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| Map  Description automatically generated | **A close-up of a logo  Description automatically generated****Arizona Balance of State Continuum of Care (AZBOSCOC)** **Arizona Department of Housing (ADOH) as** **United Funding Agency and Collaborative Applicant** **Sub-Recipient Request for Information (RFI)—2023** |

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

**To this end, the purpose of this document is to gather information from the Sub-Recipients that will be used to complete the narrative portion of the 2023 AZBOSCOC Collaborative Application for the HUD CoC Notice of Funding Opportunity (NOFO).**

**We understand that this document is lengthy and that your agency may not have strategies in all areas. Please remember its context--$5 million+ is at stake to fund housing projects for persons experiencing homelessness in the AZBOSCOC. The Sub-Recipients’ input ensures that responses to the collaborative application questions are well informed and reflect the full scope of the AZBOSCOC efforts. The NOFO is a competitive process among 400+ Continua of Care throughout the United States and potential AZBOSCOC funding increases and decreases are based on how the AZBOSCOC Collaborative Application including the narrative scores among all of the continuums nationwide.**

**The due date for the RFI is August 29, 2023, by 5:00 pm. Please send the completed document in Word format. Please do not PDF as we aggregate all the information together so it can be referenced in developing the Collaborative Application narrative. Please send to** **Candee.Stanton@gmail.com****. If you have any questions, please call or email Candee. Her telephone number is 602.881.6606.**

**The Sub-Recipient answers to the following questions will help us enhance our responses to the Collaborative Application narrative. Responses can be in bullet form or in simple straight forward narrative. It is suggested to review responses from last year’s RFI and update them to reduce the need to recreate responses to similar questions for this year’s RFI. If a particular question does not apply to your agency, indicate NA.**

**SUB-RECIPIENT--2023**

**REQUEST FOR INFORMATION**

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

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

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

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

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

**3a. Youth Education Providers**

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

**3c. Does the Sub-Recipient have any formal relationships (e.g., written agreement, MOU) with youth education providers? If yes, provide a one or two sentence description. (A MOU template was provided as an attachment to the email that transmitted this document.)**

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

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

|  | **Childhood focused Service Providers** | **MOU/MOA** | **Other Formal Agreement** |
| --- | --- | --- | --- |
| **1.** | **Birth to 3 years** |  |  |
| **2.** | **Child Care and Development Fund** |  |  |
| **3.** | **Early Childhood Providers** |  |  |
| **4.** | **Early Head Start** |  |  |
| **5.** | **Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)** |  |  |
| **6.** | **Head Start** |  |  |
| **7.** | **Healthy Start** |  |  |
| **8.** | **Public Pre-K** |  |  |
| **9.** | **Tribal Home Visiting Program** |  |  |
| **10.**  | **Youth Education Provider** |  |  |
| **11.** | **State Education Agency** |  |  |
| **12.**  | **Local Education Agency** |  |  |
| **13.** | **School Districts** |  |  |
|  | **Other** |  |  |
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**6. Trauma informed/Trauma lens. It is understood that a trauma lens is used across populations served; describe how the Sub-Recipient staff learn about using the trauma lens and how it is implemented.**

**7. Victim Centered. It is understood that victim centered strategies are used across populations served; describe how the Sub-Recipient staff learn (such as staff training) about using victim centered strategies for survivors of domestic violence as well as other program participants. Have you reviewed the new VAWA requirements related to CoC Programs? If yes, does the Sub-Recipient have any changes planned in the way services are provided to align to the requirements. Here is the link to the new requirements.** <https://www.hud.gov/VAWA#close>

**8. Does the Sub-Recipient staff receive training in the following topics?**

[ ] **Trauma Lens**

[ ] **Safety and Planning**

[ ] **Developing transition plans**

[ ] **Confidentiality—with focus on survivors of domestic violence**

[ ] **Mainstream Resources**

**9. Provide information about how training is provided—e.g., access virtually, local trainings, etc. and frequency (e.g., monthly, quarterly, annually)**

