

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	No	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Organizations serving Veterans	Yes	Yes
Local Government (Cities, Counties)	Yes	Yes
Faith based and employment organizations	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

The CoC uses multiple strategies to solicit and consider opinions related to preventing and ending homelessness. Information is gathered on a variety of topics and at all levels and include system coordination, CoC membership, strategic planning, HMIS data, resources, and housing strategies. Strategies include: 1) The Governance Advisory Board (GAB) by a vote expanded representation from 9 to 11. New representatives include DV provider community, HIV/AIDs service system, and broadened geographic coverage. GAB membership is diverse representing different interests, sectors and geographies. In addition to quarterly meetings, the GAB has an annual planning retreat. There are also numerous ad hoc and standing committee meetings on system performance, Coordinated Entry (CE), NOFA processes, and NOFA rating and ranking (limited to GAB members without conflicts). 2) Chartered by the AZBoSCoC, Local Coalitions to End Homelessness (LCEHs) are active in nine of 13 counties. There are over 318 individuals and 156 community organizations and stakeholders participating representing Veterans, Domestic Violence (DV), housing and mainstream service providers, local government, health care, advocates, law enforcement, faith community, and individuals with lived experience. Each LCEH operates under AZBoSCoC charter and policies requiring HUD CoC compliance. Within this framework, LCEH serve as the locus of planning and implement CoC activities such establishing coordinated entry (CE)and case conferencing, use of the BNL, and outreach coordination that reflect the needs and resources of the local community. 3) A BoS track is held at the annual Housing Conference focused on homelessness, attended by 500+ individuals. This provides an opportunity to engage with individuals and stakeholders not directly involved in the AZBoSCoC. 4)AZBoSCoC representatives and ADOH staff constantly communicate with other systems including state and local governmental and mainstream services partners.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

Membership is an open process at all levels of CoC Governance. The GAB

membership was expanded this year and there were vacancies due to term limits. In order to fill vacancies, a public notice went out through email and was posted on the ADOH website through its Bulletin process (which includes an email notification and a website). Requests for candidates were sent out through LCEH meetings. Seven applications were received and vetted through the then current GAB. Through that process four new members representing new sectors became part of the GAB including DV and HIV/AIDS programs. The LCEHs have broad open memberships representing a variety of community interests. They regularly outreach for new membership through invitation and publication of local activities and events. Each uses a localized process to select leadership. Membership processes are included in GAB and LCEH charters/governance documents. The LCEH solicits members on an ongoing basis. The GAB solicits invitations as openings occur and at a minimum annually. In certain situations, the GAB will recruit specific individuals based on GAB and LCEH feedback to meet specific CoC qualifications or priorities that may not apply through the general process. For example, the Board is currently soliciting public and LCEH referrals to fill its charter mandated position for a person with lived homeless experience since no one with this background applied through the application process.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The AZBoSCoC used several methods to engage organizations and the public to notify them of the availability of NOFA funding. For 2018, the notification was July 20, 2018 and the ADOH Bulletin process was used for broad dissemination.

- 1) Because of the new opportunity related to DV-Bonus funds, ADOH staff communicated with the Arizona Department of Economic Security (DES, the state social service agency) Domestic Violence Services Coordinator and the Director of the AZ Coalition to End Sexual and Domestic Violence (AZCESDV) to publicly communicate to their networks about the availability of DV funds. This was in addition to the public notice provided through the ADOH Bulletin. A contact number for the CoC Independent Contractor was provided so that there would be a person they could contact to discuss the application process. The process resulted in inquiry from DV shelters throughout the CoC geographic area which were not current providers.
- 2) The availability of bonus/re-allocated funds was advertised through the ADOH Bulletins and announcements were made at LCEH meetings and networks. The contact number for the CoC Independent Contractor was provided so that agencies could ask questions and become familiar with the process. Contact was also made with other systems such as the VA, Regional Behavioral Health Authority, through a AZBoSCoC planning meeting that took place in July to again reach out to non-CoC housing providers and notify that funds were available for application for bonus projects.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Regional Behavioral Health Authorities	Yes
Native American Communities within geographic area	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

AZBoSCoC lead agency AZ Dept. of Housing (ADOH), and BoS ESG Administrator, AZ Dept. Econ. Security (ADES), work closely to align ESG/CoC activities, planning, funding alignment and project performance. 1) Activities include: a) ADOH annual public HUD Consolidated plan focus groups and

hearings involve ESG providers and community partners for ESG feedback; b) ESG and CoC staff meet regularly regarding funding priorities and needs to inform allocation strategies; c) DES ESG staff and ESG providers represented at all CoC governance levels (AZBoSCoC GAB, LCEH lead agency meetings, committees, and local LCEH meetings); d) ESG contracts require active participation in the CoC; e) CoC HMIS data and reporting including AHAR, PIT, HIC, SPMs, and Con Plan are shared with DES/ESG for planning; and f) ADOH/CoC staff participate in DES ESG project funding review process.

2) ADOH/CoC and DES/ESG also coordinate on improving project performance and evaluation. Key strategies consist of: a) development of shared ESG/COC program standards for PH-RRH; b) regular meetings of CoC and ESG staff to standardize project monitoring and evaluation; c) development of a shared Performance Management Plan for CoC and ESG program in 2019; d) creation of standardized system and project reporting based on HUD HMIS reports (ex: CAPER, SPM, APRs); e) DES requirement of ESG recipients to participate and share project data in CoC HMIS and CE projects per CoC standards; f) ADOH as HMIS lead provides DES/ESG with HMIS data for ESG CAPER and custom ESG evaluation reports; and g) ESG staff sits on the CoC Project Ranking and Review Committee and ADOH CoC staff participate in DES ESG funding application review process. As a result of this enhanced collaboration, for the first time, DES and ADOH are designing a project which layers ADOH HTF and ESG funding to increase outreach, engagement, and housing availability in an identified undeserved region of the CoC.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

The CoC has improved protocols ensure the safety and services for DV survivors. 1) Protocols include: a) CoC CE policies and practices require compliance with VAWA and other DV protocols; b) DV screening part of COC

CE/HMIS intake, diversion, and VI-SPDAT standard assessment to identify and ensure safety for those at risk or fleeing DV; c) no use of HMIS in cases of DV; d) LCEH and CE practices address needs of DV victims; safe access to CoC services such as CE, confidentiality, safety planning, and coordination with DV providers to expedite safe placement; e) CE Committee approved Emergency Transfer Plan pending GAB approval in Fall '18; f) Coordinate DV safety and awareness training and practices via DV providers; g) AZBoSCoC is securing standardized DV training through the AZ Coalition Against Domestic and Sexual Violence (AZCDSV); and h) ADOH CoC staff sit with AZCDSV on the inter-agency AZ State Agency Coordination Team (SACT) for victims of crime to coordinate statewide strategies with other stakeholders.

