHs, numerous LCEHs used the funds to develop recruiting materials and marketing campaigns (e.g., bus signs), to promote the LCEH and participation in programs including for persons with lived experience.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	10	3
2.	Participate on CoC committees, subcommittees, or workgroups.	37	5
3.	Included in the development or revision of your CoC’s local competition rating factors.	12	3

4. Included in the development or revision of your CoC's coordinated entry process.	37	4
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1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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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)

AZBOSCOC subrecipients are committed to providing services informed by the experiences of persons with lived experience of homelessness. Therefore, most subrecipients and BOS providers seek individuals with lived experience, mental health or other barriers to be part of program structures and design. Many of these programs have designated evidence-based peer support programs to ensure those with lived experience have the service delivery training and skills in addition to their expertise.

For example, veterans at US Vets can become part of a resident veteran's council and peer support. Similarly, almost all of Community Bridges, Inc. programs are peer based from entry level positions through management and executive positions. Their experience informs service delivery and allows them 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. Most peer based subrecipients provide peer support training, pay for peer support certification, and volunteer opportunities.

The Executive Director of housing with CCS-SOAZ, an LCEH Lead agency, who is primarily responsible for LCEH coordination and program development and delivery in 4 counties, is an individual with lived experience. He also oversees housing, shelters/DV shelters and medical respite services for Catholic Community Services of Southern Arizona.

YHSI grant collaboration with BOS and the other 2 state CoC's are in development to build capacity around access for youth to housing and other services. The project establishes a Youth Advisory Board (YAB) to emphasize "Youth Voice". The strategies will be guided by youth members with lived experience to develop policies, procedures and youth housing strategies. Currently, only one BOS county has a YAB. The one youth service Provider-AZYP, will offer TA to LCEHs to bring best practices in starting Youth Advisory Boards.

Through AHCCCS, Medicaid licensed programs can secure "peer certification" for behavioral health peer staff that counts as a form of accreditation within AHCCCS. With the launch of the BOS Online Training Platform, AZBOSCOC will begin working on training documentation and pathways to provide certification including for those who may be peers participating in the CoC.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:	
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. At the CoC level, feedback from people with lived experience is provided by stakeholders who participate and work with the CoC, LCEH and subrecipients and residents complete a one page survey. People with lived experience participate on the GAB, in LCEHs, BoS workgroups and committees and within subrecipient programs. In these roles they are directly involved in informing policy making.
2. Annually, ESG and CoC subrecipients ask current residents to complete a one-page survey. It can be submitted anonymously, and surveys are mailed to ADOH monthly. Subrecipients are encouraged and most have tenant councils or meetings while in the program to provide feedback on services and homeless programs they have participated in. Other feedback is monthly from GAB, LCEH's and BoS workgroups.
3. All homeless service providers bring feedback to the LCEH and CE committee from program participants. Queries are made with regard to how the referral process, locating units, move-in process went with the individuals/families being served. How was the individual/family treated and how was their experience with the housing provider? This feedback is used to improve services in navigation, locating units, and reviewing case plans to name a few. Residents are always encouraged to provide feedback for improvement.
4. LCEHs and CE committee review housing placement information at least once a month. CE committee asks service providers to provide feedback during the housing placement process proactively to intervene to resolve any issue.
5. Multiple subrecipients have board members with lived experience who provide input to their policies/procedures and services. The CoC recognizes the perspective of persons with lived experience to be part of the solutions and that the AZBOSCOC must be intentional in utilizing this perspective in designing programs that are responsive to the needs of the persons served in the system. From participation in AZBOSCOC governance and policy making to feedback from program participants secured on a regular basis, AZBOSCOC has been working to implement the feedback received. ADOH invested \$1.4 million in state funds to enhance BOS service capacity. Examples of program participant inspired solutions funded as well include providing shelter settings beyond congregate facilities, expanding diversion and flex fund pilots to meet self-identified participants needs, and providing additional training opportunities to improve capacity of staff.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to 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. As a state agency, ADOH as the AZBOSCOC Collaborative Applicant and UFA is limited in its ability to conduct advocacy. As in many states, zoning and land use is primarily a function of local governments and ADOH's direct impact is limited. In 2023, under HB 2674, ADOH leadership and AZBOSCOC representation facilitated and participated in Arizona's Legislative Housing Supply Study. The Study gathered testimony from statewide communities, advocates, providers, developers, funders and other stakeholders to better understand both the housing needs of the state, but also the barriers that limited housing development and contributed to housing shortage. The Study report included recommendations and policy considerations related to reforming local zoning and permitting processes. ADOH and the BoS are educating LCEH's which include local policy makers around local zoning and land use policies to promote development of more affordable housing. AZ also reinstated its Governor's Interagency Community Council on Housing and Homelessness (GICCHH). This interagency and multi-level state convening is responsible for implementing recommendations from the housing report including strategies reducing barriers to development related to land use and zoning.

2. ADOH also works to reduce regulatory barriers to housing by improving its own housing policies and regulations. This is especially true of the LIHTC program administered by ADOH. Over the last three years, QAP processes have been simplified to reduce barriers based on community feedback. Key changes have been reducing application documentation by 50%, providing state funds to incentivize use of 4% subsidies, and awarding points for projects that demonstrated work with local government to expedite zoning, permits, fee waivers or other strategies to reduce barriers. Feedback also resulted in set asides and priorities for projects in BoS and rural communities. In the past year, LIHTC received and funded a record number of BOS projects based on this partnership and feedback to reduce barriers. ADOH is also working to develop TA capacity building support for rural and BOS communities to develop LIHTC capacity. ADOH oversees the AZ Manufactured Housing Department that is working to streamline review and approval of new construction types and "tiny home" options. They are working with local jurisdictions to coordinate review and oversight between state and local process that add cost and time to housing development.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/30/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/30/2024

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

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

6.	Provided points for projects based on the degree the projects 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.	Yes
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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 V.B.2.a., 2.b., 2.c., and 2.d.	
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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)?	86
2.	How many renewal projects did your CoC submit?	16
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 V.B.2.d.	
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Describe in the field below:	
1.	how your CoC 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.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. HMIS and APR data related to presenting barriers at program entry, number of CH persons served, exit data related to PH positive exits and length of time to placement was analyzed. Use of this data allows renewal projects to track performance during the year to maximize performance towards established CoC benchmarks. Projects were also required to conduct HUD Housing First assessments on their programs for scoring. Maximum points were awarded for programs that served the highest numbers of persons with barriers as well as CH persons served in addition to their performance outcomes related to positive PH exits (and other criteria such as income). Bonus projects are required to describe how their projects will address these issues in their applications. The GAB may consider geographic coverage across the CoC as part of scoring and additional points may be awarded for those projects that may be the only housing provider in the county.

2. APR data on LOT to housing placement was also used in the scoring criteria for renewal projects. The scale used awarded maximum points for those programs that exceeded benchmarks, partial points for acceptable outcomes, and zero points for not meeting benchmarks. None of the programs scored zero.

3. Scoring evaluates the projects' ability to reduce barriers while serving the highest acuity and chronic populations prioritized by the AZBOSCO and their success in doing so. This includes:
 a. chronic status of persons placed in PSH;
 b. number of presenting issues at intake;
 c. number of persons referred, case conferenced and prioritized through CE.
 Higher points are awarded for accepting members with minimal barriers per the Housing First model. All subrecipients contractually agree to take the highest acuity candidates from local CE BNL but performance is tracked for scoring. Bonus projects are scored in part on their description of how their projects will address these issues.

