

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: TX-603 - El Paso City & County CoC

1A-2. Collaborative Applicant Name: El Paso Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: El Paso Coalition for the Homeless

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	Yes
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veteran Service Providers and Advocates	Yes	Yes	Yes
35.	Migrant Refugee Services	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) Each year an email is distributed to the Coalition's listserv of 450 plus email addresses describing the work of the CoC including the Coalition's role as coordinating entity for numerous agencies that provide housing, services, and support to the homeless in our community, inviting entities to join the initiative and support the Coalition and our partners to address strategic initiatives to prevent and end homelessness. Membership applications are available on our website. Invitations are communicated, announced, publicly posted on community bulletin boards and released through electronic media (social media and CoC list serve). CoC invites community members to activities such as county-wide community task force meetings, Coalition meetings, business districts, and through many networking opportunities.

2) The CoC ensures effective communication w/individuals with disabilities by sharing invites/apps in a variety of accessible electronic formats, including CoC webpage, which is responsive to screen reader software (e.g., accessibility tags to PDF docs) and email listservs.

3) The CoC ensures that Homeless/formerly homeless are continuously encouraged to join the CoC during events such as Point in Time, homeless advisory meetings (all homeless-local mental health authority), etc., and throughout the year. The CoC conducts targeted outreach to have conversations with those experiencing homelessness and what a pivotal role they can have in how the system is designed. The CoC is inclusive when soliciting new members to address equity in El Paso County. Invited entities include, for example Ysleta del sur Pueblo, Department of Finance and Revenue (Indian Reservation); Centro de Salud Familiar La Fe, La Fe Clinic (FQHS targeting those who residing in Segundo Barrio, a low-income, Hispanic neighborhood); Center of Hope (non-profit agency serving victims of human trafficking); Casa de Colores (non-profit agency serving LGBTQIA+); Volar Center for Independent Living (non-profit agency supporting people with disabilities) and Borderland Rainbow Center (LGBTQIA+ community center). The CoC is focused on diversity in its representation.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
	1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
	2. communicated information during public meetings or other forums your CoC uses to solicit public information;	
	3. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	4. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1)CoC solicits a wide variety of individuals/organizations who weigh in on the issue of homelessness. Through the ongoing planning process which includes monthly meetings of the CoC Planning body, we rely on local expertise from nonprofits that oversee/manage homeless programs, along with homeless & formerly homeless people who have lived experience. Also, we solicit participation from our local PHAs & law enforcement in all committees. The CoC works closely with CoC's across the state to obtain a perspective on how other communities are addressing similar issues & review best practices.

2)CoC coordinates monthly general membership meetings which are advertised on the agency's website & announced through the listserve of 450+ email addresses. Meetings are open to the public & the agenda includes items where interested entities can offer opinions, share upcoming functions, or discuss issues with existing programs. City, ESG Recipient & a member of the CoC, frequently contacts the CoC regarding feedback from City Council Reps & their constituents.

3)The CoC ensures effective communication w/individuals with disabilities by sharing invites/apps in a variety of accessible electronic formats, including CoC webpage, which is responsive to screen reader software (e.g., accessibility tags to PDF docs) & email listservs.

4)The CoC continuously gathers information from the various meetings throughout the year in addressing/preventing homelessness. Over the past year, the Planning Committee has focused on addressing improvements to overall program performance, as evaluated in the system performance report. Over the past year, the Performance Committee has been evaluating local benchmarks, for specific subpopulations, i.e., Chronically Homeless, Youth, Survivors of DV, etc. Youth Collaborative was convened to focus on evolving the current youth homeless system, by identifying crucial positions/opinions on stabilizing the Youth Advisory Board. Of this, a focused Point in Time was developed to account for sheltered & unsheltered youth. The Youth Advisory Board continues to develop events to continue to identify homeless youth. Information gathered from providers identified the need for funds with more flexibility for preventing households from becoming homeless, i.e., Diversion. Information gathered in addressing, preventing & ending homelessness is incorporated in the ESG/CoC priorities. As a result, the CoC is in its 2nd year of administering Diversion funds.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

- 1)The CoC actively notifies and encourages new proposals/applicants who are not currently funded. CoC notified the public that the local competition was open and would be accepting projects applications via email announcement on 8/3/23, on the CoC website and other community list serves. In the local competition notice, two public workshops were scheduled for 08/09/2023 for entities interested in submitting a new project proposal or for renewals with questions about the process. Handouts highlighting project criteria and competition timeline, as posted in the RFP, were distributed to attendees.
- 2)Local competition documentation indicated that all projects must be submitted via email with all required documents attached. Two workshops were scheduled on 8/9/23, AM for Renewals and PM for New Projects. Both workshops focused on the application process, including eligibility, and addressed any immediate questions. In addition to the workshop, CoC Staff were available via email, virtually or phone call.
- 3)Communicated in the local competition documentation and the workshops, was the process, the timeline, and the scoring tool. The CoC adopted the scoring and ranking of 19 FY 2023 CoC Application projects through the local RFP process. The rating/ranking tool for new and renewal projects, not only focused on performance but on community need and HUD best practices, agency capacity, ability to meet stated CoC goals and HUD priorities.
- 4) The CoC announces at every meeting the availability of accessible formats and ensures effective communication with individuals with disabilities by posting content and documents on our website that can be accessible to screen-reading software via PDF documents.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Migrant and Veteran Organizations	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) On 7/28/22, was the last time the City sent an email to the governing body (not the CoC) on projected allocations for regular ESG Funds-no changes were recommended to the previous year's allocation of ESG Program funds. The Policies and Procedures for the 22-23 funding year, incorporated the allocation of ESG funds, were distributed. The CoC consulted with the TX Dept of Housing and Community Affairs, who is a recipient of ESG. A consultation with Texas Homeless Network who arranges a CoC coordinated conference call between TX, CoCs and directly with TDHCA on regular ESG allocations and remaining CV funds.

2)The CoC has a formalized a process to monitor and communicate individual ESG sub-recipient performance to the City on a quarterly, semiannual and annual basis. Annually, the CoC provides actual performance by ESG component compared to local benchmarks which are uploaded to IDIS for CAPER reporting. All ESG recipients have language in their contract referencing this monitoring and a copy of the benchmarks established annually by the Performance and Benchmarks committee and approved by the CoC Board. The Coalition serves as ESG Coordinator on behalf of the TX Dept. of Housing and Community Affairs, the state ESG Entitlement entity. ESG awards are made by the CoC Board, so all performance reporting for state funded ESG subrecipients is provided to the CoC Board following the same timeline as described above.

3)Annually, the CoC provides PIT and HIC data, along with specific population information for Veterans, Families, Individuals, DV aggregate data to the ConPlan jurisdiction. All data is accessible via website.

4)Upon the request from the city, the CoC will also provide any information that is needed for the ConPlan. The ConPlan for the City of El Paso outlines the jurisdiction's 5-year goals for reducing and ending homelessness. The CoC will provide updated information directly into the draft ConPlan and Annual Action Plan that includes, local homeless demographics, housing and services, data derived from HMIS, CAPER, PIT and HIC and LSA.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

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

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC works and coordinates closely with 14 school district Homeless Liaisons, SEA and LEAs to ensure McKinney-Vento educational services are being met and to identify children eligible for homeless education services. Participation assures that programs are actively engaging with schools and the CoC's policies and that programs address the educational needs of youth. The CoC convenes quarterly with school districts and shelter staff. CoC's policies ensure homeless children in CoC/ESG programs are enrolled in school and connected to services in collaboration with School District Homeless Liaisons. Shelters are provided materials that enforce students' rights to continuing education services regardless of homeless status. School district homeless liaisons collaborate with runaway shelters to connect runaway youth with appropriate resources based on their age. Texas Education for Homeless Children and Youth (TEHCY) provides resources and services to ensure that all Texas children living in homeless situations can enroll in, attend, and succeed in school. CoC policy required that providers serving households w/children designate a specialized staff person as an educational liaison to inform households of their eligibility for schooling. The CoC has strong collaborative relationships with each of the school districts in the CoC Geographic area. Strong partnerships have made a positive impact on the efficacy in linking homeless children back into school with transportation and any services they may need under McKinney-Vento. All Homeless Liaisons participate routinely in membership meetings of the CoC. The CoC has a formal partnership with a Homeless Liaison from Socorro ISD through their participation on the CoC Board.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Providers who work with families with children or unaccompanied youth attend State & local education mtgs. Provider staff at family programs have a designated position (family advocate) that work with & meet with relevant school personnel in the appropriate school district to discuss issues the children in the program may be experiencing that may impact their education. Emergency Shelters & Transitional Housing programs have policy/procedures, publicly posted, informing residents of their right to educational services for homeless children. At the time of intake, Case Managers provide information to residents that details the steps which will be taken to ensure that parents are aware of & take advantage of their rights under McKinney-Vento, to include, uniforms, transportation, school supplies & after school tutoring, which is provided by Region 19, local Education Service Center. The CoC, SEA & LEA ensure that shelter staff are trained regularly to ensure that families seek out & receive services in a timely manner. The homeless liaisons & shelter staff work to maximize benefits for the homeless children. The CoC has an RRH program for youth that has a formalized MOU with a large school district. CoC policy requires that providers serving households with children designate a specialized staff person as an educational liaison to inform households of their eligibility for schooling. The liaison provides direct support to set up services on the household's behalf to ensure there is no disruption in education services to those experiencing homelessness or who are transitioning from shelter to permanent housing. The CoC provides quarterly training on HUD funded programs & eligibility. The CoC also collaborates with UTEP FHAR (Foster Homeless Adoptive Resources). This collaboration expands educational services needs among homeless households who are no longer school age.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

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

(limit 2,500 characters)

The CoC coordinates with our local Domestic Violence shelter for the safety needs needed by victims and survivors of DV, Dating Violence, Stalking and Sexual Assault:

1) The DV Emergency Transfer Plan prioritizes safety and victim centered services to prioritize safety. Our DV provider, who is active in the CoC, offers trauma-informed, victim centered services that focus on maintaining safety/security, referrals to PH interventions that prioritize safety, confidential ES and 24-hour hotline. The Transfer Plan also requires all CoC providers to be trauma-informed and to troubleshoot other possible options to resolve in a safe way. The Transfer Plan has been in effect since 2020.

2) Coordinated Entry Policies ensure survivors have access to all resources. Coordinated Entry (CE) staff receives ongoing training on safety protocols, and how to notify participants fleeing or attempting to flee DV or sexual assault. Currently, CE refers DV victims to DV center hotline. The CoC is working with our DV provider to implement their newly funded CE project. The shelter assists victims to navigate the criminal justice and social service systems to meet their needs and maintain their safety, based on choice. The CoC has 3 shelters that provide safe and confidential shelter/services to survivors of Domestic Violence. As part of the CoC, the shelter provides consistent guidance to the CoC and community on issues surrounding victims and provides needed services. CoC coordinates housing services w/shelters through referral and collaboration at the DV Center to ensure victims are given safe options and safety planning is received. Safety and security are maintained through safety planning and following all applicable laws and statutes guiding confidentiality and disclosure of victims. CoC ensures DV training so non-victim service providers are knowledgeable about safety precautions and resources to assist victims.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1)CASFV implements trauma-informed care & person-centered practices to ensure the best quality of services for our clients. In working with survivors of domestic & sexual violence, a trauma-informed care approach helps understand & address the effects of trauma to tailor services to meet survivors' unique needs, promoting safety, emotional healing & minimizing triggers that might impede housing stability. A person-centered approach ensures clients are at the center of decision making & services are tailored to their unique needs, preferences & goals. By providing clients with the tools, they need to rebuild their lives & being actively engaged in decision-making processes, it enhances the likelihood of them maintaining or regaining housing stability.

2) CoC provides regular training & support to the CE administrator to ensure that staff have a thorough understanding of DV providers/projects, dynamics of domestic violence privacy & confidentiality. Training ensures that assessments are consistent, & all protocols are followed so that all clients are assessed equally, with an emphasis on minimizing trauma for these clients. To ensure safety for victims, protocols are established for CE to bypass regular service providers when appropriate & direct to a DV hotline. Otherwise, specific questions facilitate alternate interventions, relying on the guidance/expertise of DV providers in serving DV in a true client-centered & trauma-informed approach based on what they identify as their immediate need. The CASFV CE program establishes the following guiding principles for CE: 1)The CE operates trauma informed & person-centered approach & outcomes, maintaining confidentiality throughout the process; 2)The CE will ensure participants are quickly assessed to the most appropriate services & housing resources available; 3)The CE will reduce the stress of the experience of being homeless due to fleeing domestic and/or sexual violence by limiting assessments & interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis & needs; 4)The CE will incorporate cultural & linguistic competencies in all engagement, assessment, & referral coordination activities; 5)The CE will implement risk assessment tools, practices, & will capture only the information necessary to determine the severity of the participant's needs & the best referral strategy for them.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

1)CE Policies ensure survivors have access to all resources. CE staff receives quarterly training on safety protocols, how to identify participants fleeing or attempting to flee DV or sexual assault. Currently, CE refers DV victims to DV center hotline. The CoC is working w/DV provider to implement their newly funded CE project by sharing best practices, i.e., DV CE. Sharing best practices has proven effective in enabling CE staff to become knowledgeable on best practices and procedures when working w/victims of DV. Shelter assists victims to navigate the criminal justice and social service systems to meet their needs and maintain their safety, based on choice. DV Provider operates the only safe and confidential shelter for victims and a TH shelter. CoC coordinates housing services w/shelters through referral and collaboration at the DV Center to ensure victims are given safe options and safety planning is received. Safety and security are maintained through safety planning and following all applicable laws and statutes guiding confidentiality and disclosure of victims. Training is also part of the on-boarding process for all CASFV Staff. Our DV provider who is active in the CoC, CASFV, offers trauma-informed and victim centered service training on a quarterly basis that focus on maintaining safety/security, referrals to PH interventions that prioritizes safety, confidential ES and 24-hour hotline. The Emergency Transfer Plan (ETP), as approved by the CoC Board, also requires all CoC providers to be trauma-informed and to troubleshoot other possible options to resolve safely. Training is part of the onboarding process for all CASFV Staff. For on-boarding, the CoC trains CASFV Staff on resource availability, navigation, and the ETP.

2)The DV prioritizes the confidentiality of victims. This guides the CE System protocols which incorporates trauma-informed care, victim rights, and person-centered care, and maximizes client choice for housing and services. The CE System utilizes a 24-hour confidential hotline to administer the prioritization tool that is imbedded in their secured, comparable database and is only accessible to the DV provider. Providing proprietary identifiable information during the initial CE assessment process is optional. The DV Provider does not deny services to those seeking assistance should this data not be made available through CE. All referrals made through the DV CE System are only accessible by CASFV staff.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1)The CoC, quarterly, collected de-identified aggregate data from the CoC-approved comparable HMIS System from our Domestic Violence provider, Center Against Sexual and Family Violence.

2)De-identified aggregate data is collected from our only DV provider. In addition, to collecting de-identified aggregate data from our DV provider, the CoC also uses de-identified aggregate data from our DV providers comparable database for the annual HIC and PIT. The data provides demographics, household size, disabling conditions; informing the CoC on the number of units and types of housing needed to be able to meet the special needs of victims of DV. De-identified data was also utilized during the rating and ranking process for the CoC local competition. The data provided gave the CoC the ability to assess ongoing needs for victims of DV and performance outcomes which all informed the DV Bonus projects. The CoC utilizes all deidentified data to feed into addressing local needs.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1.	whether your CoC has policies and procedures that include an emergency transfer plan;
	2.	the process for individuals and families to request an emergency transfer; and
	3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

- 1)The CoCs DV CE System focuses on prioritizing safety for households fleeing DV by conducting quarterly staff training on trauma-informed care, victim rights, person-centered care, available resources as well as system navigation and access. DV CE System focuses on maintaining safety/security, referrals to PH interventions, confidential ES and offers a 24-hour hotline. The Emergency Transfer Plan (ETP) requires all CoC providers to be trauma-informed and to troubleshoot other possible options to resolve in a safe way.
- 2)The DV CE System incorporates trauma-informed care, victim rights, person-centered care, is designed to provide a safe and expeditious transfer process in accordance with the CoCs ETP by prioritizing the DV household transfer from either a transfer to another PH program or to another unit whichever may be the case. Relationships with landlords has provided our CoC the ability to break leases without consequences when enacting the ETP. DV ETP prioritizes safety and victim centered services to prioritize safety. DV provider who is active in the CoC, offers trauma-informed, victim centered services that focus on maintaining safety/security, referrals to PH interventions that prioritize safety, confidential ES and 24-hour hotline. The DV prioritizes confidentiality of victims. This guides the CE System protocols which incorporates trauma-informed care, victim rights, person-centered care, and maximizes client choice for housing and services. The CE System utilizes a 24-hour confidential hotline to administer the prioritization tool that is imbedded in their secured, comparable database and is only accessible to the DV provider. Providing proprietary identifiable information during the initial CE assessment process is optional. The DV Provider does not deny services to those seeking assistance should this data not be made available through CE. All referrals made through the DV CE System are only accessible by CASFV staff.
- 3)In situations where the CoC receives DV cases they are immediately linked to the 24-hour DV Hotline.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1)CoC ensures that survivors of DV, etc., have safe access to all housing/services offered by our CoC. CoC coordinates housing services w/shelters through referral & collaboration at the DV Center to ensure victims are given safe options & safety planning is received. Safety & security are maintained through safety planning & following all applicable laws & statutes guiding confidentiality & disclosure of victims. CoC ensures DV training so non-victim service providers are knowledgeable about safety precautions & resources to assist victims. CoC meets the needs of victims of violence accessing services through both victim service providers & providers with services that are not specific to victims. CE process ensures both safety & confidentiality. CE assessments explore any possibilities of a participant attempting to flee DV, concerned for their safety, victim of stalking & any related violence. CE ensures that participants are not denied access to the CE process on the basis that the participant is,or has been a victim.

2) Addressing the systemic barriers within homeless response systems that hinder the safe housing of survivors of DV is crucial. To ensure safety for victims, protocols are established for CE to bypass regular service providers when appropriate & direct to a DV 24-hour hotline. Otherwise, specific questions facilitate alternate interventions, relying on the guidance/expertise of DV providers in serving DV in a true client-centered approach based on what they identify as their immediate need. One critical need for many survivors, that has often been overlooked when considering the services DV programs provide, is stable housing. DV programs typically offer safety planning, counseling, advocacy, support groups, & some form of temporary safe housing (shelter/transitional housing), but increasingly, survivors need assistance securing safe & stable long-term housing. CoC consistently monitors data, i.e., PIT, HIC, APR, CAPER, to assess the needs of the community when analyzing gaps in services & barriers, specifically related to services for survivors. CoC coordinates with our local DV shelter for services needed by victims. The DV shelter assists victims to navigate the criminal justice & social service systems to meet their needs & maintain their safety, based on choice.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1)CoC ensures that survivors are involved in the development of policy/programs. There are 2 members of the CoC Board that have been identified as survivors of DV. There are also survivors that work within the agencies funded by the CoC. Agencies that serve the DV population have created advisory groups and provide exit surveys which catalog the client feedback. This process ensures that the program remains responsive to the evolving needs of its participants. An example that the Center Against Sexual and Family Violence has reported in result of the feedback that they have received from their client they have modified the way that they have modified various aspects of their program. For example, they do not require their clients to participate in daily chores, but they do suggest their participation in order to instill in clients the duties that they will be required to perform in their own home. CASFV has also made changes to their hours of operation to allow more flexibility for clients that work and they have childcare contracts which will allow a client to work past hours of operations and still be allowed into the shelter as long as prior arrangements or communication has been made with administrators.

2)Trauma-informed care and stabilization plans tailored in accordance to the diversity of needs and the intersectionality of issues that can result in a survivor's experience is vital to the stability of a client. As the CoC, we are guided by the DV agency with how each DV client shall proceed, should alternate assistance be needed outside the DV service provider. The CoC has established relationships with providers that will assist with mental health, general health, child care, transportation, public assistance, job placement and other providers that may assist with wrap around services.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1)CoC collaborates with the Borderland Rainbow Center (BRC), a nonprofit LGBTQIA+ community center in El Paso County. CoC invited the BRC to the General Membership meeting on 8/10/23 educated members on definitions sex, gender, sexuality, & using the word queer without the fear of it being considered a derogatory term. BRC will continue to be invited to provide further training to all members to further their LGBTQIA+ knowledge. Resources used to ensure that our obligations in respect to the Fair Housing Act & HUDs Equal Access Rule with respect to LGBTQIA+ individuals & families are met. Trauma-informed care, Motivational Interviewing, harm reduction, racial equity, & LGBTQIA+ cultural competency are universal standards of practice for all street outreach, CE, & providers that work within the CoC. Other partners are the Dept. of Public Health (HOPWA), Sun City Pride, & PFLAG.

2)CoC has been working with projects in developing anti-discrimination policies are aligned with Equal Access Final Rule & Gender Identity Final Rule. CoC prohibits CE process from screening people out due to perceived barriers to housing or services, including, little or no income, active/history of substance abuse, domestic violence, resistance to receiving services, disability-related services or supports needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. CE process collects & documents participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to referral options.

3)CoC has provided assistance in developing & implementing anti-discrimination policies consistent with HUD guidance. The CoC regularly monitors CoC Program-funded projects to ensure that their anti-discrimination policies & coincide with their practices. CoC monitors local programmatic benchmarks. Adherence to Performance Policies & Procedures is reviewed by the Performance Committee on an annual basis. Fair Housing & Equal Access are incorporated into all training, whether it is RRH Training, PSH Training, CE Training, etc.

4)CoC Program-funded projects that do not adhere to program requirements are provided with a monitoring compliance notification letter from the Performance Analyst that lists the findings & concerns. Agencies have 30 days to provide a written response. Agencies must respond to findings promptly.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
NOFO Section V.B.1.g.		
You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.		
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:		

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of El Paso	15%	No	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1) The CoC is fortunate to have a great working relationship with the City of El Paso Housing Authority (HACEP) and El Paso County Housing Authority. The CoC continues to take active measures to educate both PHAs on homelessness and their need for PH options outside of CoC funded PH programs. As a result, the local PHA has adopted a homeless preference for public housing. Discussions continue to increase the preference for HCVs. The County of El Paso PHA has partnered with the Coalition for strategic planning efforts and is reviewing their policies to have a homeless preference. The CoC continues to have one-on-one meetings and email communication coupled with statistics on our existing PSH programs. Through this process the CoC and PHAs have been able to discuss the current needs of the homeless. The CoC actively works with the 2 PHAs in the geographic area; they are the City of El Paso PHA and County of El Paso PHA. The City of El Paso PHA provides a greater access to the HCV, 15 vouchers for chronically homeless and manages the HUD VASH vouchers in collaboration with the local VA. The El Paso County manages HUD VASH vouchers in collaboration with the VA and HCV. The CoC will continue to work with both PHAs in sharing PIT and HMIS data to review preference criteria.

2) The CoC has had discussions with both the HACEP and EPCHA on adopting/increasing homeless prioritization.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
--	---	--

PHA
Housing Authority...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of the City of El Paso

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	19
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

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

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

(limit 2,500 characters)

1)The CoC evaluates all projects to assure program is compliant with the Housing First initiative. CoC requests that all projects Policies and Procedures are submitted, most recent versions. CoC also reviewed Annual Performance Reports prior to being submitted and uploaded to SAGE. In addition, the Performance and Benchmarks Committee is responsible for ensuring strategies have been established/implemented to meet this measure.

2)Factors and performance indicators that are regularly reviewed are: 1-lack of income; 2-where households are originating from, i.e., streets, 3-reported length of time households are homeless, 4-reported disabilities, i.e. mental health, substance abuse disorders, physical disabilities. Reviewing these various data points in HMIS provides a detailed portrayal of each of the households. In 2021, a detailed analysis of our PH system, approximately 40% of those housed in PSH and RRH came directly from the street (no income, long length of homeless episodes, mental health disorders co-occurring with substance abuse).

3)CoC staff review all projects, regardless of funding source, in evaluating performance metrics as it relates to the CoCs local benchmarks. The frequency is quarterly. After all most recent versions of program Policies and Procedures are submitted during the CoC Competition, and after the competition, the CoC works with programs to address and improve program standards over the following months. In addition, the CoC reviews all Annual Performance Reports prior to being uploaded into SAGE. In addition to Annual Performance Reports, new and renewal CoC projects are required to sign a Housing First Agreement.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1)For the past several years, the CoC has developed and facilitated an outreach consortium that focuses on identifying all living on the street. Funding resources from multiple donors, and agencies have been combined to support this comprehensive multi-agency initiative which includes youth, LGBTQIA+, veterans, those with mental health disorders, individuals/families who are on the street, encampments, or other places not meant for human habitation. As a result of TX Governor Greg Abbott passing an anti-camping ban, effective 9/1/21, the CoC has developed an MOU with the El Paso Police Department. Street Outreach Consortium has developed processes to address this ban by identifying the size of the camp, # of individuals, the population at camps (elderly, disabled) and the location. Teams offer services such as substance abuse, mental health, healthcare, and safety through referrals to shelters or PH interventions. When teams are contacted by law enforcement, teams coordinate their efforts to avoid duplication of services. Multiple contacts may be required prior to either engaging the homeless or linking them to the community's CE process and when agreed upon, triage is conducted utilizing the VISPDAT, and those assessed are placed on the CoC's acuity list.

2)CoC utilizes ESG, SSVF, SAMSHA, RHY, foundations/private funding and volunteer organizations to ensure that outreach covers 100% of the geographic area. CoC currently has 11 outreach teams that provide adequate coverage.

3)Street Outreach occurs 7 days a week with varying shifts to accommodate the needs in the community and includes afterhours and emergencies. The CoC has established a 'Channel 1' with the El Paso Police Department (EPPD)in the implementation of a 'Street Outreach Hotline', 24/7. Channel 1 gives EPPD the ability to contact outreach teams to address problematic areas.

4)CoC Street consortium focuses on constant engagement for those who are less likely to request assistance, by building a trusting relationship. CoC tailors' teams to target youth, LGBTQI, veterans, those with mental health disorders, etc. Teams target encampments that have a high concentration of those with long history of homelessness. In addition, the CoC has tailored it's street outreach to also focus on unsheltered households who are CH but are not in HMIS. Working closely with EPPD has highlighted a chronically homeless population that is not identified in HMIS.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
	CIT Diversion Program	Yes	No

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	563	400

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

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

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

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

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)CoC systematically keeps staff informed through email distribution, through agenda items at membership meetings, through dissemination of training opportunities including webinars & conferences. Mainstream benefit providers partners are TX HHS (SNAP, TANF, people of disabilities, etc.), EP County General Assistance, FQHCCs, & Molina Health Care. CoC provides guidance on SOAR training to providers to ensure quick access to SSA benefits. CoC disseminates information on the availability of mainstream resources. State/local benefit programs are invited to membership meetings to disseminate information on programs that would benefit our population, i.e... Peer recovery, TANF/food stamps, rehab,etc. CoC staff are encouraged to attend benefits meetings & review benefit program websites to ensure they are aware of changes & opportunities. CoC collaborates with providers assisting with ACA applications & linkages to health care through mobile units, multiple clinics.

2)CoC collaborates with local county hospitals that offer healthcare options for those who are experiencing homelessness. One FQHC is funded by the National Healthcare for the Homeless Foundation for a dedicated clinic for the homeless. The county hospital & the FQHC work together to coordinate health care coverage to address medical needs. Second FQHC, provided a letter of commitment stating that they will provide access to treatment & recovery services for all program participants in CoC (see attachment MOU + letter of commitment).

3) A key strategy that the CoC has implemented over the past 6 years is for our CoC Program-funded projects participation in the SSI/SSDI Outreach, Access, & Recovery (SOAR) process. CoC program-funded projects are required to participate in SOAR training & use the SOAR process to better identify, engage, & enroll homeless households with disabilities so they can receive cash assistance they are entitled to. A SOAR Steering committee has been established as an ongoing support system to assist those completing applications & discuss barriers & solutions encountered. This effort will continue indefinitely.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.	

(limit 2,500 characters)

Conversations between providers and entitlement jurisdictions include the request of funds for hotel/motel vouchers.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1)the CoC will follows local, State and Federal guidelines for the implementation of policies and procedures during a state of emergency and in that event the County/City receive additional funding. The CoC is adhering to the Public Health Departments Isolation and Quarantine guidelines for the City/County of El Paso and are in alignment with the Center for Disease Control (CDC) recommendations for isolation and quarantine and considering available evidence-based public health interventions to reduce infection and spread of COVID-19. The CoC will comply with CDC and the Public Health Department should any other form of outbreak occur.

