



# Strategic Plan To Prevent, Reduce and End Homelessness

8/11/2016

6/15/2017



## Contents

INTRODUCTION .....	2
PURPOSE.....	2
EXECUTIVE SUMMARY. ....	2
VISION.....	3
VALUES.....	3
CORE BELIEFS .....	3
Primary Goals .....	3
Retool the Homeless Response System to: .....	3
Counting the Homeless .....	3
Shifting Federal Funding .....	4
OBJECTIVE ONE.....	4
OBJECTIVE TWO .....	5
OBJECTIVE THREE .....	6
OBJECTIVE FOUR.....	7
OBJECTIVE FIVE .....	8
Appendix A.....	10
Appendix B.....	15

## INTRODUCTION

This document outlines key objectives and strategies as developed and adopted by the El Paso Continuum of Care. It delineates key areas of discussion and action that will be more specifically addressed and expanded upon during the planning year.

## PURPOSE

This strategic plan has been developed to respond to the need to solve the issue of homelessness for the county-wide area of El Paso County. The Plan is intended to guide non-profit agencies, local government and other interested parties in taking concerted action to work toward ending homelessness as we know it today. The Plan lays out a series of strategies that will guide annual steps to accomplish that goal. This plan will show the commitment of those involved to federal goals and will strengthen partnerships between local and state agencies to prevent, reduce and end homelessness. The process will involve community will, the allocation of significant resources and the implementation of national best practices in the El Paso area. The guiding community principle is that no person should experience homelessness, but if a person does become homeless, it will be rare, brief and non-recurring.

## EXECUTIVE SUMMARY.

Homelessness remains persistent in our community and much remains to be accomplished in meeting our goal of ultimately ending homelessness. In the past five years, the city of El Paso has made visible progress in meeting the basic needs for those that are experiencing homelessness. Over 1,200 persons were found homeless on a single night in January 2016. Hundreds more reside with family or move from friend to friend, couch surfing, to try to avoid ending up on the street. We continue to increase our resources but find we still do not have the housing and services resources needed to meet all of the needs, particularly for those who are most vulnerable and unstable. The El Paso Homeless Coalition and its member agencies, representing the El Paso Continuum of Care (CoC), have developed strategies that will promote success in the alignment of securing the necessary local, federal, and private funding to be effective in approaching and achieving the goals therein.

Over the past decade, increased commitments at the Federal level have provided a push for progressing toward a coordinated approach to end homelessness. In 2009, the Federal HEARTH (Homelessness Emergency Assistance and Rapid Rehousing) Act increased prevention resources, provided incentives to expanding rapid rehousing of homeless persons and emphasized the development of permanent supportive housing resources. In the following year, the Federal Interagency Council for the Homeless announced a national Strategic Plan to Prevent and End Homelessness, Opening Doors, which provided a coordinated framework for planning at all levels of government to end homelessness. In the intervening years, a great deal of research and communication on best practices in homeless programs and outcomes have significantly added to an awareness of results-oriented solutions adaptable at the community level.

Since the launch of Opening Doors in 2010, the county of El Paso has reduced homelessness among Veterans by 47 percent, chronic homelessness by 51 percent, and family homelessness by 13 percent. This plan focuses on four goals: (1) Prevent and end homelessness among Veterans

in 2016; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020 and (4) Set a path to end all types of homelessness in the County of El Paso, Texas.

### VISION

No one should experience homelessness. No one should be without a safe, stable place to call home.

### VALUES

Human Dignity, Respect, Self-Sufficiency for those who can, support for those among us unable to live independently, quality service, and responsible management of resources issued to each agency.

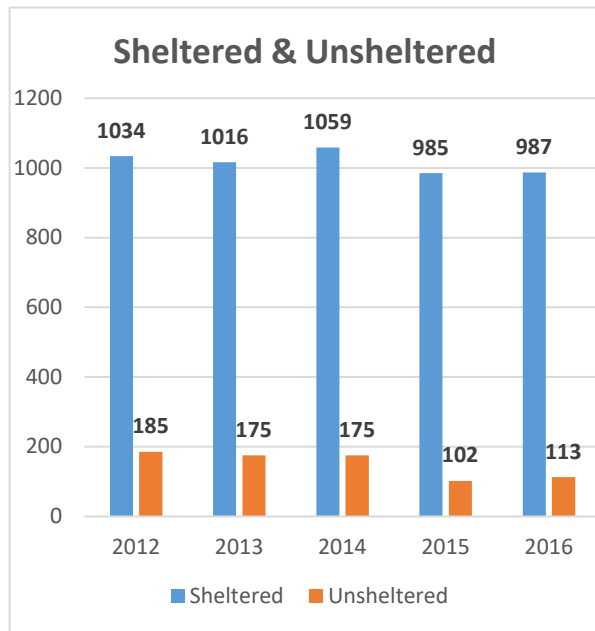
### CORE BELIEFS

We believe access to housing is a basic human right, and homelessness contradicts the right to safe and adequate shelter. We believe acknowledging housing as a human rights issue improves how people who are experiencing homelessness are viewed and treated. These beliefs help set the proper context for addressing homelessness through approaches that extend dignity and protection to people and aim to re-establish their rights.

## Primary Goals

Retool the Homeless Response System to:

- End Veteran Homelessness by 2016
- End Chronic Homelessness by 2017
- End Family and Youth Homelessness by 2020



## Counting the Homeless

The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that CoCs conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. CoC also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

This is an important effort for our community to make sure the voices of our homeless neighbors are heard and efforts are made to provide appropriate services. It's also a great opportunity to meet and join other enthusiastic community members in a commitment to end homelessness.

The data gathered on the actual number of homeless in El Paso County serves as a basis for federal funding, for service and resource planning, and to raise public awareness about homelessness.

## Shifting Federal Funding

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amends and reauthorizes the McKinney-Vento Homeless Assistance Act, which provides approximately \$5 million to El Paso County annually—the single largest source of funding for its homeless system. HEARTH Act implementation and the introduction of new performance measures will have significant implications for how the El Paso CoC works to prevent and end homelessness. It makes changes to the definition of homelessness, creates the Emergency Solutions Grant (ESG) program, and sets a goal of ensuring that no family/individual remains homeless for more than 30 days. The HEARTH Act also includes key performance measures for communities to use to track their progress. To help advance the goals of the HEARTH Act as well as federal goals around ending homelessness, HUD has been encouraging communities to conduct formal strategic planning processes that include tough conversations about whether they have the right mix of housing and services to meet the needs of people experiencing homelessness. HUD specifically asked communities to:

1. Develop a community-wide plan to address homelessness, including a conscious strategy of how to use federal HUD funds to support that plan;
2. Direct assistance to those who need it most and in ways that promote ending homelessness; and
3. Invest in and use data to drive decision-making on homelessness, both for the overarching plan and for annual allocation decisions.

This strategic plan for El Paso comes at a pivotal moment in time. HUD funding and priorities are making significant shifts to align with the HEARTH Act. This has significant implications both for how local homeless systems are organized and how funding priorities are set. This new plan for El Paso reflects the new reality. It embodies strategic thinking around targeting resources to those most in need and likely to benefit through coordinated assessment, written standards, and prioritization of resources. It integrates and promotes best practices across housing and service interventions. It identifies new partners, in new areas, to help seize critical opportunities and to leverage more support for the homeless system.

## STRATEGIC PLAN

### OBJECTIVE ONE

#### **Increase Leadership, Collaboration and Civic Engagement**

##### LOGIC

Strong leadership is needed at federal, state, and local levels and across all sectors to establish and implement action plans that achieve results for people experiencing chronic homelessness, and for families, youth and children, including Veterans and their families. Such plans should be developed locally in alignment with federal goals but should be locally driven, reflecting local conditions, since a one-size-fits-all plan does not exist. Interdisciplinary, interagency, and intergovernmental action is required to effectively create comprehensive responses to the complex problem of homelessness.

Tremendous progress on reducing homelessness has only occurred in those communities that have organized themselves to prevent and end homelessness. This means that they have set goals, identified needs and gaps, developed strategies to meet these needs and gaps, created public-private investment in the strategies, monitored progress, and adjusted the course when needed. Successful implementation occurs when there is broad support for the strategies. This is evidenced by the involvement of business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care.

## STRATEGIES

- Expand partnerships and create efficiencies by increasing coordination and integration
- Secure new resources to meet collective needs for the homeless population and the providers who support their success.

## OBJECTIVE TWO

### **Increase Access to Stable and Affordable Housing**

#### LOGIC

More affordable housing is needed for people with extremely low incomes who are most at risk of homelessness. Housing needs to be affordable to those households with the lowest incomes who are most at risk of homelessness. The households most vulnerable to homelessness are those with no income or those earning significantly less than 30 % of Area Median Income. Housing is affordable if the cost is no more than 30 percent of the monthly household income.

Assessment and targeting mechanisms need to be used to distinguish between those who can resolve their homeless situation on their own or with mainstream supports, those who need targeted short-term assistance such as Rapid Re-Housing, and those who require long-term housing assistance. Available resources should also be targeted to the most vulnerable populations, including children and their families, unaccompanied youth, people with disabling conditions, the frail and elderly.

Permanent Supportive Housing (PSH) is the model which has proven to be the most successful intervention for ending chronic homelessness. PSH couples permanent housing with intensive case management and other supportive services that target the specific needs of an individual or family. HUD has provided communities with studies that show that PSH is successful for people with mental illness, chemical dependency, HIV/AIDS, and other often co-occurring conditions. Individuals or families who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing (e.g., criminal histories, no income, and poor credit). Housing First is a homeless assistance approach that provides permanent housing as quickly as possible to those experiencing homelessness, and then provides voluntary supportive services as needed. This model is a proven solution that leads to improvements in health and well-being. It has also been proven to be most cost-effective in places where it has been targeted to people with the most extensive needs.

#### STRATEGIES

- Prioritize and target those most vulnerable including veterans, chronic homeless, families and youth



- Increase the supply of affordable rental units
- Support affordable housing subsidies (i.e. Public Housing, Housing Choice Vouchers, State Tax Credits, HOME Funds)
- Continue support for temporary housing that connects to Permanent Supportive Housing
- Increase case management centered Permanent Supportive Housing for individuals/families with high barriers
- Create a permanent housing options for those in Permanent Supportive Housing to move on to affordable housing
- Commit to ending veteran homelessness by 2017, Chronic Homeless by 2017, Family & Youth by 2020
- Implement best practices as it relates to supportive services for those in PSH communities
- Develop strong landlord relations and explore landlord mitigation funds
- Implement a system-wide housing first philosophy with low barrier housing

### OBJECTIVE THREE

#### **Support effective pathways toward self-sufficiency and reduced financial vulnerability**

##### LOGIC

Unemployment, under-employment, and low wage employment are frequent causes of homelessness. The loss of a job leads to homelessness when tenants fall behind on their rent, ultimately leading to eviction. Throughout the nation, millions of hard-working, responsible families/individuals are at risk of losing their homes as a result of job losses, reductions in working hours, or lower wages.

Programs designed to connect people to employment need to respond to the concurrent needs of people who have experienced homelessness instead of creating barriers to support. In addition to eliminating programmatic barriers, best practices need to be implemented and employment strategies need to be coordinated with housing and other interventions.

According to a recent report issued by HUD, the barriers fall into three broad categories—structure, capacity, and eligibility. It concluded that some communities are making significant progress in increasing access to mainstream programs by attacking these barriers in a systemic manner. Collaborative projects that combine applications, reach out to people at the places they frequent, and use technology to streamline the process have demonstrated effectiveness in increasing the number of people who access income and work supports.

People with limited financial resources are most at risk of homelessness. People with poor health and disabling conditions are more likely to become homeless. Medical events lead to financial ruin, which can lead to homelessness. Homelessness in turn exacerbates poor health. Access to health and behavioral health care are predicated on access to health insurance.

SAMHSA’s SSI/SSDI Outreach, Access, and Recovery (SOAR) goal is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Our

community has targeted our Chronically Homeless population for participation in the SOAR process.

## STRATEGIES

- Improve coordination of employment programs with homeless assistance programs
- Improve access to mainstream programs and services and increase the percentage of homeless housing participants obtaining non-cash and cash mainstream benefits
- Identify and implement best practices, including supportive services for employment and client-tailored wrap around services
- Increase access to education, education as it relates to job readiness, educational outcomes and living wage jobs

## OBJECTIVE FOUR

**Transform homeless services to crisis response systems leading to improved health and safety.**

### LOGIC

One of the objectives in the Federal Strategic Plan to Prevent and End Homelessness, Opening Doors, is to transform homeless services to crisis response systems that prevent homelessness and rapidly returns people who experience homelessness to stable housing.

In an effective crisis response system, it is built upon Housing First principles. Outreach providers coordinate with one another to ensure full community coverage, connect people to local coordinated assessment processes, connect people to needed health care and emergency services, and work as part of a system for connecting people to stable housing using a Housing First approach. Outreach must also coordinate with programs that assist people experiencing homelessness, such as Health Care for the Homeless programs and youth drop-in centers. Also critical is collaboration with and “in-reach” into other settings and service sectors outside of traditional homeless services like hospitals, correctional institutions, child welfare agencies, and schools.

Ending homelessness as we know it does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe family environments may create situations where residents are temporarily homeless. However, we can dramatically change the way we respond to households in crisis. This plan builds on the efforts of the past by laying out a roadmap for transforming our homeless services system into an effective crisis response system that is focused on preventing housing loss whenever possible and quickly stabilizing those experiencing homelessness leading to improved health and safety.

## STRATEGIES

- Institute rapid re-housing and permanent supportive housing resource as a strategic tool to end family homelessness
- Institute system-wide partnerships and best practice models
- Increase successful service delivery for Rapid Re Housing and Permanent Supportive Housing



- Promote outreach to high utilizers of system resources
- Utilize data driven HMIS system to evaluate program and outcomes
- Explore using flexible funds for meeting unique and multiple community needs of individuals/families to prevent homelessness or stabilize them

## OBJECTIVE FIVE

### **Advance health and housing stability**

#### LOGIC

There is strong evidence for housing integrated with health care as an effective and cost saving intervention for homeless and unstably housed persons with serious health problems. These include people living with chronic disease and disabling conditions. The integration of housing with services is increasingly identified as a way to address complex health care needs that overlap vulnerabilities associated with extreme poverty, HIV/AIDS, mental illness, chronic drug use, incarceration, and histories of exposure to trauma and violence, as well as homelessness.

Medical respite programs for persons without stable housing have been shown to be a cost effective alternative to longer term hospitalization or rehabilitation centers and nursing homes. They result in improved health outcomes over directly discharging patients to the streets or shelters.

The need for integrated services includes coordinated health care with social services like case management, linkage to emergency financial resources, budgeting and financial management, family services, as well as addressing legal needs.

People with serious mental illness who are homeless are often incarcerated when they cannot get the care and treatment they need. People with mental illness experiencing homelessness also frequently end up in the emergency room and are hospitalized. These are expensive interventions that do not improve long-term prospects for people with mental illness who have no place to live. Effective targeted outreach, discharge planning, and specialized courts are proven to help keep people out of emergency rooms, hospitals, and jails and connect people to housing, support, or for those who need it, supportive housing.

People living on the streets, in cars, or staying in emergency shelters are often ticketed or arrested for activities that may be necessary for survival on the streets. As a result, they end up with a long list of violations that can become a barrier to employment or securing an apartment. Local communities have adopted a range of ordinances in response to citizen and business concerns about panhandling, loitering, and camping on public land. Criminalizing acts of survival is not a solution to homelessness and results in unnecessary public costs for police, courts, and jails. Development of alternative approaches should meet both the public's need for access to public streets, parks, and recreation areas and the ability of people experiencing homelessness to meet basic needs.

#### STRATEGIES

- Improve discharge planning from foster care

- Improve resources that focus on the homeless
- Continue to strengthen the communication with healthcare systems
- Increase permanent supportive housing that is coupled with Intensive Case Management and supportive services for the Chronically Homeless and those with a disability
- 
- Improve discharge planning from foster care
- Increase housing resources and remove barriers
- Promote outreach to homeless population who may be high utilizers of system resources
- Improve resources that focus on the homeless
- Continue to strengthen the communication with health care systems

# Appendix A

	Strategy	Action Step	Lead	Partners	Deliverable	Target Date
1	Expand partnerships and create efficiencies by increasing coordination and	Define and update list of EPOCH Meetings - Creation of task force/subcommittee for each of the Objects of the Strategic Plan	CoC Board	EPOCH	Establish new committee list, recurring meeting dates, and defined focus areas. Invite membership to join.	Done
		Explore methods of increasing leadership/program managers level attendance and participation in EPOCH committee work.	CoC Board	EPOCH	Monitor the % of leaders/program managers level of participation.	Work in Progress
		Establish schedule of at least 6 training sessions on key strategic focus areas on successful collaborations and interventions to prevent and end homelessness.	EPOCH	HUD and expert subject matter advisors	Schedule of monthly/quarterly trainings, topics, and lead presenters on key strategic focus areas.	Jan-18
		Create "Homelessness Not Hopelessness" onboarding training so member agencies can ensure new staff are grounded in HUD priorities, HMIS, this strategic plan, links to key research on best practices, links to funders, and existing resource lists regarding services available locally.	EPOCH	HUD and expert subject matter advisors	Post schedule of available dates for onboarding trainings (preferably at least monthly).	Look at in June 2018
		Establish a Best Partnerships and Practices Showcase during which entities/partnerships showcase their work.	EPOCH	CoC members	Written succinct guidelines for events, including deadlines for applying to be a showcase agency, produced and sent to membership including panel (local leadership). Dates published for showcase events. Invitations sent out at least one month ahead of event(s).	Apr-18
2	Secure new resources to meet collective needs for the homeless population and the providers who support their success.	Explore hiring a lobbyist/advocate to expand funding for homeless programs. Details include: a) create score of work statement describing advocacy/lobbying activities needed; b) Explore methods for funding advocacy role; c) Create a priority list of needs for seeking funding for items that strengthen EPOCH member agencies; d) Create a priority list of gaps for critical services for homeless population; and e) Work with Advocate to hone most compelling messages and create marketing pieces and strategies for target advocacy audiences.	Leadership Committee	lobbyists identified by topic and region ( <a href="https://www.ethics.state.tx.us/dfs/LobbySimpleSearch.html">https://www.ethics.state.tx.us/dfs/LobbySimpleSearch.html</a> Query registered lobbyists)	a) Scope of work and estimated costs to present to membership; b) Present ideas on how to finance advocacy efforts to CoC Board; c&d) Create combined priority list and budget for 'campaign to end homelessness in El Paso'; and e) Completed messages/materials reviewed and approved.	Look at in June 2018
		Develop public awareness campaign through advertising (bulletin boards, radio, flyers, newspaper) and identify media partners; reduce criminalization of homelessness by defining constructive approaches	Leadership Committee	Local Media, City and County Public Information staff and all service providers	Create a PR Subcommittee who will: a) develop a process to showcase a successful homeless story; and b) Marketing plan with targets for social media, print, outdoor advertising, television, and radio appearances; c) PR Committee to provide training on key messages and strategies to representatives of member agencies to create a speakers bureau; d) Develop a public relations/fund raising event; and e) Host annual review and planning retreat; f) Conduct presentations to law enforcement agencies, schools, community and civic to educate on homelessness	Mar-18
		Engage Local City Manager, Mayor and City Council to support a landlord mitigation fund for \$25,000 and engage local donors to match the amount.	Leadership Committee	City Government, local businesses and Civic Associations, (Downtown Management District, Central & NE Business Association) City&County PHA	Create and mitigate property damage to those landlords in RRH and PSH programs; develop case statement for support and finance plan (pie chart) to provide to partners	Jun-17
		Develop a grants council subcommittee to develop capacity to write proposals that support the needs/gaps for our clients population and for coalition member agencies as a whole.	Leadership Committee	UTEP's Proposal Development Office, E-Civis website	Report on prospects for partnership to CoC Board; create guidelines and funding threshold	Revisit in July 2018
3	Evaluate the progress on meeting objective 1	Lead entity to report quarterly to Planning Committee and recommend adjustments as needed	CoC and EPOCH	CoC members	Quarterly report on progress to increase leadership, collaboration and civic engagement.	Starts November 2017