2) CoC CE policies and practices maximize DV client choice for housing and services consistent with ensuring safety and confidentiality as follows: a) CE process incorporates screening for survivors or those fleeing domestic or sexual violence; b) if the person identifies the need for DV services, CE intake workers ensure there is a safety plan and other confidentiality protocols are followed (no HMIS data entry); c) CE works with DV providers for immediate placement or services. Policies also ensure that DV survivor data is not maintained within HMIS; d) DV clients are brought (de-identified) by DV providers or CE to case conferencing for prioritization and matching with CoC housing vacancies. DV risk and safety are factors in housing prioritization; e) in entering CoC programs, clients may continue to keep information confidential and not shared through HMIS; and f) housing supportive services would continue to support DV and safety plan needs.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC and its CE processes comply with VAWA and HUD requirements including confidentiality. DV screening, service coordination, safety and planning policies protocols are incorporated into local LCEH DV compliant policies and procedures. (1) CE providers in AZBoSCoC receive training in DV protocols and services from local resources and/or the AZ Coalition to End Sexual and Domestic Violence (AZCESDV). This past year, AZBoSCoC staff and CE lead agencies attended training sponsored by AZCESDV and provided by national DV TA consultants on DV best practices including housing and service coordination, trauma informed care, housing first in the DV context, mobile advocacy, safety models, VAWA compliance, and CE coordination. The AZBoSCoC has updated and improved AZBoSCoC continuum wide policies regarding providing appropriate services to DV survivors through the CE and CoC system in DV screening, safety planning and confidentiality of information. In 2018, the AZBoSCoC Governance Advisory Board added a DV provider as a voting member of the Board to incorporate DV provider perspective and best practices into Continuum planning.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC utilizes numerous CoC and local resources to assess the needs related to survivors and those fleeing domestic violence, sexual assault, staking and trafficking. Within CoC processes, the AZBoSCoC reviews, AHAR, ESG CAPER, APR and HMIS entry/exit information to identify aggregate information regarding those who have experienced DV as well as those fleeing DV. The AZBoSCoC PIT process incorporates questions in the unsheltered count to identify possible DV survivors and DV programs are surveyed in the non HMIS shelter count as part of the PIT process. FY 2018 HMIS data shows approximately 10% of AZBoSCoC persons served had experienced domestic violence (DV) and 2.7% reported fleeing DV. 2018 PIT data showed 139 of 2,187 (persons surveyed had experienced DV (6.4%) of which 126 were unsheltered). In a supplemental custom PIT question, 133 of 236 unsheltered persons reported DV contributing to their homelessness. While a need exists, overall DV bed occupancy in the 2018 HIC showed 76% occupancy suggesting some capacity in the DV system. One challenge is that existing shelters and DV resources are not always geographically accessible to those in need. The CoC is generating county level HIC/PIT and HMIS data to further assess where DV service needs are most acute and/or unmet. The AZCESDV is currently working with AZ DV providers to implement a comparable database but no aggregate information has been shared at this time from the DV system. The AZBoSCoC also utilizes data collected and reported by DV providers and funders. Per DES, over 7,400 persons received shelter and TH related to DV. AZBoSCoC representatives will be attending DV State-wide strategic planning sponsored by the AZCEDSV in October to further understand the scope and need within the DV system and to further explore possible coordination opportunities.

1C-4. DV Bonus Projects. Is your CoC Yes applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

- 1C-4b. Applicants must describe:**
 (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
 (2) the data source the CoC used for the calculations; and
 (3) how the CoC collected the data.
 (limit 2,000 characters)

CoC funded projects are currently serving 206 (17.7%) survivors of domestic violence. The data source for this calculation was the most recent APR for each of the current AZBoSCoC sub-recipients. The data was collected as part of the self scoring tool that each sub-recipient completed as part of the review and ranking process of the renewal applications. HMIS data for a point in time

(9/1/18) showed 441 persons who had experienced DV out of 4,435 total persons served on that day of which 86 were fleeing domestic violence. These numbers were consistent with other data points including the HIC and annual HMIS demographic data on clients served.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

In the 2018 unsheltered PIT count, 236 (26.2%) reported being a survivor of domestic violence (not reported in HDX). Of those 126 (53.3%) indicated that domestic violence contributed to the situation. To further inform, 18 domestic violence shelters reported information for the HIC. Of the 18, six were 100% occupied. The overall occupancy rate is 76%. Because of the vast space covered by the AZBoSCoC (95,000+ square miles) these resources are not easily shared and are very localized to the community where the shelter is located. The AZBoSCoC will benefit by having RRH dedicated to individuals and families who are survivors: 1) RRH availability will provide a safe alternative for households moving from shelter to a more sufficient lifestyle with the option of continued support including safety support. 2) Having downstream options provide individuals/families to move out of shelter more quickly without having to go into market housing in the community where safety and other issues can still exist.

The data source for this section is the 2018 Point in Time Count conducted in January 2018. Data was collected by survey facilitated by 345 volunteers working throughout the AZBoSCoC geographic area.