2)It is well documented that households experiencing homelessness have been identified as being increasingly susceptible to COVID-19, with policies enacted to test, isolate, increase hygiene practices and prioritize vaccination. Shelter facilities practice 1) support staff and residents to stay up to date with COVID vaccines; 2) provide testing for COVID, when needed; 3) maintaining a stock of personal protective equipment; 4) maintain supplies for hand hygiene, cleaning and disinfection; and 5) implement isolation for residents who test positive.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1)The CoC continues discussions on the development of a formal collaboration with the Paso Del Norte Public Health Exchange (PHIX). PHIX facilitates data sharing between hospitals, emergency departments, clinics, public health and other health providers. Through their clinical viewer, providers can review their patients' records from across PHIX network. Having access to medical records securely and electronically at the point of care drives values by improving outcomes. In addition to those discussions, the CoC is sharing data with the Texas Homeless Data Sharing Network (THDSN) database. This database is comprised of 9 TX CoCs. As a result, THDSN is sharing data with TX HHS specifically tied to COVID vaccination data entered into perspective HMIS systems.

2)During COVID, it was clear that we as a CoC had weak points and vulnerabilities that affected our ability to adequately respond to infectious disease outbreak. The CoC continues to coordinate education and communication with local FQHCs, Public Health Department, to enhance current policy practices 1) support staff and residents to stay up to date with COVID vaccines; 2) provide testing for COVID, when needed; 3) maintaining a stock of personal protective equipment; 4) maintain supplies for hand hygiene, cleaning and disinfection; and 5) implement isolation for residents who test positive.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1) The CoC, as the operator of Coordinated Entry System (CES), ensures 100% coverage of the CoC geographic area, El Paso County, through guiding principles within their governing jurisdiction. The CoC's entire geographic area is accessible to CE processes either through the designated Coordinated Entry centers, one of the many shelter and program participants, or a street outreach team.

2) The CoC, who operates the CES, continues to utilize the VI-SPDAT to assess all households experiencing homelessness. The CoC has been utilizing this tool since the inception of the CES. There are three homeless assistant tools, one for families, one for individuals, one for youth and one for homeless prevention. These tools have aided the community in implementing a prioritization scheme, which is prioritizing PSH and Mid-Term RRH programs for those who are of higher acuity. The CoC has been closely monitoring data and has seen positive outcomes from implementing a prioritization scheme. Both the tool and prioritization scheme have forced our community to serve higher acuity households. The CoC will continue to monitor outcomes of CE.

3) The CE system is reviewed and updated by a stakeholder-led workgroup based on input gathered from assessors, participating projects and program participants. The CoC and this workgroup will continue to review policies and procedures.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1)CoC, operator of the CE System and Local Homeless Outreach Consortium will work closely with CE to ensure those living in encampments receive on-going outreach & support a population that are resistant to services of any kind. The Homeless Outreach Consortium will also be working closely with EP Police Department Crisis Intervention Team again to reach out to those who are highly resistant to receiving assistance. CE System links to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the CE process. Street outreach teams are considered an access point for the CE process, & they will operate as such. They will seek to engage people who may be served through CE but are not currently seeking assistance or cannot.

2)CoC recognizes that the CE System is the key to rapidly rehousing households. In alignment with the HEARTH Act, the goal is to house families with children within 30 days of becoming homeless. When a household has been identified for a PH option & a referral made, the household is placed in a temporary shelter. Within 48 hours, the PH provider quickly identifies the household & processes their entry into the available PH program. CoC has developed toolkits (cooperative landlords, standardized forms, available housing options) that expedite this process. CoC has increased RRH & PSH inventory for families with children, giving households more viable PH options. In addition, CoC with stakeholders developed a prioritization scheme that prioritizes households with long length of homelessness with 3+ HUD Disabling Conditions for PSH.

3)CoC regularly monitors the system & assesses the best CE practices, to ensure that the CE System is a 'user friendly' system in addressing homelessness or about to become homeless. This is done by reviewing the following

- a.The time it takes a referral to be addressed (accepted or denied)
- b.Once a referral is accepted, how long it takes to enroll household
- c.And finally, how long it takes from enrollment in program, how long it takes to move-in

4)CoC is constantly looking to improve the lengthiness of the current tool, VI-SPDAT. Upon the transition of CE Grantees from EP County to the CoC, we focused on re-evaluating the process. Based on feedback from persons with lived experience, we made the decision to no longer require directing calls to 2-1-1. All households have direct access to CE Assessors.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry-Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1) Each project participating in CE is required to post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss & explain CE to a participant who seeks more information. CoC shall affirmatively market its housing & supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, & maintains records of those marketing activities. All aspects of the Coordinated Entry process comply with all Federal, State, & local Fair Housing laws & regulations. Participants will not be "steered" toward any housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

2) Locations where persons are likely to access or attempt to access the CoC's Coordinated Entry System include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint & containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

3) When a complaint is received, the Coordinated Access Oversight Committee (CAOC) will complete an investigation of the complaint within 60 days by attempting to contact & interview a reasonable number of persons who are likely to have relevant knowledge, & by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the CAOC will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred & the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years. Unresolved complainants will be recommended to seek legal assistance & will be provided HUDs Discrimination Hotline.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/09/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1)CoC has been discussing Racial Equity in our community for 5 years. The initial phase focused on highlighting the scope of racial disparities of those experiencing homelessness and comparing those data points to US Census data. From there the community focused on data from CE referrals and program acceptance. This step highlighted the inequitable rates and what changes are needed to ensure equitable rates. Based on these findings, a committee was created to address (to include someone with lived experience) these findings and to determine whether any identified racial disparities are being perpetrated by processes within our system. This guidance was derived from participating in HUDs CE Prioritization and Assessment Community Workshop. Addressing racial equity was part of the scoring in the FY 2023, FY 2022 CoC, and FY 2021 local competition. The CoC is currently dealing with one of our working committees on how to monitor and address disparities in access to CoC Program-funded projects. This working group consists of agencies representing emergency shelters, street outreach programs, rapid rehousing and permanent supportive housing programs. When analyzing data from HMIS/PIT and comparing to Census data, BIOPIC is underrepresented in our homeless population. BIOPIC represents a majority of County population.

2)In developing the Independent Review Team for the FY2021 CoC applications, CoC solicited volunteers from a broad range of entities to ensure diversity in the group. Hispanics and African Americans, both of whom are overrepresented in the local homelessness population, were represented on the IRT. Projects were also scored based on narrative responses that described how their agency is addressing racial inequities and what future planning they are doing towards an equitable system specifically the racial and ethnic makeup of the agency's leadership staff and board, the initiatives and efforts the agency implemented to increase the representation of people of color in leadership positions, the agency's efforts to increase cultural and racial competency among staff/volunteers/program participants, how the agency analyzed data and information about race and ethnicity and examples of how agency addresses racial inequities for participants in your programs. The CoC did not identify any racial disparities. CoC continues to monitor data.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	No
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	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.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	Continue to monitor discriminated White Non-Hispanic Households at the ES Level	Yes

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC is regularly reviewing programmatic data to be able to identify disparities and address appropriately.

- 1)SOAR-Over the past year of reviewing Annual Performance Reports, we identified a trend, where there was a higher percentage of CH households that were exiting PSH/RRH without any income. As a result, we implemented scoring criteria in this years local competition. CoC will provide guidance with each program case manager on identifying qualifying CH households for SOAR implementation. Next year's competition will have a more weighted scoring on the # of CH households were linked and approved for SSI/SSDI via SOAR.
- 2)Uninhabitable Units-during the administration of EHV with our local PHA, it was discovered that CoC units were not meeting the requirements of the HQS. This was addressed by creating an inspection team that focuses on inspecting units with case managers, to have a better understanding of inspecting for habitability standards.
- 3)CE Referral Action-based on our HMIS system, we were analyzing data from the CE Project and identifying the length of time it took for agencies to take action. Referrals were stagnant and action wasn't being taken to contact clients for assistance. As a result, the Performance and Benchmarks Committee discussed in depth and implemented a local benchmark that gives agencies 3 days to take action on the referral.
- 4)Documentation of Chronically Homeless-In reviewing referrals of CH households and, following the referral we have unearthed a plethora of problematic documentation. CoC is in the process of developing a guided and user-friendly process for consistency purposes.
- 4)Veteran By-Name List-To address higher quality of data needed for the Veteran By-Name List, HMIS staff developed additional reporting to provide agencies (SSVF grantees and VA) the tool to improve data accuracy.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1)CoC is continuously reviewing various levels of data that is reviewed in HMIS. CoC reviews all programs (regardless of funding) quarterly as per benchmarks set by the Performance and Benchmark Committee, since 2013. As this committee reviews detailed data, this process will highlight internal program processes that need to be addressed. The CoC has implemented; 1)SOAR- Over the past year of reviewing Annual Performance Reports, we identified a trend, where there was a higher percentage of CH households that were exiting PSH/RRH without any income. As a result, we implemented scoring criteria in this years local competition. CoC will provide guidance with each program case manager on identifying qualifying CH households for SOAR implementation. Next year's competition will have a more weighted scoring on the # of CH households were linked and approved for SSI/SSDI via SOAR and tracked in OAT; 2)Uninhabitable Units-during the administration of EHV with our local PHA, it was discovered that CoC units were not meeting the requirements of the HQS. This was addressed by creating an inspection team that focuses on inspecting units with case managers, to have a better understanding of inspecting for habitability standards; 3)CE Referral Action-based on our HMIS system, we were analyzing data from the CE Project and identifying the length of time it took for agencies to take action. Referrals were sitting and action wasn't being taken to contact clients for assistance. As a result, the Performance and Benchmarks Committee discussed in depth and implemented a local benchmark that gives agencies 3 days to take action on the referral; 4)Documentation of Chronically Homeless-In reviewing referrals of CH households, and following the referral to we have unearthed a plethora of problematic documentation. CoC is in the process of developing a guided and user-friendly process for consistency purposes; and 5)Veteran By-Name List-To address higher quality of data needed for the Veteran By-Name List, HMIS staff developed additional reporting to provide agencies (SSVF grantees and VA) the tool to improve data accuracy.

2)Tools utilized are customized reporting from HMIS plus comparable HMIS systems and the online application tracker (OAT) for applications submitted by agencies using SOAR.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking-CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.	

(limit 2,500 characters)

Over the past year, the CoC implemented a plan to increase participation from households currently experiencing homelessness. Steps included, conversations with RRH/PSH case managers, discussion with households at emergency shelters. Interest was expressed, but there was no follow-up from the interested parties. Newly elected CoC Board Leadership is focused on creating an advisory board of persons with recent/current lived experience. A plan will be developed to detail, compensation, transportation, frequency and reporting to CoC Board. CoC always welcomes persons with current/recent lived experience and are constantly encouraged to participate in CoC meetings as well as our CoC governing body. Be it said, there are many stakeholders that have hired formerly homeless clients of our system. Their voices are invaluable.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	1	2
2.	Participate on CoC committees, subcommittees, or workgroups.	0	1
3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	1	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC has developed a process in identifying and implementing best practices, including supportive services for employment and client-tailored wrap-around services. This process helps the household and case manager identify the most appropriate income-generating path for them, whether it's applying for public benefits due to disability or beginning the process of education and training leading to employment. CoC has also fostered partnerships between employment vendors for training and education. For example, the American GI Forum's partnership with TX Workforce focuses on training homeless households on entering the workforce. CoC Member organizations provide professional development and employment opportunities within their own programs. This is a common practice among some of our providers. The process begins with offering peer support job training and internship placement. They are then offered employment.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	
	Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

1) Each of the CoC Program-funded projects incorporate into their policies & procedures how to gather feedback from service participants on their experience receiving assistance. However, the feedback that is collected during the Point in Time has provided insight as to why the unsheltered remain unsheltered & the specific services they requested. The top three services that the unsheltered community has requested are, help finding a place to live, help finding a job, & transportation. We have also found the answer as to why the unsheltered will not sleep in a shelter. Some answers provided were infestation, drug use, violence, & theft.

2) CoC Program-funded projects collect feedback by: 1. PH programs having monthly meetings with program participants on their experience while in the program & how case managers can improve; 2. DV provider administers client surveys regularly; 3. PH programs conduct exit interviews with questions about their experience in the program; 4. Youth providers meet with program participants monthly to discuss how to improve & strengthen services.

3) The CoC has dedicated time & resources to addressing the issues presented by both unsheltered & agency feedback. One July 11, 2023 the CoC hosted the Planning Meeting where member of the CoC addressed the resources most requested by unsheltered individuals. Each agency identified how their agency would be able to fulfill the service needs of the unsheltered in help finding a place to live, help find a job, & transportation. To assist with finding a place to live, individuals would have to call the CE hotline in to receive a referral to an agency. To serve the unsheltered immediately, CE has created a hybrid of Outreach & Assessor. The Outreach Assessor will have the capability of conducting the initial assessment on the spot, create a referral to the agency that best meets their needs according to the Vi-SPDAT & then transport them to the agency where they can receive assistance. This process will help with finding a place to live, address the transportation issue, & the agency assisting with RRH will create a tailored plan to determine what steps must be taken to get the client employed. Another example of how feedback has made a difference at the agency level is the DV Provider. Their clients requested a change in operating hours so that they could continue working without worrying about a curfew.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The Coalition works with its member partners to provide technical assistance and support as they work on specific housing development projects to increase the affordable housing supply. The Coalition advises and supports addressing land use policies as well as zoning and regulatory barriers to housing development as member partners encounter them. This has included addressing NIMBY (Not In My Back Yard) concerns as well as formal policies restricting development.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/28/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline.	08/24/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	225
2.	How many renewal projects did your CoC submit?	15
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

- 1)The CoC created an objective scoring that rewards projects for prioritizing chronic homelessness (CH), reducing barriers, and meeting or exceeding local performance measures. The focus of this year's tool was to incorporate local performance measures. Projects that serve CH exclusively are also prioritized. Threshold criteria include that all projects must participate in CE which assesses and prioritizes CH households and severity of needs and vulnerabilities for program openings. During ranking, the score was considered first for each applicant. Scoring criteria included varied performance thresholds by project type. The project narrative, housing first questionnaire, eLOCCS reports, and HMIS/comparable database reports were used when determining ranking.
- 2)The CoC and Performance and Benchmarks Committee have been developing local benchmarks since 2013. This process evaluates benchmarks yearly and ensures that strategies have been established/implemented to meet the local benchmarks. One of the benchmarks is the time that it takes for a household to get housed beginning from the CE referral, to project acceptance, to the household being enrolled, to an actual move-in date. The local benchmark for all RRH and PSH programs is 30 days.
- 3)The CoC provided opportunities for projects that serve high-barrier persons to receive additional application points. Also included was a section that addressed Housing First, which gave the reviewing team which projects would implement a housing first/low barrier approach to vulnerable populations, including persons with criminal backgrounds (sex offenders, convicted murderers), the LGBTQ population, and persons with drug or alcohol addiction.
- 4)The CoC project renewal scoring tool analyzes each PH housing program data from the APR that is created on random timelines that do not coincide with their operating years. The CoC and the Performance and Benchmarks Committee recognize that programs that serve CH may experience more challenges. The CoC Board reviews the performance outcomes for these projects within the broader context of the need for the project and the additional challenges of higher barrier populations. If the project is serving vulnerable populations and the project is needed to address these populations, the CoC Board may recommend renewal of the project even if its performance outcomes may not be as high as those of other projects.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