4. Since all programs are contractually required to serve the hardest to serve, no special consideration is given based on the target population. AZBOSCO will consider geography if performing programs with similar performance scores are all on the Tier 1/2 threshold. In these cases, if one of the programs is the only one serving a given geographical area/s, it may be recommended for Tier 1 by the GAB rank and review to ensure ongoing geographic coverage. Any exception to the score ranking such as this has to be approved by the GAB.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	

3.	how your CoC rated and ranked projects based on the degree that proposed projects 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 steps the projects took or will take to eliminate the identified barriers.
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(limit 2,500 characters)

1. Project ranking and review criteria are ultimately selected, reviewed and approved by the CoC GAB. The CoC GAB is a diverse group whose membership generally reflects the diversity of the BoS' overall race and ethnicity as well as homeless population demographics. Over the past year, 27 to 40% of the GAB are BIPOC which is greater than the state demographics and roughly the same as the homeless population. AZ disparity evaluations show that American Indians are the most over-represented ethnic demographic in the BoS and this demographic is represented on the GAB as our other ethnic groups that are present but not over represented. The GAB members provided input in the initial scoring tool drafts and the final approval of the criteria for both renewal and bonus projects.

2. As noted above, final ranking of renewal projects and scoring of bonus projects is conducted by the GAB. In addition to reviewing scoring on objective criteria for renewal projects, diverse GAB members also reviewed all bonus projects and provided input into overall ranking.

3. While renewal scoring includes questions related to diversity, the bonus project application requires applicants to discuss their understanding of their geographic and demographic populations including its diversity and cultural needs. These responses were reviewed and incorporated in bonus project scoring and overall ranking and review. 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. The two bonus projects propose to serve multiple counties which are vastly different in their demographic composition. It should be noted that while the GAB considered issues of racial and ethnic diversity, they also emphasized maintaining geographic coverage since many ethnic and racial disparities are related to specific county demographics and lack of adequate housing in those areas could exacerbate existing disparities and access to housing.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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 AZBOSCO implemented reallocation of low performing projects in 2013, 2015, 2016, and 2018 based on its policies at the time. The CoC had not reallocated projects since projects were performing and existing projects provided geographic coverage of all CoC jurisdictions. Moreover, evaluation and monitoring were limited or eased due to COVID since many BoS and rural projects were challenged in maintaining staffing and protocols (e.g.; site inspections, face to face case management).

In NOFO year 2021 (FY 23), not only did the CoC resume full monitoring and oversight protocols suspended during COVID, but it was also the first year the AZBOSCO was a UFA. In FY 23 and 24, CoC staff have been working with HUD TA to develop reallocation protocols not only for NOFO local competitions but also through year round use of UFA flexibilities. Under current UFA processes, CoC Contract Specialists conduct annual risk programmatic, operational and financial risk assessments reviewing APRs, annual monitoring, prior year performance, spending rates, and financial controls. These reviews establish an initial performance benchmark. After the first quarter, Contract Specialists meet with all subrecipients to look at YTD performance and risk assessments to monitor spending and performance concerns. If there are issues, the CoC may propose use of UFA authorities to the GAB to move funds to other priorities or projects.

2. In FY 24, due to financial and programmatic concerns, the CoC reallocated approximately \$500K and terminated a subrecipient contract. Funds were reallocated per CoC UFA authorities and with GAB approval to another subrecipient to maintain geographic coverage and service levels.

3. Reallocation was done midyear via a combination of UFA budget line item modifications and HUD Field Office Amendments. This resulted in a shift in subrecipient, increase of supportive service capacity for the new provider to address gaps in the original project funding, and a closure of operational funding that were no longer needed. The reallocation also resulted in a consolidation of the three original projects into a single project. This was done outside the NOFO process and is reflected in the 2024 NOFO GIW and application.

4.As noted above, no reallocations were made in NOFO local process due to UFA reallocation. Reallocations were not necessary since reallocation of an identified non performing project was achieved through CoC UFA and GAB.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/10/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/10/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	10/24/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.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 was posted on your CoC's website or partner's website.	10/24/2024
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/07/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.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 HMIS comparable databases; and	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1. AZBOSCOG’s HMIS Systems Administrator, Solari, has worked to bring the AZBOSCOG’s three CoC funded DV programs into HMIS consistent with data standards for DV programs using comparable data bases. Solari and the LCEH have also worked with CoC and non-CoC funded DV providers to develop CE practices and data sharing to ensure confidentiality and compliance with DV data requirements and confidentiality requirements.

2.The AZBOSCOG currently has three CoC funded DV projects that were funded through the HUD NOFO DV-Bonus Funds. All of the projects have either comparable databases (Osnum) or use HMIS locking down all entered data and are able to produce reports comparable to the APR. Most other non-CoC funded DV programs that participate in the AZBOSCOG also use Osnum’s comparable database.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,327	87	850	64.05%
2. Safe Haven (SH) beds	22	0	22	100.00%
3. Transitional Housing (TH) beds	295	23	181	61.36%
4. Rapid Re-Housing (RRH) beds	611	5	606	99.18%
5. Permanent Supportive Housing (PSH) beds	1,726	0	1,036	59.90%
6. Other Permanent Housing (OPH) beds	125	0	68	91.89%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.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)

1. ES, TH and PH have less than 85% HMIS coverage in BoS. 79% of nonparticipating beds across all interventions are related to dedicated veterans (546 beds) or VSPs (437 beds). The remaining programs are small, rural or faith based shelters. The CoC will use three steps to increase bed coverage across all interventions. First, the CoC will directly outreach to nonparticipating organizations and incentivize participation as appropriate (i.e. reduced fees, TA on HMIS to improve program evaluation/reporting). This will include working with the three VAMCs serving BoS. Second, the CoC will work with system partners, (e.g.; ACESDV, VAMCs) to ensure their providers/programs participate. ACESDV currently assists VSPs with access to comparable database applications and can assist with implementation. While adverse to HMIS data entry, VAMCs have stated willingness to import VA SQUARES VASH data into HMIS to meet participation requirements. Third, the CoC is currently working with the other two AZ CoC to upgrade its HMIS software. One key new system functionality will be APIs to allow import of data from other systems with appropriate protections to reduce dual data entry requirements (a major objection to HMIS by nonparticipating) and/or allow data importation (i.e., VA SQUARES). Finally, the CoC will work with funders and state partner agencies to contractually require HMIS or comparable database usage

2. In the next 12 months, the CoC will implement the strategies outlined above. First, by 6/30/25, the CoC Coordinator and Solari (BoS HMIS Administrator) will contact nonparticipating entities directly to recruit and offer supports to encourage participation, especially for VSP and small nonparticipating shelters. Second, By 6/30/25, the CoC Coordinator, Solari and GAB Chairs will meet with system stakeholders (ACESDV and 3 VAMCs) and CoC workgroups (veterans) to implement comparable databases and integration of SQUARES (quotes have been secured to integrate into current HMIS platform but funding is needed). Third, the CoC is working with the other two AZ CoCs to issue RFP and award new HMIS software for statewide shared system implementation with APIs by 6/30/24. By the end of 2025 calendar year, SQUARES data will be incorporated as well as comparable data base solutions. Finally, by 6/30/25, ADOH will work with ADES, state VSP coordinator, to discuss the possibility of contractual modification to require comparable database participation.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/23/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/09/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. There are only two youth serving organizations in the AZBOSCOC. For the purposes of the PIT, those agencies were engaged through their local LCEH work group who coordinated the local count. LCEHs also are responsible for engaging unaccompanied youth in developing their PIT strategies and geographic coverages or target areas. ADOH has invested state funding to strengthen the BOS youth network and coordination to be able to provide more coordination of youth efforts and service options.

2. While there may not be youth provider coverage or participation in all AZBOSCOC counties, LCEH PIT planning groups did work with local entities or stakeholders who engage unaccompanied youth in their communities. This includes local law enforcement including specialty engagement teams, homeless outreach programs, behavioral health or health care providers, and persons with lived experience with homelessness. These groups share reports of suspected camps, congregation areas or service facilities where youth have been identified. These sites are incorporated into PIT survey areas. Often times, outreach teams special engagement skills are assigned to these areas with special populations like youth.

3. The AZBOSCOC does not track demographics of counter/survey staff although generally we require surveyors to be at least 18 years of age. This may allow some 18 to 24 unaccompanied youth to participate but again we do not gather demographics.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1. The AZBOSCOC did conduct a 2024 sheltered PIT count. In 2024, the shelter count was performed by Solari, the BOS's HMIS system administrator in conjunction with their completing the HIC. Transition to Solari involved review of historical shelter HIC/PIT data and an updated shelter survey to identify all available beds. Solari is also the 211 information line and compared HIC data to 211 homeless resource listings to identify smaller local programs especially in rural areas. These steps, combined with ADOH's recent heavy investment in new shelter beds (required to participate in HMIS) in BOS resulted in an increase in the sheltered count.