OBJECTIVE 2: INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING						
	Strategy	Action Step	Lead	Partners	Deliverable	Target Date
1	Prioritize and target those most vulnerable including veterans, chronic homeless, families and youth	CoC to adopt HUD 'order of priority' recommendations for prioritizing persons experiencing chronic homelessness	EPCH	All CoC Members	CoC will adopt prioritization recommendations to be utilized by Permanent Supportive Housing (PSH) and Permanent Housing units will serve Veteran, Chronic Homeless families and youth participants based upon adopted priority	Oct-17
		Streamline the recommendations for prioritizing veterans who are not funded under the current VA requirements to qualify for VA vacancies based upon acuity and not discharge status.	AGIF, VA	All CoC Members	Qualifying units will fill vacancies based upon the CoC recommendations	Current
2	Increase the supply of affordable rental units	Work to identify landlords, and pre-screen and qualify units for RRH or other permanent housing program use.	City & County PHA	All services providers, Real Estate, Apartment and Renters Associations	The number of units available to homeless housing providers will increase	Mar-18
		Incorporate homeless preference priority to Housing Choice Vouchers.	City & County PHA	EPCH	Create policy change	Dec-17
3	Support affordable housing subsidies (i.e. Public Housing, Housing Choice Vouchers, State Tax Credits, HOME Funds)	Work with City and County Housing Authority to formalize MOU's for priorities system for housing voucher distribution	City & County PHA	All Service Providers to include Faith Based	PHA will finalize administrative plan and establish a process for distributing preference vouchers to homeless providers.	Jan-17
		CoC to research how other Texas CoC's are dealing with tax credits	EPCH	City of El Paso	Information on other Texas practices will be provided	Jan-17
4	Continue support for temporary housing that connects to Permanent Supportive Housing	Transform Emergency and Transitional Shelters to have a 'permanent housing' focus	CoC Board, EPCH	SSVF, Temporary Housing Providers (TH and ES)	CoC will recommend funding priority for temporary housing programs with permanent housing strategies.	Dec-17
		Commit support for temporary housing for priority populations which are victims of domestic violence, youth and substance/alcohol abuse as per HUD regulations	EPCH	All CoC Members	Increase TH Programs to serve priority populations	Mar-17
5	Increase case management centered Permanent Supportive Housing for individuals/families with high barriers	Create partnerships and incentives for Landlords who rent to homeless individuals with past negative criminal, credit and eviction histories as well as alcohol or substance abuse histories.	EPCH	All services providers, Real Estate, Apartment and Renters Associations, to include faith based	Ensure that a higher number of CH are placed in PSH programs.	Jun-18
		Partner with Real Estate contractors and City Building and Standards Commission to refurbish and donate vacant or substandard buildings to homeless providers	EPCH	City of El Paso, Realtor Associations, and Homeless Service Providers	Increase housing for homeless individuals and families	Jun-18
6	Create a permanent housing options for those in Permanent Supportive Housing to move on to affordable housing	Work with City and County Housing Authority to formalize MOU's for preference system for housing voucher distribution	City & County PHA	All PH Service Providers	Homeless Providers will be able to offer PH to permanent supportive housing participants who meet the criteria.	Dec-17
7	Commit to ending veteran homelessness by 2017, Chronic Homeless by 2017, Family & Youth by 2020	Coalition Members to commit to ending homelessness among the priority population according to federal initiatives	CoC Members	All services providers	Create policy and process to end Homelessness	Ongoing
		Created CoC Sub-Committee focusing specifically on Veteran homelessness. Subcommittee will address system delivery, targeted outreach and housing options for veterans.	AGIF	VA	AGIF, VA, EPCH and EPCH member are currently working	Current
8	Implement best practices as it relates to supportive services for those in PSH communities	Planning Committee will research other CoCs and communities in the nation for successful	EPCH - Planning Committee	All CoC Members	Share with CoC members and if needed create effective policy	Jan-18
9	Develop strong landlord relations and explore landlord mitigation funds	Organize one unified list for landlords that will rent to our clientele.	CoC Board, EPCH	PH Providers, SSVF and VA	Develop and provide a landlord resource list to CoC housing providers	Dec-17
		Create a informational database on landlords	EPCH	All existing RRH providers	A database that can be utilized by RRH providers existing and new	Dec-17
		Organize a presentation for Landlords at Landlord Association or equivalent organization.	EPCH	PH and Rapid Re-housing providers	Presentation to Landlord Association or equivalent organization	Feb-18
10	Implement a system-wide housing first philosophy with low barrier housing	Evaluate current entry barriers in existing Temporary and Permanent Housing Programs	CoC Board, EPCH	All service providers Emergency Shelter Providers, Temporary Housing Providers and RRH	Develop recommendations for low barrier housing and prioritize projects who implement this model in upcoming funding rounds.	Dec-17
11	Evaluate progress on meeting objective 2	Measure inventory of units and existing successful outcomes (pre/post)	EPCH	Planning Committee and CoC Members	Annual report on progress to increase access to stable and affordable housing.	Review Quarterly starting Jul-17