- 1)The CoC uses input from people of different races and ethnicities, however, our CoC is unique in that the BIOPIC is under-represented. By actively involving and listening to individuals from racial and ethnic groups in the local homelessness population, we ensure that their voices are heard and that the rating factors used to review project applications are aligned with their needs and priorities. This approach promotes transparency, equity, and community engagement in addressing homelessness. When reviewing Census stats for El Paso County, Hispanic population represents approximately 76%. When comparing to our homeless statistics Hispanics are under-represented. Prior to the release of the NOFO, the CoC gathered input from the CoC PH Collaborative Committee. This group is comprised of Hispanic, Non-Hispanic, and Black. A detailed conversation on past scoring and rating factors and changes for the upcoming competition.
- 2) The CoC is unique in that our homeless population (BIOPIC) is under-represented. The CoC Board is comprised of Hispanic, Non-Hispanic, Black. The governing board is the deciding body in forming and finalizing the FY 2023 CoC Slate.
- 3)The CoC is unique in that our homeless population (BIOPIC) is under-represented. Local service providers are vigilant in assuring that their programs are equitable when serving households regardless of age, sex, gender, religion, ethnicity, race. The CoC closely monitors data to identify over-representation should it occur.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1)The reallocation process allows project reduction, rejection, and reallocation during project review and ranking. A project may initiate voluntary reallocation in writing for any reason. Competitive reallocation is CoC-initiated based on criteria developed by the CoC (including meeting threshold, fund expenditure, outcome and project management performance). As part of the scoring tool for renewal projects, performance utilizing existing community metrics was evaluated (capacity rates, length of time from start date to move-in date, recidivism, increase in income). Projects that scored low in this category could be subject to reallocation. In addition, projects with continued low spend-down rates were not eligible for renewal by the CoC Board. This year, a program that was awarded in FY 2021 CoC Competition, was unable to proceed with construction, due to significant construction cost issues. This program funding was re-allocated for expansion grants.

2)During this cycle, the CoC identified a low performing program, therefore was not prioritized in Tier 1. All renewal projects were recommended for funding.

3)During this CoC application cycle, all renewal programs performed well. No projects we reallocated.

4) This year, a program that was awarded in FY 2021 CoC Competition, was unable to proceed with construction, due to significant construction cost issues. This program funding was re-allocated for expansion grants. Due to this situation, no projects were de-funded.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/15/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/15/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/19/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/15/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus Inc./Clarity Human Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1)The CoC works closely with our DV Provider, Center Against Sexual and Family Violence, and with their HMIS comparable database, OSNIUM. Our HMIS staff have had various meetings with OSNIUM staff to ensure that the data elements being collected are from the most recent HUD Data Standards.

2) HMIS Staff has worked closely with OSNIUM Staff in reviewing reports being created from their system and comparing to hard data, this process has confirmed that the reports being generated from OSNIUM are able to provide de-identified aggregate data and is submitted to the CoC quarterly. The deidentified data provided by the DV Provider is monitored for all DV programs managed by CASFV to ensure conformance to local performance metrics. The process utilized for monitoring and evaluating program performance is followed for all DV programs.

3) The CoCs HMIS and DV comparable database can collect all of the defined data elements defined within the HMIS Data Standards, supports system logic identified, and ensures that the visibility of data elements are appropriate to the project type and funding source for any given project. Bitfocus has been a great partner in assuring that all data standards are up to date and in a timely manner.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,156	132	424	41.41%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	257	22	189	80.43%
4. Rapid Re-Housing (RRH) beds	400	43	352	98.60%
5. Permanent Supportive Housing (PSH) beds	154	0	156	101.30%
6. Other Permanent Housing (OPH) beds	85	0	23	27.06%

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

NOFO Section V.B.3.c.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
- how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) The CoC will continue working with the Opportunity Center for the Homeless (OC) to encourage adopting a license and usage of HMIS, improve data quality, and rely on the geographical HMIS to manage their two large ES programs serving individuals. The CoC will continue dialogue with the shelter serving undocumented clients to participate in HMIS.

2) Technical advisors were granted to our CoC in addressing HMIS Policies & Procedures. Specifically, concerns from the OC. The CoC is working closely with TA to address concerns and to possibly amend Policies & Procedures that will address concerns. The CoC, through the Coalition as HMIS Administrator, intends to increase the OC's usage of HMIS through compliance with City requirements as well as refresher training, increasing licenses for OC staff data entry and adjusting the OC HMIS administrator's access role to allow for reviewing all OC programs collectively. To improve data quality, the Coalition will provide auto-exit functionality and scan technology, along with data quality monitoring to ensure accuracy and completeness. Finally, it is the intent of the Coalition in collaboration with the City and County, to work with the OC on using a single system to manage their homeless program data by providing technical support and ad hoc reporting capabilities to ensure all their data needs are being met. Progress will be monitored weekly regarding these initiatives.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?		Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2023 PIT count.	01/26/2023
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1) Sheltered and Unsheltered, is a thorough planning process identifying those who are experiencing homelessness and chronic homelessness. This includes youth providers, El Paso Human Services and El Paso Center for Children. Between the two youth providers mentioned, the planning process assures that their run-away emergency shelter, aging out of foster emergency shelter, LGBTQ TH program, CoC RRH, CoC PSH, ESG RRH, are an integral part of the yearly Point-In-Time count. All shelter case managers are thoroughly trained in HIC and PIT. Shelters are provided with a list of critical data elements expected to be collected and receive training on how data is submitted into the app. Data gathered from PIT is comprehensive from shelters serving: 1) individuals chronic and non-chronic, 2) Families with children chronic and non-chronic; and 3) veterans chronic and non-chronic and 4) Youth. In addition to demographic questions, the Coalition requests that each person experiencing homelessness on the date of the PIT complete an app-based survey to inform the CoC about their homelessness, i.e. how long they've been homeless, the reasons why they are homeless or continue to be homeless, whether or not they have any physical/mental disability which contributes to their homelessness, along with a question regarding any services they've required but not received. Responses from this app-based survey are used throughout the year to assess gaps in services and unmet need and to illustrate the nature and scope of homelessness in the El Paso CoC. Formerly homeless youth group was consulted with and contributed to the planning process.

2) The CoC always encourages both youth providers to engage their youth in participating in this process. This year a youth that was enrolled in the LGBTQ TH program, did participate with the Youth Street Outreach Coordinator.

3) In past years, the CoC has administered Youth Point-In-Time. In our CoC, street youth are well hidden and can be a challenge to locate. Former homeless youth and aging out of foster provided guidance in locating youth. This was instrumental in locating the very 'hidden' youth households in the streets.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

- 1) The CoC has been consistent in administering the PIT. In addition to HUD-required data fields, our local questionnaire goes much deeper into understanding a household's homelessness. There are 24 questions for Sheltered and 27 for Unsheltered. This allows the CoC to thoroughly process identifying those who are experiencing homelessness and residing in places not meant for human habitation. The only minor change over the past 6 years was how the CoC was collecting the data; going from hand-filled surveys to utilizing the CountingUS app. The amount of data collected did not change.
- 2) The CoC has not changed how unsheltered data is collected
- 3) Not Applicable
- 4) Not Applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless--Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1)Our community is experiencing a severe rise in the overall cost of living (rent, groceries, gas, utilities). Risk factors identified are households, with fixed incomes (SSI/SSDI/SSRI). We are seeing elderly households, families, individuals, youth. Over the past two years rent has continuously increased for individuals/families who have become homeless for the first time utilizing HMIS. From 2020 to 2024, there has been a 44.75% increase in Fair Market Rent Values. This is a TREMENDOUS increase. These increases are a tremendous strain on households who are on a fixed income. Minimum wage in TX is \$7.25/hour.

2)Strategies that the CoC uses to address households at risk of becoming homeless are programs that provide financial management, credit repair, childcare, utility and rental assistance services (homeless prevention) to help at-risk households maintain their housing. Diversion, is a vital program that has flexibilities in accordance with the needs of the clients. The CoC continues to focus on building more flexible funding to work in conjunction with ESG prevention. Unfortunately, unless these elevated cost of living issues and low living wages are addressed at a state and federal level, sustaining these funds discussed (diversion/prevention), is only going to continue to be a bandaid.

3) The El Paso Coalition for the Homeless is responsible for ensuring strategies have been established/implemented to meet this measure of Reducing the Number of First-Time Homeless.

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

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

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

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1) As habitable housing units are less available, the CoC has encountered the increased length of time it takes for all households to get housed. According to the most recent LSA Report, the average length of time a household is homeless is 55 days. The creation of AFFORDABLE units is needed. The challenge for households is once the subsidy is expired, their ability to continue without subsidized rental assistance is significant. The CoCs strategy over the past year has been focused on Emergency Housing Vouchers and Housing Choice Vouchers. The CoC is in the process of discussing further with local Community Housing Development Organizations and the HOME program.

2) On a quarterly, semiannual and annual basis, utilizing HMIS data, the CoC and Performance and Benchmarks Committee monitor the average length of program stay and evaluates households with longest length of stay to determine their recurring factors. In addition to monitoring, needed tools and best practices are provided to ensure length of stay is decreased. CoC is working with ES, RRH and TH programs to ensure they are connecting participants with employment opportunities and mainstream benefits. The CoC uses By Name list tools to track data regarding the length of homelessness for specific populations including veterans, youth and chronically homeless. CE Policies require prioritization to be given to households with the longest lengths of homelessness.

3) The El Paso Coalition for the Homeless along with the Performance and Benchmarks Committee is responsible for ensuring strategies have been established/implemented to meet this measure.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1)The CoC continues to emphasize Housing First and low/no barrier approach to help homeless persons obtain and maintain permanent affordable housing. A vital part of the strategy for the CoC to ensure that the CE is fully functional in identifying and prioritizing households with high acuity. The CoC has implemented a system for clients who are in PSH and have stabilized and whose service needs have decreased, these clients are offered PH options, which makes available units for moving persons directly from the street. The CoC works collaboratively with PSH partners in addressing and meeting this performance measure and strategies to make improvements. The Coalition continues efforts to engage landlords who are willing to offer low/no barrier housing to those experiencing homelessness. The CoC also focuses on connecting households to housing subsidies, i.e., HCV, Section 811, Section 211. Performance metrics have also been adopted by the CoC's Performance Committee to review the Average Length of Time (Days) from Start Date to Move-in for PSH to evaluate and potentially expedite the process. This strategy has been consistent over the past several years. Data from HUDHDX2 is closely monitored. From LSA 2022, where there was a 37% of persons who exited to PH.

2)the CoC monitors the LSA. Starting with a revised FY 2021, retention rate of 84%. FY 2022 has an increase 5%, 89%. Strategies to increase rates at which households in PH, other than RRH retain their PH are, the CoC has been focusing with new local PH interventions that increase home based case managers to ensure that households in PH interventions receive case management while in the program, ensuring the engagement of clients to ensure that they are meeting their individualized service plans and are stable. The CoC is also in the process of revitalizing the focus on improving access of the SOAR process which is mandated for all CoC funded programs.

3) The El Paso Coalition for the Homeless along with the Performance and Benchmarks Committee is responsible for ensuring strategies have been established/implemented to meet this measure.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1)In evaluating LSA from FY 2022, overall returns to homelessness is 22% (% of returns in 2 years). HMIS data is analyzed to identify households who return to homelessness and the characteristics of those households experiencing multiple bouts of homelessness in our community. CoC identified common factors of households (families/individuals) by analyzing HMIS data. According to LSA, the higher percentage of households who are returning to homelessness are those who were unsheltered. The CoCs strategy continues to work with the local mental health authorities to emphasize mental health stability. In addition, working with agencies that serve substance abuse disorders.

2)Based on data, the CoC reports to the Performance Committee, which is comprised of reps from ES, TH, mental health providers, CE staff, PH programs, will focus on identifying those who are returning to homelessness and target them for services that may have not been offered for example, increased mental health services, a stronger focus on income streams including employment opportunities. To reduce returns to homelessness, the CoC has implemented the following strategies: CE using VISPDAT to identify vulnerabilities of those experiencing homelessness, referral into PH program based on score, programs providing PSH must prioritize beds for those households with longest histories of homelessness and/or most episodes of homelessness, provide best practices training on case management and strengthening collaborations that focus on developing linkages and resources to provide supports to households who are at risk of returning to homelessness. CoC feels case management is crucial in ensuring that households can remain stably housed. Agencies providing RRH or TH assistance must make accommodations to provide at least 6 months of follow-up services to ensure households have transitioned and remain stable in PH. Finally, the bonus project will create a project for CH with a high level of case management plus a mental health clinic all within the same structure and a 24/7 case management presence. This project is designed to reduce recidivism.

3)The El Paso Coalition for the Homeless, Performance Committee and the CE Oversight Committee are responsible for ensuring strategies have been established/implemented to meet this measure.

