



# HOME-ARP Allocation Plan

## **The City Council of El Paso, Texas**

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## Executive Summary

The COVID-19 pandemic did not necessarily create many of the most pressing issues affecting vulnerable populations in El Paso, rather, it exacerbated and brought to the forefront issues that have long persisted. The homeless service system is stretched to capacity and underinvested in, both in terms of physical investment and investment in case management and wrap-around services for individuals experiencing homeless and those at-risk of experiencing homelessness. Further complicating this issue is an affordable rental housing supply that is shrinking at a time when expansion is required. While overall household income is increasing, it is significantly outpaced by rising rental rates.

As we transition from a response to recovery lens on the pandemic, it is critical to invest much needed yet limited resources in a focused, thoughtful manner to ensure a sustainable and equitable recovery across the community. As such, the City has spent over a year of consultation, outreach, and research to establish the priority needs and investments identified in this HOME-ARP Allocation Plan.

This plan allocates HOME-ARP funds to increase the supply of affordable rental units, increase availability of non-congregate shelter, and provide tenant-based rental assistance with intensive case management services to qualifying populations experiencing homelessness or at risk of experiencing homelessness. All of these investment will reduce the pressure on low- to no-barrier emergency shelters that are often at capacity, and as a result, make available additional shelter for those in our community that are currently or may become unsheltered.

## Consultation

### ***Describe the consultation process including methods used and dates of consultation:***

The City of El Paso, Department of Community + Human Development (DCHD) undertook two significant outreach and consultation initiatives to receive input and determine priority needs and gaps in services for persons experiencing homelessness. The first was a State of Homelessness work session and the second was a Community Needs Assessment.

DCHD conducted a half-day work session on Thursday, January 6th, 2022 to discuss the state of homelessness in El Paso. The intention of the work session was to convene key stakeholder partners in homeless service provision so that the City of El Paso can have a better understanding of the need for resources to fill gaps in the homeless service provider system and identify resources available to fill those gaps and create opportunities. This work session served as a key component of the upfront HOME-ARP allocation plan consultation process.

An agency pre-work session survey was sent out to the participant list. Responses from the survey were used to frame the discussions during the work session. Respondents were comprised of agencies and organizations that assist families and individuals experiencing homelessness, or at risk of homelessness. 20 organizations responded to the survey.

In September of 2022, DCHD launched a Community Needs Assessment process. The purpose of the CNA was to obtain viewpoints from community members regarding housing and community development needs and proposed activities that support identified community vulnerabilities.

This process was led by the DCHD Civic Empowerment team. The DCHD Civic Empowerment team's primary objective is to advance equity, build sustainability and improve community outcomes through equitable programming volunteerism, and education designed to empower residents and strengthen their relationship with local government. In order to provide objective findings and conclusions, members of the CNA team do not administer or oversee DCHD grants, nor do they influence annual DCHD policies or procedures. A CNA survey was deployed across community stakeholders and 120 individual survey responses were received. The key takeaways from these responses indicated the greatest need for: 1) Programs that support those experiencing homelessness, 2) Assistance with Mental Illness, and 3) affordable housing assistance.

Also in September 2022, DCHD began hosting a series of roundtable events to acquire valuable responses from the community regarding housing and community development needs. Roundtable discussions, which resulted in a total of 96 participants, were offered in a variety of platforms ranging from a hybrid model, allowing individuals in an in-person setting to collaborate with those who selected to contribute virtually. Of those 96 participants, 31 community members were graduates of the City of El Paso's Neighborhood Leadership Academy, resulting in two Advanced Neighborhood Leadership Academy sessions. Participants within these exclusive sessions are actively involved community members that share a unique perspective to include solutions, on issues facing the community.

In addition to community residents, stakeholders from various community organizations, were present to discuss key issues within the sectors of Housing and Homelessness, Health and Wellbeing, Food Security and Family Stability; subject matter experts from El Paso Coalition for the Homeless, The Opportunity Center, YWCA, Project Amistad, United Way, The El Paso Community Foundation were among the organizations represented.

***List of organizations consulted:***

<b>Agency/Org Consulted</b>	<b>Type of Agency/Org</b>	<b>Method of Consultation</b>	<b>Feedback</b>
Center Against Sexual and Family Violence	Domestic Violence Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Child Crisis Center of El Paso	Homeless Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
CoC	CoC	State of Homelessness Work Session; CoC Board Meeting	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
County of El Paso	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Diocesan Migrant & Refugee Services, Inc.	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
El Paso Apartment Association	Public or private organizations that address fair housing, civil rights, and needs of persons w/ disabilities	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
El Paso Center for Children	Homeless Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
El Paso Coalition for the Homeless	CoC Lead Entity	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.

El Paso Community Foundation	Community Foundation	Community Needs Assessment	Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
El Paso County Housing Authority	Housing Authority	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
El Paso HOME	Housing Authority	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
El Paso Veterans Affairs	Veterans Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
El Paso Villa Maria	Homeless Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Emergence Health Network	Public agencies that address QP needs	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
EP Human Services	Homeless Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Family Endeavors, Inc.	Homeless Service Provider/Veterans Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Justice Leadership Council	Public agencies that address QP needs	Community Needs Assessment	Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
La Posada Home, Inc.	Homeless Service Provider/Domestic Violence Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.

OEM	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Opportunity Center for the Homeless	Homeless Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
Paso del Norte Children's Development Center	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Paso del Norte Community Foundation	Public agencies that address QP needs	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Project Amistad	Homeless Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Project Vida	Homeless Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
Department of Public Health	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Recovery Alliance	Homeless Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Rescue Mission of El Paso	Homeless Service Provider	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.

The Salvation Army	Homeless Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
Underserved Communities Foundation	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
United Way of El Paso	Public or private organizations that address fair housing, civil rights, and needs of persons w/ disabilities	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
University Medical Center	Public agencies that address QP needs	State of Homelessness Work Session	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper.
Volar Center for Independent Living	Public or private organizations that address fair housing, civil rights, and needs of persons w/ disabilities	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
Workforce Solutions Borderplex	Public agencies that address QP needs	Community Needs Assessment	Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.



YWCA Paso del Norte Region	Homeless Service Provider/Domestic Violence Service Provider	State of Homelessness Work Session, Community Needs Assessment	Feedback was received in a group forum and recorded in aggregate in a State of Homeless White Paper. Feedback was received via agency survey and roundtable discussions and is reported in aggregate in the Community Needs Assessment.
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***Summarize feedback received and results of upfront consultation with these entities:***

**State of Homelessness Work Session Key Takeaways:**

Key takeaways from the State of Homelessness Work Session suggest that a more coordinated street outreach system is required in order to bring more unsheltered individuals into the homeless service system. Every individual and their circumstances are not identical; therefore, tailored approaches should be undertaken. Identifying best practices for specific populations and catering to the unique needs of vulnerable individuals can increase the likelihood of successful outcomes. In addition to the implementation of a tailored approach, support for shelters and transitional living centers needs to also be prioritized considering outreach success largely depends on the availability of housing options. This indicates a need for additional non-congregate shelter units as is identified as a priority in this allocation plan.

Those, sheltered or unsheltered, who can be rapidly rehoused require intensive case management to sustain a stable living environment. This prevents returns to homelessness and eases the pressure on emergency shelter capacity. As such, significant investment in rapid rehousing programs with intensive case management is a key investment under this allocation plan.

Permanent supportive housing was mentioned numerous times as well, especially since it impacts other priority areas including case management and outreach. It is evident that there is a notable need for the increased availability and accessibility of housing options. Some suggested the new construction and development of more supportive communities (including landlord support) with better access to wraparound services, especially for disadvantaged youth and people with disabilities that are often underserved (i.e., tiny homes that include the option of renting to own).

The group collectively agreed upon the notion that diversion and prevention efforts need to be more focused. The utilization of a tiered system was sought as a possible solution. Additionally, many valid points were made including the continuously increasing cost of living in the community while wages are not keeping pace. By bringing attention to the various factors that exacerbate conditions that perpetuate homelessness, appropriate action can be taken.

## **Community Needs Assessment Key Takeaways:**

### **1. Meeting Basic Needs**

One of the key takeaways from our analysis is that the ability to meet basic needs such as food and housing is directly connected to fostering economic prosperity. Many of the participants stressed that the community needs support in meeting basic needs such as food, housing, utilities, transportation. We also heard that even access to broadband should be considered a basic need. Many of the conversations stressed the need for supporting people experiencing homelessness with wrap around services like mental health and food support. The hardships caused by the pandemic has been widespread, and in many cases, it exacerbated challenges that households were already facing such as food insecurity or housing affordability. Thus, continuing to support a family's ability to meet basic needs is still necessary in order to achieve economic prosperity at the household level.

### **2. Empowering Communities**

For business owners, government officials, and our neighborhood associations, there were a number of conversations about being grateful for being invited to participate, and the desire to want to continue to be a part of future discussions. What we heard overwhelmingly is that community and business owners alike, want to contribute to the decision-making and planning processes. The analysis also showed that there are also perception interdependencies by empowering a broad range of stakeholders, you promote cohesive and engaged communities. Meaning, stakeholder empowerment increases the ability and confidence of the issues relating to each individual. While engagement significantly increases participation, empowerment aims to enable people to take control of the actions that affects their livelihoods.

Interview and survey responses revealed a need for enhanced collaboration to advance local and regional planning. We saw a desire for long-term integrated planning within each of our perception assessments. Government officials, academia, and civil society all shared the same sentiments in the Fosters long term integrated Planning category. Integrated planning was particularly important when speaking to neighborhood leaders in the Advanced Neighborhood Leadership sessions. Participants often highlighted the need to have open dialogues during all phases of future planning process to ensure information is equitable shared and shaped by all stakeholders. However, there was a strong expression by some neighborhood leaders that they are being asked for input and collaboration, but their input often hasn't translated into actionable change. Communities of Excellence can be the springboard for this type of planning with members of the community, organizations can collectively deploy resources based off the community needs identified in this assessment and in turn continue to collaborate.

### **3. Homelessness: Mental Health and Housing Affordability**

The causes of homelessness are extremely diverse and complex. The individual complexities that contribute to homelessness increases the difficulty of creating universal solutions to address homelessness. Our key takeaways from the Resident Survey results, showed us that community members see a high need in addressing mental health, housing affordability and homelessness. These three issues are linked to one another. Mental illness and substance abuse was often connected to the topic of homelessness. Similarly, the discussions around rising costs and

housing affordability were also discussed when the topic of homelessness was also raised. While some participants applauded the City's effort to prioritizing homelessness, the survey responses indicated a need to do more.

Poverty and homelessness exacerbate mental illness, and COVID-19 and the measures put in place to control the spread of the virus exacerbated mental health concerns for much of the community. Addressing this issue by identifying those in need of services and making those services accessible beyond the hours of 8:00 am to 5:00 pm will be important to meet the needs of this especially vulnerable population.

#### 4. Prioritizing Multi-beneficial Projects

Funding limitations and agency capacity is always a challenge that all sectors face. Because of this, there is a need to identify projects that include multiple benefits across sectors that achieve multiple planning goals at one time. An example of this would be to situate programming or facilities with multiple benefits that can help address multiple vulnerabilities, such as mental health, housing and homelessness. Addressing multi-benefits like mental health and homelessness under one roof can provide supportive individualized services to community members and enables better outcomes as a result. This model can be used with all vulnerable populations because of the complex nature of their situations. Another vulnerable population is opportunity youth, which often struggle with both education and employment. So tailoring solutions that address multiple vulnerabilities ensures that steps are being taken to find solutions to root causes and not symptoms.

## Public Participation

***Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:***

- ***Date(s) of public notice: 2/23/2023***
- ***Public comment period: start date - 2/13/2023 end date - 2/28/2023***
- ***Date(s) of public hearing: 2/28/2023***

***Describe the public participation process:***

The public participation process consisted of two robust, weeks-long efforts to receive input from the public and key stakeholders, emphasizing the voices of often underrepresented populations. The State of Homelessness Work Session engaged with key stakeholders, other funders, and service agencies that provide assistance and service to HOME-ARP qualifying populations. The Community Needs Assessment engaged the public at-large, along with targeted stakeholders with unique perspectives on the challenges facing El Paso's most vulnerable populations.

**TBD following public comment period.**

***Describe efforts to broaden public participation:***

To ensure broad public participation, a newspaper ad was published in the major English and Spanish newspapers in El Paso identifying the HOME-ARP funds available for allocation, the eligible activities for HOME-ARP funds, and the proposed distribution of HOME-ARP funds to address critical needs and gaps in the community. Notice was also distributed to all 90+ neighborhood associations in El Paso; all agencies that participated in consultations, surveys, and needs assessment activities were notified of proposed allocation distributions; the City issued a press release and posted to social media sites the same information contained in the newspaper ads to ensure access to participation of vulnerable populations of all ages across the community.

***Summarize the comments and recommendations received through the public participation process either in writing, or orally at a public hearing:***

TBD following public comment period

***Summarize any comments or recommendations not accepted and state the reasons why:***

TBD following public comment period

## Needs Assessment and Gaps Analysis

### Homeless Needs Inventory and Gap Analysis Table

Homeless													
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	309	#	552	#	#								
Transitional Housing	147	#	95	#	#								
Permanent Supportive Housing	61	#	143	#	#								
Other Permanent Housing	#	#	55	60	#								
Sheltered Homeless						68	385	60	79				
Unsheltered Homeless						#	159	24	#				
<b>Current Gap</b>										0	0	#	#

**Suggested Data Sources:** 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

### OPTIONAL Housing Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	Level of Need	Gap Analysis
	# of Units	# of Households	# of Households
Total Rental Units	93,320		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	5,842		
Rental Units Affordable to HH at 50% AMI (Other Populations)	18,396		
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)		16,795	
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		3,405	
<b>Current Gaps</b>			20,429

**Suggested Data Sources:** 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS)

***Describe the size and demographic composition of qualifying populations within the PJ's boundaries:***

***Homeless as defined in 24 CFR 91.5***

The January 2022 Point in Time count indicated that there were 839 individuals experiencing homelessness in El Paso, Texas on any given day. Of those 839, 544 are single adults, 295 are in families, 183 are unsheltered, 537 are in emergency shelters and 119 are in transitional housing. An additional 19 families and 107 single adults are in permanent supportive housing, 55 single adults are in other permanent housing, and 256 households with 437 individuals are in rapid rehousing programs.

Of the approximately 55 families in emergency shelters 56.9% are experiencing homelessness for the first time. Of the 84 veterans experiencing homelessness, 60 are in shelters and the other 24 are unsheltered. Of the 79 victims of domestic violence, 20 are in families and the other 59 are single adults.

Since there are 309 available beds for families in the emergency shelter system and based on PIT data for families (and several assumptions) there are 238 individuals in families in the emergency shelter system at any given time, there appears to be no significant gap in available emergency shelter beds for families. There are 552 available beds in the emergency shelter system for single adults and 544 single adults experiencing homelessness on any given day. This indicates that our emergency shelter system is stretched to its potential capacity. Neither the analysis for families nor for single adults takes into account homelessness surge events that El Paso has seen numerous times over the past several years. These surge events include significant increases to homeless populations during the first year or two of the COVID-19 pandemic as well as several large-scale increases in migrant populations coming into El Paso. These events have stretched the emergency shelter system well beyond its capacity and have unfortunately resulted in perceived increases in unsheltered homelessness in El Paso. Due to the PIT not accounting for these surge events, it is difficult to estimate an exact number of beds and units needed to accommodate these surge events, but an increase in emergency shelter capacity is anecdotally obvious.

A key strategy to relieve the pressure on emergency shelter capacity, and reduce the need for increased beds in the system, is to prevent households from becoming homeless and move individuals and families out of shelters and into suitable permanent housing arrangements via rapid rehousing programs with intensive case management components. The City's allocation plan addresses these needs by increasing emergency shelter capacity while also placing significant focus on investments in rapid rehousing and homeless prevention through tenant-based rental assistance (TBRA) and supportive services.

***At Risk of Homelessness as defined in 24 CFR 91.5***

2015-2019 CHAS data indicate that there are 93,320 rental units within El Paso. Of the 33,770 households in El Paso at or below 30% AMI, 22,680 are renters. Using 30% or less of household income going towards rent payments as the metric for a unit to be affordable, it is then determined that there are 5,842 rental units in the city that are affordable to households at or below 30% AMI (2020 ACS 5-yr Table B25063). This is based on affordable rents for

this population being below \$350 per month. Since there are 22,680 renter households at or below 30% AMI and only 5,842 rental units that are affordable to those households, there is an estimated gap in affordable rental units at this income level of 16,838 units.

HOME, the housing authority for the City of El Paso has an inventory of 6,103 public housing units and strives to exceed the federal income targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% AMI. HOME also has 5,365 Section 8 Housing Choice Vouchers that effectively increase the stock of affordable rental units. However, HOME has an existing waiting list for HCVs of 7,032 families and 5,984 of those families have household incomes below 30% AMI. Accounting for the public housing units and HCV availability, the overall gap in affordable rental units is decreased, but a gap of approximately 11,500 units remains. This is the estimated number of households in El Paso that are at-risk of homelessness due to a lack of affordable rental housing units.

2015-2019 CHAS data also shows that there are 18,400 renter households with a housing cost burden in excess of 50% of the household's income. These households are considered to have severe housing cost burden and are at-risk of losing their homes. That same data set shows that there are 25,175 renter households that are experiencing at least 1 of 4 severe housing problems which are: incomplete kitchen facilities; incomplete plumbing facilities; more than 1 person per room; and cost burden greater than 50%. Assuming that all renter households with a housing cost burden in excess of 50% of the household's income are households at or below 30% AMI, this would mean that there are approximately 6,775 renter households at or below 30% AMI not experiencing severe housing cost burden but still experiencing one of the other three severe housing problems. This number aligns closely with the availability of 5,842 rental units that are affordable to households at or below 30% AMI as that offsets a significant amount of the 6,775 that are not severely housing cost burdened. However, it indicates a likelihood that many of those households in affordable units have more than one person per room.

Additional affordable units are needed in El Paso. As such, a portion of this allocation plan provides funding for acquisition and development of affordable rental units.

***Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice***

According to 2022 PIT data, 6.9% of families and 10.8% of single adults experiencing homelessness are fleeing domestic violence. The PIT also shows that there were 295 individuals in families and 544 single adults experiencing homelessness at any given time. Using those counts and the percentages of families and individuals fleeing domestic violence, it can be estimated that a total of 79 individuals (20 in families and 59 single adults) who are experiencing homelessness are fleeing domestic violence.

***Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice*** 2015-2019 CHAS data indicate that there are 93,320 rental units within El Paso. Of the 29,525 households in El Paso between 30% and 50% AMI, 16,145 are renters. Using 30% or less of household income going towards rent payments as the metric for a unit to be affordable, it is then determined that there are 12,554 rental units in the city that are affordable to households between 30% and 50% AMI (2020 ACS 5-yr Table B25063). This is based on affordable rents for this population being between \$350 and \$600 per month. Since there are 16,145 renter households between 30% and 50% AMI and 12,554 rental units that are affordable to those households, there is an estimated gap in affordable rental units at this income level of 3,591 units. This is the estimated number of households in El Paso that are within the "Other Populations" HOME-ARP category that are at-risk of homelessness due to a lack of affordable rental housing units. This analysis assumes that no households between 30% and 50% AMI are occupying units that are affordable to households at or below 30% AMI (units with rents below \$350/month). For each of these households that does occupy a unit that is affordable to households at or below 30% AMI, that increases the number of sub-30% AMI households at-risk of homelessness. This indicates that there is a significant gap in affordable rental units for households between 30% and 50% AMI, but that gap is not nearly as large as for those households at or below 30% AMI. Additional affordable units are needed in El Paso. As such, a portion of this allocation plan provides funding for acquisition and development of affordable rental units.

***Describe the unmet housing and service needs of qualifying populations:***

***Homeless as defined in 24 CFR 91.5***

A service-provider survey that preceded the State of Homelessness Work Session found 92% of respondents indicating that individuals and families at risk of experiencing homelessness, and/or individuals and families experiencing homelessness are the population most in need of additional services and/or resources in our community. 28% of respondents considered Case Management as a top gap in our community's homeless service system. That is why this HOME-ARP Allocation Plan is targeted towards increasing the capacity of the emergency shelter system by investing a majority of HOME-ARP funds to rapidly rehousing those experiencing homelessness and providing intensive case management to those individuals and families to ensure sustainable housing solutions.

A key component of the State of Homelessness Work Session featured group discussions around the following topics to identify strengths and weaknesses in the homeless service system: case management, street outreach, permanent supportive housing, mental health, and prevention and diversion. Results of those discussions follows.



## **Case management**

Following the breakout session, several community agencies raised the need for improved case management. Not only does a need exist for increasing the number of case managers in the community but there is also a need to enhance the quality of case management that already exist in current systems. By increasing the number and quality of case managers within the community, clients would significantly benefit as they can be provided with more options and better resources and services to address individual needs. Additional context on case management was brought forth by the El Paso Apartment Association that proposed having case management services for re-housed individuals will make more landlords comfortable in opening units for rapid rehousing.

## **Street Outreach**

Street outreach was also identified as a top priority by a number of organizations. Every individual and their circumstances are not identical; therefore, tailored approaches should be undertaken. Identifying best practices for specific populations and catering to the unique needs of vulnerable individuals can increase the likelihood of successful outcomes. In addition to the implementation of a tailored approach, support for shelters and transitional living centers needs to also be prioritized considering outreach success largely depends on the availability of housing options.

## **Permanent Supportive Housing**

Permanent supportive housing was mentioned numerous times as well, especially since it impacts other priority areas including case management and outreach. It is evident that there is a notable need for the increased availability and accessibility of housing options. Some suggested the new construction and development of more supportive communities (including landlord support) with better access to wraparound services, especially for disadvantaged youth and people with disabilities that are often underserved (i.e., tiny homes that include the option of renting to own).

## **Mental Health**

The lack of available services for those that are impacted by mental health issues is a growing concern throughout the community. Community stakeholders have expressed the dire need for increased access and availability of mental health services. By improving the accessibility and availability of mental health services, the stigma associated can also be addressed; fostering an environment where individuals are more receptive to intervention and general assistance.

Utilizing psychiatric services has proven to be effective in various facilities that serve the homeless and vulnerably housed. Due to the Covid-19 pandemic and other factors, the implementation of tele-psychiatry services for clients should also be considered; mental health issues can be addressed while assuring the safety of clients and staff.

## **Diversion and Prevention**

The group collectively agreed upon the notion that diversion and prevention efforts need to be more focused. The utilization of a tiered system was sought as a possible solution. Additionally, many valid points were made including the continuously increasing cost of living in the community while wages are not. By bringing attention to the various factors that exacerbate conditions that perpetuate homelessness, appropriate action can be taken.

This allocation plan seeks to address the issues of case management, diversion and prevention, and non-congregate shelter by making funds available for rapid rehousing programs with intensive case

management components and by adding transitional non-congregate shelter units to the existing stock of resources in our community.

***At Risk of Homelessness as defined in 24 CFR 91.5***

Unfortunately, the high level of rental assistance that was available during the first two years of the COVID-19 pandemic have been expended and local resources are insufficient to sustain that level of assistance. As such, an increase in demand for rapid rehousing and homeless prevention services through HOME-ARP TBRA has become evident and is therefore included in this allocation plan.

***Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice***

There are three agencies in El Paso with programs that focus on sheltering and housing individuals and families fleeing violence, the Center Against Sexual and Family Violence (CASFV), La Posada Home, and the YWCA Transitional Living Center. These programs have historically had the capacity to provide services to all families in need. While these populations will have equal access to HOME-ARP funded programming under this allocation plan, a need for targeting resources specifically for these populations has not arisen.

***Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice***

The needs assessment section of this plan lays out the gap in affordable housing options for households between 30% and 50% AMI and establishes that there are significant housing cost burden issues for households below 30% AMI. The City of El Paso is issuing a Notice of Funding Availability (NOFA) for \$15 million to leverage additional funding sources and construct and/or rehabilitate hundreds of affordable rental units in El Paso. A separate NOFA will be released to contract homeless prevention and rapid rehousing programs in the form of HOME-ARP TBRA in order to provide stable housing for individuals and families experiencing homelessness or at-risk of experiencing homelessness.

***Identify any gaps within the current shelter and housing inventory as well as the service delivery system:***

There is a gap in affordable housing units for households below 30% AMI of approximately 11,500 units. There is an additional gap of approximately 3,500 affordable units for households between 30% and 50% AMI. These populations are at great risk of homelessness and represent a capacity burden for the homeless service system, as this is in addition to the 839 individuals already experiencing homelessness on any given day in El Paso, according to the most recent PIT data. Rapid Rehousing programs across the community are under-funded and often struggle to place households in affordable units. An injection of rapid rehousing funding will allow for more households to be served and will ease the pressure on emergency shelters. At the same time additional non-congregate units are needed to further ease that capacity burden.

***Under Section IV.4.2.ii.G of the HOME-ARP Notice, a PJ may provide additional characteristics associated with instability and increased risk of homelessness in their HOME-ARP allocation plan. These characteristics will further refine the definition of “other populations” that are “At Greatest Risk of Housing Instability,” as established in the HOME-ARP Notice. If including these characteristics, identify them here:***

The City plans to utilize the characteristics for instability and increased risk of homelessness as established in the HOME-ARP notice. There is significant need established for households making less than 30% AMI and with severe housing cost burden, as well as families between 30% and 50% AMI with other qualifying conditions, that additional characteristics, or limiting of eligibility, is not required.

***Identify priority needs for qualifying populations:***

As described throughout this allocation plan, the priority needs for qualifying populations are availability of non-congregate shelter for persons experiencing homelessness and persons fleeing domestic violence, as well as access to affordable, stable housing options for those at-risk of homelessness and other lower-income El Pasoans.

***Explain how the PJ determined the level of need and gaps in the PJ’s shelter and housing inventory and service delivery systems based on the data presented in the plan:***

Data from the most recent Point-in-Time Count, CHAS, and American Community Survey data were used to establish the level of need and gaps in shelter and housing inventory as presented in the Needs Assessment and Gaps Analysis section of this plan. Service delivery system needs and gaps were identified through the State of Homelessness Work Session activities and the Community Needs Assessment detailed in the Consultation section of this plan.

## HOME-ARP Activities

***Describe the method(s) that will be used for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors:***

Notices of Funding Availability for acquisition and/or development of affordable rental housing, TBRA programs, and development of non-congregate shelter will be released by the City' Department of Community + Human Development. Local government entities, non-profit organizations, and for-profit developers are eligible to apply for HOME-ARP funds. Preference will be given to proposals that leverage other funding sources and expand the impact and long-term sustainability of HOME-ARP investments.

For construction projects, once subrecipients are identified, written agreements with subrecipients will dictate procurement requirements for selection of contractors and subcontractors.

***Describe whether the PJ will administer eligible activities directly:***

The City of El Paso will not be administering eligible activities directly. All eligible activities will be sub-awarded to subrecipients and their contractors, as applicable

***If any portion of the PJ's HOME-ARP administrative funds are provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:***

This is not applicable to the City of El Paso HOME-ARP Allocation Plan.

**Use of HOME-ARP Funding**

	<b>Funding Amount</b>	<b>Percent of the Grant</b>	<b>Statutory Limit</b>
Supportive Services	\$ 1,300,000		
Acquisition and Development of Non-Congregate Shelters	\$ 1,200,000		
Tenant Based Rental Assistance (TBRA)	\$ 4,000,000		
Development of Affordable Rental Housing	\$ 2,935,888		
Non-Profit Operating	\$ 100,000	1.05 %	5%
Non-Profit Capacity Building	\$ 0	0 %	5%
Administration and Planning	\$ 0	0 %	15%
<b>Total HOME ARP Allocation</b>	<b>\$ 9,535,888</b>		

***Describe how the PJ will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:***

The needs assessment and gap analysis shows a need for investment in numerous areas. There is a gap in affordable rental units that puts low-income El Pasoans at risk of homelessness, there are capacity issues in emergency shelters that can be eased with more non-congregate shelter units, and TBRA to prevent homelessness and rapidly rehouse those experiencing homelessness increases affordability and reduces capacity strains in the shelter system. The above Funding Plan supports each of these needs and will provide stability for El Paso households.

\$4,000,000 is being allocated for TBRA with an additional \$1,300,000 towards case management and wraparound services for TBRA clients, and \$100,000 for operating expenses for TBRA non-profit providers; \$1,200,000 is being allocated to the acquisition and/or development of non-congregate shelter units; and the remaining \$2,935,888 is being allocated towards development of affordable rental housing.

***Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:***

The needs assessment and gap analysis indicates a shelter system that is regularly operating near capacity. Cold weather events, increases in migrant activity, public health emergencies, and other non-regular, but somewhat frequent, events create a surge in demand on the shelter system that cannot currently be absorbed. Increasing non-congregate shelter access allows for faster transfer of clientele out of congregate shelter freeing up beds for more individuals.

The needs assessment and gap analysis demonstrates a significant gap in affordable rental units that places thousands of El Pasoans at risk of experiencing homelessness. Adding new affordable rental units is part of that solution, while providing TBRA to keep families in their homes or to rapidly rehouse them, while also provide intensive case management services to ensure housing stability, makes the occurrence of homelessness less likely and more brief for vulnerable households in El Paso.

## HOME-ARP Production Housing Goals

***Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:***

### **Affordable Rental Units**

Budget	\$ 2,935,888.00
Cost/unit	\$ 120,000.00
HOME-ARP share of unit cost	50%
HOME-ARP cost/unit	\$ 60,000.00
<b>Total HOME-ARP units</b>	<b>49</b>

The City will seek to leverage HOME-ARP funds at a 1-to-1 match in order to produce at least 49 new affordable rental units. This is in addition other resources being deployed by the City for affordable rental housing developers to expand the stock of affordable rental units in El Paso.

### **TBRA**

Budget	\$ 4,000,000.00
Avg. monthly TBRA assistance	\$ 900.00
Avg # month of assistance	6
Avg. total assistance per household	\$ 5,400.00
<b>Number of households (affordable units)</b>	<b>741</b>

An additional 741 affordable units will be made available through the provision of TBRA as calculated above, resulting in an estimated total affordable housing production goal of 790 units.

***Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how the production goal will address the PJ's priority needs:***

As described above, the City seeks to add 790 new affordable units to the stock of affordable housing. The additional availability of these units will provide housing stability for at least 790 El Paso families that would otherwise be experiencing, or be at risk of experiencing, homelessness. This in turn will reduce the strain on capacity in the emergency shelter system and

make shelter available to more of the unsheltered population in El Paso, which according to the most recent Point-in-Time count is 159 persons on any given day.

## Preferences

A preference provides a priority for the selection of applicants who fall into a specific QP or category (e.g., elderly or persons with disabilities) within a QP (i.e., subpopulation) to receive assistance. A *preference* permits an eligible applicant that qualifies for a PJ-adopted preference to be selected for HOME-ARP assistance before another eligible applicant that does not qualify for a preference. A *method of prioritization* is the process by which a PJ determines how two or more eligible applicants qualifying for the same or different preferences are selected for HOME-ARP assistance. For example, in a project with a preference for chronically homeless, all eligible QP applicants are selected in chronological order for a HOME-ARP rental project except that eligible QP applicants that qualify for the preference of chronically homeless are selected for occupancy based on length of time they have been homeless before eligible QP applicants who do not qualify for the preference of chronically homeless.

Please note that HUD has also described a method of prioritization in other HUD guidance. Section I.C.4 of Notice CPD-17-01 describes Prioritization in CoC CE as follows:

“Prioritization. In the context of the coordinated entry process, HUD uses the term “Prioritization” to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.”

If a PJ is using a CE that has a method of prioritization described in CPD-17-01, then a PJ has preferences and a method of prioritizing those preferences. These must be described in the HOME-ARP allocation plan in order to comply with the requirements of Section IV.C.2 (page 10) of the HOME-ARP Notice.

In accordance with Section V.C.4 of the Notice (page 15), the HOME-ARP allocation plan must identify whether the PJ intends to give a preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project.

- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).

- The PJ must comply with all applicable nondiscrimination and equal opportunity laws and requirements listed in 24 CFR 5.105(a) and any other applicable fair housing and civil rights laws and requirements when establishing preferences or methods of prioritization.

While PJs are not required to describe specific projects in its HOME-ARP allocation plan to which the preferences will apply, the PJ must describe the planned use of any preferences in its HOME-ARP allocation plan. This requirement also applies if the PJ intends to commit HOME-ARP funds to projects that will utilize preferences or limitations to comply with restrictive eligibility requirements of another project funding source. **If a PJ fails to describe preferences or limitations in its plan, it cannot commit HOME-ARP funds to a project that will implement a preference or limitation until the PJ amends its HOME-ARP allocation plan. For HOME-ARP rental housing projects, Section VI.B.20.a.iii of the HOME-ARP Notice (page 36) states that owners may only limit eligibility or give a preference to a particular qualifying population or segment of the qualifying population if the limitation or preference is described in the PJ's HOME-ARP allocation plan.** Adding a preference or limitation not previously described in the plan requires a substantial amendment and a public comment period in accordance with Section V.C.6 of the Notice (page 16).

**Template:**

***Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:***

No preference is anticipated for any qualifying population or subpopulation for placement into acquired and/or developed affordable rental units under this Plan. Placement into non-congregate shelter and TBRA will follow the coordinated entry (CE) prioritization system as detailed in the attached Coordinated Entry Policies and Procedures.

***If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:***

The CE prioritization evaluates households by severity of need and prioritizes placement of those with the greatest need above those with lesser need. A full explanation of the CE prioritization process is detailed in the attached Coordinated Assessment System Policies and Procedures.

## Limitations in a HOME-ARP rental housing or NCS project

***Describe whether the PJ intends to limit eligibility for a HOME-ARP rental housing or NCS project to a particular qualifying population or specific subpopulation of a qualifying population identified in section IV.A of the Notice:***

The City does not anticipate limiting eligibility for any HOME-ARP rental housing or NCS to any one or more qualifying population nor subpopulation. Since funds will be allocated to specific projects based on responses to Notices of Funding Availability, should any project require limited eligibility, a substantial amendment to the Plan will be approved through established requirements for substantial Annual Plan amendments in compliance with Federal regulations.

***If a PJ intends to implement a limitation, explain why the use of a limitation is necessary to address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:***

Should an Annual Plan substantial amendment be required for any HOME-ARP project, this information will be detailed in that Annual Plan amendment.

***If a limitation was identified, describe how the PJ will address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the limitation through the use of HOME-ARP funds (i.e., through another of the PJ's HOME-ARP projects or activities):***

No limitations identified at this time, however, should an Annual Plan substantial amendment be required, this information will be detailed in that amendment.



## Appendices

Appendix 1. State of Homelessness Work Session White Paper

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## Overview

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The City of El Paso, Department of Community and Human Development conducted a half-day work session on Thursday, January 6<sup>th</sup>, 2022 to discuss the state of homelessness in El Paso. The State of Homelessness work session was facilitated by Nicole Ferrini, Chief Resilience Officer of the City of El Paso's Community and Human Development Department.

The intention of the work session was to convene key stakeholder partners in homeless service provision so that the City of El Paso can have a better understanding of the need for resources to fill gaps in the homeless service provider system and identify resources available to fill those gaps and create opportunities. This work session also served as a key component of the HOME ARP allocation plan consultation process and validated the City of El Paso's initial assessment of investing those funds.

### Agency Participation

The following agencies attended the State of Homelessness work session:

County of El Paso	La Posada Home, Inc.
City of El Paso	Paso del Norte Community Foundation
Child Crisis Center	Project Amistad
Diocesan Migrant & Refugee Services, Inc.	Project Vida
El Paso Apartment Association	Rescue Mission of El Paso
El Paso Coalition for the Homeless	The Salvation Army
El Paso Center for Children	The Opportunity Center
El Paso Human Services	University Medical Center
El Paso HOME	United Way of El Paso
El Paso Veterans Affairs	Underserved Communities Foundation
El Paso Villa Maria	Volar Center for Independent Living
Emergence Health Network	YWCA Paso del Norte Region
Family Endeavors, Inc.	

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## Community Stakeholder survey

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### Survey Background

An agency pre-work session survey was sent out to the participant list. Responses from the survey were used to frame the discussions during the work session. Respondents were comprised of agencies and organizations that assist families and individuals experiencing homelessness, or at risk of homelessness. **20 organizations responded** to the survey, which includes **25 individuals**. Survey consisted of **eight** qualitative questions.

## Summary of Survey Results

The differences and similarities identified in this report provide critical information about how community partners perceive the homeless community needs.

### Results were as follows:

- I. **92%** of the respondents believe **individuals and families at risk of experiencing homelessness, and/or individuals and families experiencing homelessness** are the **population most in need of additional services and/or resources**.
- II. **28%** of respondents consider **Case Management** as a **top gap** in our community's homeless service system. Concerns included lack of funding, lack of case managers, and inconsistencies in case management standards. Also, **20%** noted **lack of mental health services** a **top gap** in the system.
- III. **20%** of respondents believe resources should be allocated to **case management** to address the gaps in the system, and **20%** believe resources should be allocated to **mental health services**.
- IV. **44%** of respondents believe **collaboration** is the **top strength** in our community's homeless service system.
- V. **32%** of respondents stated resources should be allocated to **housing programs** to leverage the strengths of the homeless service systems.
- VI. **28%** respondents credited the **Delta Welcome Center** as the **most successful initiative** that safeguarded families and individuals experiencing homelessness, or at risk of experiencing homelessness during COVID-19. **28%** also credited **programs to prevent homelessness** such as RRH.
- VII. **44%** have **no concerns** about sharing data with the local **Public Health Information Exchange**, as long as client PPI is protected.
- VIII. **12%** expressed the need for effective **collaboration and leadership**.

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*USICH Strategic Planning Feedback*

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The United States Interagency Council on Homelessness (USICH) recently did a robust outreach initiative on revamping the strategic planning on homelessness. The following initiatives and priorities were presented at the work session:

- End the criminalization of homelessness and implement solutions that treat **housing as a right**.
- Commit to addressing **racial disparities and advancing racial equity** across systems, policies, and programs that target structural harm and generational trauma, incorporate intersectional lenses, and provide culturally relevant resources and services.
- **Align housing resources and strategies** at every level of government.
- Create new and preserve existing **affordable housing**.
- **Prevent homelessness** through a regional systems-level approach that reduces evictions and provides flexible cash assistance as well as quick access to mainstream benefits.
- **Streamline referral and intake processes** to reduce barriers to housing and strengthen implementation of the Housing First approach.
- Increase availability of and access to **supportive and wraparound services** that pair with housing interventions.
- Support **community-driven solutions** and systems that provide and facilitate **flexibility and coordination**, particularly between the health and homeless systems.
- Acknowledge **unique barriers and tailor solutions** to meet diverse needs of BIPOC (Black, Indigenous, and People of Color), LGBTQ+, Veterans, and youth.
- **Create partnerships** for local communities, providers, and people with lived experience to work together with the federal government throughout the policymaking process.
- Expand the availability and accessibility of **affordable housing**.
- Meaningfully include—compensate and/or hire—people with lived experience in decision-making processes, adopting the notion of “**nothing about us without us**.”
- Address systemic bias to disrupt barriers that further historic disparities.
- Incorporate a **whole-of-person approach** to care that recognizes unique barriers and needs, and provides wraparound services, including emotional, social, and peer career supports.
- Integrate **culturally specific and trauma-informed care** to service delivery.
- Prevent homelessness with holistic efforts that **break the cycle of poverty**.
- Disrupt the vicious cycle of criminalization and homelessness by prioritizing and expanding access to **low-barrier housing and supportive services, including landlord mediation resources**.

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*Questions posed by the group:*

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The group collectively raised several pertinent questions in an effort shed light on prominent issues that act as significant barriers and exacerbate homelessness throughout the community.

**How do we address the challenge of assisting individuals with co-occurring mental health and substance abuse issues?**

**How can we help people that fall through the cracks of existing programs?**

**How do we increase accessibility of health care possibilities?**

**How do you provide assistance for individuals without a dwelling to place them?**

**What incentives can be offered to landlords?**

**How can we provide adequate assistance for those with disabilities, lack of familial support, and limited transitional centers?**

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*Moderated Panel*

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During the work session the following attendees participated in a moderated panel to define the roles that agencies historically held in the community and specific roles during the pandemic:

**Andrea Ramirez, Project Amistad**

Despite Amistad being a part of numerous conversations, it was “not at the table.” The agency has been in the community for 46 years and operates on a no excuses, just results philosophy. The pandemic presented many challenges for staff however, the challenge was accepted. Staff engaged the frontlines with effective strategy and ample experience to acquire necessary resources (i.e., PPE) and train their team accordingly to combat Covid-19. - Beautiful disaster/perfect storm

Amistad helped the community by providing essential transportation services and managed care for those in need, especially veterans and individuals dealing with homelessness. Amistad not only incorporated heightened safety measures to protect staff and clients but also continuously worked with several entities (with homeless initiatives) to maximize strengths and relationships to continue to serve El Paso.

**Ben Miranda, Family Endeavors Inc.**

Although Endeavors has operated in El Paso since 2017, the agency is no stranger to serving vulnerable populations. Endeavors has provided social services to communities throughout the State of Texas for over 50 years and has been able to expand across the United States and Puerto Rico.

The pandemic brought on a unique set of challenges, forcing Endeavors and similar agencies to step up to continue to best serve the community. From 2017-2019 the agency was able to serve approximately 2,000 clients. During the first 8 months of the pandemic, over 18,000 clients were served through the collaboration of other community agencies and programs. Endeavors can attribute its success to having difficult but necessary conversations for the benefit of their many clients. Nevertheless, Endeavors will continue to utilize their staff to provide emergency and crisis response in various capacities to best serve community veterans, migrant families, and others that require assistance.

**Beth Senger, El Paso Center for Children**

## State of Homelessness Work Session White Paper

The El Paso Center for Children has focused on the youth for 103 years, specifically individuals 25 and under. As a result of the pandemic, the agency saw a massive influx, forcing budget adjustments not to solely meet client needs but staffing needs as well.

The pandemic along with the expansion of facilities (i.e., Fort Bliss) shed light on the critical need for human service professionals. Fulfilling this need proved to be a significant challenge. As a result, the discussion of permanent adjustment of pay scales was brought forth. Due to higher pay adjustments, funds allocated to housing costs were lessened in some instances. These challenges raised the following question: how does an organization attract and retain talent, while maintaining budgets, meeting the demand for resources, and providing services to vulnerable youth in the community?

In this population, ages served by the El Paso Center for Children range from 11-25. Consequently, restrictions in the licensed facility (State regulated) for minors were amplified immensely. Additionally, with housing costs continuously rising, the difficulty for staff to find adequate housing and maximize dollars for the youth has increased. Despite these challenges, there is hope moving forward. With partnerships with the City of El Paso, the El Paso Coalition for the Homeless, and other community agencies, the El Paso Center for Children can continue to provide ample support.

### **Camille Castillo, El Paso Coalition for the Homeless**

In January of 2020, discussions throughout the agency began to prepare for the *'what'* was to potentially come. Although the impact of the impending pandemic was largely unexpected, in March, an epidemiologist was brought in to provide significant information and explain what the community could possibly face in the near future.

Like many of the social service agencies in the community, the El Paso Coalition for the Homeless was met with numerous challenges throughout the pandemic, however, operations could not cease. Business as usual continued but changed drastically (i.e., the implementation of social distancing, technical assistance, collaboration to understand flexibilities to meet federal and state regulations, etc.), showing the true resiliency of this community over the last two years. Nonetheless, community partners continue to work tirelessly together to navigate through barriers and meet the evolving needs brought on by an ever-changing world.

### **John Martin, Opportunity Center**

The Opportunity Center has been operating for 28 years. In March 2020, discussions began with the City of El Paso regarding capacity related issues. By April of 2020, Delta was activated, which includes the Haven and Welcome Center. The Haven began initially as a shelter and overflow facility for the Opportunity Center (in order to meet social distancing guidelines) and utilized transportation from the County. The Welcome Center is a point of entry and had a vetting process before transferring individuals to other facilities throughout the community.

Partners were essential for operations during the pandemic and played a major role in the serving approximately 3,000. The Opportunity Center did not avoid hardships. One significant hurdle was case management; it was very limited. As a result, other agencies (i.e., Amistad) were introduced to provide assistance. There was also a need for in-person coordinated entry; staff provided by the County, were deployed to help.

The Opportunity Center has operated under a “recovery through service principle” since it’s inception; staff have diverse backgrounds, many of which have had lived and professional experiences with homelessness. The mixture of experiences, expertise, and perspectives collectively works to make a difference in many lives. Overall, there is an existing need for a fixed welcome center facility that is enticing to not only potential clients but service providers. Despite the many challenges faced as a direct result of the pandemic, there is an underlying blessing. The pandemic brought to the forefront, numerous issues that are plaguing the community (i.e., mental health, accessibility and availability of services, lack of resources, coordination of street outreach, etc.). Now that there is increased awareness, the attention is forcing necessary change.

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### *Priority Needs*

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During the work session, participants were randomly selected for breakout rooms. The questions that were posed to the group by the facilitator, Nicole Ferrini, included the following: what are some of the biggest priority needs in our community and what are some possible solutions?

After a fifteen-minute breakout session, the following priorities and areas in need were identified amongst the participants: case management, outreach, permanent supportive housing, coordinated entry, enhanced training, mental health, diversion and prevention, and community collaboration. The findings from the breakout sessions were relatively aligned with survey results.

#### **Case management**

Following the breakout session, several community agencies implored the need for improved case management. Not only does a need exist for the amount of case managers in the community but there is also a need to enhance the quality of case managers that already exist in current systems. By increasing the number and quality of case managers within the community, clients would significantly benefit as they can be provided with more options and better resources and services to address individual needs. Additional context on case management was brought forth by the El Paso Apartment Association that proposed having case management services for re-housed individuals will make more landlords comfortable in opening units for rapid rehousing.

#### **Street outreach**

Street outreach was also identified as a top priority by a number of organizations. Every individual and their circumstances are not identical; therefore, tailored approaches should be undertaken. Identifying best practices for specific populations and catering to the unique needs of vulnerable individuals can increase the likelihood of successful outcomes. In addition to the implementation of a tailored approach, support for shelters and transitional living centers needs to also be prioritized considering outreach success largely depends on the availability of housing options.

### **Permanent Supportive Housing**

Permanent supportive housing was mentioned numerous times as well, especially since it impacts other priority areas including case management and outreach. It is evident that there is a notable need for the increased availability and accessibility of housing options. Some suggested the new construction and development of more supportive communities (including landlord support) with better access to wraparound services, especially for disadvantaged youth and people with disabilities that are often underserved (i.e., tiny homes that include the option of renting to own).

### **Coordinated Entry**

Coordinated entry is critical and should be prioritized in the fight against homelessness in our community. Improving communication between community agencies allows for more efficient and effective coordination and delivery of information and resources. Higher efficiency and effectiveness of coordinated entry can assist with navigation and provide a pathway to ending homelessness.

### **Training**

Evidenced-based training and programs, along with trauma informed care can be useful tools for mitigating homelessness. Several agencies in the community have alluded to the need for enhanced training practices and implementation. All of which, can be utilized to better serve the many clients in need.

### **Mental Health**

The lack of available services for those that are impacted by mental health issues is a growing concern throughout the community. Community stakeholders have expressed the dire need for increased access and availability of mental health services. By improving the accessibility and availability of mental health services, the stigma associated can also be addressed; fostering an environment where individuals are more receptive to intervention and general assistance.

Utilizing psychiatric services has proven to be effective in various facilities that serve the homeless and vulnerably housed. Due to the Covid-19 pandemic and other factors, the implementation of tele-psychiatry services for clients should also be considered; mental health issues can be addressed while assuring the safety of clients and staff.

### **Diversion and Prevention**

The group collectively agreed upon the notion that diversion and prevention efforts need to be more focused. The utilization of a tiered system was sought as a possible solution. Additionally, many valid points were made including the continuously increasing cost of living in the community while wages are not. By bringing attention to the various factors that exacerbate conditions that perpetuate homelessness, appropriate action can be taken.

### **Community collaboration**

Collaboration amongst community agencies can eliminate gaps in service delivery, and ultimately provide better resources for clients in need. In addition to collaboration amongst non-profit organizations, the private sector should be included as well. By making homelessness an economic development issue, more entities can be brought to the forefront and used as vehicles to not only



garner more resources but also enhance the quality of services rendered to the most vulnerable in our population, contributing to the ongoing efforts to end homelessness.

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### *Conclusion*

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The State of Homelessness Session, while being the first of its kind will not be the last. The City of El Paso is committed to convening sessions in the future to better align resources amongst the social service provider network. Overarching themes that we heard throughout the session include access to mental health care, case management services and permanent supportive housing for difficult to house populations. While the efficacy of the “housing first” philosophy is acknowledged by the City and the Social Service providers, for certain populations, transitional housing may be a better option, particularly in the context of populations that require additional assistance and services. Integration of homelessness data into the Public Health Information Exchange (PHIX) will allow for better-informed decision-making for future deployment of resources to address the challenges and gaps within homeless service provision. Surge capacity for emergency shelter was briefly discussed, and the last 2 years of surge events in homelessness, whether it be migrant or COVID related, illustrates that this continues to be a serious gap within the homeless service system. As we heard in the session, community collaboration and the alignment of resources is critical as we work to continue to respond to the effects of the COVID-19 pandemic.

Appendix 2. Community Needs Assessment

## Community Needs Assessment Report

### Overview

The Department of Community and Human development introduced the Community Needs Assessment to document and gather robust public input on what is needed to improve their communities. The Community Needs assessment (CNA) serves as the starting point in addressing community vulnerabilities. In September of 2022, at the beginning of the entitlement funding cycle, the Department of Community and Human Development (DCHD) launched the Community Needs Assessment process. The purpose of the CNA is to obtain viewpoints from community members regarding housing and community development needs and proposed activities that support identified community vulnerabilities.

This process was led by the DCHD Civic Empowerment team. The DCHD Civic Empowerment team's primary objective is to advance equity, build sustainability and improve community outcomes through equitable programming volunteerism, and education designed to empower residents and strengthen their relationship with local government. In order to provide objective findings and conclusions, members of the CNA team do not administer or oversee DCHD grants, nor do they influence annual DCHD policies or procedures.

Community Vulnerabilities are defined as groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political, and environmental resources, as well as limitations due to illness or disability (National Collaborating Centre for Determinants of Health 2022).

DCHD conducted 13 one on one interviews with members of Council, civilians, and business owners. 120 individual survey responses resulting from a total of 45 submitted surveys, that pertinent data was collected.

Community stakeholders and community members were invited to participate in one of seven roundtable discussions, which resulted in a total of 96 participants. In addition to roundtable discussions, DCHD conducted one on one interviews with members of Council, community members and leaders from community organizations. Thirteen individual stakeholder interviews were conducted;

Overall, a total of nearly 500 unique factors were captured and entered into the Community Needs Assessment wheel outlining the strengths, weaknesses and improvement areas within the community.

### Communities of Excellence

The City of El Paso creates opportunities for innovation and collaboration through strategic partnerships which have been demonstrated throughout our Communities of Excellence Initiative. Communities of Excellence (COE) is a formalized group of community organizations, across key sectors that take a systemic approach to improving overall community performance through collaboration and partnerships. The COE is an essential part of the planning process because it allows for businesses, organizations, and governments to collaborate more successfully across sectors, and align their strategic priorities more effectively. The Community Needs Assessment consisted of a combination of surveys and focus groups from organizations representing the following categories:

- Equity + Inclusion
- Housing +Homelessness
- Family Stability
- Health and Wellbeing
- Food Security

## Community Needs Assessment Report

To ensure maximum participation and representation, organizations that have a vested interest in each one of the categories were also invited to participate. Below are organizations that had a representative at our Community Roundtables.

<b>Equity + Inclusion</b> <ul style="list-style-type: none"><li>•YWCA</li><li>•Volar</li><li>•Retired and Senior Volunteer Program</li><li>•Sunrise El Paso</li><li>•Justice Leadership Council</li></ul>	<b>Housing + Homelessness</b> <ul style="list-style-type: none"><li>•Amistad</li><li>•HOME</li><li>•Opportunity Center</li><li>•Coalition for the Homeless</li><li>•Salvation Army</li></ul>	<b>Family Stability</b> <ul style="list-style-type: none"><li>•EP Center for Children</li><li>•Workforce Solutions Borderplex</li><li>•Philosophic Systems Institute</li><li>•United Way</li></ul>
<b>Health and Wellbeing</b> <ul style="list-style-type: none"><li>•Emergence Health Network</li><li>•Paso Del Norte Health Foundation</li><li>•MCA Foundation</li><li>•Mental Health Policy Institute</li><li>•Project Vida</li></ul>	<b>Food Security</b> <ul style="list-style-type: none"><li>•Desert Spoon</li><li>•UT Health</li><li>•Emergency Food and Shelter Program Board</li><li>•El Paso Community Foundation</li></ul>	<b>Government</b> <ul style="list-style-type: none"><li>•EPPD</li><li>•EPISD</li><li>•YISD</li><li>•County</li><li>•DMD</li><li>•UTEP</li></ul>
<b>NGO</b> <ul style="list-style-type: none"><li>•Texas Gas</li><li>•El Paso Electric</li></ul>	<b>Civil Society</b> <ul style="list-style-type: none"><li>•Neighborhood Associations</li><li>•El Paso Neighborhood Coalition</li><li>•Neighborhood Leadership Academy</li><li>•Boards and Commissions</li></ul>	<b>Businesses</b> <ul style="list-style-type: none"><li>•Microsoft</li><li>•LIFT Fund</li><li>•El Paso Chamber of Commerce</li><li>•Hispanic Chamber of Commerce</li></ul>

### **Perceptions Assessment Methodology:**

Civic Empowerment assessed perceptions by engaging COE Stakeholders, Neighborhood Associations and members of the public by conducting formal stakeholder input sessions. This method allowed us to capture stakeholder feedback collected in 12 different categories, ranging from leadership and strategy, health and wellbeing, infrastructure and environment, and economy and society. Participants were asked to assess whether the input is an area of strength or if it's an area of improvement.

The key tools to analyze and assess stakeholder feedback is done through a perceptions assessment tool. The perceptions assessment tool is a circular model composed of twelve drivers that represent the main outcomes that a resilient city should aim for. The perceptions assessment tool provides a set of 52 indicators and adequate metrics for measuring and assessing city's resilience.

The Perceptions Assessment Tool helps us assess the personal views of various stakeholders gathered through interviews, online surveys, focus groups, workshops, conferences and meetings. A wide range of stakeholders was approached with the aim to give voice to city groups that are usually excluded from the decision-making process. Thus, the different initiatives involved city districts' council members, city staff and elected officials, central government authorities, NGOs, neighborhood associations, homeless, senior citizens and more.

Each participant was asked a series of questions:

1. What is El Paso's greatest vulnerability?

## Community Needs Assessment Report

### 2. What is El Paso's greatest strength?

Each of those responses were recorded as a factor of resilience. A factor is an asset, system, practice or procedure that contributes to the city's ability to prepare, recover, and adapt in the face of shocks and stresses. The objectives for the Perceptions Assessment Tool included:

- Establish a baseline of the city's resilience strengths and vulnerabilities as perceived by city stakeholders through a qualitative but systemic and inclusive process
- Surface key priorities, opportunities and issues
- Engage stakeholders in a meaningful way

Each of the factors that were recorded were then assigned a corresponding resilience driver. Resilience drivers are indicators that essentially tell us what matters most when a city faces chronic stresses or sudden shocks. Below are the 12 resilience drivers that were assigned to each one of the factors given during the roundtable sessions and surveys:

#### Resilience Drivers:

1. Meets Basic Needs
2. Supports livelihoods & employment
3. Ensures public health services
4. Promotes cohesive & engaged communities
5. Ensures social stability, security & justice
6. Fosters Economic prosperity
7. Maintains & enhances protective natural & manmade assets
8. Ensures continuity of critical services
9. Provides reliable communication & mobility
10. Promotes leadership & effective management
11. Empowers a broad range of stakeholders
12. Fosters long term integrated planning

The City of El Paso has adopted 4 Vision Blocks for the City of El Paso. These vision blocks ensure that each one of our City's strategic objective share alignment across the organization. The vision blocks can be seen below in Figure 1.

#### **Figure 1: City of El Paso's Strategic Vision Blocks**

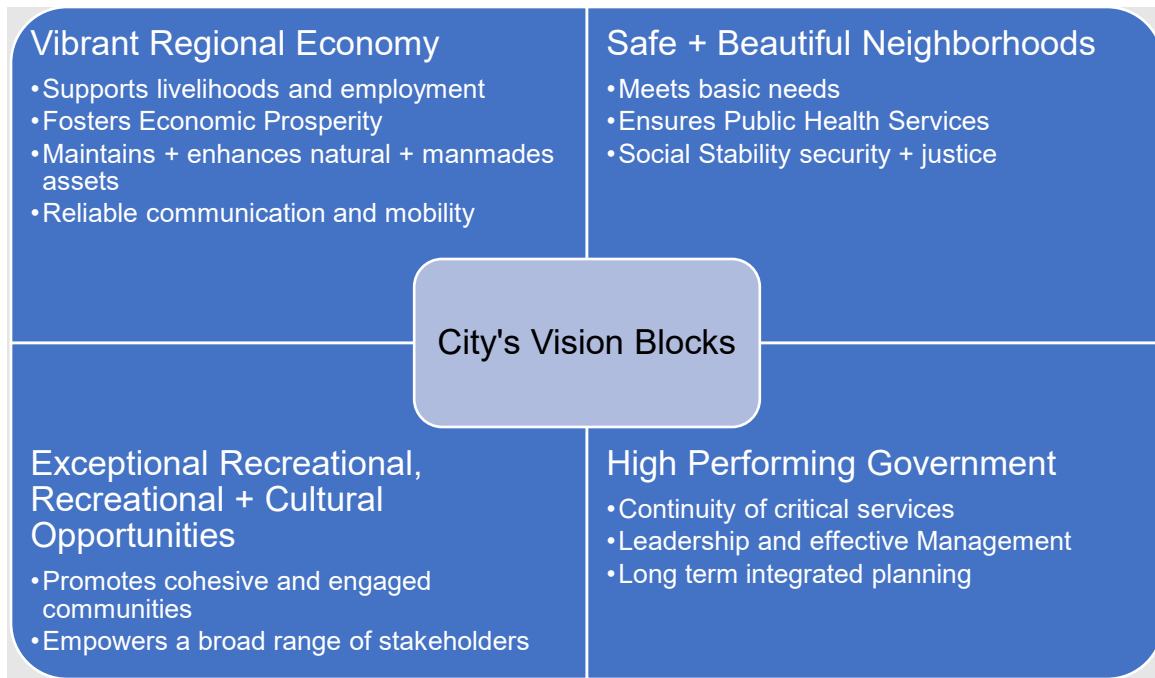
### Four Vision Blocks

ensure goals, strategies and strategic objectives are aligned across all operations by the key areas ingrained in the vision statement:



To ensure that each of the resilience factors aligned with the City's vision blocks, we then categorized them within the City's 4 vision blocks. Below in Figure 2, Each of the 12 resilience factors can be categorized in our City's 4 vision blocks as seen below.

**Figure 2: Resilience Drivers Categorized by Vision Block**



**Community Roundtables:**

During the month of September 2022, the Community and Human Development department began hosting a series of roundtable events to acquire valuable responses from the community regarding housing and community development needs. The Community Needs Assessment was launched with the primary objective of improving the quality of life for residents through equity, education and empowerment. A total of seven roundtable discussions were held.

Roundtable discussions, which resulted in a total of 96 participants, were offered in a variety of platforms ranging from a hybrid model, allowing individuals in an in-person setting to collaborate with those who selected to contribute virtually. Of those 96 participants, 31 community members were graduates of the City of El Paso's Neighborhood Leadership Academy, resulting in two Advanced Neighborhood Leadership Academy sessions. Participants within these exclusive sessions are actively involved community members that share a unique perspective to include solutions, on issues facing the community.

In addition to community residents, stakeholders from various community organizations, were present to discuss key issues within the sectors of Housing and Homelessness, Health and Wellbeing, Food Security and Family Stability; subject matter experts from El Paso Coalition for the Homeless, The Opportunity Center, YWCA, Project Amistad, United Way, The El Paso Community Foundation were among the organizations represented.

In order to accurately capture the information being provided during all roundtable discussions, the Civic Empowerment team utilized the use of color coded post-it notes- pink, yellow and blue, which were provided to participants. Participants were then asked to write their comments, factors, on the specific color of post-it, which allowed the team to accurately notate areas where improvement is necessary to areas of strength; pink- need to do better, yellow- doing well, but can improve, blue- area of strength.

Below is a summary of the direct responses that were recorded as part of the Community Roundtable sessions that were hosted.

## Community Needs Assessment Report

<i>Method</i>	<i>Greatest Strengths/ Assets</i>	<i>Key Areas for Improvement</i>
Community Roundtables	<ul style="list-style-type: none"> <li>• The people, the community always step up to help one another in time of need</li> <li>• Opportunities for growth and development</li> <li>• Agencies working together to address homelessness</li> <li>• Downtown revitalization</li> <li>• Working with UTEP to promote resources for youth</li> <li>• Binational, bicultural community</li> <li>• Adelante's diversion program- only one of its kind.</li> <li>• Organizations that invest in the environment</li> <li>• First time homeowner programs</li> <li>• Knowledge of community</li> <li>• Integration of community services</li> <li>• Family values</li> <li>• Entertainment</li> <li>• Technology</li> <li>• Neighborhood Leadership Academy</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement between city leaders and community members</li> <li>• Access to resources for at risk and vulnerable populations</li> <li>• Affordable Housing</li> <li>• Accessible Transportation</li> <li>• Streets and Maintenance</li> <li>• The need for more Police</li> <li>• Need for more activities</li> <li>• Better access to resources and organizations providing the resources</li> <li>• Housing for Seniors and Low-Income populations</li> <li>• Street repairs and traffic mitigation</li> <li>• Inclusion of community members in decision making</li> <li>• Resources for Seniors</li> <li>• Access to Mental Health resources</li> <li>• Low Wages</li> <li>• Access to food</li> <li>• Increases in taxes</li> <li>• Disability services</li> <li>• Economic growth</li> <li>• Affordable Healthcare</li> </ul>

### Strategic Leadership Interviews

In addition to the roundtable sessions and the survey, key informant interviews were scheduled with different agencies in the community. In order to select our panel of participants for the strategic leadership interviews, we targeted participants who held a leadership role utilizing the strategic vision blocks set forth in the City's strategic plan.

Stakeholder interviews were comprised of key strategic leadership under the City's four vision blocks.:

- Vibrant Regional Economy- Cindy Ramos Davison, El Paso Hispanic Chamber of Commerce
- Safe and Beautiful Neighborhoods- Debora Zuloaga, United Way of El Paso County
- Recreational, Cultural + Educational Opportunities- Eric Pearson, El Paso Community Foundation
- High Performing Government- City Manager Tommy Gonzalez

The objective was to have one-on-one conversations with key leadership that are especially knowledgeable and offer perspectives from their experience within the City's four vision blocks. These initial meetings targeted individuals representing a diversity of interests and organizations to explore a range of issues and needs. The individual nature of these discussions enabled participants to be more candid and in-depth than they otherwise might be in a larger roundtable community discussion. Moreover, discussions could be focused on the topics important to each individual.

Below is a summary of the direct responses that were recorded as part of the Strategic Leadership Interviews.



## Community Needs Assessment Report

<i>Method</i>	<i>Greatest Strengths/ Assets</i>	<i>Key Areas for Improvement</i>
Strategic Leadership Interviews	<ul style="list-style-type: none"> <li>• Interventions in homelessness</li> <li>• Integrated partnerships</li> <li>• Small businesses</li> <li>• Education – partnerships with UTEP and Texas Tech</li> </ul>	<ul style="list-style-type: none"> <li>• Attracting businesses downtown</li> <li>• Handling supply chain issues/ inflationary costs</li> <li>• Expanding partnership opportunities</li> <li>• Youth is an untapped resource</li> <li>• Investment in specific quality of life environments and built environment around</li> <li>• There will always be a need for more programs</li> </ul>

### Council Member Interviews

Each of the members of Council were asked to participate on a one-on-one interview. These interviews provided additional perspective from elected officials throughout the City's eight representative districts.

Below is a summary of the direct responses that were recorded as part of the Council Member interviews that were hosted.

<i>Method</i>	<i>Greatest Strengths/ Assets</i>	<i>Key Areas for Improvement</i>
Council Member Interviews	<ul style="list-style-type: none"> <li>• City hired an ombudsman to help expedite permitting and assist businesses</li> <li>• The City was able to educate the community and pilot projects throughout the pandemic.</li> <li>• The different Non-Profit agencies throughout the city</li> </ul>	<ul style="list-style-type: none"> <li>• Labor and materials shortages</li> <li>• Opportunities to invest in low-moderate income areas</li> <li>• Focused resources to address the needs of individual homeowners</li> <li>• Focus resources on aging infrastructure</li> <li>• Need a plan and buy-in for a facility addressing food security and other vulnerabilities</li> <li>• Large gap for mental health services</li> <li>• Satellite food distribution</li> <li>• Need projects that benefit community as a whole</li> </ul>

### Resident Surveys

In an effort to secure well-rounded data, Community Needs Assessment surveys were sent out to various community members and community groups; a total of 45 surveys were returned, capturing 120 individual responses on various needs faced by the community, including community strengths, weaknesses, and areas of improvement.

When asked the question, "What do you see as the greatest need in our community," the majority of responses stated that affordable housing was the greatest need within the community. Following the need for affordable housing, was infrastructure, which included street repairs, lighting installations, speed bumps, etc. Mental Health Accessibility, well-paying jobs, migrant assistance, resources for the unhoused, and assistance for the elderly, were also vastly noted as a great need within the community.

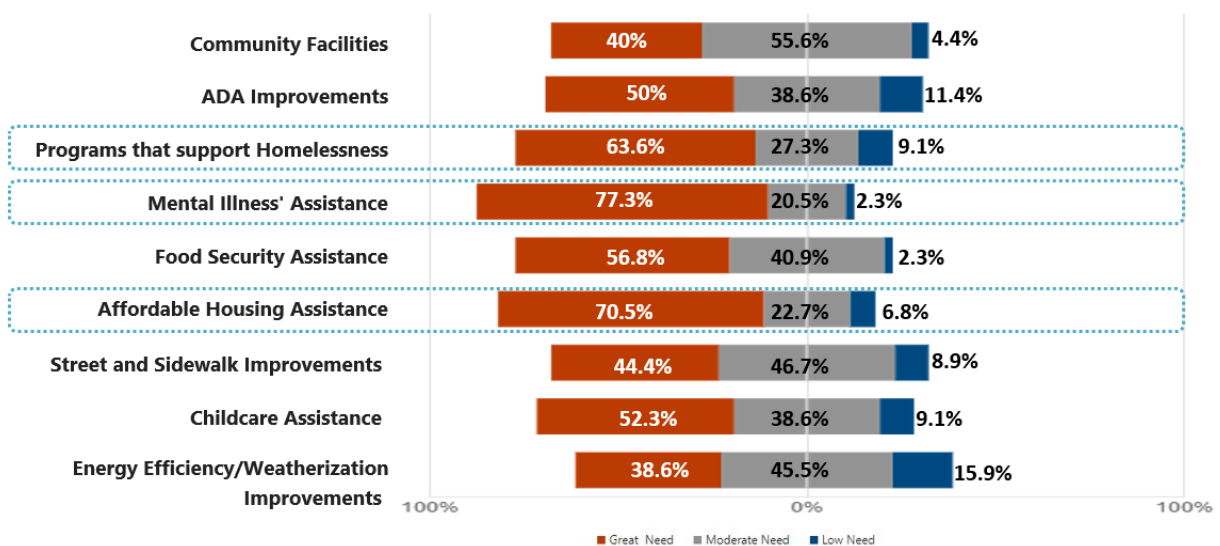
## Community Needs Assessment Report

Regarding what makes the community most vulnerable, low wages, access to resources for underserved populations, immigration, homelessness, access to affordable housing, and the lack of attracting large scale businesses, were among the most notable responses.

Included in the survey, individuals were asked to rate the level of need for the following, Community Facilities, ADA Improvements, Programs that Support Homelessness, Mental Illness Assistance, Food Security Assistance, Affordable Housing Assistance, Street and Sidewalk Improvements, Childcare Assistance, and Energy Efficiency/Weatherization Improvements. Individuals classified the level of need by selecting “Great Need,” Moderate Need,” or “Low Need.”

### Figure 3: Resident Survey Results

“Please rate the level of need of each of the following by selecting “Great Need” “Moderate Need” or Low Need”



Community Facilities were viewed as a Moderate Need, with nearly 56 percent of the responses classifying it as such. Half of the responses, rated ADA Improvements as a Great Need. Programs that Support Homelessness were also seen as a Great Need at almost 64 percent of responses. Mental Illness Assistance was selected as a Great Need by 34, (or 77 percent) of the 45 individuals who submitted a survey. Food Security Assistance and Affordable Housing, and Childcare Assistance were also identified as a Great Need within the community. Street and Sidewalk Improvements in addition to Energy Efficiency/Weatherization Improvements, were noted as Moderate Needs.

Figure 3 was based on 9 categories of focus; *Community Facilities, ADA Improvement, Programs the Support Homelessness, Mental Illness' Assistance, