New CoC Projects

Arkansas Balance of State Continuum of Care
FY23 Supplemental Application to Regular NOFO

Due **August 29th by 4:30 pm** via email to (all items must be sent): ckidd@occnet.org

Late applications will _NOT_ be accepted

Purpose: This supplemental application allows the Rank and Review Committee to more holistically review project applications. It provides details that are lacking in the HUD electronic application and that provide context for the agency's local system and coordination. As competitiveness for these funds increases, we find that strong systems are just as important as strong projects and that data-driven policy priorities must influence practice.
Reference documents provided on CoC website or sent with this document (see final page):
1. List of all Continuum of Care (CoC) and Emergency Solutions Grant (ESG) projects 2. Point-in-time count (PIT)   3. Blank USICH Housing First Checklist 4. Consolidated Planning Jurisdictions 5. DV Comparable Database
Application Attachments
*Please refer to the Application Checklist to ensure that all required documents are attached. You may ask questions regarding the application and application materials to Casey Kidd at ckidd@occnet.org until 8/28/2023.
Project Questions: An updated application with updated e-snaps question number references will be released after HUD releases the e-snaps applications.
Recipient Performance
1. If there are any unresolved monitoring or audit findings, please explain:
Project Detail Demonstrated Need
2. Using statistical evidence (most recent PIT Count Data, Census Bureau Stats, Local Government Data, Local Needs Assessment Data, etc), describe the demonstrated need for this project in your geographic area.

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3. Are there other agencies in your area that provide similar services? ☐Yes ☐No

If YES, how do you avoid duplication of services?

4. Housing First: Executive staff have reviewed the United States Interagency Council (USICH) Housing First Checklist and will fully adopt a low barrier, housing first approach in this program if not already implemented ☐Yes ☐No

If yes to 4., please describe how you plan to do so **OR** how your program already follows the housing first approach. **If no to 4.**, please explain:

5a. _OR_ **5b. ONLY ANSWER THE ONE THAT PERTAINS TO YOUR PROJECT.**

5a.(**Answer if your project serves a subpopulation)** If your project focuses on a specific sub-population, **please list the sub-population(s)** and describe your: **1)** skills & experience (staff training including trauma-informed care, expertise, etc.) for serving this population, **2)** the current need in your community around this particular sub-population as compared to others **3)** any additional considerations in the program specific to your sub-population (this may include programming make-up, community partnerships, etc.), and **4)** how you ensure that equitable and inclusive outreach is occurring specifically for populations that are overrepresented or underserved such as special racial/ethnic groups and the LGBTQIA+ community and describe ways that you have invited those specific populations to be involved in decisions in your local project area.

If your agency is a DV service provider, please describe DV 101 training that your staff have completed as well as your emergency transfer and re-housing policy that at minimum mirrors the VAWA emergency transfer policy.

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5b. (Answer If your project serves all populations) If your project serves all populations describe your**:**
1) skills & experience (staff training including trauma-informed care, expertise, etc.) for serving all populations, **2)** the current need in your community around the population(s) your project serves **3)** any additional considerations in the program specific to your population(s) (this may include programming make-up, community partnerships, etc.), and **4)** how you ensure that equitable and inclusive outreach is occurring specifically for populations that are overrepresented or underserved such as special racial/ethnic groups and the LGBTQIA+ community and describe ways that you have invited those specific populations to be involved in decisions in your local project area.
If your agency is a DV service provider, please describe DV 101 training that your staff have completed as well as your emergency transfer and re-housing policy that at minimum mirrors the VAWA emergency transfer policy.

6. Describe below your agency's current involvement in and continued commitment to developing the continuum's coordinated entry process:

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Supportive Services for Participants

7a. Please explain how you ensure educational services are in place for all children and that project policies and practices are consistent with the laws related to providing them as well (<u>for projects serving families or youth</u>).

7b. Please explain how your project accepts all families with children 18 and under without regard to age and gender (<u>for projects serving families or youth</u>).