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

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

- 1) The CoC continues to ensure program participants are connected with mainstream resources for employment. The process helps the household and case manager identify the most appropriate income-generating path for them and to begin the process of education and training leading to employment. The CoC has also organized partnerships between employment vendors for training and education. Programs within our CoC have employment specialists that have developed partnerships with businesses who have a preference for hiring those who are experiencing homelessness including those who have a sex offense in their background. In reviewing our System Performance Data FY 2022 for both Stayers and Leavers, there are increases across the board. The most significant increase Total Income for Leavers with a total of a 20% increase from the previous year.
- 2) The CoC has a partnership with TX Workforce Solutions in working with heads of households and individuals in gaining employment while receiving SSI/SSDI. The VAs Compensated Work Therapy works with homeless veterans to gain employment. American GI Forum has been awarded a grant from TX Workforce that targets those who are homeless and unemployed, it provides assistance and necessary tools to obtain employment, i.e., transportation, equipment, uniforms, etc. TX Workforce has a designated employee who spends 8 hours a week working with migrant farmworkers in exploring other avenues of employment.
- 3) The El Paso Coalition for the Homeless is responsible for ensuring strategies have been established/implemented to meet this measure.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC continues to ensure program participants are connected with mainstream resources of non-employment AND employment income for which they are eligible. CoC has established a goal of 30% of program participants exiting programs with non-employment income. CoC has developed a process for identifying and implementing best practices, including supportive services for employment and client-tailored wrap-around services. This process helps the household and case manager identify the most appropriate income-generating path for them, whether it's applying for public benefits due to disability or beginning the process of education and training leading to employment. A key strategy implemented over the past year was our CoCs participation in the SSI/SSDI Outreach, Access, and Recovery (SOAR) process. CoC program-funded projects are required to participate in SOAR training and use the SOAR process to better identify, engage, and enroll homeless households with disabilities so they can receive the cash assistance they are entitled to. A SOAR Steering committee has been established as an ongoing support system to assist those completing applications and discuss barriers and solutions encountered. This effort will continue indefinitely. The CoC strategy focuses on providing each of the program case managers with the tools needed to guide program participants when accessing mainstream resources, i.e., SOAR, TANF, SNAP. TX HHS provides direct training with programs that give the case manager the ability to directly apply on behalf of the household. Coalition staff also provides direct training. In reviewing the most System Performance Data FY 2022, Stayers and Leavers, there are increases across the board. The most significant increase is for Leavers with a total of 12% increase from the previous year.

2) The Coalition and the Performance Committee are responsible for ensuring strategies have been established/implemented to meet this measure.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
All CoC PH Programs	PH-PSH	1	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? All CoC PH Programs

2. Enter the Unique Entity Identifier (UEI): 1

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 1

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

NA

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

NA

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	2,993
2.	Enter the number of survivors your CoC is currently serving:	156
3.	Unmet Need:	2,837

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

- 1) According to the Texas Council on Family Violence, there is a 71.4% of survivors needed help looking for housing and 32.7% of survivors needed help keeping their current housing. CoC calculated #s by utilizing both HMIS and data from our comparable HMIS system - # of DV survivors needing housing or services subtracting the # of DV survivors housed based on the capacity of shelter beds.
- 2) CoC calculated #'s by utilizing both HMIS and data from our comparable HMIS system
- 3) As the operator of the CE, the CoC continues to see increases of the # of DV referrals.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
YWCA El Paso Del ...
Center Against Se...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	YWCA El Paso Del Norte Region
2.	Project Name	Joint Combo TH-RRH
3.	Project Rank on the Priority Listing	4
4.	Unique Entity Identifier (UEI)	74-1109650
5.	Amount Requested	\$414,564
6.	Rate of Housing Placement of DV Survivors–Percentage	91%
7.	Rate of Housing Retention of DV Survivors–Percentage	88%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

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

(limit 1,500 characters)

This was calculated using the Annual Performance Report and Recidivism Report from HMIS. These rates reflect exits to positive housing destinations.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;

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

(limit 2,500 characters)

The YWCA Sara McKnight Transitional Living Center (YWCA TLC) and the Rapid Rehousing Program utilize a coordinated entry system, also known as the Coordinated Assessment System (CAS), to prioritize and assess the needs of survivors. This coordinated access is designed to ensure that homeless people and people at risk of homelessness are matched as quickly as possible with the intervention that will most efficiently and effectively end their homelessness. The CAS institutes consistent and uniform assessment and referral processes to determine and secure the most appropriate response to each individual or family's immediate and long-term housing needs. Individuals speak to a CAS staff member and complete a short survey (time to complete the survey is dependent on family size and whether the family has been registered in the system previously). CAS staff are then provided with a list of program types that meet the needs of the individual and ask additional follow-up questions that ensure eligibility and availability. YWCA TLC specifically prioritizes the households that are in the greatest need. Within the first two weeks of intake an Individualized Service Plan (ISP) is created to ensure that services are tailored specifically to the individual's needs and that all concerns are addressed by the appropriate parties.

The average stay for women at the TLC is anywhere between 6-12 months with the eventual goal during their stay to empower and support them to attain affordable and safe housing upon their exit. Supportive services for our clients are determined upon the screening process upon their entry by our case management staff through housing stability assessments and creating housing stabilization plans at 3, 6, 9, and 12 months to evaluate needs. Family Advocates provide intensive case management at least monthly, or frequently on a case-by-case basis, qualified Family Advocates provide direct services to victims such as personal advocacy, emotional support, crisis intervention, safety planning, accompaniment, information, academic planning and assistance, referrals to licensed family counseling agencies, transportation to school or daycare, and other individualized services as necessary. Participants also receive assistance with enrolling in mainstream social benefits such as WIC, Medicaid, and child support.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

YWCA ensures that first and foremost, our client's confidentiality is maintained, and staff are trained in a variety of ways to ensure client confidentiality. Operations staff ensure 24/7 coverage at the shelter each day of the year, monitoring the gate and security cameras, conducting daily head counts, ensuring participant safety, and responding to any emergency needs. Personal safety for every resident is a priority, and employees maintain full awareness of past abusers who may present a safety threat. Case Managers regularly attend trainings that teach safety planning procedures, and these best practices are implemented from the moment the client enters our programs. These investments in client safety are necessary for transitional housing programs and have played a critical role in ensuring victims' recovery. Upon entry into our program, each individual or parent with child(ren) are provided a private room for themselves and their families out of one of the 19 at the facility. It is critical that victims of violence feel safe and secure to begin the healing process and work toward rebuilding their lives. YWCA TLC covers all utilities including gas, water, and electricity, as well as cleaning supplies for personal and shared areas.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		
Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.		

(limit 2,500 characters)

The ability of TLC and RRH to ensure the safety of its participants is directly linked to its ability to physically secure the facilities, conduct safety planning with clients, and maintain confidentiality. Over the past two years, YWCA has taken steps to improve physical security infrastructure at both TLC and RRH by adding a new camera system and renovating the facility fencing. Case Managers regularly attend trainings that teach safety planning to include the NAEH Toolkit which is utilized during the onboarding and performance management process for all Case Management staff. This toolkit includes safety planning resources such as the Client Safety Planning Protocols and the Advocate Home Visiting Protocol. All of this knowledge and these resources are integrated into the case management from intake to exit and are central to each client's individual service plan.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	

2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

YWCA has experience implementing a Housing First model in the agency's housing programs, which is vital for victims of trauma to receive care and support in an environment that is respectful of their emotional safety and human dignity. Within the first two weeks of intake, Family Advocates work with each client to create an Individualized Service Plan (ISP) to ensure that services are tailored specifically to the individual's needs and that all concerns are being addressed by the appropriate parties. Each ISP is reviewed at least once a month to determine progress toward goals and continuing needs for services. In alignment with the HUD Housing First Model, program participants may choose to engage in support services and activities, but they are not mandated to do so in order to receive transitional housing. Typically, once trust is established, participation is high. On average, nearly 100% of participants choose to access case management and 80% attend life skills classes, allowing them to realize their ISP goals. The ISP is derived from The National Alliance to End Homelessness (endhomelessness.org). Additionally, staff are trained in mental first aid and undergo training from the El Paso Coalition for the Homeless to integrate trauma-informed care (TIC) philosophies and practices. YWCA recognizes that homelessness affects people of varying demographics, and that cultural competence is a necessary aspect of high-quality homeless serving programs. YWCA staff, volunteers, board of directors, and donor base are a representative cross section of this community, which is 82 percent Hispanic and is located in the persistent poverty county of El Paso, Texas. Through our strategic planning process, YWCA has solidified elevating the YWCA El Paso del Norte Region's role in community action and public policy that promotes inclusion and racial and social equity" as a formal agency goal to be accomplished within the next 4 years. We recognize that homelessness affects people of various demographics, and that cultural competence and acceptance is a necessary aspect of high-quality homeless serving programs. This strategic goal aligns with the agency's dedication to eliminating racism, empowering women, and promoting peace, justice, freedom, and dignity for all. YWCA has fostered relationships and partnerships with other organizations to assist our clients which includes partnerships with LASSA, which serves 182 Texas counties, and provides a wide range of free legal services from general advice to holistic, direct representation on civil legal matters. Staff are also trained in mental health first aid and undergo training from the El Paso Coalition for the Homeless to integrate trauma-informed care (TIC) philosophies and practices. This project will be used to leverage collaborative relationships and expertise to serve as many survivors of victimization as possible. In order to accomplish this, one of the first priorities upon award of funding will be to formalize relationships with area emergency shelters such as the Center of Hope and CASFV to create a streamlined referral network. This will enable YWCA to keep beds filled in the TLC as clients exit to RRH. The idea being to provide a continuum of intensive support with multiple guardrails against attrition from the street to permanent housing. YWCA also provides childcare to our clients through one of our seven Academies of Early Learning for children from birth to age 5 and offer afterschool care for school-aged children in elementary and middle school throughout over 40 sites scattered across the El Paso region. This project will use a promising practice model in light of the limited research for evidence-based practices. The proposed activities mirror the core services described in the Family Violence Prevention and Services Act (FVPSA) and the effectiveness of this approach is supported by research conducted by the American Institutes for Research / National Center on Family Homelessness. Highlights of the report include: the need for a consistent and safe environment

where residents can connect informally and build trusting relationships; easy to arrange meetings with individual participants and easier to organize group activities; relatively easy access to childcare because all of the children are onsite; increased engagement with staff who are likely to notice both positive changes and negative changes in participants that might go unnoticed otherwise; easy access to staff and peer support, especially important in times of crisis; and increased access to group activities which require only a modest commitment of time and effort, since logistical challenges (e.g., childcare, travel) are minimal.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

The TLC and RRH participant intake process is designed to ensure that each client's specific needs are addressed and that services are individualized. For example, some clients may have many immediate needs while others need healthcare interventions, employment opportunities, childcare, etc. TLC Family Advocates provide these supportive services and allow clients to participate at their own pace. YWCA El Paso del Norte Region provides a wide range of support services, including information on victim's rights and the criminal justice process, referrals to all appropriate agencies, legal advocacy, counseling, and shelter through the YWCA TLC and Rapid Rehousing. Individualized Service Plans (ISPs) are created within the first two weeks of intake. The Family Advocates conduct a needs assessment and an ISP with participants' stated goals and determine if support can be provided internally such as personal care items, a crib, stroller, school supplies, clothes, and shoes from the donation room, toiletries, etc. They will also provide assistance with accessing services such as TANF, SNAP benefits, Medicaid, WIC, child support, or completing applications for housing such as Housing Authority of El Paso Public Housing or Section 8; referrals for medical, mental health, or legal services, Migrant and Refugees Services, court accompaniment, or understanding court papers received; assistance completing Crime Victims Compensation applications; referrals to job openings, educational resources while ensuring children are enrolled in daycare or school and receive bus transportation; and issuance for bus tokens or gas cards. Family Advocates aim to meet with participants on a weekly basis depending on caseload and participant needs.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

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

1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
----	--

2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

YWCA will provide participants with support services and transitional housing in the key priority areas of professional therapy and counseling and transitional housing Transitional Housing. Within the first two weeks of intake an Individualized Service Plan (ISP) will be created to ensure that services are tailored specifically to the individual's needs and that all concerns are addressed by the appropriate parties. The YWCA El Paso del Norte Region works closely with board-certified entities such as University Behavioral Health, Emergence Health Network, and the Child Crisis Center of El Paso and aid on an emergency basis for those experiencing a mental health crisis. The partnership with the Child Crisis Center ensures that the children of a parent experiencing an emergency can receive emergency care and oversight with all credentialing in place to ensure staff to children's ratios are met. This is supported by key data that indicates participants within a transitional housing model report higher feelings of safety than those who don't and were more well prepared to live independently (Clark, Wood & Sullivan, 2018). It is critical that victims receive care and support in an environment that is respectful of their emotional safety and dignity. Activities include casework, non-licensed counseling, individual advocacy, emergency shelter, housing, transportation, and support with life, social, and emotional skills. This includes assisting individuals with crisis intervention, safety planning, and victim accompaniment to provide emotional support as needed, as well as assistance with enrolling in eligible entitlement programs. Support services also include access to childcare, legal services, medical care, child and adult education resources, and job readiness. Each ISP will be reviewed at least once a month to determine progress toward goals and continuing needs for services and referrals. Participants can choose to engage in support services and activities, but they are not mandated to do so in order to receive transitional housing. Typically, once trust is established, participation is high. As indicated by the YWCA El Paso del Norte Region annual HUD APR report, nearly 100% of participants elect to access case management and 80% attend life skills classes, allowing them to realize their ISP goals.

According to the 2010 National Intimate Partner and Sexual Violence Survey, housing is a fundamental aspect of recovery and is one the most pressing concerns for victims of violence, additionally, respondents rated safety as one of their highest concerns given the trauma they have experienced in their homes. The YWCA TLC prioritizes these concerns by adopting a safe housing approach to care that ensures that the most immediate need, housing, is provided in a supportive environment where survivors are able to rebuild their lives. The services provided are completely voluntary to ensure that staff are able to cultivate a relationship of trust with the client. In a study of the single-site Transitional Housing model, domestic violence survivors reported higher rates of success in exiting to permanent housing and were more likely to engage with staff for support services (Clark, Wood & Sullivan, 2018).

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

The YWCA TLC has a diverse and bilingual team that are strong advocates, culturally sensitive, and trained in Trauma-Informed Care (TIC) with significant partnering and support from medical and mental health institutions, agencies providing services to migrants, and workforce entities such as the region's local workforce board and American GI Forum. Implementing a TIC approach is critical for incorporating cultural humility and inclusivity as core components of our services. Each family receives care according to their individual needs in a non-judgmental environment. Case managers attend yearly trainings on topics such as sexual assault exams, legal remedies for victims, protective orders, TIC, and awareness to have a better understanding in victims' assistance. Additionally, program policy requires a language access plan for certain positions to be fully bilingual (English/Spanish) in addition to a provision for providing translation for those victims who speak a language other than English or Spanish. Family Advocates and all YWCA TLC staff interactions with the families it serves are grounded in the ethics and values of the YWCA. They seek to understand the values, beliefs, traditions and historical context of clients and incorporate this knowledge into their assessments and interventions. They demonstrate the use of effective intervention skills when working with clients from diverse cultural backgrounds. They engage in continuing professional development to foster knowledge, skills and abilities in working with clients from diverse cultural backgrounds. This year, we plan to provide training about LGBTQ+ Allyship to our housing staff to remain educated and grow as an organization.