The related Housing Inventory data for DV shelters was conducted through a survey sent to each provider. The survey only asked for aggregate data--no identifying information was collected. Subsequently the information from the survey was uploaded into the housing inventory at the HDX Exchange.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

The CoC has a need to extend the availability of housing options for DV survivors and has applied for a DV-bonus project that would serve DV survivors in Coconino, Yavapai, Navajo, and Mohave counties. The project proposes 18 units with 35 beds of rapid rehousing. It is estimated that each household will have a housing subsidy for three to four months and then become self-sufficient

to pay rent, but still have access to ongoing support services. As a result, it is anticipated that the availability of TBRA will support between 70 and 110 individuals during the program year. The unmet need is based on the 126 individuals who reported that DV contributed to their homelessness. The unmet need is further quantified by the limited availability of shelter beds in these counties. For the CoC--having dedicated RRH for DV survivors will allow for DV shelter beds to be used effectively because of the availability of RRH as an option to provide permanent housing.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The Wisteria Housing Project will serve four northern counties. The coordinated entry for the communities covered show that approximately 30% of those coming to an access point have a history of domestic violence. The need has been exacerbated by the closing of the White Mountain Safe House in Navajo County and Lake Havasu City Domestic Violence Shelter in Mohave County. These closures reduced the inventory of DV beds in the northern counties by 38 beds. While the AZBoSCoC has one RRH project with 5 units and 9 beds that have a DV preference, there are currently no CoC DV survivor-dedicated permanent housing units. Wisteria Housing will provide the opportunity to create a safe continuum of housing options from emergency shelter to permanent housing. It will allow for the more efficient use of the limited shelter beds and provide DV survivors with the ability to transition back to self-sufficiency with the initial support of TBRA and the ongoing support of wraparound DV specific supportive services.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

Catholic Community Services (CCS) in Northern Arizona is the applicant for Wisteria Housing the DV-Bonus Project. The project will provide DV survivors with RRH options and wraparound/support services. Wisteria Housing includes CCS as the housing provider and DV providers in the communities served (i.e. Verde Valley Sanctuary, Sharon Manor DV Shelter, and Northland Family Help Center). 1) Based on data from these agencies, the current rate of housing placement of DV survivors is 91%. 2) The rate of housing retention of DV survivors is 85% at six months and 80% at 12 months. At the moment, no follow-up is provided beyond 12 months. CCS is developing a plan for longer follow up through the use of volunteers. 3) CCS and DV providers who will be involved in the project follow the Arizona Service Standards for Domestic Violence Providers which are promulgated by the Arizona Department of Economic Security. (This is the state agency that coordinates the provision of DV services.) Further actions that are taken to improve and ensure the safety of

DV survivors include collaborative efforts through the Local Coalitions to End Homelessness which includes police, first responders, and victim witness services. The involvement of these key stakeholders supports the safety of the DV survivor not only for transition from crisis to more permanent housing but also through court processes. The proposed project Wisteria Housing will be available in four counties, so that participants will have housing options beyond their current community to relocate and continue to receive rental assistance, case management, and supportive services. 4) Multiple barriers are addressed through alignment and compliance with the AZ Standards of Service for DV Providers. In alignment with those standards, case managers assess, address, and provide ongoing case management support to address all barriers which may hinder the participant's ability to maintain permanent, safe, affordable housing. Collaborations with police, first responders and victim witness services also address safety concerns and the need for ongoing support. Other collaborations help address barriers to ensure food security, workforce development, child care, and meeting the health and behavioral health needs of all household members.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC’s geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Yavapai County (Arizona Department of Housing)	0.00%	Yes-HCV	No
Cochise County	0.00%	Yes-HCV	No
City of Flagstaff	11.17%	Yes-Both	No
Pinal County	10.40%	Yes-Both	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

There are 13 PHAs in AZBoSCoC geographic area. Presently, four (4) have homeless admission preferences in their public housing and/or HCV programs.

An estimated 7% of placements for PHAs reporting were to homeless persons (including those who don't have a preference) . The AZBoSCoC continues to recruit PHAs to participate in the CoC and the LCEH meetings in their respective counties. PHA recruiting activities being used include: having a County PHA Director on the CoC GAB responsible for peer to peer CoC engagement; GAB PHA member has committed to working with NAHRO and other statewide PHA professional associations to promote participation. In two (2) counties, PHA staff chair CoC LCEH meetings and involve PHA in CoC planning; local PHA representatives are involved in LCEH meetings and CE in other counties; the ADOH Special Needs Supervisor and ADOH staff meet regularly with PHAs to discuss participation; in the next year, the CoC will create standard homeless priority and "moving on" language to recommend to PHAs without current preferences; the AZBoSCoC offers PHA free HMIS user licenses for participating PHAs to coordinate and track homeless placements; and the AZBoSCoC Coordinator makes regular presentations to County and municipal leaders through the CoC to encourage PHA and local government participation in the CoC and local LCEH including local PHA participation. As noted elsewhere, the CoC through HMIS, is able to create localized county BNL and SPM reports. This information will be used to encourage local PHA participation by demonstrating immediate need and impact of preferences for the PHA's community.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The AZBoSCoC is committed to serving all persons experiencing homelessness regardless of gender or sexual orientation. To this end, gender and sexual orientation are included in AZBoSCoC non-discrimination policies. The AZBoSCoC adopted the HUD final rule, "Equal Access in Accordance with and Individual's Gender Identity in Community Planning and Development Programs" in 2017. This policy and other non-discrimination policies have been incorporated into AZBoSCoC CE and service standards and CoC contracts to ensure AZBoSCoC resources are accessible to homeless LGBT individuals and their families. ADOH also provides statewide Fair Housing training for all housing and service providers, advocates, housing authorities and the general public to promote non-discrimination and accessibility in housing for all populations including LGBT persons. Within local LCEHs, LGBT advocates participate in LCEH meetings and committees to inform local homeless service systems practices to be LGBT friendly and to coordinate available LGBT

specific supportive services. Since organized LGBT advocacy does not exist in all rural counties, the AZBoSCoC also engages organizations that may serve local homeless LGBT populations within their larger service populations including HOPWA, HIV/AIDS programs, and youth service providers. In certain cases, these organizations participate in CoC projects including HMIS subject to confidentiality requirements. Despite these efforts, identifying and developing additional partnerships and resources will continue to be a priority as will identifying an entity to provide state-wide training on LGBT informed services and engagement.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC geographic area;

- (2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**
 - (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**
 - (4) attach CoC's standard assessment tool.**
- (limit 2,000 characters)**