8. Please replicate your responses from section 4A, question 2 in the eSnaps application (e-snaps section and number subject to change) <u>and</u> indicate the name(s) of the organizations/individual person you are referencing in in the table below. ***If you indicated that you have SOAR* certified staff on your project application, please submit proof of staff certification.*** **Course through SAMSHA that strains case workers to assist adults (18+) who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder to apply for the Social Security Administration's (SSA) disability programs, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI).*

Supportive Services	Name of applicable Organizations/Individuals	Provider (Applicant, Partner, Non-Partner)	Frequency (Daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, as needed)
Assessment of Service Needs			
Assistance with Moving Costs			
Case Management			
Child Care			
Education Services			
Employment Assistance and Job Training			

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Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services			
Transportation			
Utility Deposits			
Other, explain			

Outreach for Participants

9. For each location participants are coming from, please describe how your outreach plan to identify program participants (your targeted population) and engage them in the project will be equitable and inclusive specifically with underserved and overrepresented populations while using affirmative marketing to reach those who might otherwise not apply. Discuss any affirmatively furthering fair housing approaches that you have put into place with your agency and/or project.

10. **(1)** How does your agency ensues that individuals who utilize or have utilized homeless services *(those who have lived experience either currently or within the last 5 years)* provide meaningful participation in program decision making and evaluation and **(2)** provide specific examples of how this has occurred? **(3)** In addition, explain how **(a)**they have the opportunity to provide anonymous feedback during the program and at program exit, **(b)**if there is representation on your board, and **(c)**if there is representation in your agency employment of individuals with lived experience.

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11. Answer both a. and b. _if_ you answer yes to a.

a. Does your project specifically serve vulnerable populations that face additional barriers (see list below)?

b. If so, identify the populations that you serve, and describe your plan to serve them.

- High utilization of crisis and emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- History of victimization/abuse including domestic abuse, sexual assault, and childhood abuse;
- Length of time homeless;
- Low income;
- No income;
- Only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation
- Risk of continued homelessness
- Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health disabilities regardless of the type of disability, which require a significant level or support to maintain permanent housing (focuses on the level of support needed not disability type);
- Substance abuse-current or past;
- Unsheltered homelessness-especially youth and children;
- Vulnerability to illness or death;
- Vulnerability to victimization, including physical assault, trafficking, or sex work.

Continuum of Care Participation

12. Please list staff members and their role that are _**current**_ Arkansas Balance of State Voting Board Members, Arkansas Balance of State Board Officers, _**and/or**_ Arkansas Balance of State

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Committee Members. (*list of voting board members, elected officers, and committee members are included on resources page*)	

Domestic Violence Safety Training	
13. Housing Case Managers and direct supervisors are trained in trauma-informed care, which includes "trauma and its impact and "trauma-informed care." ☐ Yes ☐ No	
14. Housing Case Managers and direct supervisors completed training for serving survivors of domestic violence (DV 101). ☐ Yes ☐ No	
15. Agency has an emergency transfer and re-housing policy that, at minimum, mirrors the VAWA emergency transfer policy in the Entry Point Policies and Procedures. ☐ Yes ☐ No	

HMIS	
16. Does your agency have experience using HMIS? ☐ Yes ☐ No	
17. If yes to 16, how long has your agency used HMIS and what is the primary use of it within your agency? *(i.e., do you use it because you are required and for that program only or do you use it also for programs that do not have a requirement?)*	
18. If no to 16, does your agency use a comparable database (does it meet criteria at this link)? ☐ Yes ☐ No Homeless System Response: Comparable Database Vendor Checklist (hudexchange.info)	

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19. If yes to 18, what system does your agency use and what is the primary use of it within your agency? *(i.e., do you use it because you are required and for that program only or do you use it also for programs that do not have a requirement?)*

20. If no to 18, what plans does your agency have to implement HMIS, HMIS comparable database, or client-level management system?

New Project Performance Data

21. What ***percentage*** of individuals (*all ages)* successfully exited your program to permanent housing from 10/1/2021-9/30/2022? Please provide the number of individuals that were enrolled during that time along with the number that successfully exited. Please include the type of program (i.e. RRH, PSH, TH, Joint TH+RRH) in which they were enrolled at that time. *(i.e.,*

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200 exited between 10/1/2021 and 9/30/2022, 100 of the 200 exited to permanent housing. 50% exited to permanent housing.)