2. The AZBOSCOC did conduct a 2024 unsheltered PIT count. Over the past year and half, ADOH has invested over \$1.4 million to enhance LCEH staffing and resources resulting in over 16 dedicated LCEH staff statewide and coverage in each county. The dedicated staffing and coordination resulted in increased volunteer participation and geographic coverage. This expanded coverage coincided with a significant increase in the unsheltered PIT count as shown by significant increases in counties with increased volunteer coordination. Increased coordination also included more coordination with law enforcement in Mohave, Graham, Pinal and Cochise Counties, preventing street sweeps that had been conducted on prior PIT count nights.

3. There were no PIT impacts to displaced persons related to natural disasters seeking short term shelter or housing assistance.

4. As noted above, due to improvement in methodology for sheltered count and increased coverage for our unsheltered count, the overall PIT count reflected a total increase of 774 persons (+46 sheltered, +728 unsheltered), a 32% overall increase. The BOS did a thorough evaluation of the unsheltered count in particular due to the large increase in response to LSA TA. This review determined that up to 94% of the unsheltered increase was related to the expanded geographic coverage including a number of rural counties, smaller towns, and geography that previously had not been accessed. Moreover, unlike the prior year, there was no snow in our mountain counties again increasing unsheltered counts since emergency seasonal shelters were not opened and outreach teams were not restricted by snow.

5. Not Applicable - 2024 unsheltered PIT count conducted.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.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)

Performance: First time homeless persons increased for both ES/SH/TH by 14% and ES/SH/TH/PH by 5%.

1. Persons experiencing homelessness for the first time are the majority (>70%) of those served in AZBOSCO shelter. The CoC has been taking steps to understand the risk factors and to identify persons experiencing homelessness for the first time:

HMIS and its BNL tools track inflows and first time homeless households at both the local and system level. This includes inflow and SPM dashboards at the county level.

HMIS data shows 8-10% of households report an institutional setting as their last location prior to homelessness. To understand the impact of institutional releases, the CoC is sharing information with AHCCCS, AZ's Medicaid integrated care administrator, to look at discharges to homelessness among other factors. Within the current FY, the CoC will also have a data warehouse including data from AHCCCS and all three AZ CoCs as well as other state data sources to assist in evaluating institutional discharges and inflow and to develop preventative strategies.

The CoC has shared multi year data with the AZ Housing Analytics Collaboration, a consortium of housing researchers from all three AZ state universities. Two research studies being conducted include looking at multiple homeless risk factors (i.e.; housing costs, income, poverty, geography, evictions, racial disparities) as well as looking at high utilizers to identify their risk factors to develop predictive risk factors for homelessness.

2. Strategies pursued:

a. GAB has established a system goal to reduce first time homelessness based on strategies defined here.

b. The CoC participates in the AZ's Governor's Interagency Council on Housing and Homelessness to work with other state agencies and stakeholders on data sharing and other coordination.

c. Despite the end of ARP related prevention funds, the State of AZ has invested over \$2 million in BOS to coordinate homeless focused prevention flex funds to supplement private sector and remaining federal prevention funding.

d. The CoC is sharing BNL data with AHCCCS who has contractual requirements for its MCOs and providers to prevent homeless discharges and quick follow up with Medicaid enrolled members. This will be augmented by 1115 waiver outreach and housing services to engage Medicaid eligible members who may be entering homelessness.

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

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.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)

Performance: Mean LOT homeless decreased by 5 days for households in ES/SH and by 2 days for persons in ES/SH/TH, to 61 and 77 days respectively. Overall LOT for both populations is well below the 90 day goal threshold. Lack of affordable housing destinations for exits is identified as the primary cause of current LOT homelessness.

1. AZBOSCOC strategies related to LOT adopted by GAB:
 - a. Using local BNL, LCEH CE case reviews persons with long stays to confirm ongoing homelessness and data entry error, and if still homeless, reprioritize the individual for supportive services or additional supports.
 - b. By end of 2025, BoS will implement HMIS based PH and RRH housing referrals to expedite referral timing, accountability or follow through.
 - c. AZBOSCOC maintained \$1 million to staff BOS and LCEH service capacity allowing for 16 new FTE in support of CE, outreach, and housing navigation services and flexible funding to expedite diversion and rapid placement.
 - d. The AZ Homeless ID Project serves 7 BOS counties. This program pays for and assists persons to secure IDs, DLs or other legal documents. It is anticipated that these actions will reduce wait time related to housing, employment and/or benefits.
 - e. With expanded CE staff capacity, BNL long stayers have increased service availability. New BNL report/infographic was implemented to track long term homeless and shelter stayers and location.
 - f. ADOH is increasing affordable housing development in BOS communities. Strategies include BOS set asides or prioritization for LIHTC programs and targeted investment of state housing funds for tiny homes and other affordable housing strategies.

2. The current BNL includes LOT homeless data for household prioritization (per CE policies). A second BNL report/visualization at the county level tracks long stayers LOT and last known location for follow up. CE prioritization is based on LOT homeless, acuity of need and chronic status. Those households identified with significant LOT are reviewed to ensure HMIS records related to housing placement or status are accurate and that the household is indeed still homeless. If still homeless, LCEH CE Case Conferencing teams coordinate service intervention or engagement to reevaluate household needs/acuity and or expedite housing readiness or engagement to housing. Efforts in most BOS communities are limited due to lack of housing.

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

2C-3.	Successful Permanent Housing Placement or Retention –CoC’s Strategy.	
	NOFO Section V.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)

Exits from emergency shelters (SO) to permanent housing (PH) increased from 15% to 19%, while exits from emergency shelter/transitional housing (ES/SH/TH) and rapid rehousing (RRH) to PH rose by 1% to 34%. Retention rates in PH reached 98%, a 3% increase from 2023.

1. The CoC Governance Advisory Board (GAB) aims to boost positive exits from ES, SH, TH, and RRH by 2%, to 36%. To achieve this:
 - The CoC is collaborating with AHCCCS and Arizona CoCs to adopt care standards for outreach and supportive services based on approved Medicaid waivers, with implementation targeted for the current fiscal year.
 - A state-funded learning management system is in place, which will incorporate standards of care upon completion.

The use of smaller, non-congregate shelters is being increased:

- Arizona has approved funding for hotels and similar settings that demonstrate better exit outcomes.
 - The AHCCCS Medicaid waiver allows reimbursement for RRH and bridge shelter for eligible individuals with serious mental illness (SMI) and chronic health conditions. This includes funding for increased supportive services.
 - A data-sharing MOU between AZBOSCO and AHCCCS is in effect, enabling the matching of homeless records with Medicaid enrollment for timely outreach and service connections.
- Continued collaboration with PHAs aims to develop additional resources for housing placements, alongside training to reduce barriers for those needing housing support.

2. To maintain the 98% retention and successful exit rate:

- The CoC will enhance accountability and improve supportive services through training and evidence-based practices in partnership with AHCCCS. Monthly reviews of HMIS exit reports are conducted, with all terminations documented to the ADOH.
- Expanding community housing options and wrap-around services is essential. The CoC collaborates with PHAs and housing organizations to develop post-PH housing options.
- ADOH will enhance collaborations for integrated healthcare access, data sharing, and coordination with AHCCCS waiver services, including SOAR and SUD services.

AHCCCS continues to invest in local coalition networks, enhancing coordination among 300+ statewide participants that provide various support services, including education, employment assistance, healthcare, and substance use treatment. These wrap-around programs aid PH residents in stabilizing or transitioning to community-based housing.

3.ADOH, David Bridge, Special Needs Administrator

2C-4.	Reducing Returns to Homelessness—CoC’s Strategy.	
	NOFO Section V.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 that individuals and families return to homelessness; and	
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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.
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(limit 2,500 characters)

Performance: Returns to homelessness from all interventions at 6 mos. 1 yr, and at 24 mos increased approximately 2%.

1.The BoS weekly BNL flags any household (HH) that exits housing when they contact homeless service programs. The BNL and CoC reporting ID's those who return to the system and first time homeless. Thru case conferencing, recidivist HH's are identified and prioritized for engagement by outreach or shelter teams. The CoC is working to strengthen these processes through the use of HMIS data and is testing a tool used with its veteran population. It shows case conferencing teams where homeless contacts are made to expedite follow up and engagement. The CoC also has a live data share of its BNL with AHCCCS/AZ Medicaid program. AHCCCS matches HMIS persons experiencing homelessness with Medicaid records. Any AHCCCS HH's on BNL, including returns to homelessness, are sent to the Medicaid Managed Care Organization they are enrolled in. Contact is attempted within a week of HH's being identified to provide SDOH, integrated health care and Medicaid eligible housing services. ADOH provides HMIS data to the AZ Housing Analytics Collaboration, a research consortium from AZ's 3 state universities. A focus area is recidivism, "frequent users" and developing strategies for predicting and identifying high recidivist patterns of service use.

2.Through LCEH case conferencing, recidivist HH's are re-engaged and possibly rehoused quickly through coordination with outreach, shelter and housing navigators. Paramount for reducing recidivism is increasing housing retention and stability. This occurs by: 1) implementing a learning management system to increase training and capacity; 2) developing system wide service standards and training, 3) tracking exit destinations; and 4) the CoC has a goal to reduce homeless recidivism by 1% or more this year. As of October 1, 2024, AHCCCS 1115 Medicaid waiver is in effect. This allows payment for outreach, pre-tenancy and tenancy supports and SDOH services for Medicaid eligible persons determined SMI experiencing homelessness. With state funds, ADOH also maintains CE and case conferencing support staffing to ensure LCEHs have adequate resources. CH is the primary priority population for housing placement so those with multiple homeless incidents will increase likelihood of housing prioritization especially if there are other presenting conditions or disabilities

3.ADOH, David Bridge, Special Needs Administrator

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.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 employment 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)

Performance: 23.1% of program participants (stayers and leavers) increased employment income, up from 15% last year.

1. The CoC has set goals to improve access to employment income by at least 1% this year. Employment income is included in objective NOFO subrecipient and bonus project evaluations. HMIS has created dashboards reporting on these goals, while the CoC is enhancing data quality tracking for assessments, ensuring that interim and annual evaluations are documented. The CoC is working with state agencies to improve employment access for the homeless. Discussions with ADES aim to better align with Department of Labor Workforce Development programs and with AHCCCS to expand Medicaid-reimbursable employment supports for homeless members, especially those identified as SMI. Over the past two years, ADOH has piloted state grants in AZBOSCOG counties to develop low-barrier strategies for promoting work among people experiencing homelessness. These pilots included financial incentives, access to local workforce development programs, and temporary labor initiatives, with outcomes pending for further investment.

2. Engaging mainstream employment resources is crucial for the AZBOSCOG LCEHs, as these resources vary by county. Each LCEH is responsible for utilizing local resources, including employment agencies, nonprofits (e.g., Goodwill, community colleges, trade programs), and federal and state program offices. Nearly two dozen employment entities participate in LCEH meetings across most counties. Through AZ@Work and other programs, homeless households have access to training, skill-building, job searches, clothing, tools, and employment retention counseling. DES offices in each county provide transportation and employment support as needed. In Mohave County, the Human Services Department piloted a job fair based on a stand-down model, which offered basic needs and housing support, allowing immediate access to job opportunities and resulting in high engagement. Mohave County also promoted participation in the Earned Income Disallowance program to encourage movement from benefits to employment. In the coming year, the CoC will continue engaging Workforce Development and AHCCCS partners to ensure full participation by local service providers, especially in rural areas.

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

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.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. Performance Summary: 39% of program participants reported an increase in non-employment or benefit income, up from 19% last year.

CoC Strategies

System Level Initiatives:

--CoC subrecipients must have SOAR SSI/SSDI benefit specialists, directly or by contract, within supportive services. This requirement is evaluated in CoC monitoring.

--AHCCCS, Arizona’s Medicaid administrator, has made SOAR a reimbursable service for enrolled members, benefiting over 85% of homeless households who are Medicaid enrolled. This expands access to SOAR and benefit assistance services.

--SOAR is included as a pre-tenancy and housing support for homeless individuals with Serious Mental Illness (SMI) under an active 1115 state Medicaid waiver.

--AZBOSCOC is collaborating with AHCCCS on Medicaid-eligible supportive services, including data sharing to identify homeless members who are eligible but not accessing resources.

--The CoC is enrolling subrecipients as “Community Assistors,” granting them direct access to the state’s Medicaid and benefit enrollment portal for tracking Medicaid, food stamps, and other benefits

--The CoC GAB has established project and system performance goals to increase both unearned and earned income in the current fiscal year.

Local and Project Level Efforts:

--Local Coalitions to End Homelessness (LCEHs), subrecipients, and partner agencies have developed protocols to assist participants in enrolling in non-employment income and mainstream benefit programs. This includes outreach to local Social Security offices and partnerships with SOAR providers. For instance, Mohave County Human Services, a CoC Permanent Supportive Housing (PSH) subrecipient, hosts job development fairs to engage individuals in employment and benefit programs. They also assist housed individuals receiving disability income with the Earned Income Disallowance program to transition to employment.

Challenges: One challenge is that the metric only tracks increases in income. Approximately 37% of adults start with unearned income, and those on SSI/SSDI or retirement have fixed benefits, limiting potential income increases without a Cost of Living Adjustment (COLA). Efforts are prioritized to secure income for the 43% of participants who enter without any income, particularly those who are disabled, elderly, or unable to gain employment.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 V.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?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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
Horizon Health an...	PH-PSH	18	Healthcare
Arizona Behaviora...	PH-PSH	17	Both
Mohave County, Mo...	PH-PSH	19	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Horizon Health and Wellness Street to Home
2. Enter the Unique Entity Identifier (UEI): N12LV23TG3J8
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 18
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Arizona Behavioral Health Corporation, Casitas de Salud
2. Enter the Unique Entity Identifier (UEI): CHNAQ9RKG7C8
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 17
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Mohave County, Mohave PSH 2024

2. Enter the Unique Entity Identifier (UEI): KKE6CJTM8CS1

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your 19
CoC's Priority Listing:

5. Select the type of leverage: Healthcare

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	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
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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 for New DV Bonus Funding

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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 2024 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.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	266
2.	Enter the number of survivors your CoC is currently serving:	115
3.	Unmet Need:	151

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(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. The number of survivors in need of services came from the 2024 Unsheltered Point in Time Count. The number of survivors currently being served came from the 2024 HDX.
2. The data sources included the unsheltered PIT count and data from HDX
3. The statistics do not paint a clear picture because the AZBOSCOG covers 13 counties and includes many very small communities with limited resources. As a result, to meet the need--two projects are being included in the 2024 NOFO--to cover unserved/underserved areas including northern Yavapai County, and the counties of Apache, Navajo, Mohave and Coconino. Apache and Navajo are both very rural in nature and include significant tribal communities. Mohave has three cities, but the vast majority of area is smaller communities. Coconino includes Flagstaff, but there are still vast areas with limited services for survivors of domestic violence. Currently, the primary resources available for survivors of domestic violence are shelter beds. The two proposed projects will expand the availability of RRH specifically for survivors to five of the 13 counties in the AZBOSCOG.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	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
Catholic Charitie...
Verde Valley Sanc...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Catholic Charities Community Services
2.	Rate of Housing Placement of DV Survivors–Percentage	28%
3.	Rate of Housing Retention of DV Survivors–Percentage	88%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 1,500 characters)

1. This perspective was taken from exploring recent referrals distributed in case conferencing that are known to have resulted in placement for people who reported domestic violence. This rate only takes a small sample (about 6 weeks of data).
2. The rate for housing placement only accounts for enrollment and not exits to safe housing destinations.
3. Based on clients enrolled in PSH who report a history of DV crosschecked against the number of leavers in the last 12 months from those PSH providers.
4. Based on clients enrolled in PSH who report a history of DV crosschecked against the number of leavers in the last 12 months from those PSH providers.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(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;

3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. All survivors served will access the project through coordinated entry and case conferencing. Access to housing is individualized. If the appropriate housing in the right community isn't available immediately, CCCS staff will help to ensure that the participant is housed safely in a shelter or motel as available. When applicable, victim advocates are also in the process to facilitate relevant safety protocols.
2. The AZBOSCO coordinated entry prioritizes survivors of domestic violence because of their high acuity. The LCEH in the appropriate county uses a by name list, VI-SPDAT assessment and case conferencing information to make priorities. Safety plans are used to ensure participants are in a housed situation where they feel comfortable and safe while they make decisions about where they want to live and the availability of units. CCCS abides by the provisions set forth on VAWA when it come to emergency transfer plans.
3. CCCS has a comprehensive case management that practices housing-based case management. This is a participant focused approach to ensure that the participant is being heard and services are based on individualized household goals and needs with safety being paramount. We are well connected to specialty providers in areas we serve and make referrals when appropriate.
4. CCCS has established partnerships with resources throughout the area served. Participants are connected to community resources if CCCS is not providing services.
5. A key component of the housing-based case management is supporting the participant in establishing/maintaining income streams so that participant will be able to afford housing after the subsidy ends. Ongoing support and case management is available after the subsidy ends to ensure that the participant can move into the future with housing, income security and feeling safe.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' 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. CCCS will be serving several communities. Assessments/communication will take place in a variety of methods and locations, virtually, by phone, CCCS offices, victim advocates offices, DV shelters or any other location where the participant feels safe. Regardless of location safety, privacy, and confidentiality is critical to the decision where to meet. This decision is self-determined by the participant, case managers are well trained to observe behavior and will use creative means to conduct separate interviews if there are red-flags in the couple's interaction and will loop in specialty providers/law enforcement as appropriate.

2. Households will be identified through the coordinated entry process which adheres to national Best Practices for Coordinated Entry and fully accommodates the VAWA requirements for survivors and referred to the appropriately identified housing providers as well as the provider best equipped to support immediate needs. The By Name List will be discussed weekly through the case conferencing process to streamline referrals for appropriate providers and available resources. If, during intake, clients are identified as needing a safety plan or additional DV protocols to be followed, CC will reach out to the areas DV providers for collaboration and assistance to ensure the full safety measures are followed for all clients.

3. CCCS has an established process for training staff on safety, and confidentiality. In addition, the AZBOSCOC is working with ACESDV to implement comprehensive training opportunities for survivor service providers in the AZBOSCOC.

4. The choice is given to survivors on the varying degrees of anonymity in data systems in order to best protect their information. When domestic violence is involved, CCCS works with experts in the field to work together with the client to provide the most comprehensive safety planning possible and never releases client information/location without written consent from the client.

5. In order to ensure safety and privacy of all residents we do not share or publish locations of housing and allow client choice when it comes to choosing units.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

CCCS has extensive experience in serving survivors including individuals that might have been trafficked and have refugee status. CCCS currently operates a RRH program under the auspices of the AZBOSCO and also is a significant service provider to refugees in Arizona. This gives the agency a unique perspective and skills in ensuring the safety of the persons they serve.

CCCS is working with DV shelters throughout the region that will be served. The program delivery strategy is to provide the coordinated entry intake, housing and move in assistance, ongoing financial assistance in a step-down manner, and housing-based case management geared towards permanent housing stability.

CCCS will work with DV shelters to ensure that all services are safety focused and delivered through a trauma lens. Case management will be in alignment with the AZ DV Service Standards. Advocacy, and legal support is also available to ensure that participants are provided the safety and assistance needed to address the ongoing effects of the domestic violence they have experienced. This multi-sectored approach will provide the necessary tools to assist individuals and families experiencing a DV crisis with stable housing and wrap around services to ensure they remain housed safely and affordably with the tools needed to remain there.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:	
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. Households will be identified through the coordinated entry process and referred to the appropriately identified housing providers as well as the provider best equipped to support the immediate crisis need. The By Name List will be discussed weekly through the case conferencing process to streamline referrals for appropriate providers and available resources based on the increased vulnerability of survivors.
2. Through our PSH, RRH, and SSVF programs we look for creative solutions to ensure persons in our programs can obtain and maintain safe, affordable housing in the communities we serve. We have assisted with shared housing and communal setting housing, and have been a strong advocate with landlords for rent concessions and efforts to keep units affordable. Our reputation in the community and strong landlord relationships across Northern Arizona help identify permanent housing for survivors.
3. Clients always have a choice when it comes to housing. If a client turns down a unit they are not disqualified for services but rather will be offered the next available unit. When it comes to RRH projects such as this one we work with clients and landlords to find units based on clients budget and preferences.
4. CCCS partners with local domestic violence providers to provide specialized, 24/7 safety planning. CCCS staff work with all to provide a confidential space to determine best needs of clients. The client always guides conversations about safety in general. When domestic violence is involved, CCCS works with experts in the field to work together with the client to provide the most comprehensive safety planning possible.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(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. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. 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;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. CCCS has been in operations since 1933. The agency’s mission is helping the community’s most vulnerable with solutions that permanently improve lives. Services are provided in locations where the participant is most comfortable. All participants are informed about the CCCS grievance process—so they always have the ability to raise concerns in a confidential manner if they do not feel respected in their interactions with CCCS employees.

2. CCCS incorporates a trauma lens/informed approach in all services. With the consent of the participant, CCCS reaches out to agencies that specialize in working with individuals who have experienced significant trauma to provide additional support. Most often those agencies include Victim Witness Services for in-depth safety planning and Northland Family Help Center. Many of the CCCS staff have experience working with individuals who have survived trauma. Multiple resources focused on trauma result in positive outcomes. If a participant discloses that they feel unsafe, CCCS take steps to implement safety plans to allow for specific actions to occur to keep them as safe as possible. This could be in the form of making sure appointments are not scheduled at the same time as their perpetrator. Participants are always offered the choice of accepting the housing and services provided. Should they refuse, they are kept at the top of the list until a more suitable choice is available for them. Staff have the options to look for housing that makes the client feel safer, whether that be in an apartment complex or an individual unit. We also work with the DV providers to develop a safety plan around a new housing unit. If requested all DV referrals are staffed anonymously at case conferencing.

3. CCCS communicates with the participant informally and formally through assessments, intake, and structured interviews. Informal conversations also take place. All of this information is used to develop strategies with the participant that focus on their strengths and provides supports in areas to help them build the skills that are important to them to be able to have the future they want.

4. CCCS serves all with dignity and respect. CCCS has extensive experience in supporting refugee populations which gives staff unique skills and understanding and respect for the importance of culture and tradition for families and communities. CCCS has working relationships with SW Fair Housing and Native American Community Action to ensure our services are culturally informed. All staff receive training related to cultural competency, fair housing, trauma informed care and other best practices to ensure we are meeting the needs of the participants we serve while being culturally aware of their unique situations. CCCS offers services in many different languages due to the work with refugee populations and recognize and affirm cultural faith and spiritual practices to the best of our ability. CCCS does not proselytize to anyone but respect their dignity and choice of traditions, faith, language, and all other facets of human life.

Catholic Charities is committed to respecting the culture and traditions of all we serve. Staff are trained annually in cultural sensitivity and have established an internal diversity committee to ensure that diversity and cultural competence are at the forefront of the work we do. Due to our extensive work with refugees, our documents (client rights, grievance, etc) are available in 12 different languages. We utilize interpreter services when needed to ensure understanding of all program components and ongoing as necessary.

5. CCCS is well integrated into the network of human services where services take place. Behavioral Health networks offer many peer support and recovery groups, Victim Witness and other DV shelters offer support groups. CCCS works with the participant to see if they would like to participate and then connect them to appropriate supports. These activities are supported with

transportation as needed.