**10. Describe how Sub-Recipient staff implement Safety and Planning Protocols and transition planning for survivors of domestic violence.**

**11. Describe how Sub-Recipient involves persons with lived experience with program development and delivery. Answer the specific questions below.**

**11a. Does Sub-Recipient have board members with lived experience? If yes, how many, and what percentage is that of the total number of board members?**

**11b. Describe Sub-Recipient’s strategies related to employment of persons with lived experience (e.g., peer support staff).**

**11c. Describe Sub Recipient’s strategies related to volunteer opportunities to involve persons with lived experience.**

**12. What are the activities that the Sub-Recipient implements to increase/maintain:**

**12a. Household’s employment?**

**12b. Household’s income from other non-employment income?**

**13. Is Sub-Recipient working with the PHA in the community related to accessing Emergency Housing Vouchers or Housing Choice Vouchers through Coordinated Entry or other processes? Has the PHA implemented a homeless admission preference? Indicate in your answer which PHA(s) your agency coordinates with, if any. Does the Sub-Recipient work with the PHA to use vouchers as part of moving-on strategies with households that are currently living in a Sub-Recipient’s project housing units?**

**13a. How does the Sub-Recipient operationalize move-on strategies in addition to what was described in Q13. Explain strategies based on the type(s) of program—e.g., RRH, PSH. Does the Sub-Recipient have active relationships with affordable housing providers facilitate move-on strategies.?**

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

**14a. Provide a brief summary of how Sub-Recipient staff coordinate with street outreach staff or how other outreach activities coordinate with the LCEH continuum of services (focus should be on referral, assessment, case conferencing, meetings).**

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

**15a. Engage/educate local policymakers**

**15b. Engage/educate law enforcement**

**15c. Engage/educate local businesses**

**16. How does Sub-Recipient assist persons experiencing homelessness to enroll with health insurance and effectively use Medicaid and other benefits? Describe how your agency assists program participants with using Medicaid and other benefits effectively. Provide a two or three sentence narrative that specifically details the process.**

**16a. As follow up to the question above—please mark an “x” in the boxes that are applicable.**

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

**16b. How does Sub-Recipient keep staff current on the availability and processes for mainstream benefits and training activities related to those programs?**

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

**18. Describe how the Sub-Recipient uses the VI-SPDAT and works with case conferencing to ensure that program participants who are most in need and have a high acuity are a priority and receive assistance in a timely manner.**

**19. Describe Sub-Recipient’s activities related to ensuring program activities take place in a manner that promotes justice, equity, diversity, and inclusion. (Include information about staff and persons served in the response.)**

**19a. Does the Sub-Recipient have anti-discrimination policies in place to ensure all housing and services are trauma informed and able to meet a variety of populations including households that identify LGBTQ+, households that meet the definition of chronically homeless, and households that include one or more persons with various disabling conditions.**

**19b. Does the Sub-Recipient provide (or facilitate staff attendance at) workshops related to HUD’s Equal Access to Housing regardless of Sexual Orientation or Gender Identity? (Refer to the Equal Access Final Rule link below)**

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

**20. Does the Sub-Recipient have any active relationships with affordable housing developers that will ultimately expand the inventory of housing in the communities served?**

**21. What kinds of relationships are in place related to public health agencies and strategies to prevent infectious diseases? Is information including data shared? If yes, what kind?**

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

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

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

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

**22a. First time homeless: what risk factors does the Sub-Recipient use to identify persons becoming homeless for the first time?**

**22b. How are households at risk of homelessness identified?**

**22c. Reduce the length of time households are homeless: what strategies is the Sub-Recipient implementing to reduce the length of time households remain homeless?**

**22d. How does the Sub-Recipient identify households with the longest length of time homeless?**

**22e. What strategies is the Sub-Recipient implementing that will increase the rate that households residing in emergency shelters, transitional housing, and rapid housing exit to permanent housing destination?**

**22f. What strategies is the Sub-Recipient using to ensure that households in permanent housing projects retain that permanent housing or exit to other permanent housing destinations (e.g., is the agency participating is the implementation of moving on strategies)?**

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