OBJECTIVE 3: SUPPORT EFFECTIVE PATHWAYS TOWARD SELF-SUFFICIENCY AND REDUCED VULNERABILITY						
	Strategy	Action Step	Lead	Partner	Deliverable	Target Date
1	Improve coordination of employment programs with homeless assistance programs	Develop an MOU between the CoC and the Texas Work Force (TWC) for employment services	Employment Committee	AGIF, providers, Center for Employment Training (CET) , EPCC, UTEP, City Library, local trade schools , employers, Halfway Houses, OC, Project Vida, Project Arriba	One job fair in 2017 and two job fairs held in 2018.	Dec-17
		Educate employers about the Felony Bond, increase knowledge and outreach	Employment Committee	AGIF, providers, Center for Employment Training (CET) , EPCC, UTEP, City Library, local trade schools , employers, Halfway Houses, OC, Project Vida, Project Arriba	Partner with employee agencies to create and maintain a list of homeless and felony friendly employers	Jan-18
		Encourage employers and employment agencies to attend CoC General membership meetings to improve education and awareness	Employment Committee	AGIF, providers, Center for Employment Training (CET) , EPCC, UTEP, City Library, local trade schools , employers, Halfway Houses, OC, Project Vida, Project Arriba	Increase advocacy and participation in meeting attendance.	Review Quarterly
2	Improve access to mainstream programs and services and increase the percentage of homeless housing participants obtaining non-cash and cash mainstream benefits	Train and educate providers on each source of non-cash and cash benefits i.e. TANF, Medicaid, SSI, SSDI, and how to navigate the online application system	EPCH	SSA, DHHS, TRLA	Increase the numbers of providers that utilize the single comprehensive application; Increase the number of providers who are SOAR certified; Increase the number of applicants who are approved on initial application	Review Quarterly starting May 2018
		Utilize coordinated access in the process of housing and case management referrals to all ESG and CoC funded agencies	Coordinated Access Lead	All Service Providers and mainstream resource providers	Increase in non-employment income and reduction in recidivism	Review Quarterly starting May 2018
		Increase accessibility to mainstream benefits.	EPCH	All Service Providers and mainstream resource providers	Create a point of contact list for mainstream resources and post to EPCH website	Semi-Annually
3	Identify and implement best practices, including supportive services for employment and client-tailored wrap around services	Explore options for free supportive services i.e. day care, transportation, resume services, and professional clothing.	EPCH - SOSS Committee	All funders, government entity, businesses, CCS and Goodwill-Resume Building Program	Increase financial literacy in regards to financial budgeting; Research and acquire funding for supportive services	Mar-18
		Research job training best practices and explore the option of implementing projects locally.	Employment Committee	TWC, CET and trade schools, YWCA Lift, Project Arriba	Implementing best practices to increase employment income	Mar-18
4	Increase access to education, education as it relates to job readiness, educational outcomes and living wage jobs	Organize partnerships between employment vendors for training and education and homeless programs to include ESL and language development classes	Employment Committee	EPCC, UTEP, trade schools, CET, TWC, Goodwill, UTEP FASFA	Host educational fair to increase job readiness and educational outcomes	Review Quarterly starting May 2018
5	Evaluate progress on meeting objective 3	Review HMIS data for increase in income from employment and non-cash and cash benefits and reduction in recidivism.	EPCH - Planning Committee	Planning Committee, CoC members and Community Stakeholders	Annual documentation supporting Improvement of effective pathways toward self-sufficiency and reduced financial vulnerability	Review Quarterly starting May 2018

OBJECTIVE 4: TRANSFORM HOMELESS SERVICES TO A CRISIS RESPONSE SYSTEM LEADING TO IMPROVED HEALTH AND SAFETY						
	Strategy	Action Step	Lead	Partner	Deliverable	Target Date
1	Institute rapid re-housing and permanent supportive housing resource as a strategic tool to end family homelessness	Policy changes among Emergency and Transitional Shelters to have a housing first focus.	Transformation Committee	Coordinated Access Lead, All Housing and All Funding Providers	Length of time homeless and Recidivism as measured by HMIS will decrease.	Jan-18
2	Institute system-wide partnerships and best practice models	Use VTLC and Support Services for Veterans Families (SSVF) as bridge housing for veterans waiting for VASH vouchers in limited instances.	AGIF	VA, AGIF, RRH and PSH Providers, Temporary Housing Providers	Veterans' length of homelessness and Recidivism will decrease as measured by HMIS.	Aug-17
		Offer Rapid Re-housing as a bridge for eligible permanent supportive housing clients.	Coordinated Access Lead	All Services providers	Length of time homeless and Recidivism as measured by HMIS will decrease.	Jan-18
3	Increase successful service delivery for Rapid Re Housing and Permanent Supportive Housing	Expand Case Management Services to ensure connections to mainstream resources and other services to promote housing stability.	EPCH	Service delivery agencies and PH programs	Training curriculum for case workers who administer Rapid Re Housing and Permanent Supportive Housing.	Jan-18
		Increase connections with service delivery agencies through quarterly meetings and explore funding opportunities.	EPCH	Service delivery agencies and PH programs	Provide on going training and case conferencing.	Jan-18
4	Promote outreach to high utilizers of system resources	Form a sub-committee to address expansion of scope of delivery for homeless outreach services	El Paso Homeless Outreach Consortium	Homeless outreach workers, Mental Health providers, emergency service providers, emergency shelters, first responders	Subcommittee will develop a standardized outreach tool kit. Prioritize projects who implement this model in upcoming funding rounds.	Dec-17
5	Utilize data driven HMIS system to evaluate program and outcomes	Provide community performance measurements to the CoC Board .	EPCH –HMIS lead	CoC Board and HMIS Steering Committee	Data outcomes will be incorporated and used in funding prioritization.	Jul-17
		Data to be utilized to identify high acuity families/individuals.	EPCH-HMIS lead	CoC Board	Recommendation by the Planning Committee for prioritization.	Jun-18
6	Explore using flexible funds for meeting unique and multiple community needs of individuals/families to prevent homelessness or stabilize them	Determine opportunities for in-kind, local and private funding for supportive services to prevent homelessness.	EPCH	All service providers	Increase in available private and foundation funding to meet local community needs.	Jul-18
7	Evaluate progress on meeting objective 4	Compare the system performance measures through HMIS annually	Transformation Committee	EPCH, Performance Committee, CoC members	Annual report on progress to transform homeless services to crisis response systems leading to improved health and safety.	Review Quarterly starting Jul-17

OBJECTIVE 5: ADVANCE HEALTH AND HOUSING STABILITY						
	Strategy	Action Step	Lead	Partner	Deliverable	Target Date
1	Improve discharge planning from foster care	Create a Runaway Homeless Youth committee to focus on identifying, serving, and ending youth homelessness by 2020	EPCH	Coordinated Access Lead, All Housing and All Funding Providers	Reduce gaps of Rapid Re-housing Services.	Dec-17
	Improve resources that focus on the homeless	Continue realignment of existing infrastructure to achieve federal initiatives and HEARTH goals of transforming into a crisis response system	EPCH	CoC Board, all CoC members, local government, other funders	Increase in funding opportunities based on improved program outcomes and system performance measures	Dec-17
		Formalize SOSS committee to research need and other resources outside of public funds.	SOSS Committee	CoC Board, all CoC members, local private, foundation and philanthropic-oriented businesses	List of priorities and related needs and funding sources.	Dec-17
2	Continue to strengthen the communication with healthcare systems	Create a partnership with local hospitals and medical clinics through a MOU to ensure discharge plans are in alignment with El Paso CoC strategies	EPCH	EHN, Family Services, Texas Tech, UTEP, mental health and health care systems	On going training between the CoC and healthcare systems for discharge planning	Jul-18
	Increase permanent supportive housing that is coupled with Intensive Case Management and supportive services for the Chronically Homeless and those with a disability	Strengthen partnerships between shelter providers, mental health providers, case managers and medical community staff to improve referral acceptance in permanent supportive housing programs.	EPCH - Planning Committee	Shelter providers, EHN, Area Agency on Aging, Adult Protective Services, OC, other mental health providers, and Aliviane, CoC members	Increase the number of CH and those with a disability being placed into permanent supportive housing and receiving supportive services.	Jan-18
3	Evaluate the progress on meeting objective 5	Lead entity to report quarterly to Planning Committee and recommend adjustments as needed	CoC and EPCH	CoC members	Quarterly report on progress to increase leadership, collaboration and Civic engagement.	Review Quarterly starting Jul-17





# El Paso Continuum of Care