6.CCCS has partners that they use to connect parents to parent education and most often connects with the McKinny Vento program for homeless families and other specialty providers in each county that we serve.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(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)

TANF/SNAP-CCCS refer to the local ADES offices in each county served for all TANF services. Participants are assisted in completion of applications when necessary. CCCS also refer to the Behavioral Health agencies that have staff specifically to assist in this process. In addition, some of the communities have peer support agencies like Hope Lives who have navigators who assist participants. CCCS provides documentation and proof of housing for all housing participants to assist in attaining services when requested (no formal MOU in place).

Head Start--CCCS staff refers regularly to Head Start Programs in each County. CCCS is the Head Start Provider in the West Valley area of Phoenix (Maricopa County) and thus has extensive experience in working with and referring out this population.

School Districts--CCCS works closely with the McKinney Vento Liaison in the Flagstaff, Williams, Prescott, Dewey/Humboldt, and Mohave Unified School Districts to engage families identified as homeless in their system.

Representatives attend the local COC meetings in each county as well as case conferencing.

Child Welfare--CCCS provides contracted services for families referred through the Child Welfare System in Coconino, Yavapai, and Mohave Counties. These programs serve at risk families related to substance abuse issues as well as parenting and neglect issues with the purpose of reunification or family preservation. These programs are aware of the Housing Services offered by CCCS and internal referrals occur as needed through the Coordinated Entry System. In addition, CCCS provides Adoption and Foster Care Recruitment and Training to families in our communities. (MOU in place)

Law Enforcement--Counties have provided a police liaison who regularly attends the LCEH meetings in these areas. PATH Outreach Programs work closely with law enforcement for referrals, especially during the Point in Time Count each January. Due to the increase in Re-entry housing programs operated by CCCS, there has been an increase in our rapport and working closely with Probation, Recovery Courts, Mental Health courts, Community Justice Coalitions, Public Defenders and Judges.

Behavioral Health Agencies/RBHA --CCCS staff case conferences with behavioral health agencies on an as needed basis in each county to address needs of those individuals who may need additional assistance to remain housed. In addition, Housing Case Managers work collaboratively with case managers and crisis teams in order to ensure housing stability for clients who reside in supportive housing. When challenging situations arise with current residents, CCCS engages behavioral health support and collaborate on solutions to help residents remain in housing.

Individuals who identify as LGBTQ+--CCCS serves all who are in need of housing services. CCCS follows all Fair Housing Laws and best practices when it comes to serving the most vulnerable in our communities. In addition, we have begun working with the Northern Arizona University Office of Inclusion: Multicultural & LGBTQIA Student Services to better understand the needs of students and young adults in our community in need of these services. As part of the LCEH in each county, staff is able to work with LGBTQ+ dedicated providers to ensure inclusivity in our service delivery.

Educational opportunities for young adults/adults such as technical/trades, community college, universities, on-line continuing education, etc.--CCCS supports those served in advancing their opportunities for future income, employment, and growth. CCCS partners with Goodwill's in all counties for employment and employment training to assist in increasing income for greater housing opportunities. Providers in each area are now increasing their efforts to

partner with community colleges and Goodwill for technical/trade certifications and educational opportunities.

Employment—CCCS works with Goodwill in several counties, as well as ADES funded work-related programs. Goodwill is skilled at job training, placement, and in working with individuals with disabilities and the related disability employment laws. In addition, we provide bus passes, work clothes, tools, etc to ensure there are no barriers to employment for clients able to work. If participants are unable to work, they are referred to the SOAR specialists employed by CCCS to explore obtaining SSI/SSDI benefits. CCCS works on budgeting and money management in case management with clients to help them gain financial sustainability.

Medicaid—Participants are referred to community partners such as County Health Departments, North Country Community Health Services, ADES and behavioral health providers to complete AHCCCS applications.

4A-3h.	Applicant’s Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. Households will be identified through the coordinated entry process and referred to the appropriately identified housing providers as well as the provider best equipped to support the immediate crisis need. The By Name List will be discussed weekly through the case conferencing process to streamline referrals for appropriate providers and available resources based on the increased vulnerability of survivors.
2. Through our PSH, RRH, and SSVF programs we look for creative solutions to ensure persons in our programs can obtain and maintain safe, affordable housing in the communities we serve. We have assisted with shared housing and communal setting housing, and have been a strong advocate with landlords for rent concessions and efforts to keep units affordable. Our reputation in the community and strong landlord relationships across Northern Arizona help identify permanent housing for survivors.
3. Clients always have a choice when it comes to housing. If a client turns down a unit they are not disqualified for services but rather will be offered the next available unit. When it comes to RRH projects such as this one we work with clients and landlords to find units based on clients budget and preferences.
4. CCCS partners with local domestic violence providers to provide specialized, 24/7 safety planning. CCCS staff work with all to provide a confidential space to determine best needs of clients. The client always guides conversations about safety in general. When domestic violence is involved, CCCS works with experts in the field to work together with the client to provide the most comprehensive safety planning possible.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	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;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. CCCS has been in operations since 1933. The agency’s mission is helping the community’s most vulnerable with solutions that permanently improve lives. Services are provided in locations where the participant is most comfortable. All participants are informed about the CCCS grievance process—so they always have the ability to raise concerns in a confidential manner if they do not feel respected in their interactions with CCCS employees.

2. CCCS incorporates a trauma lens/informed approach in all services. With the consent of the participant, CCCS reaches out to agencies that specialize in working with individuals who have experienced significant trauma to provide additional support. Most often those agencies include Victim Witness Services for in-depth safety planning and Northland Family Help Center. Many of the CCCS staff have experience working with individuals who have survived trauma. Multiple resources focused on trauma result in positive outcomes.

If a participant discloses that they feel unsafe, CCCS take steps to implement safety plans to allow for specific actions to occur to keep them as safe as possible. This could be in the form of making sure appointments are not scheduled at the same time as their perpetrator. Participants are always offered the choice of accepting the housing and services provided. Should they refuse, they are kept at the top of the list until a more suitable choice is available for them. Staff have the options to look for housing that makes the client feel safer, whether that be in an apartment complex or an individual unit. We also work with the DV providers to develop a safety plan around a new housing unit. If requested all DV referrals are staffed anonymously at case conferencing.

3. CCCS communicates with the participant informally and formally through assessments, intake, and structured interviews. Informal conversations also take place. All of this information is used to develop strategies with the participant that focus on their strengths and provides supports in areas to help them build the skills that are important to them to be able to have the future they want.

4. CCCS serves all with dignity and respect. CCCS has extensive experience in supporting refugee populations which gives staff unique skills and understanding and respect for the importance of culture and tradition for families and communities. CCCS has working relationships with SW Fair Housing and Native American Community Action to ensure our services are culturally informed. All staff receive training related to cultural competency, fair housing, trauma informed care and other best practices to ensure we are meeting the needs of the participants we serve while being culturally aware of their unique situations. CCCS offers services in many different languages due to the work with refugee populations and recognize and affirm cultural faith and spiritual practices to the best of our ability. CCCS does not proselytize to anyone but respect their dignity and choice of traditions, faith, language, and all other facets of human life.

Catholic Charities is committed to respecting the culture and traditions of all we serve. Staff are trained annually in cultural sensitivity and have established an internal diversity committee to ensure that diversity and cultural competence are at the forefront of the work we do. Due to our extensive work with refugees, our documents (client rights, grievance, etc) are available in 12 different languages. We utilize interpreter services when needed to ensure understanding of all program components and ongoing as necessary.

5. CCCS is well integrated into the network of human services where services take place. Behavioral Health networks offer many peer support and recovery groups, Victim Witness and other DV shelters offer support groups. CCCS works with the participant to see if they would like to participate and then connect them to appropriate supports. These activities are supported with transportation as needed.

6. CCCS has partners that they use to connect parents to parent education and most often connects with the McKinny Vento program for homeless families and other specialty providers in each county that we serve.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. CCCS employs several team members with lived experience related to substance use, justice involvement, homelessness, mental illness, and racial inequity. Their experience informs service delivery and allows them the ability to create greater rapport with clients and perspective with their team members. We have 2 Peer Support positions based in Mohave County, specifically to serve clients within our shelter. We are currently hiring for both positions due to our past Peer Support Specialist elevating to a supervisor within the agency.