1) As of Jan. 2018, CE is available in all 13 BoS counties. Persons experiencing homelessness can be entered into HMIS CE BNL based on any contact/intake with any HMIS provider w/in 30 days. The BNL is sent weekly to LCEH case conferencing leads for prioritization of housing vacancies in CoC, ESG, VASH, SSVF, PHAs, non-CoC housing programs, HTF RRH, and RBHAs to facilitate client engagement and housing quickly in each county. 2) Four strategies are being piloted to improve geographic access and engagement of high needs persons: a) In the NOFA, funding has been re-allocated to create an SSO CE phone hotline for rural counties w/o homeless services. A hotline will generate an estimated 200 CE assessments a year from these areas. b) To reduce barriers for those least likely to seek assistance, the BNL is auto populated by any HMIS contacts to include persons who may be unable to affirmatively or physically follow up (ex: daily call-ins). CoC is adding mainstream providers (ex: RBHA clinics) as alternative HMIS/CE Access Sites to identify homeless users with who might not access homeless projects but seek other services. c) ADOH and DES are layering HTF, BoS ESG and CoC funding to expand outreach/CE capacity in underserved communities. 3) The CoC adopted HUD's Notice 16-11 for PH to focus on CH persons, LOT, disability, and overall acuity (using the VI-SPDAT for PH and RRH placement). The CoC has also identified special subpopulation priorities based on vulnerability or CoC priorities. To improve assessment and expedite placement, LCEHs conduct weekly case conferencing to review cases, coordinate outreach and discuss other priority factors. CoC's CE Committee reviews CoC CE prioritization, data and improvements including "dynamic" prioritization to ensure overall system performance and effectiveness. CoC has begun tracking time from CE to housing placement to identify barriers and possible challenges. 4) CoC has adopted the VI-SPDAT as the standard acuity for CE.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1) CoC project rating and ranking of all projects included severity of needs and vulnerabilities and included chronic homeless persons with disabilities and serving persons with at least one or more disabling condition(s). Projects received points for accepting prioritized referrals from the CoC CE system based upon risk and vulnerability factors included in the VI-SPDAT such as lack of income, history of victimization including DV, and criminal history. Points were awarded for Housing First adherence by removing barriers to housing related to severe needs or vulnerabilities such as substance use, criminal history, or lack of income. DV Bonus Project scoring and ranking included questions on experience/capacity to serve DV victims as well as those w/ severe needs.

2) Serving vulnerable persons was considered in three ways in the process: a) For renewal PH project applications, points were awarded for the number of CH persons served by the project as reported in the APR. Renewal RRH projects were awarded points for the number of persons served with at least one disabling condition per the APR. Bonus projects without performance history

were required to answer and received points based upon the severity of needs of the target population(s) to be served and the agency’s capacity to serve CH and/or other populations with severe needs. b) Renewal projects received points for participating in and accepting prioritized referrals from the CE system which are based on the VI-SPDAT. Bonus projects committed to participating in CE and accepting prioritized referrals based in part on acuity. c) New/renewal projects were required to document their implementation of (or intent to follow for new projects) of Housing First principles in their projects, particularly in the removal of barriers to serving vulnerable and high-risk persons. In total, up to 20% of available points in the NOFA rating and ranking were related to serving at risk and vulnerable populations.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application

**deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: Governance Charter page 5 and 7
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware/Wellsky

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	944	395	448	81.60%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	305	119	186	100.00%
Rapid Re-Housing (RRH) beds	562	0	562	100.00%
Permanent Supportive Housing (PSH) beds	1,134	0	1,134	100.00%
Other Permanent Housing (OPH) beds	0	0	9	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Overall HMIS bed coverage for all AZBoSCoC interventions was 95.85% according to 2018 HIC data. TH, RRH and PSH showed 100% coverage of identified non-DV beds. ES HMIS coverage was at 81.6%, primarily due to the opening of a new 50 bed, faith based/non ESG funded shelter in the AZBoSCoC in the past year. Data quality for CoC funded HMIS beds is over 99% and for all HMIS beds exceeds HUD requirements. The organization operating this facility does not receive governmental funds and initially did not want to be involved with HMIS or other governmental requirements nor did they feel as if they had the staffing to comply with HMIS standards. AZBoSCoC has already begun to engage this facility and other smaller faith-based shelters that are not currently participating in HMIS that were identified in this year's HIC. The 50-bed shelter in question has new management and is already participating in the LCEH coordination meetings in its community. They are currently a partner with another CoC organization in our NOFA Bonus Projects for CH persons which demonstrates their willingness to utilize HMIS since this would be a requirement of any CoC recipient or sub-recipient. The AZBoSCoC via ADOH pays for initial HMIS licenses for new HMIS agencies to reduce financial barriers to participation and HMIS System Administrators are prepared to provide custom on-site training once the project is established in HMIS. We anticipate having this ES project in HMIS well within 12 months

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/27/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/23/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/27/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
(limit 2,000 characters)**

The AZBoSCoC made no major changes in PIT count implementation but did refine the process. Data quality in HMIS was reviewed and updated by CRN, the system admin, with assistance from sub recipients and ADOH staff prior to HIC entry. The AZBoSCoC continued to use a survey to collect data from programs (primarily small pocket shelters and DV shelters) that do not use HMIS. The AZBoSCoC enlisted the assistance of the Arizona Department of Economic Security staff who are the coordinators for ESG programs and DV shelters to assist in disseminating the surveys and encouraging programs to respond. In addition, the AZ Coalition to End Sexual and Domestic Violence assisted in distributing the surveys and also encouraging programs to complete and return the surveys. Finally calls were made to all programs that had not responded by a certain date to encourage participation. This ongoing outreach also included engagement of these programs in the Local Coalitions to End Homelessness. In addition, some of the emergency shelter projects not currently using HMIS expressed interest in becoming a user.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	205
Beds Removed:	78
Total:	127

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a No

Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidential declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

The CoC continued to emphasize the need to outreach to youth for inclusion in the count. LCEH Count Coordinators outreached to agencies that serve youth as applicable and where there are youth serving agencies. In 2017 the CoC added youth specific questions to the survey and distributed the survey for review prior to finalization for 2018. Locations were identified with the assistance of local stakeholders. In 2018 only 14 unaccompanied youth (18-24) households were counted and no unaccompanied youth under 18 were identified in the unsheltered count.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count: (1) individuals and families experiencing chronic homelessness; (2) families with children experiencing homelessness; and (3) Veterans experiencing homelessness.