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Center Against Sexual and Family Violence
2.	Project Name	Joint Combo TH-RRH
3.	Project Rank on the Priority Listing	5
4.	Unique Entity Identifier (UEI)	74-1945924
5.	Amount Requested	\$265,086
6.	Rate of Housing Placement of DV Survivors-Percentage	70%
7.	Rate of Housing Retention of DV Survivors-Percentage	30%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

The projected percentages were determined based on the anticipated number of families to be served by the project. It's essential to clarify that exits to safe housing destinations, such as survivors finding alternative safe housing or transitioning to permanent housing, should not be classified as housing retention failures. As long as survivors are successfully moving into safe and stable environments, these exits should not have an adverse impact on the retention rate. CASFV collects data through a comparable database, Osnium, an approved HHSC database. (563)

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1-The Joint TH-RRH provides a comprehensive continuum of care for families experiencing homelessness, addressing immediate needs, fostering stability, and guiding families toward self-sufficiency and permanent housing.
2-Upon enrollment, each participant's needs, goals, and challenges will be assessed. This assessment will guide the development of an individualized housing stability plan tailored to their specific needs and goals. These plans will be monitored on a monthly basis to ensure progress and address any evolving needs. Participants will undergo educational assessments to identify their strengths and areas for improvement.
3-Case managers play a crucial role in connecting survivors to the appropriate supportive services and resources within the community.
4-Supportive services provided directly by CASFV include financial assistance for rent, food, and daycare, educational services including GED, job readiness training, financial literacy, and English classes, as well as the option to participate in support and therapy groups to create a sense of empowerment. Once participants' housing needs are identified suitable housing options are provided as well as financial assistance, to expedite the placement process.
5-The Joint TH-RRH project's commitment to monthly monitoring ensures that participants receive continuous support and that their progress is tracked. This approach allows for adjustments to their service plan as needed.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1-The project applicant ensures that participants are placed in a private, and confidential setting, where survivors can discuss their situations without fear of being overheard. Survivor-centered and trauma-informed interviewing techniques are utilized by staff performing intake process with participants.
2-Each participant's specific safety needs are assessed, and individualized safety plans are developed.
3-The Center Against Sexual and Family Violence receives funds and support from the Violence Against Woman Act (VAWA) and in accordance with grant regulations, all participants must remain anonymous to protect their identities from their aggressors. The participants' responsibility regarding confidentiality is to keep the location of the Emergency Shelter, identity of other program participants, and any information about other program participants confidential.
4-All project staff undergo mandatory training on safety and confidentiality policies and practices. Joint TH-RRH project will operate with a trauma informed and person-centered approach and outcomes, maintaining confidentiality throughout the process. 5-Services like Protective Orders, police reports, and safety planning are provided to ensure participant's safety before transitioning to their home.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

The Center Against Sexual and Family Violence's (CASFV) mission is to confront and prevent domestic and sexual violence in all its forms as an advocate for safety and justice through intervention, education, and community collaboration. CASFV is on its 46th year of serving the tri-county area of El Paso, Culberson, and Hudspeth and is the largest provider of domestic violence and sexual assault services along the U.S./Mexico border. CASFV has operated an Emergency Shelter for victims of domestic violence since 1977, providing a safe haven for those fleeing abuse. Services like Protective Orders, police reports, and safety planning are provided to ensure participant's safety before transitioning to their home. Our program participants reside in a dedicated facility designed to offer a safe and supportive environment. This unique setting enables a gradual transition from the emergency shelter to a more independent living arrangement. Moreover, it facilitates the seamless provision of continuous and consistent services, including comprehensive case management, crisis intervention, and other vital support services. This phased approach empowers participants as they progress from the emergency shelter to our transitional living center and ultimately to secure permanent housing, marking a crucial step toward their journey to safety, stability, and self-sufficiency.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The Center Against Sexual and Family Violence's (CASFV) mission is to confront and prevent domestic and sexual violence in all its forms as an advocate for safety and justice through intervention, education, and community collaboration. CASFV is on its 46th year of serving the tri-county area of El Paso, Culberson, and Hudspeth.

1-CASFV prioritizes participants' wishes and stated needs regarding housing placement by identifying specific needs in creating an individualized service plan with each participant who is enrolled with the agency. CASFV implements trauma-informed care and person-centered practices to ensure the best quality of services for our clients. In working with survivors of domestic and sexual violence, a trauma-informed care approach helps understand and address the effects of trauma to tailor services to meet survivors' unique needs, promoting safety, emotional healing, and minimizing triggers that might impede housing stability. A person-centered approach ensures clients are at the center of decision-making and services are tailored to their unique needs, preferences, and goals.

2- CASFV upholds a non-punitive approach in our programs, ensuring that punitive interventions are not part of the agency's practice. Instead, CASFV actively promotes the autonomy of each client, empowering them to take control of their journeys toward healing and stability. Interactions between CASFV participants and staff are founded on the principles of equality and mutual respect. CASFV works diligently to minimize power differentials, recognizing that every participant brings their unique experiences, strengths, and needs to the table. CASFV operates as a guide in our clients' processes, providing support, resources, and a safe space where their voices are heard and valued. Eligibility for services are determined without regard to:

- Income;
- Gender or sexual orientation;
- Race, color, and national origin;
- Type or severity of abuse;
- Disabilities, as defined by the Americans with Disabilities Act;
- Number of previous times services have been sought from CASFV or other domestic violence programs;
- Cultural barriers of this organization, including language;
- Number of children accompanying the victim;
- Location of the batter;
- Immediacy of danger; and
- Whether the individual contributes, donates, or pays for those services.

3- CASFV places a strong emphasis on staff training, ensuring that all team members complete a comprehensive 40-hour victim advocacy training upon joining the project. The program's approach to case management is rooted in trauma-informed care, prioritizing the well-being of the program's participants. In addition, CASFV offers a range of support groups facilitated by our experienced staff, focusing on topics related to trauma. These groups serve as valuable resources, equipping survivors with the knowledge to understand the impact of trauma and providing them with essential tools to navigate their unique experiences.

4- CASFV staff works closely with participants to develop a housing stability plan specific to that individual to work toward survivor-defined goals and aspirations. Participants will be able to develop skills in budgeting, savings, and job search, as well as, increase their confidence and readiness for independent living. This approach ensures that the program aligns with participants' objectives and empowers them to take charge of their future.

5-CASFV staff receives training on equal access, cultural competence, and

non-discrimination. All CASFV programs offer interpretation in the client's native language, if other than Spanish, over the phone through Language Line and sign language through a local certified interpreting agency. Each year CASFV offers staff and volunteer training from local and/or state presenters on ethnic and/or cultural sensitivity issues. This ensures that all participants, regardless of their background, receive equitable services.

6-CASFV participants have access to various support groups focused on topics such as healthy relationships, boundary setting, understanding the impacts of domestic violence, and sexual respect. These groups provide a supportive and nurturing environment where participants can connect with peers, share experiences, and work toward personal growth and healing.

7-CASFV offers parenting support groups available to all participants. To ensure that participants can fully engage in these groups, childcare services are provided to accommodate their needs. In addition, the program's dedicated case managers will work closely with each participant to create individualized plans. Should a participant require assistance with childcare or legal services, the case managers will be equipped to provide referrals and facilitate access to these resources.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

CASFV adopts a comprehensive approach to ensuring the well-being and stability of domestic violence survivors. CASFV supportive programs are meticulously crafted to facilitate a seamless transition into permanent housing while addressing their safety needs. Survivors in our program are offered immediate access to secure and confidential emergency shelter, specifically designed to provide a safe haven for those escaping domestic and/or sexual violence. Within the emergency shelter, residents receive three nutritious meals daily, along with two snacks, access to clothing, and personal hygiene supplies—all provided at no cost. To further support their journey toward recovery, each resident is paired with a dedicated case manager who facilitates participation in support groups, therapy sessions, and essential community referrals. CASFV maintains a 24/7 crisis hotline, ensuring survivors can access immediate assistance whenever needed. CASFV also offers immediate crisis intervention services, guaranteeing that survivors always have a reliable source of support and guidance during emergencies. Upon transitioning out of the emergency shelter and into the Joint TH-RRH program, the supportive services offered continue seamlessly. CASFV directly provides an array of supportive services, including financial aid for rent, food, and daycare, as well as educational opportunities such as GED attainment, job readiness training, financial literacy education, and English language classes. These services are delivered to participants through personalized case management and safety planning. Overall, CASFVs' focuses on both the immediate safety of survivors and their long-term stability. By offering emergency shelter, basic necessities, emotional support, crisis intervention, financial assistance, and educational opportunities, the project strives to empower survivors to regain control of their lives and move towards permanent housing in a safe and supportive environment.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The TH-RRH program at The Center Against Sexual and Family Violence will mirror the agency's strong commitment to trauma-informed, victim-centered approaches to meet the needs of Domestic Violence and Sexual Assault survivors.

1-The program prioritizes participants' wishes and stated needs regarding housing placement by identifying specific needs in their individualized service plan. Joint TH-RRH project implements trauma-informed care and person-centered practices to ensure the best quality of services for our clients. In working with survivors of domestic and sexual violence, a trauma-informed care approach helps understand and address the effects of trauma to tailor services to meet survivors' unique needs, promoting safety, emotional healing, and minimizing triggers that might impede housing stability. A person-centered approach ensures clients are at the center of decision-making and services are tailored to their unique needs, preferences, and goals.

2- The program will uphold a non-punitive approach in our programs, ensuring that punitive interventions are not part of our practice. Participants in the program will have the following rights: to be in a nurturing environment, free from abuse, exploitation, and to be treated with dignity and respect by staff, volunteers or board members of this organization. To be provided service without regarding to race, creed, color, sex, age, sexual orientation, handicap or national origin and to be actively involved in the development of your service plan. To have your privacy and confidentiality respected, except when the information to be disclosed is subject to mandatory reporting required by law or regulations, i.e. Per Texas Statutes when there is danger of harm to yourself or others, and when alleged physical or sexual abuse, or neglect of a child is involved. The TH-RRH program will operate as a guide in our clients' processes, providing support, resources, and a safe space where their voices are heard and valued.

3- The program will place a strong emphasis on staff training, ensuring that all team members complete CASFV's comprehensive 40-hour victim advocacy training upon joining the project. The program's approach to case management is rooted in trauma-informed care, prioritizing the well-being of the program's participants. In addition, the program will offer a range of support groups facilitated by our experienced project staff, focusing on topics related to trauma. These groups serve as valuable resources, equipping survivors with the knowledge to understand the impact of trauma and providing them with essential tools to navigate their unique experiences.

4- A case manager will work closely with participants to develop a housing stability plan specific to that individual to work toward survivor-defined goals and aspirations. Participants will be able to develop skills in budgeting, savings, and job search, as well as, increase their confidence and readiness for independent living. This approach ensures that the program aligns with participants' objectives and empowers them to take charge of their future.

5- Program staff will receive training on equal access, cultural competence, and nondiscrimination. All CASFV programs offer interpretation in the client's native language, if other than Spanish, over the phone through Language Line and sign language through a local certified interpreting agency. Each year CASFV offers staff and volunteer training from local and/or state presenters on ethnic and/or cultural sensitivity issues This ensures that all participants, regardless of their background, receive equitable services.

6. Participants will have access to various support groups focused on topics such as healthy relationships, boundary setting, understanding the impacts of domestic violence, and sexual respect. These groups provide a supportive and nurturing environment where participants can connect with peers, share

experiences, and work toward personal growth and healing.
 7-The program will offer parenting support groups available to all participants. To ensure that participants can fully engage in these groups, childcare services are provided to accommodate their needs. In addition, the program's dedicated case managers will work closely with each participant to create individualized plans. Should a participant require assistance with childcare or legal services, the case managers will be equipped to provide referrals and facilitate access to these resources.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

The program will implement regular focus group sessions that bring together previous participants who have successfully transitioned through the projects' housing program. These sessions will create a space for open dialogue, where participants can share their insights, challenges, and suggestions for improvement. The program currently conducts surveys to collect feedback from current and past participants. Incorporating the voices and perspectives of survivors with diverse lived expertise into the project's ongoing operations, feedback mechanisms, and decision-making processes ensures that the program remains responsive to the evolving needs of its participants.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	HACEP Admission P...	09/22/2023
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Lived Experience	09/24/2023
1D-2a. Housing First Evaluation	Yes	Housing First Agr...	09/22/2023
1E-1. Web Posting of Local Competition Deadline	Yes		
1E-2. Local Competition Scoring Tool	Yes	New and Renewal S...	09/22/2023
1E-2a. Scored Forms for One Project	Yes	PV New Project Sc...	09/22/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Acceptance and De...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Funding Notificat...	09/24/2023
1E-5b. Local Competition Selection Results	Yes	FY 2023 Competiti...	09/24/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUDHDX Competitio...	09/24/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare MOU	09/24/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

HACEP Policy

HACEP administers the following types of targeted funding:

- Veterans Affairs Supportive Housing (VASH)
- Mainstream
- Continuum of Care: Siesta Gardens & Veteran's Lodge
- Foster Youth Initiative

HACEP Policy

When a person receiving Continuum of Care funding leaves the program the person's assistance is terminated and the assistance is not transferable.

Excerpt from the PHAs HCV Admin Plan



September 22, 2023

We are focused on creating an advisory board consisting of those with current lived experience. There are 2 individuals who have volunteered.

We have several members, employees of our stakeholders, who have lived experience. They are active participants of our various committees. The agencies are Centro San Vicente, Project Vida, Emergence Health Network, El Paso Human Services and YWCA El Paso del Norte region. They are open as to their experience and we value their voices.

Respectfully,

A handwritten signature in blue ink, consisting of a large loop and several horizontal strokes.

Camille Castillo
Executive Director

Housing First Agreement

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

The Housing First approach is rooted in these basic principles:

- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible without preconditions of treatment acceptance or compliance for issues such as mental health and substance use
- The service provider working with the individual should connect the client to robust resources necessary to sustain that housing, and participation is achieved through assertive engagement, not coercion

To be considered "Housing First," the program must meet the following minimum expectations:

- 1. The program must focus on quickly moving residents to permanent housing**
- 2. The program may not screen out clients for:**
 - Having too little or no income
 - Active or history of substance abuse
 - Having a criminal record
 - History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
- 3. The program may not terminate clients for:**
 - Failure to participate in supportive services
 - Failure to make progress on a service plan
 - Loss of income or failure to improve income
 - Being a victim of domestic violence

By completing and signing this agreement, I _____ (full name), as the authorized representative for _____ (project), agree that our project will utilize a housing first approach for this grant. I understand that if the project is found to be in non-compliance with housing first, that the El Paso CoC will take corrective action up to and including termination of funding.