2. Catholic Charities also continuously participated in the BOS Social Justice and Racial Equity work. Our staff attended the full trainings by the subcommittee in each county and sat on the board that helped create the initiative. Catholic Charities has partnered with agencies that are specifically trained to serve the diverse populations we encounter and serve within our communities. Additionally, CCCS leads the HMIS data workgroup focusing on social injustice and racial inequality in Coconino County. Finally, CCCS currently participates in a subcommittee within the DASH/LAPP workgroup to dive into the causes and effects of racial inequity and social inequality using analytic insights from the current project to develop a statewide data warehouse. We welcome and even seek out new opportunities to serve all in the most appropriate ways possible.

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Verde Valley Sanctuary
2.	Rate of Housing Placement of DV Survivors—Percentage	43%
3.	Rate of Housing Retention of DV Survivors—Percentage	70%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 1,500 characters)

1. VVS calculated the rate of housing placement by dividing the total number of unhoused DV survivors from the annual Point in Time count by the number of households that VVS is able to house annually.
2. The rate for housing placement accounts for the number of DV households that exited VVS into safe, permanent housing.
3. VVS does not track the rate of housing retention so this is an estimate.
4. VVS utilizes the Vela database to meet VAWA confidentiality requirements and it is an HMIS comparable database.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(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;
3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. VVS Advocates and the Case Manager work with survivors throughout their stay in the emergency shelter program, to the degree that they desire and based on a voluntary services model. Survivor households identifying housing as a need are provided resources and support in locating and securing safe, permanent housing during their up to 120-day stay in our emergency shelter. Should a survivor household identify and be able to secure and sustain housing, VVS will assist with move-in costs, including security deposits, fees, first month's rent, etc., to facilitate that move.
2. VVS has not prioritized survivors from the CoC in the past as all assistance with housing has been done internally with VVS clients.
3. Supportive services needs are determined by assessment and through regular interaction with the advocate.
4. All residents have face-to-face contact with an advocate/s upon arrival and throughout their stay and are provided information about trauma-informed communal living, resident rights, responsibilities, expectations of pets while in the shelter; length-of-stay, involuntary termination, appeal processes; confidentiality agreements, records request information; grievance procedures; and safety planning. The Case Manager also reaches out to new residents who can meet with the Case Manager if they choose and establish a case plan to determine additional supportive service needs.
5. The project-funded Outreach Advocate will work with survivors while in subsidized housing with planning for long-term housing sustainability beyond the subsidy. Some of the strategies will include, but will not be limited to, delivery of a financial management curriculum tailored for survivors, focus on saving while in subsidized housing, ensuring stable and adequate employment, or seeking other housing that is more affordable once the subsidy ends.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' 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. Verde Valley Sanctuary requires all staff and volunteers to adhere to, and acknowledge receipt of, Verde Valley Sanctuary’s internal confidentiality policy. Furthermore, Verde Valley Sanctuary follows best practice guidance from the Arizona Coalition to End Sexual and Domestic Violence, the National Network to End Domestic Violence, the Confidentiality Institute, and other national technical assistance providers on procedures to ensure the protection of victim confidentiality when working in collaboration with other agencies on behalf of victims who are also receiving services from Verde Valley Sanctuary. Partner organizations providing services to victims through his project will be expected to adhere to the same confidentiality expectations that Verde Valley Sanctuary abides by. Furthermore, participation in the CoC requires all partner agencies to complete a confidentiality form so that agencies can discuss individuals/households on the by-name list, including those who are survivors of domestic violence.
2. Using a Housing First and tenant-based housing approach, survivors will identify the housing units that best suit their needs, including the safety of the unit.
3. VVS will provide initial and ongoing safety planning with the survivor household to ensure ongoing safety, and provide limited technological safety enhancements to the units for additional physical safety and peace of mind.
4. VVS staff all receive the required 80 hours of training through the Arizona Coalition to End Sexual and Domestic Violence for domestic and sexual violence core advocacy. All training is focused on service provision through a trauma-informed lens and the confidentiality of survivors.
5. VVS staff will work with resident to ensure that units are safe and that location remain confidential.

4A-3d.1.	Applicant’s Experience in Evaluating Its Ability to Ensure DV Survivors’ Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project’s operation.

(limit 2,500 characters)

VVS is the only domestic violence organization in northern Yavapai County and is focused on ensuring safety of survivors. VVS has established confidentiality protocols, safety planning process with participants, and uses VAWA and other standard practices related to serving survivors to ensure that participants are safe. As VVS implements this RRH project--support and assistance will be requested from ADOH to ensure that the project's operation meets all required standards.

4A-3e.	Applicant’s Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant’s experience in:

1. prioritizing placement and stabilization of survivors;
2. placing survivors in permanent housing;

3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. VVS is not currently placing survivors of domestic violence into housing via the CoC.
2. Currently, housing needs are determined via the VVS Case Manager who meets with survivors who engage with case management services while residing in the emergency shelter program.
3. All survivors who identify housing as a need are provided with local and regional resources for housing so that survivors can begin to determine the type and location of permanent housing that will best suit their long-term needs.
4. Survivors who meet the criteria for rapid rehousing assistance and find an available unit are provided with financial assistance that may include application fees, deposits, first-month rent, and utility hook-up. Survivors with regular and stable incomes that can cover the rental costs tend to be prioritized for this assistance to ensure the long-term sustainability of permanent housing.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(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.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	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;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. VVS strives to provide an environment that is consistent with trauma-informed care practice that creates an environment that makes survivors feel safe and comfortable disclosing needs, and concerns related to their victimization, or a myriad of other stigmatized issues including (but not limited to) mental health, addiction, sex work and/or trafficking history, gender and/or sexual identity, HIV+ status and others (AZ State Service Standards for Domestic Violence Providers pg. 17). To facilitate healing and minimize revictimization and in accordance with the AZ Service Standards for Domestic Violence Service Providers, VVS service policies and practices model the components of trauma-informed care which are safety, trust, choice, collaboration, empowerment, and cultural humility in our work with survivors.
2. VVS provides survivors access to information on trauma through the delivery of on-site support groups. VVS Advocates who deliver support groups have had at least 40 hours of domestic violence training and provide the groups in an environment that encourages education, and sharing so that survivors feel connected and less isolated in the community.
3. VVS's Case Manager is trained, and services consist of providing referrals, education, and support to increase survivors' short- and long-term safety and well-being. VVS's philosophy is that survivors are experts in their own lives and know best how to determine and set their goals and aspirations. For effective case management/advocacy services, VVS builds and maintains collaborative relationships with other service providers, participates in coordinated community responses around specific issues, and assists survivors in identifying their needs and goals. VVS provides case management/advocacy services via phone, in person, and virtually (Zoom, Teams, etc.) to meet the needs of survivors.
4. The practice of cultural humility is an active and ongoing process at VVS to increase effective and equitable services for survivors and reduce power imbalances between staff and survivors. Beginning with policy, VVS has a general anti-discrimination policy and will be adding another anti-discrimination policy specific to gender identity to its employee handbook. VVS, to the extent possible, employs direct service staff who represent the survivors we serve, which may include lived experiences, shared cultures, language, race and/or ethnicity, gender identity, sexual orientation, ability status, and other characteristics. VVS includes language on its job announcements: "All qualified applicants, regardless of race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, ability status, age, or veteran status, are encouraged to apply." Furthermore, VVS recently added language to its job descriptions that those with lived survivor experience are preferred qualifications. VVS leadership also encourages and prioritizes direct service staff participation in any training opportunities that will increase knowledge, awareness, sensitivity, and responsiveness to survivors from different cultures. VVS will utilize the ACESDV Language Line if language access is a barrier and includes money in its annual budget for interpretation services. VVS also has a TTY line available and is considering upgrading to a video relay for access to Deaf and hard-of-hearing survivors.
5. VVS's community-based support groups will be an opportunity for survivors participating in this project to connect. The project-funded staff will be tasked with looking into other meaningful ways to connect survivors.
6. VVS will provide groups on trauma-informed parenting either directly or will connect survivors with community partners who have expertise and classes in this area. VVS has a robust Lay Legal Advocacy program that will be available to participants in this program. Should survivors need enhanced legal services, referrals to attorneys will be provided via that program.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(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)

Verde Valleys Sanctuary's programs are broken into two departments: Resident Services and Community Based Advocacy. The core programs contained in the Resident Services Department are Emergency Shelter and Transitional Housing. The Emergency Shelter Program serves survivors and their children who need immediate safety due to domestic and/or sexual violence victimization. Survivors can stay up to 120 days, and their basic needs are met. While there, they can access safety planning, case management, information and referral, crisis intervention, emotional support, and personal advocacy. Transitional Housing serves as a bridge for survivors who no longer need or do not need shelter. Survivors and their children can stay six to twenty-four months and pay a pro-rated rent of 30% of their net income. Survivors can also access safety planning, case management, information and referral, crisis intervention, emotional support, and personal advocacy. Additionally, survivors can participate in a match-saving program where Verde Valley Sanctuary will match, dollar for dollar, up to \$500 in savings.