(limit 2,000 characters)

The 2018 PIT count involved 345 volunteers, a 100 person increase. Increased volunteers expanded the number of interviews conducted and geographic coverage. County PIT leads were given additional training to share with local volunteers to improve engagement skills to engage chronically homeless, families and veterans. The survey form was simplified to expedite interview time. Additional steps were used to engage chronic homeless (CH) persons; families with children and veterans. 1) Chronic: AZBoSCoC PIT CH numbers have increased due to improved PIT counts as well as an affordable housing crisis which drastically reduces landlord participation in homeless housing projects and limits the ability for CH persons with significant issues (i.e. evictions, criminal history, SMI, disabilities) to secure and maintain housing. CH count strategies included: a) RBHA mental health providers PIT participation; b) PATH and experienced outreach teams participated to engage hard to serve CH persons especially in remote environments where rural CH persons avoid harassment or engagement; c) law enforcement cooperation to identify homeless sites; and d) low barrier events (ex: BBQs) with incentives. 2) Additional family strategies included: a) PIT interviews hosted at mainstream service locations including food pantries, dining halls, coordinated entry access points where homeless families are more likely to present for assistance; b) school liaisons with knowledge of family and youth issues participated; and c) targeted follow up with DV and non HMIS CoC family shelters for inclusion in sheltered count. 3) Veterans: LCEHs worked with SSVF, VASH, and local Veteran agency volunteers to locate veterans in the PIT count. Veteran service organizations lead veteran engagement activities including securing interview incentives, hosting stand-down events to draw veterans and using experienced Veteran outreach staff to identify camps and other hard to find veteran (and CH) populations.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	4,284
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3A-1a. Applicants must:

(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy 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 the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) The CoC reviews HMIS/other data to determine risk factors for first time homeless both at the GAB and county LCEH. Data includes HMIS demographics, prior living situation, local economic data including housing affordability/availability, institutional releases, and other mainstream systems data. In multiple CoC committees, data informed discussions occur on trends, conditions and risk factors related to first time homelessness. The CoC is focused on first time risk factors including housing affordability, prevention, and institutional/mainstream releases to homelessness. 2) To address first time homeless risk factors, the CoC has implemented the following: a) BoS ESG contracts, ADOH HTF RRH Programs and VA SSVF programs set aside homeless prevention funding; b) ADOH and four LCEHs are piloting jail/prison pre-release diversion and housing counseling programs; c) ADOH has set aside \$2 million in AZ HTF funds for eviction prevention in communities that have high eviction rates; d) CE incorporates diversion into CE processes and coordinates with local prevention resources; e) the CoC is working to add all AHCCCS/Medicaid integrated health plans and their clinical networks in HMIS to improve coordination of housing and supportive services to reduce first time homelessness due to mental/physical health issues; f) two VAHCS participate in HMIS to coordinate VA services with a third to be added w/in a year. g) CoC HMIS BNL includes first time homeless identification to expedite engagement; and h) the CoC GAB will review CoC diversion training at all service levels in the CoC to reduce the number of first time homeless persons. 3) The ADOH COC Coordinator is responsible for working with HMIS, mainstream providers, LCEHs, and CoC stakeholders to oversee, implement and evaluate the strategies described here.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
 (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
 (2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
 (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
 (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
 (limit 2,000 characters)

Comparing SPM 1a from 2016 to 2017, the average LOT homeless for persons in ES was reduced by 11% from 55 to 49 days and average LOT homeless for ES/TH was reduced 15% from 79 to 69 days. Key strategies to reduce LOT are: a) HMIS review to identify and prioritize users over 100 days in ES/TH; b) LOT weighted factor in CE prioritization; c) HMIS LOT data in weekly county BNLs to LCEH case conferencing; d) behavioral health, VA and other mainstream partners use HMIS to prioritize LOT in their housing resources; and e) re-allocation and ADOH AZ HTF funding for RRH to expedite housing placement for those with long LOT. (3) Each county provided a weekly BNL identifying households with contact in the CoC HMIS systems. The BNL includes information for prioritization (acuity scores, chronic status, homeless frequency, and LOT) among other data related to HUD 16-11 Notice requirements. LOT is a primary factor for PH and RRH housing placement at case conferencing which includes outreach and ES providers to engage persons with long LOT who may have barriers to self-engagement. Once a household is assigned to a housing resource, the provider works with shelter, outreach, mainstream provider supportive services (ex: SMI case manager) to coordinate documentation/eligibility, move in, funding supports, and other processes. The CoC works with the VA and AHCCCS/RBHA system to prioritize housing for homeless persons in their systems with long LOTs. ADOH and CoC stakeholders are developing strategies to increase availability of affordable housing to address affordable rental vacancy rates below 5% that increases housing search/placement time. ADOH funds a landlord incentive project and a housing locator service to increase available affordable housing units. (4) The AZBoSCoC Coordinator within the CoC Collaborative Applicant, ADOH is responsible for overseeing, implementing and evaluating the strategies described here.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
 (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
 (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	42%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	94%
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3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

In 2017, exits to PH from ES, TH and PH-RRH increased by 1%, to 42% compared to 2016. The percentage of PH retention or exits to PH destinations from PH increased by 1% to 94% with an 11% increase in the number of persons who retained or exited to PH destinations. 1) Strategies used to increase ES, TH, and RRH exits to PH and retention in PH and positive exits from PH consist of: a) ADOH/AZBoSCoC monitors all exits and retention for all CoC and ADOH HTF funded RRH and PH and requires documentation of service steps taken to prevent “negative” exits; b) CoC and BoS ESG have drafted common RRH service standards and reporting to monitor and improve outcomes; c) VA VASH and SSVF programs are all in HMIS and reporting groups have been established to allow veteran providers to monitor their housing retention and exits; d) RRH and PH housing retention are scored criteria in NOFA scoring and ranking process to reward and promote high performing programs on this SPM; e) CoC is working with AHCCCS on HMIS participation and other service coordination strategies to improve housing placement, retention and supportive service coordination for persons with behavioral health issues; f) SOAR trained staff capacity has been mandated in all CoC RRH projects (and PSH) to improve disability income for appropriate individuals to improve retention in PH and shorten RRH subsidy times; and g) the AZBoSCoC will continue to work to develop additional PH resources through the CoC and partnerships with mainstream stakeholders to increase affordable housing options.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	10%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.**