Name of Agency: _____

Name of Applicant's Authorized Representative: _____

Authorized Representative's Title: _____

Signature of Authorized Representative: _____

EL PASO CoC BOARD
6044 GATEWAY EAST, SUITE 211
EL PASO, TEXAS 79905
(915) 843-2170
(915) 843-2184 (FAX)

September 15, 2023

Cecilia Garcia, Chief Operations Officer, Social Services
Amistad
3210 Dyer St.
El Paso, TX 79930

Dear Ms. Cecilia Garcia:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted one renewal application for Permanent Supportive Housing for Chronically Homeless with Disabilities and Permanent Supportive Housing for Chronically Homeless with Disability Expansion Project.

After much deliberation, it was the final decision to recommend to HUD to award the following (please be advised your score has been included below):

1. PSH-CH- \$133,332.00 - Score 81%
2. PSH-CH Expansion- \$180,463.00 - Score 90.13%

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Sandra Garcia, Executive Director
Center Against Sexual and Family Violence
580 Giles
El Paso, TX 79915

Dear Ms. Garcia:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted two applications for new projects under the DV Bonus and two renewal applications.

After much deliberation, it was the final decision to recommend the following projects:

1. Coordinated Entry - \$85,450
2. Joint Combo – DV Bonus - \$256,086
3. RRH - \$187,891

Unfortunately, your new proposed project that you applied for will not be moving forward for funding. Your new RRH project application scored 92.50%.

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Veronica Noriega, Program Manager
El Paso MHMR d/b/a Emergence Health Network
201 E. Main St. Suite 600
El Paso, TX 79901

Dear Ms. Veronica Noriega:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted three renewal applications for

- Permanent Supportive Housing for the Chronically Homeless with a Disability
- Permanent Supportive Housing Combo for the Chronically Homeless with a Disability
- Rapid Rehousing for the Chronically Homeless with a Disability.

After much deliberation, it was the final decision to recommend to HUD to award the following:

1. PSH-CH (PSH2) - \$290,714.00, Score 89%
2. PSH-CH (Combo)- \$338,724.00, Score 85%
3. RRH-CH- \$301,217.00, Score 82%

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Beatriz Marin-Olivarez, Youth Outreach & Housing Division Director
El Paso Center for Children
2200 N. Stevens St.
El Paso, TX 79936

Dear Ms. Beatriz Marin-Olivarez:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted a renewal application for Rapid Rehousing for Homeless Youth.

After much deliberation, it was the final decision to recommend to HUD to award:

- RRH Youth – Score 90% - \$201,992

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Angelica Terrazas, Assistant Director
El Paso Human Services, Inc.
P.O. Box 11451
El Paso, TX 79995-1451

Dear Ms. Angelica Terrazas:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted a renewal application for Permanent Supportive Housing for the Youth with a Disability.

After much deliberation, it was the final decision to recommend to HUD to award the following (please be advised your score has been included below):

- PSH-Youth - \$157,448.00, Score 87%

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Maria Flores, Director of Operations
Housing Authority of the City of El Paso d/b/a Housing Opportunity Management Enterprises (HOME)
304 Texas Ave. Suite 1600
El Paso, TX 79901

Dear Ms. Maria Flores:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted a renewal application for Permanent Supportive Housing for Veterans with Disabilities and a new application for Permanent Supportive Housing for the Chronically Homeless.

After much deliberation, it was the final decision to recommend to HUD to award:

- Veterans Lodge PSH – Veterans w/Disabilities - \$133,223.00 - Score 86%

Unfortunately, the new project that you applied for, CoC Bonus – PSH, will not be moving forward for funding. Your project application scores are as follows:

- PSH-CH - \$353,973 – Score 84.30%

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Bill Schlesinger, Director
Project Vida
3607 Rivera Ave.
El Paso, TX 79905

Dear Mr. Schlesinger:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted two renewal applications and two new applications under the CoC Bonus.

After much deliberation, it was the final decision to recommend to HUD to award for the following:

1. Tier 1
 - a. RRH-CH -\$109,450.00, First year renewals are not scored
 - b. PSH-CH- \$140,206.00, score 87%

Unfortunately, your two new projects that you applied for, CoC Bonus-PSH and CoC Bonus RRH, will not be moving forward for funding. Your project application scores are as follows:

1. RRH, 84.97%
2. PSH, 84.63%

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Floiran Estrada, Area Commander
The Salvation Army, a Georgia Corporation
4300 E. Paisano Dr.
El Paso, TX 79905

Dear Mr. Estrada:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted a renewal application for Rapid Rehousing for Chronically Homeless with Disability.

After much deliberation, it was the final decision to recommend to HUD to award

1. RRH-CH -\$170,519.00 (First-time renewal project, no score available, automatic renewal)

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Sierra Ulibarri, Supportive Housing & Workforce Development Administrator
YWCA El Paso del Norte Region
1600 Brown
El Paso, TX 79902

Dear Ms. Ulibarri:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted two new applications and one renewal.

After much deliberation, it was the final decision to recommend to HUD to award the following:

1. Joint Combo TH-RRH – DV Bonus – Score 96.06% - \$414,564
2. RRH – Renewal – Score 89% - \$143,207
3. RRH - Expansion – Score 99.38% - \$133,259

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

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September 15, 2023

Alejandro Vasquez, CoC Compliance Director
El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso, TX 79905

Dear Mr. Vasquez:

This letter is to inform you that the CoC Board finalized the slate for the FY2023 CoC Competition. Your agency submitted two renewal applications for the Homeless Management Information System (HMIS) and Coordinated Entry (CE).

After much deliberation, it was the final decision to recommend to HUD to award both projects. The CoC recognizes that these two projects are federal mandates and therefore has prioritized them.

We believe ending homelessness is possible, but it cannot be done without your agency. Thank you for all that you do in our community's efforts to end homelessness.

Camille Castillo will guide you on what your next steps are in this process. If you have any questions, please feel free to email Camille at ccastillo.epch@elp.twcbc.com.

Thank you for your application and support of the El Paso Continuum of Care.

Respectfully Submitted,

/s/Hope Jackson
CoC Board Chair

From: [Camille Castillo](#)
To: [Beatriz Marin-Olivarez](#); ["Beth Senger"](#); ["Janelle Villafañe"](#); [Daniel Ornelas](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 5:22:29 PM
Attachments: [EPCC 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)
Importance: High

Good Afternoon,

Attached is a summary of the CoC Board's decision of the FY 2023 CoC Program funding and a summary of your overall project applications.

Please let us know if you have any questions.

Thank you for being a wonderful partner in our journey.



Camille Castillo

El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Sandra N. Garcia"](#); [Yazmin Perez](#); pfernandez@casfv.org
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Program
Date: Friday, September 15, 2023 4:09:52 PM
Attachments: [CASFV 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)
Importance: High

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El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Bill Schlesinger"](#); ["Eric Hutson"](#); ["Maribel Miranda"](#)
Cc: ["Hope Jackson"](#); m.villasenor@pvda.net
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 3:51:01 PM
Attachments: [Final Decision FY 2023 CoC Slate Order.pdf](#)
[PV 2023 CoC Competition.pdf](#)
Importance: High

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Camille Castillo

El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Floiran Estrada"; Jessica L Porter](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 4:17:57 PM
Attachments: [TSA 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)
Importance: High

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Camille Castillo

El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Ulibarri, Sierra"](#); ["Castruita, Rocio"](#); ["Cohen, Anthony"](#); ["Aun, Jacob"](#); ["Foytek, Melissa"](#); [Ordonez Rodriguez, Soraya](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 4:09:51 PM
Attachments: [YWCA 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)

Good Afternoon,

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Camille Castillo

El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Veronica Noriega"](#); ["Christine Gonzalez"](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 4:17:58 PM
Attachments: [EHN 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)
Importance: High

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Camille Castillo

El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Angelica Terrazas"](#); ["Susana Reza"](#); [Nancy Veloz](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 4:29:04 PM
Attachments: [EPHS 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)

Good Afternoon,

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El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: maflores@ephome.org
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 5:22:28 PM
Attachments: [HACEP 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)
Importance: High

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El Paso Coalition for the Homeless
6044 Gateway East, Suite 410
El Paso TX 79905

From: [Camille Castillo](#)
To: ["Celia Garcia"](#); [Michelle Moss](#); [Claudia Tarango](#)
Cc: ["Hope Jackson"](#)
Subject: FY 2023 CoC Funding
Date: Friday, September 15, 2023 4:29:03 PM
Attachments: [Amistad 2023 CoC Competition.pdf](#)
[Final Decision FY 2023 CoC Slate Order.pdf](#)

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El Paso TX 79905



EL PASO COALITION FOR THE HOMELESS
6044 GATEWAY EAST, SUITE 410
EL PASO, TEXAS 79905
(915) 843-2170
(915) 843-2184 (FAX)

On September 14, 2023, the CoC Board met to (1) review the Independent Review Team results of new project proposals and (2) review internal scoring criteria for renewal projects to make funding decisions for the FY 2023 CoC funding competition. The following projects will be recommended to HUD for funding:

Tier 1	Score	Population	Component	Amount
1 El Paso Coalition for the Homeless	Mandated System	-	HMIS	\$156,207.00
2 CASFV	Mandated System	-	CE-DV	\$85,450.00
3 El Paso Coalition for the Homeless	Mandated System	-	CE	\$140,000.00
4 YWCA – DV BONUS	96%	DV	TH-RRH	\$414,564.00
5 CASFV – DV Bonus	89%	DV	TH-RRH	\$265,086.00
6 Project Vida	NA 1 st Yr Renewal	CH	PH-RRH	\$109,450.00
7 Salvation Army	NA 1 st Yr Renewal	CH	PH-RRH	\$170,519.00
8 Emergence Health Network (PSH2)	89%	CH	PH-PSH	\$290,714.00
9 El Paso Human Services	87%	Youth	PH-PSH	\$157,448.00
10 Project Vida	87%	CH	PH-PSH	\$140,206.00
11 Emergence Health Network PSH Combo	85%	CH	PH-PSH	\$338,724.00
12 Project Amistad	81%	CH	PH-PSH	\$133,332.00
13 Project Amistad - EXPANSION	90%	CH	PH-PSH	\$180,463.00
14 Emergence Health Network	82%	CH	PH-RRH	\$301,217.00
15 El Paso Center for Children	90%	Youth	PH-RRH	\$ 50,947.00
Tier 2				
15.1 El Paso Center for Children	-	Youth	PH-RRH	\$151,045.00
16 YWCA	89%	Homeless	PH-RRH	\$143,207.00
17 YWCA - EXPANSION	99%	Homeless	PH-RRH	\$133,259.00
18 CASFV	88%	DV	PH-RRH	\$187,891.00
19 HACEP Veterans Lodge	86%	Homeless	PH-PSH	\$133,223.00

Projects not accepted

1. Housing Authority of the City of El Paso, PSH, \$353,973, 84.30%
2. Project Vida, PSH, \$137,512, 84.97%
3. Project Vida, RRH, \$275,679, 84.63%
4. CASFV, RRH, \$132,688, 92.50%

These decisions are challenging and difficult. Since the inception of the CoC Board, their focus has been to create projects that focus on serving Chronically Homeless and Youth. This year, the CoC Board has shifted their focus to prioritize survivors of Domestic Violence.

All parts of the CoC application, including the CoC projects Priority Listing with all Project applications accepted and ranked, or rejected will be available for inspection once complete.

If you have any questions, please let us know.

The print option for the 2023 HDX Competition Report did not allow me to print to PDF, sending screen shots. Sorry for the inconvenience.

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2023 HDX Competition Report

PIT Count Data for TX-603 - El Paso City & County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT*	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	843	690	836	1112
Emergency Shelter Total	495	368	537	756
Safe Haven Total	0	0	0	0
Transitional Housing Total	186	160	119	188
Total Sheltered Count	681	528	656	944
Total Unsheltered Count	162	162	180	168

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT*	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	102	67	100	111
Sheltered Count of Chronically Homeless Persons	66	31	62	71
Unsheltered Count of Chronically Homeless Persons	36	36	38	40

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT*	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	101	51	68	153
Sheltered Count of Homeless Households with Children	101	51	68	150
Unsheltered Count of Homeless Households with Children	0	0	0	3

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT*	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	134	55	51	83	84
Sheltered Count of Homeless Veterans	87	43	39	71	65
Unsheltered Count of Homeless Veterans	47	12	12	12	19

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

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2023 HDX Competition Report

HIC Data for TX-603 - El Paso City & County CoC

HMS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, HMS Beds	Total Year-Round, Current, Non-VSR Beds*	HMS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSR Beds as an HMS Bed	Total Year-Round, Current, VSR Beds**	HMS Bed Coverage Rate for VSR Beds	Total Current, HMS Beds and VSR Beds as an HMS Bed	HMS and Coverage Rate
ES Beds	1,091	424	959	44.21%	132	132	100.00%	556	50.96%
SH Beds	0	0	0	NA	0	0	NA	0	N/A
TH Beds	257	189	235	80.43%	22	22	100.00%	211	82.10%
RRH Beds	400	352	357	88.60%	43	43	100.00%	395	98.75%
PSH Beds	154	154	154	100.00%	0	0	NA	154	100.00%
OPH Beds	85	23	85	27.06%	0	0	NA	23	27.06%
Total Beds	1,987	1,142	1,790	63.80%	197	197	100.00%	1,339	67.39%

Notes:
*For OPH Beds, this does NOT include any beds that are Current, Non-VSR, Non-HMS, and FHV funded.
**For OPH Beds, this does NOT include any beds that are Current, VSR, Non-HMS, and FHV funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HIC w/ Children", "Beds HIC w/ Children", and "Beds HIC w/ only Children". This does not include Overflow ("OV Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	101	81	30	120

SH Beds	0	0	0	NA	0	0	NA	0	N/A
TH Beds	257	189	235	80.43%	22	22	100.00%	211	82.10%
RRH Beds	400	352	357	88.60%	43	43	100.00%	395	98.75%
PSH Beds	154	154	154	100.00%	0	0	NA	154	100.00%
OPH Beds	85	23	85	27.06%	0	0	NA	23	27.06%
Total Beds	1,987	1,142	1,790	63.80%	197	197	100.00%	1,339	67.39%

Notes:
*For OPH Beds, this does NOT include any beds that are Current, Non-VSR, Non-HMS, and FHV funded.
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PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	101	81	30	120

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	34	77	112	71

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	189	428	563	400

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for TX-603 - El Paso City & County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMS system.