The programs in our Community Based Advocacy Department are Outreach, Lay Legal Advocacy, and Youth Empowerment Services (YES). The Outreach program provides all of the same services that survivors receive in the shelter without the shelter. Survivors utilizing the Outreach program choose not to enter, or do not need shelter. The Lay Legal Advocacy program provides information about the civil legal system, assists with filing for protection orders and state Victim Compensation, assists with divorce and child custody related to domestic violence and court accompaniment, and provides community-based support groups in English and Spanish.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:

- | | |
|----|---------------------------------------------------------------------------------|
| 1. | prioritize placement and stabilization of program participants; |
| 2. | place program participants in permanent housing; |
| 3. | place and stabilize program participants consistent with their preferences; and |
| 4. | place and stabilize program participants consistent with their stated needs. |

(limit 2,500 characters)

1. VVS will prioritize survivors' placement based on the CoC screening tool and how households score on that tool. From there, VVS will utilize the tenants of Housing First in the application of this project that state (1) victims access is not contingent on sobriety, minimum income requirements, lack of criminal record or previous participation in another program; (2) victims will not be screened out due to poor credit financial history, poor rental history or behaviors perceived as indicators of lack of "housing readiness"; (3) housing goals and support services are survivor-centered and trauma-informed; (4) victims with disabilities are offered opportunity to request reasonable accommodations during application, screening and tenancy of the program; (5) support services are voluntary; (6) services include a harm-reduction orientation recognizing that substance use and abuse are a part of some victims' live; (7) substance use, without the presence of other lease violations, is not adequate grounds for exiting a victim from the program.

2. VVS with the addition of RRH units will support participants in identifying permanent housing options that are safe and secure. Currently VVS relies on community resources to facilitate more permanent placements than are available through VVS.

3 Survivors are provided flexibility in making rent payments on-time through the use of flexible payment options. Survivors who need to change their housing situation due to domestic violence and/or sex trafficking victimization will be provided opportunity to do so in cases where their safety and tenancy is in jeopardy.

4. Survivors will be able to choose the housing unit they move into, and supportive services will be made available to them on a voluntary basis. In other words, participation in this project is not contingent on participation in services.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	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;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. VVS strives to provide an environment that is consistent with trauma-informed care practice that creates an environment that makes survivors feel safe and comfortable disclosing needs, and concerns related to their victimization, or a myriad of other stigmatized issues including (but not limited to) mental health, addiction, sex work and/or trafficking history, gender and/or sexual identity, HIV+ status and others (AZ State Service Standards for Domestic Violence Providers pg. 17). To facilitate healing and minimize revictimization and in accordance with the AZ Service Standards for Domestic Violence Service Providers, VVS service policies and practices model the components of trauma-informed care which are safety, trust, choice, collaboration, empowerment, and cultural humility in our work with survivors.
2. VVS provides survivors access to information on trauma through the delivery of on-site support groups. VVS Adocates who deliver support groups have had at least 40 hours of domestic violence training and provide the groups in an environment that encourages education, and sharing so that survivors feel connected and less isolated in the community.
3. VVS's Case Manager is trained, and services consist of providing referrals, education, and support to increase survivors' short- and long-term safety and well-being. VVS's philosophy is that survivors are experts in their own lives and know best how to determine and set their goals and aspirations. For effective case management/advocacy services, VVS builds and maintains collaborative relationships with other service providers, participates in coordinated community responses around specific issues, and assists survivors in identifying their needs and goals. VVS provides case management/advocacy services via phone, in person, and virtually (Zoom, Teams, etc.) to meet the needs of survivors.
4. The practice of cultural humility is an active and ongoing process at VVS to increase effective and equitable services for survivors and reduce power imbalances between staff and survivors. Beginning with policy, VVS has a general anti-discrimination policy and will be adding another anti-discrimination policy specific to gender identity to its employee handbook. VVS, to the extent possible, employs direct service staff who represent the survivors we serve, which may include lived experiences, shared cultures, language, race and/or ethnicity, gender identity, sexual orientation, ability status, and other characteristics. VVS includes language on its job announcements: "All qualified applicants, regardless of race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, ability status, age, or veteran status, are encouraged to apply." Furthermore, VVS recently added language to its job descriptions that those with lived survivor experience are preferred qualifications. VVS leadership also encourages and prioritizes direct service staff participation in any training opportunities that will increase knowledge, awareness, sensitivity, and responsiveness to survivors from different cultures. VVS will utilize the ACESDV Language Line if language access is a barrier and includes money in its annual budget for interpretation services. VVS also has a TTY line available and is considering upgrading to a video relay for access to Deaf and hard-of-hearing survivors.
5. VVS's community-based support groups will be an opportunity for survivors participating in this project to connect. The project-funded staff will be tasked with looking into other meaningful ways to connect survivors.
6. VVS will provide groups on trauma-informed parenting either directly or will connect survivors with community partners who have expertise and classes in this area. VVS has a robust Lay Legal Advocacy program that will be available to participants in this program. Should survivors need enhanced legal services, referrals to attorneys will be provided via that program.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|-----------------------------------------------------------------------|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

1. VVS distributes satisfaction surveys to participants in all programs regularly that can be completed and returned anonymously. Those surveys are reviewed monthly, analyzed for trends, and discussed to determine if trends can and should be accommodated to improve the quality of services for survivors.
2. VVS will seek technical assistance from the Arizona Coalition to End Sexual and Domestic Violence to explore and implement other best practices for including those with lived experience in the development and ongoing operation of this project.

Attachment Details

Document Description: 1C 7 PHA Homeless Preference

Attachment Details

Document Description: 1C-7 PHA Moving On Preference

Attachment Details

Document Description: 1E 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 Tools

Attachment Details

Document Description: 1E-2a Scored Forms for One Project (Renewal and Bonus)

Attachment Details

Document Description: 1e 5b Local Competition Selection Results/Final Project Scores for All Projects

Attachment Details

Document Description: 1E 5 Notification of Projects Rejected Reduced

Attachment Details

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

Attachment Details

Document Description: 1D 2a Housing First Evaluation Mohave Cty

Attachment Details

Document Description: 1D-10a Lived Experience Support Letter

Attachment Details

Document Description: 2A-6 HDX Competition Report AZ 500 2024

Attachment Details

Document Description: AZBOSCOC/ADOH Special Needs Operation Manual

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/11/2024
1B. Inclusive Structure	10/22/2024
1C. Coordination and Engagement	10/22/2024
1D. Coordination and Engagement Cont'd	10/22/2024
1E. Project Review/Ranking	10/22/2024
2A. HMIS Implementation	10/22/2024
2B. Point-in-Time (PIT) Count	10/22/2024
2C. System Performance	10/22/2024
3A. Coordination with Housing and Healthcare	10/22/2024
3B. Rehabilitation/New Construction Costs	10/22/2024
3C. Serving Homeless Under Other Federal Statutes	10/20/2024

4A. DV Bonus Project Applicants	10/22/2024
4B. Attachments Screen	10/23/2024
Submission Summary	No Input Required