(limit 2,000 characters)

Combined returns to homelessness over 6 and 12 months decreased 3.4% to 10% (from 13.4% in 2016) despite a 50% increase in total exits between 2016 and 2017 due to increased RRH capacity. This is a 25% decrease in the percentage of total persons who return to homelessness in less than 12 months. (1) The CoC identifies common factors in returns to homelessness using HMIS and client data reports, reviewing returns to the CE HMIS based BNL, and feedback from CoC working groups and LCEHs. ADOH reviews all exits from all CoC programs monthly. Key reviewed factors include improved income levels at exit and non-cash benefits at exit. HMIS is developing capacity to run recidivism SPM by county and project to target performance based incentives and remedial interventions. (2) Strategies to reduce returns include: a) continued CE expansion to quickly identify returns for service connection and rehousing; b) involving RHBA, VA and 3rd party service providers in the CoC to improve mainstream service connection and retention especially for SMI individuals; c) mandating SOAR in all CoC and HTF funded projects to expedite disability benefits as appropriate, (c) developing improved partnerships with workforce and employment services; d) continued monitoring of all project exits through HMIS to evaluate services and retention; and (e) RRH standards are being finalized for approval for use in all CoC, ADOH HTF and ESG contracted RRH programs with the goal to standardize and improve service delivery and retention in RRH programs. (3) These strategies are the responsibility of the AZBoSCoC Coordinator working with GAB and LCEH stakeholders.

3A-5. Job and Income Growth. Applicants must:

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

(limit 2,000 characters)

Per SPM 4, the percentage of all clients (stayers/leavers) with increased income (earned/ non-employment cash Income) was 36%, a 7% improvement between 2016 and 2017. The majority of this increase was in non-employment cash income related to benefits. 1) Strategies implemented to improve income outcomes include: a) contractually requiring SOAR capacity for all CoC and ADOH HTF RRH sub-recipients; b) ADOH Special Needs Division is the SOAR AZ lead agency working to increase availability of SOAR services; c) income improvement is a scored objective criteria in NOFA scoring and ranking; and d) using HMIS to monitor income progress. 2) To assist individuals and families increase cash income through employment, AZBOSCoC is: a) working with DES to coordinate with WOIA programs; and b) LCEHs work with local mainstream programs networks including WOIA workforce development providers, VAHCSs and AZ Department of Veterans Services, Vocational Rehabilitation, and AHCCCS/RBHA physical/behavioral health programs to assist households to secure income through job placement, supported employment, training, resume and job search assistance, transportation, employment related resources (clothing, tools, bikes) and counseling; and c) LCEHs recruit local non-profit and faith-based programs to assist homeless

persons with employment supports including training, short term financial assistance for employment purposes, transportation and job readiness. Transportation is a primary barrier in rural AZ since employment is often far from affordable housing. A unique LCEH employment accomplishment involved communication between the LCEH and the Yavapai County Transportation Authority regarding the need for improved local public transportation that resulted in the establishment of a new bus service for homeless persons and others to access employment and housing. 3) The CoC Coordinator is responsible for statewide strategies, collaboration and LCEH activities related to increasing income.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/30/2018

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	314
Total number of beds dedicated to individuals and families experiencing chronic homelessness	160
Total	474

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

Since 2015, CoC PIT counts have shown a 19% decrease in the number of homeless families. 1) Strategies for rapidly rehousing every family with children w/in 30 days of becoming homeless are identical to COC strategies to end homelessness: a) continue to expand accessibility and improve CE in all communities to identify, divert, assess (using Family VI-SPDAT) and connect homeless families to housing and services; b) ADOH has continued \$1 million in HTF funding for RRH in the CoC to expedite housing for homeless families; c) families are a CE priority group and local BNLs for each LCEH include families’ engagement dates, acuity and other factors for housing prioritization; and d) in LCEHs, school district McKinney Vento liaisons, DV providers and other family providers participate in LCEHs and CE case conferencing to coordinate family services and housing; e) ADOH has created a housing locator and landlord incentive program for the CoC to increase affordable housing availability to reduce housing search/placement times. 2) CoC strategies to increase housing retention include: a) developing and implementing RRH housing and service standards with DES/ESG to improve services and outcomes; b) monitoring monthly exits from all CoC, ADOH HTF RRH grants, and ESG RRH programs for positive exits to PH and follow up on negative exits; c) tracking income and other stability factors on all CoC and ADOH HTF RRH programs to ensure income for rent after end of RRH subsidy; e) RRH policies and practices allow ongoing case management resources and in specific cases, extension of financial assistance beyond 6 months to ensure stability; f) agencies and LCEHs utilize SOAR, local mainstream partnerships and engage local non-profits to assist with income and other needs to prevent recidivism for families after the end of subsidy. 3) the CoC Coordinator, through ADOH, is responsible for overseeing these strategies and interventions by coordinating with the GAB, LCEH and other stakeholders.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