	Universe (Persons)		Average LOS Homeless (bed nights)				Median LOS Homeless (bed nights)			
	Report FY 2021	FY 2022	Report FY 2021	FY 2022	Difference	Subsequent FY 2021	Report FY 2021	FY 2022	Difference	Subsequent FY 2021
1.1 Persons in ES and SH	2059	2010	42	36	-6	10	19	17	-2	7
1.2 Persons in ES, SH, and TH	2401	1361	55	50	-5	9	22	21	-1	9

b. This measure is based on data element 3.17

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOS Homeless (bed nights)				Median LOS Homeless (bed nights)			
	Report FY 2021	FY 2022	Report FY 2021	FY 2022	Difference	Subsequent FY 2021	Report FY 2021	FY 2022	Difference	Subsequent FY 2021
1.1 Persons in ES, SH, and PH (prior to "housing move in")	2408	1085	292	246	-46	15	59	54	-5	10
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2804	1458	295	248	-47	22	66	60	-6	14

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited ES, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range of those clients.

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited ES, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range of those clients. The measure reports on how many of them returned to homelessness as indicated in the HMS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less Than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
	Report FY 2021	FY 2022	Report FY 2021	% of Returns	Report FY 2021	% of Returns	Report FY 2021	% of Returns	Report FY 2021	% of Returns
Exit was from ES	48	55	6	11%	4	8%	3	4%	13	23%
Exit was from SH	839	470	87	10%	43	5%	15	4%	113	24%
Exit was from TH	245	221	28	19%	7	3%	6	2%	34	24%
Exit was from PH	0	0	0	0%	0	0%	0	0%	0	0%
Exit was from ES, SH, TH, and PH	356	256	22	6%	10	4%	14	7%	36	14%
TOTAL Returns to Homelessness	1488	1002	143	9%	64	6%	38	9%	221	22%

Measure 3: Number of Homeless Persons

Metric 3.1 - Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	926		
Emergency Shelter Total	368	537	169
Safe Haven Total	0	0	0
Transitional Housing Total	180	119	-61
Total Sheltered Count	528	656	128
Unsheltered Count		180	

Metric 3.2 - Change in Annual Counts

This measures the change in annual counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMS).

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HHS

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	4385	3871	3288	417
Emergency Shelter Total	3848	2511	2945	434
Safe Haven Total	0	0	0	0
Transitional Housing Total	528	481	553	32

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults (system stayers)	75	76	34	-42
Number of adults with increased earned income	4	4	4	0
Percentage of adults who increased earned income	5%	5%	12%	7%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults (system stayers)	75	76	34	-42
Number of adults with increased non-employment cash income	9	9	6	-3
Percentage of adults who increased non-employment cash income	12%	12%	18%	6%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults (system stayers)	75	76	34	-42
Number of adults with increased total income	12	12	10	-2
Percentage of adults who increased total income	16%	16%	29%	13%

Percentage of adults who increased total income

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	248	182	67	-95
Number of adults who exited with increased earned income	27	19	11	-8
Percentage of adults who increased earned income	11%	12%	16%	4%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	248	182	67	-95
Number of adults who exited with increased non-employment cash income	22	14	14	0
Percentage of adults who increased non-employment cash income	9%	9%	21%	12%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	248	182	67	-95
Number of adults who exited with increased total income	48	28	25	-3
Percentage of adults who increased total income	19%	17%	37%	20%

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HHS

	Submitted FY 2023	Revised FY 2023	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4225	2708	2970	276
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	828	363	561	198
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3407	2337	2409	72

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HHS

HUD's Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects				
This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period				
Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing				
Metric 7a.1 – Change in exits to permanent housing destinations				
	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	841	382	485	-102
Of persons above, those who exited to temporary & some institutional destinations	348	338	173	-143
Of the persons above, those who exited to permanent housing destinations	84	72	18	-13
% Successful exits	67%	67%	48%	-19%
Metric 7b.1 – Change in exits to permanent housing destinations				
	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH projects who exited, plus persons in other PH projects who exited without moving into housing	4066	2949	3021	372

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period				
Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing				
Metric 7a.1 – Change in exits to permanent housing destinations				
	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	841	382	485	-102
Of persons above, those who exited to temporary & some institutional destinations	348	338	173	-143
Of the persons above, those who exited to permanent housing destinations	84	72	18	-13
% Successful exits	67%	67%	48%	-19%
Metric 7b.1 – Change in exits to permanent housing destinations				
	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH projects who exited, plus persons in other PH projects who exited without moving into housing	4066	2949	3021	372
Of the persons above, those who exited to permanent housing destinations	1120	828	1105	177
% Successful exits	28%	28%	37%	2%
Metric 7b.2 – Change in exit to or retention of permanent housing				
	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-004	276	293	269	-24
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	228	247	239	-8
% Successful exit/retention	82%	84%	89%	9%

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2023 HDX Competition Report

FY2022 - SysPM Data Quality

TX-603 - El Paso City & County CoC

	All ES, SH			All TH			All PSK, OPH			All R001			All Street Outreach		
	Submitted FY2022	Submitted FY2021	FY2022	Submitted FY2022	Submitted FY2021	FY2022	Submitted FY2022	Submitted FY2021	FY2022	Submitted FY2022	Submitted FY2021	FY2022	Submitted FY2022	Submitted FY2021	FY2022
1. Number of non-OV Beds on HOC	752	979	446	226	380	106	249	229	224	174	404	532			
2. Number of HRES Beds	483	742	309	150	150	92	185	185	168	174	404	471			
3. HRES Participation Rate from HOC (%)	64.23	75.79	69.28	67.51	71.12	86.79	74.30	72.88	75.00	100.00	100.00	88.13			
4. Unduplicated Persons Served (HRES)	2818	2559	2940	408	481	513	243	332	307	948	1332	941	601	626	242
5. Total Leavers (HRES)	2286	2238	2620	307	363	381	140	99	78	500	639	640	552	584	481
6. Destination of Don't Know, Refused, or Missing (HRES)	857	412	582	15	22	22	70	31	6	61	174	149	105	132	100
7. Destination Error Rate (%)	37.46	16.08	22.31	4.89	6.06	5.77	30.00	31.31	7.69	13.20	17.23	13.28	19.82	22.40	20.79

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2023 HDX Competition Report

Submission and Count Dates for TX-603 - El Paso City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/26/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes

8/24/2023 3:44:12 PM

CARE COORDINATION AGREEMENT

Between Emergence Health Network

And

Project Vida Health Center

This Care Coordination Agreement (the “Agreement”) serves to confirm the mutual understandings of Emergence Health Network (EHN), a Certified Clinical Behavioral Health Clinic (“CCBHC”), and Project Vida Health Center, a Federally Qualified Health Center, and referred to as “Partner Agency” in this agreement, to coordinate outpatient health care for those individuals who receive community-based mental health and substance use disorder services from Emergence Health Network, in accordance with the terms set forth below. The purpose of this Agreement is to set forth the parties’ understanding regarding their collaborative treatment planning and care coordination activities.

I. Provision of Services

1. Emergence health Network is committed to providing integrated and coordinated care across a spectrum of services in a manner that is both person-centered and family-centered, consistent with Section 2402(a) of the Patient Protection and Affordable Care Act (“ACA”), and with the requirements of the CCBHC demonstration, as implemented by the United States Department of Health and Human Services (“HHS”).
2. Partner agrees to make and/or accept referrals to/from EHN in order to assist individuals in accessing needed services and resources. If accepting referral, Partner agrees to notify EHN if at any time it becomes unable to accept new referrals. EHN agrees to notify Partner of the same.

II. Care Coordination Processes

1. The parties will collaborate to conduct treatment planning and care coordination activities in a manner that is person and family centered. Each party will provide and update information regarding available health care services, eligibility requirements and registration processes to the other to facilitate planning and informed consent for consumers.
2. EHN agrees to provide intake, initial screening, and appropriate treatment to consumers presenting at EHN for the provision of community-based mental health and substance use disorder services, and to establish and maintain records of such individuals’ healthcare.
3. If such screening and/or treatment indicate the need for Services, as determined in the sole discretion of EHN, consistent with requirements of privacy, confidentiality, and consumer preference and need, EHN will assist consumers and/or their families to obtain an appointment with Partner Agency. EHN will confirm with Partner Agency that the appointment was kept, consistent with the Referral and Communication Protocol described below in Section II.5.
4. EHN will ensure that consumers’ preferences and those of their families, as applicable, for shared information will be adequately documented in the applicable clinical records, consistent with the philosophy of person and family-centered care. EHN will make reasonable efforts to obtain necessary consent for release of information from consumers.

5. Emergence Health Network and Partner Agency agree to jointly develop a Care Coordination Protocol. Such protocol shall describe:

(i) how EHN tracks its consumers when admitted to and discharged from, Partner Agency; (ii) how EHN and Partner Agency will coordinate the transfer of medical records for Services received at Partner Agency (e.g., prescriptions) by consumers of EHN; (iii) the process for coordinating EHN's active follow-up after discharge; (iv) how timely and orderly referrals will be made; (v) how the Parties will track referred consumers and the Services they receive, including prescriptions, admission, and discharge, as applicable; (vi) consumer preferences and needs for care, including psychiatric or substance use crises, and to the extent possible and in accordance with consumer's expressed preferences with consumer's family or caregiver and other supports identified by consumer; (vii) any other expectations necessary to effectively manage care transitions; and (viii) as applicable, the sharing of medical notes and records regarding diagnosis, treatment, prescriptions, and specific recommendations for appropriate follow-up care.

6. Emergence Health Network will make and document reasonable attempts to contact all EHN consumers who are discharged from Partner Agency within twenty-four (24) hours of discharge. For all EHN consumers who present to the Partner Agency as a potential suicide risk, EHN will provide targeted case management services, emphasizing smooth transitions to and from emergency department care or psychiatric hospitalization. EHN will coordinate consent and follow-up services with the consumer within twenty-four (24) hours of discharge, which shall continue until the individual is linked to services or assessed to be no longer at risk.

7. Emergence Health Network and Partner Agency agree that, to the extent that consumers receive care from either Party pursuant to this Agreement, such individuals are considered consumers of the Party furnishing the services. Accordingly, each Party agrees to be solely responsible for billing and collecting all payments for such services from appropriate third-party payors, funding sources, and, as applicable, consumers, observing the Party's customary billing, collection, and discount/charity care policies.

III. Insurance and Liability

1. Emergence Health Network and Partner Agency represent and warrant that each Party and its clinicians providing Services hereunder are covered by a professional liability insurance policy (malpractice, errors, and omissions) that provides sufficient coverage against professional liabilities that may arise from acts or omissions in connection with or related to the Services that the Party furnishes under this Agreement. Both acknowledge that being deemed as covered under Federal Torts Claims Act is sufficient to meet this requirement.

2. Emergence Health Network and Partner Agency understand and agree that the provider of record of services is solely liable for all such services, and that the Party which is not the provider of record of the services will not be liable, whether by way of contribution or otherwise, for any damages incurred by consumers or arising from any acts or omissions in connection with or related to the provision of such Services.

IV. Assurance of Patient and Clinician Choice

1. Emergence Health Network and Partner Agency acknowledge and agree that all health and health-related professionals employed by or under contract with either EHN or Partner Agency retain sole and complete discretion, subject to any valid restriction(s) imposed by participation in a managed care

plan and consistent with Section II above, to refer consumers to any and all providers who best meet the medical needs of such consumers.

2. Emergence Health Network and Partner Agency acknowledge that all consumers have the freedom to choose (and/or request referral to) any provider of services, and EHN and Partner Agency will advise consumers of such right, subject to any valid restriction(s) imposed by participation in a managed care plan.

3. Emergence Health Network and Partner Agency acknowledge and agree that they have freely negotiated the terms of this Agreement and that neither Party has offered or received any inducement or other consideration in exchange for entering into this Agreement. Nothing in this Agreement requires, is intended to require, or provides payment or benefit of any kind (directly or indirectly) for the referral of individuals or business to either Party by the other Party, subject to Section II above.

4. Emergence Health Network and Partner Agency remain separate and independent entities. No provision of this Agreement is intended to create, nor shall any provision be deemed or construed to create, a relationship between the parties other than that of independent contractors. EHN and Partner Agency retain the authority to contract or affiliate with, or otherwise obtain services from, other parties, on either a limited or a general basis.

V. Term and Termination

1. The term of this Agreement shall commence on September 1, 2023, and continue until August 31, 2024 unless terminated at an earlier date in accordance with Section V. This Agreement will automatically renew for additional one (1) year terms unless written notice of intent not to renew is provided by one Party to the other Party no less than thirty (30) days prior to the expiration of the then-current Agreement.

2. This Agreement may be terminated, in whole or in part, at any time upon the mutual agreement of Emergence Health Network and Partner Agency.

3. Either Emergence Health Network or Partner Agency may terminate this Agreement without cause upon ninety (90) days prior written notice to the other Party.

4. This Agreement may be terminated for cause upon written notice by either EHN or Partner Agency. "Cause" shall include, but is not limited to: (a) Either party does not receive the funding to continue designated services under this Agreement; (b) Either party has cause to believe that termination of the Agreement is in the best interest of the health and safety of the persons served under this Agreement; or (c) The Partner Agency or its employees has its Texas license or certification suspended or revoked.

VI. Privacy and Confidentiality of Consumer Information

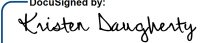
1. Emergence Health Network and Partner Agency will coordinate care, as set forth in this Agreement, in a manner that complies with privacy and confidentiality requirements, including but not limited to those of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including privacy requirements specific to the care of minors.

2. Each Party agrees it shall request consumers' consent for disclosure of their health information, in accordance with state and federal law and regulations. Each Party shall follow consumers'

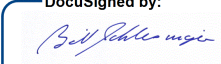
preferences for shared protected health information, consistent with the philosophy of person and family-related consent.

3. This Section VI shall survive termination of this Agreement.

Emergence Health Network

By: 
C167C8463EE0485
Kristen Daugherty, CEO

Date: 9/1/2023 | 10:00 AM PDT

By: 
A76559814408448
Bill Schlesinger

Date: 8/30/2023 | 11:27 AM MDT