22. What *__percentage__* of persons 18 and older served by your program increased their *__earned__* income at program exit who would have exited program between 10/1/2021 and 9/30/2022? Please provide the number of individuals that were enrolled during that time, the number that exited during that time, and the number that increased their total income at exit. Please include the type of program (i.e. RRH, PSH, TH, Joint TH+RRH) in which they were enrolled at that time. *(i.e. 200 exited between 10/1/2021 and 9/30/2022, 100 of the 200 increased their earned income at exit. 50% increased earned income.)*

23. What *__percentage__* of persons 18 and older increased their *__total__* income at the end of the operating year or program exit, either by gaining a source of income or increasing the amount of their total income from 10/1/2021-9/30/2022? Please provide the number of individuals that were enrolled during that time, the number that exited during that time, and the number that increased their total income. Please include the type of program (i.e. RRH, PSH, TH, Joint TH+RRH) in which they were enrolled at that time. *(i.e., 200 exited between 10/1/2021 and 9/30/2022, 100 of the 200 increased their total income at exit. 50% increased total income.)*

24. ONLY ANSWER THE ONE THAT PERTAINS TO YOUR PROJECT.
   a. **For PSH: (1)** What percentage of persons served by your program have **two or more** vulnerable conditions at entry based on your organization assessment which includes mental illness, alcohol abuse chronic health conditions, HIV/AIDS, Development Disabilities, and/or physical disabilities from 10/1/2021-9/30/2022? **(2a)** Please provide the number of individuals served in your program and **(2b)** the number of individuals who have 2 or more of the above listed vulnerable conditions (for the above timeframe).

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b. **For RRH, TH, or TH-RRH: (1)** What percentage of persons served by your program have one or more vulnerable conditions at entry based on your organization assessment which includes mental illness, alcohol abuse, chronic health conditions, HIV/AIDS, development disabilities, and/or physical disabilities from 10/1/2021-9/30/2022? **(2a)** Please provide the number of individuals served in your program and **(2b)** the number of individuals who have 1 or more of the above listed vulnerable conditions (for the above timeframe).
25. (1) Please explain how your current projects that are state or federally funded consistently utilized those grant resources during their most recent completed grant year. (i.e. ESG ending 9/30/2022, etc). **(2)** Please give the award amount and total expenditure amount for each grant during their most recent completed grant year.
26. (1) Explain the process that your agency has in place to review system performance data annually in order to improve upon outcomes. **(2)** Provide any data to show how you have improved system performance measures because of your process in place at this time.

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27. Describe the manner by which you ensure that all communications seeking participation are provided in a manner that is effective for persons with hearing, visual, and other communications related disabilities consistent with Section 504 of the Rehabilitation Act of 1973 and, as applicable, the Americans with Disabilities Act, as well as ensuring consistency with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000(d) and Executive Order 131166 which requires responsible steps be taken to ensure meaningful access to services, programs, and activities by persons with Limited English Proficiency (LEP persons).

Agency executive director certification of accuracy for all project information listed above:

Signature: _____   Date: _____

Printed name and title of signatory: _____

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Resources from Page 1:

PIT Count: Point in Time Count | ARBOSCOC

Housing First Checklist: Housing_First_Checklist_FINAL.pdf (usich.gov)

Comparable Database: Homeless System Response: Comparable Database Vendor Checklist (hudexchange.info)

Consolidated Planning Jurisdictions in Balance of State: CDBG Contacts: Arkansas - Community Development - CPD | HUD.gov / U.S. Department of Housing and Urban Development (HUD)

CoC Projects in Balance of State:

Planning: Ouachita Children, Youth, and Family Services, Inc.

HMIS: Pulaski County Community Services through Pulaski County Government

Coordinated Entry: United Way of the Ouachitas

Renewal Transitional Housing: Bethlehem House, Conway (CoC funding ending 12/31/2023)

Renewal Joint Transitional Housing and Rapid Rehousing: Ouachita Children, Youth, and Family Services, Inc. (Hot Springs) and Families in Transition (West Memphis)

1st Year Renewal Rapid Rehousing: Margie's Haven House (Heber Springs)

ESG Agencies with only Balance of State Counties listed(regular funding only 2022-2023):

Agency	Counties Served	Rapid Rehousing	Homelessness Prevention	Emergency Shelter	Street Outreach
ARVAC	Conway, Johnson, Perry, Pope, Yell	X	X		
CAPCA	Cleburne, Faulkner, White	X	X	X	X
City of Hope Shelter	Hempstead, Howard, Nevada			X	
CRDC	Clay, Craighead, Crittenden, Cross, Greene, Jackson, Lawrence, Mississippi, Phillips,			X	