Due to limited numbers, the CoC has only recently begun to focus on youth homelessness. In the 2018 PIT count, unaccompanied youth were less than 5% of all identified homeless persons. Only 9% of counted unaccompanied homeless youth were minors under the age of 18 and all youth under the age of 18 were sheltered in BoS RHY or other projects. 1) CoC identified two designated youth homeless service and housing providers. These programs are active in the CoC including CE, case conferencing, HMIS and LCEH coordination. The CoC has written a letter of support to expand existing BoS RHY program funding. CoC BNLs include age to assist in case conferencing prioritization for special circumstances such as homeless youth that may not fit current priorities but are at risk. The CoC CE Committee is reviewing prioritization criteria including vulnerable population needs (such as youth) to

ensure they meet CoC populations. The CoC is evaluating the need for a Youth Work Group to increase CoC coordination of stakeholders and to increase available resources for homeless youth. The working group would support future efforts toward a possible HUD Homeless Youth Initiative Demonstration Grant. CoC has begun identifying and recruiting stakeholders to participate. 2) CoC data do not show significant presence of unsheltered homeless youth. All unsheltered homeless youth in the 2018 count were 18-24 and who are eligible for adult housing programs. Priority may need to be given to ensure access to housing. The CoC's first step will be to gather additional HMIS, BNL and other data to determine need for expanded services. Age data is included in local BNLs. This information can be used to better identify if and where any possible service gaps exist for youth. The CoC workgroup involves other state and local stakeholders including the foster care system, school liaisons, and the AZ Dept. of Child Safety to identify gaps or coordination opportunities.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The AZBoSCoC compares current and historical HIC data, HMIS information including BNLs based on HMIS, coordination with youth providers and mainstream stakeholders (ex: DES, school liaisons) and local LCEH provider feedback to measure the need and availability of resources for homeless youth in AZBoSCoC. 2) The specific measures currently being used are the number of unsheltered homeless youth and youth resources identified in our annual HIC and PIT counts and presence of unsheltered youth on local LCEH HMIS generated BNLs. BNL information is available weekly and HIC/PIT data is compared to data collected since 2015 to identify any longer-term trends. Since 2015 overall numbers of homeless youth have remained stable; 3) AZBoSCoC believes that until formal data sharing, or partnerships are formed with other mainstream systems and programs that show otherwise, HMIS and the PIT/HIC are the AZBoSCoC's most reliable data and measurement sources. In comparing year by year data for homeless youth in the HIC/PIT and HMIS system, data is consistent and reflects our understanding from other data points including anecdotal information from local outreach, LCEH meetings, PIT volunteer debrief reports and other stakeholder feedback. To further assess youth and other sub population issues and needs, the AZBoSCoC is working with its HMIS system to create SPM by geographic area and for sub populations to better assess performance in these areas as well as overall. These resources are in development and not currently available but will be added to our measurement capacity as available in the next year.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
- (2) McKinney-Vento State Education Agency (SEA) and Local Education**

**Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)**

1)The CoC works with education from the state to local coordination through the LCEH meetings to address systemic and local coordination with the 150 BoS public school districts as well as charter and other education programs. The Arizona Department of Education (ADE), the SEA, has a Mc Kinney Vento Coordinator who works with ADOH/CoC and DES/ESG. The Coordinator participates in quarterly CoC LCEH lead and state partner meetings. The Coordinator and the CoC Coordinator meet regularly. At the LCEH level, six counties have local LEA/McKinney Vento School Liaisons participating in LCEH meetings and case conferencing to coordinate resources.

2)The SEA McKinney Vento State Coordinator has agreements and works directly with LEAs in each CoC county to coordinate services. The State Coordinator has agreed to work to assist the CoC in promoting and recruiting LEA and School Districts to participate in CoC/LCEH activities. ADE provides training, workshops, and multiple language materials about the rights of students in temporary housing. CoC sub-recipients receiving RHY participate in CoC PIT and LCEH activities to engage youth and families experiencing homelessness. The CoC has also discussed providing HMIS access to LEAs to serve as CoC CE access points for youth and children in areas where homeless outreach services are limited. 3) School District participation and coordination takes place at the LCEH level with at least nine local school district liaisons in six counties participating in LCEH meetings, case conferencing, PIT counts and coordination of referrals and resources. (4) The SEA has partnerships defined in state law and policies to coordinate educational and homeless programs with education providers, LEAs, school districts as well as with other education programs including many of those listed in 3B-2.8 that are administered by ADE (ex: Head Start). The SEA coordinates homeless training for school liaisons at the annual Ending Homeless Conference as well.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)**

CoC policies and ADOH sub-recipient contracts require that persons experiencing homelessness, especially families with children, be informed about eligibility for educational services. To ensure compliance, CoC and ADOH contracts require projects to inform persons of eligibility for educational services per McKinney-Vento rules. This requirement is generally met by referrals and ongoing coordination with local school district McKinney-Vento liaisons. LCEH membership across the BoS includes participation and coordination with local McKinney liaisons and school district representatives. Shelters and other CoC homeless programs require all families to enroll children in school and provide referrals to the local McKinney Vento liaison to assist in educating persons about their education eligibility, coordinate with school district programs, transportation, and other school related community resources. Similarly, through the LCEHs, school liaisons refer clients to CE for shelter, housing and homeless programs after providing background on education resources and eligibility. In the past year, the AZ Dept. of Education State McKinney-Vento Coordinator now participates in CoC planning and coordination meetings with

the LCEH and other statewide stakeholders. Through this partnership the CoC has begun standardizing procedures regarding CoC and McKinney Vento programs and ensure that all school districts and liaisons are participating in the CoC and necessary information regarding educational eligibility and other program requirements are communicated effectively.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	Yes
Other: (limit 50 characters)		
First Things First	Yes	No
Arizona Housing Coalition	No	Yes

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

1) VA Health Care Systems (NAVAHCS and SAVAHCS) programs including outreach and VASH programs and all five BoS SSVF program are participating in the CoC HMIS system; 2) SAVAHCS and NAVAHC hired CE Coordinators to support CoC/VA coordination efforts; 3) the Phoenix VAHCS (BoS’s area in its catchment area) participates in CE and will begin to use HMIS; 4) VAHCS and SSVF and the CoC created a Veterans workgroup. This committee has adopted and begun work on the USICH/VA benchmarks and criteria for ending Veteran homelessness; 5) NAVAHCS, SAVAHCS, and SSVF providers participate in LCEH in the counties they cover as well as in LCEH CE activities including case conferencing; 6) VAHCSs and SSVF providers have agreed to CE coordination including use of the VI-SPDAT for assessment, CoC prioritization guidance, case conferencing and service coordination; 7) In March 2018, the CoC began distributing an HMIS generated BNL for each county and includes veteran status to enable VA eligibility determination and service coordination. The BNL includes any unhoused household who have had contact with GPD, VA outreach or Veteran TH program; 8) NAVAHCS has agreed to

give HMIS access to its Domicile program and other non-VA homeless programs that serve homeless persons so they can be included in BNL and other CoC strategies subject to confidentiality requirements; 9) the Veteran CoC Committee is working on standardizing identification, assessment and referrals between multiple VA and SSVF programs across the state; 10) CoC is working with the AZ Dept. of Veterans Services (AZDVS) and the AZ Housing Coalition on projects including creating a state-wide veterans BNL through HMIS and possible co-location of VA outreach at ASDVS one-stop service centers state-wide to increase veteran CE and CoC resource access; 11) CoC providers received GPD and VASH awards in recent funding cycles. These will be added to HMIS and be included in statewide veteran coordination efforts.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		
	No	No

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

Securing mainstream benefits is key to ensure housing stability and retention. 1) The CoC works with many mainstream providers to increase access: a) DES and ADOH/COC staff meet to discuss mainstream DES program coordination including food box programs, benefit coordination, and other programs administered through DES; b) mainstream providers including the VA, DES, AZDVS, AHCCCS (and RBHAs) participate at GAB, LCEH Lead and Stakeholders meetings and in local LCEH’s to promote and coordinate mainstream programs; c) AHCCCS is working with the CoC to include all five AHCCCS integrated health plans into HMIS and to increase service enrollment and engagement. AHCCCS and the CoC are working on protocols to share HMIS and RBHA data to expedite service connection to mainstream integrated

physical and mental health services; and d) ADOH is the statewide SOAR Lead to promote and increase access to disability benefit and mainstream service enrollment. 2) the CoC involves mainstream benefit providers at all levels of CoC governance from the GAB, CoC Committees, to quarterly LCEH lead and statewide stakeholder meetings and LCEH meetings. Statewide and local mainstream providers including DES, AZDVS, AHCCCS, RBHAs and integrated health plans, ADE McKinney Vento liaisons, local school districts, CAP offices, legal aid organizations, law enforcement, other social service providers and faith-based organizations share information, training, and updates about mainstream and available supportive services. It is valuable to have local mainstream provider representatives attend LCEH meeting to provide guidance on how to access mainstream programs including application assistance, referrals, and other assistance. Over 150 organizations currently participate in LCEH and other meetings. 3) The CoC Coordinator is responsible for overseeing these strategies working with mainstream providers as well as the CoC structure and LCEHs.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	25
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	25
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC’s outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1)The CoC is a large physical area w/ many hard to access regions and significant disparities in outreach programs and coverage. Most outreach in the BoS is coordinated at the LCEH level to incorporate diverse resources and unique outreach challenges in each area. Some counties have some established mainstream outreach capacity through PATH; VA outreach teams; and/or ESG programs. Counties utilize local non-profit, government, faith, and other community-based program to provide outreach. All enter data into HMIS

and all persons contacted are included in HMIS generated county BNL CE. The CoC works to strengthen this network by securing additional CoC PATH funding through AHCCCS, adding local outreach providers into HMIS, and exploring funding strategies to layer CoC, AZ HTF and ESG funding to maximize available outreach funding in more rural communities that do not have PATH or other mainstream outreach coverage.

2) Through this network, 100% of the CoC has street outreach. Street outreach in each county covers not only outreach in cities and town, but also large physical areas in severe desert, mountain, and forest environments. In our 2018 NOFA, the CoC has also proposed re-allocation of funding to establish a call in CE assessment line for our more rural counties that are not currently covered by CoC, ESG, PATH or other mainstream resources to improve outreach.

3) Outreach occurs daily and weekly although specific times and schedules vary by community based on resources and community need. Mainstream providers including VA and PATH teams cover multiple counties so outreach time are split between communities based on availability.

4) Outreach teams use many strategies: stand-downs and other resource events to draw persons; forest and desert outreach to find individuals camping or living outside of habitable areas; and partnerships with other mainstream providers to identify persons they encounter who may not avail themselves of specific homeless resources.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.

(limit 2,000 characters)

AZBoSCoC housing policies and procedures and related monitoring oversight require all CoC sub-recipients to provide 24 CFR 578.93 required Affirmative Outreach. Sub-recipient contracts, reviewed in annual monitoring, require publication/posting of Fair Housing literature and notices, explain measures taken to provide effective communication to those with disabilities or LEP, and document complaint/appeals procedures for Fair Housing violations. ADOH is a member of the Fair Housing Partnership and has a Fair Housing Coordinator responsible for staying current with standards and laws. ADOH funds an ongoing statewide (including CoC areas) Fair Housing education and awareness campaign that includes publication and distribution of literature and materials on Fair Housing rights, public service announcements, local trainings, and other strategies to ensure affirmative outreach to further fair housing awareness and practices. All fair housing materials are available in Spanish and in alternative formats for individuals with special needs. ADOH monitors all CoC, HTF and other funded projects to ensure compliance with affirmative outreach requirements. ADOH also coordinates with DES ESG to compare monitoring findings and compliance to coordinate corrective action and compliance for those programs that receive funding from both sources.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total

number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	147	562	415

4A-6. Rehabilitation or New Construction Costs. No
Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4A-7. Homeless under Other Federal Statutes. No
Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes?

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: VI-SPDAT Coordinated Assessment Tool

Attachment Details

Document Description: Objective Criteria Scoring Tool

Attachment Details

Document Description: Approved Consolidate Application

Attachment Details

Document Description: Public Posting Local Competition

Attachment Details

Document Description: CoC Reallocation Process

Attachment Details

Document Description: Notice Outside of ESNAPS Projects Awarded

Attachment Details

Document Description: Notice of Projects Rejected

Attachment Details

Document Description: Public Posting Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policies Procedures

Attachment Details

Document Description: HDX 2018 Competition Report

Attachment Details

Document Description: Written Standards Order of Priority

Attachment Details

Document Description: Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/13/2018
2A. HMIS Implementation	09/15/2018
2B. PIT Count	09/15/2018
2C. Sheltered Data - Methods	09/15/2018
3A. System Performance	09/15/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/15/2018
4B. Attachments	09/15/2018

FY2018 CoC Application	Page 47	09/15/2018
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Submission Summary

No Input Required