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	Poinsett, Randolph, St. Francis, Woodruff				
Grant County Unified	Clark, Garland, Hot Spring	X	X	X	
Harrison House of Hope	Baxter, Boone, Marion, Newton	X	X	X	
Hope in Action	Hempstead, Howard, Nevada			X	
Margie's Haven House, Inc.	Baxter, Clay, Cleburne, Conway, Cross, Faulkner, Fulton, Independence, Izard, Jackson, Lawrence, Lee Monroe, Perry, Pope, Randolph, St. Francis, Search, Sharp, Stone, Van Buren, White, Woodruff	X		X	
Mission Outreach of NEA	Greene			X	
Mississippi County Union Mission, Inc.	Mississippi	X		X	
River Valley Shelter for Women	Johnson, Pope, Yell			X	
Salvation Army-Central Arkansas	Cleburne, Faulkner, Perry, Van Buren, White	X	X	X	
Salvation Army-Texarkana	Hempstead, Howard, Lafeyette, Little River, Miller, Sevier	X	X	X	

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Sanctuary, Inc.	Boone, Marion, Newton			X	
Second Chance Domestic Violence and Sexual Assault Shelter	Crittenden, Cross, Phillips, Poinsett, St. Francis, Woodruff			X	
The Safe Place, Inc.	Conway			X	
White River Women's Shelter	Jackson, Lawrence, Randolph, Sharp, Woodruff			X	

Arkansas Balance of State CoC Officers:
- Melissa Allen, Chair (Arkansas Food Bank)
- William Tollett, Vice-Chair (Harrison House of Hope)
- Shannon Haward (Margie's Haven House)

Arkansas Balance of State CoC Voting Board Members:
- Cody Shelton, ARVAC, ARVHAN LHC
- Mary Thompson, Samaritan Outreach, ARVHAN LHC
- Chonda Tapley, Harrison Housing Authority, BBMN LHC
- William Tollett, Harrison House of Hope, BBMN LHC
- Shannon Haward, Margie's Haven House, Delta Hills LHC
- Myracle White, CAPCA, Delta Hills LHC
- Josephine Flowers, Arisa Health, Eastern Arkansas Regional LHC
- Raymond Whiteside, City of West Memphis, Eastern Arkansas Regional LHC
- Lisa Willard, Mississippi County Union Mission, Mississippi LHC
- Phyllis McClendon, The Haven of NEA, Mississippi LHC
- Jana Burnett, Mission Outreach of NEA, NEA LHC
- Shane Fore, Stepping Stone Sanctuary, NEA LHC
- Rosie Burton, Angels of Grace, Phillips LHC
- VACANT, Phillips LHC
- Paul Henley, Hope in Action, RHC LHC
- Brandy Bradley, Texarkana Housing Authority, RHC LHC
- Sarah Fowler, United Way of the Ouachitas, SWAP LHC
- VACANT, SWAP LHC
- Aimee Prince, Bethlehem House, Toadsuck LHC
- Lacey Strom, CAPCA, Toadsuck LHC

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ARKANSAS BALANCE OF STATE

COMMITTEES

Executive Planning Committee:

- Melissa Allen, Chair
- William Tollett, Vice-Chair
- Vacant- Secretary
- Shannon Haward, Past Chair
- Casey Kidd, CoC Director
- Whitney Force, HMIS Regional Coordinator

Coordinated Entry:

- Josephine Flowers, Chair – EAR
- Sarah Fowler – SWAP
- Lisa Willard – Mississippi
- Melissa Allen – Toadsuck
- Chonda Tapley – BBMN
- Rashad Woods – ARVHAN
- Shannon Haward – Delta Hills
- Rosie Burton – Phillips
- Casey Kidd—Collaborative Applicant
- Brandy Bradley-RHC
- Jana Burnett-NEA
- Whitney Force-HMIS Regional Coordinator
- Jacob Bright-NEA
- Avery Collins-NEA
- Spring Hunter-Toadsuck
- Laura King-Toadsuck
- Sherry Thompson-Delta Hills, BBMN

Balance of State reps to Statewide HMIS Steering Committee (potential to add more in the future):

- Casey Kidd, CoC Director
- Myracle White
- Whitney Force, HMIS Regional Coordinator

Point in Time Count:

- William Tollett, Chair-BBMN
- Shannon Haward-Delta Hills
- Jana Burnett-NEA

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- Melissa Allen-Toadsuck
- Lacey Strom-Toadsuck
- Casey Kidd-CoC Director
- Cody Shelton, ARVHAN
- Lisa Willard, Mississippi
- Cassie Rutledge, Eastern Arkansas
- Boyce Mitchell, SWAP
- Rosie Burton, Phillips
- Shelley Faulkner, RHC

Rank and Review Committee:

- Casey Kidd, Technical Liaison
- William Tollett, Chair
- Jessica Minton, Co-Chair
- Myracle White
- Captain Juan Gomez

Nominating:

- Shannon Haward, Chair
- William Tollett
- Myracle White

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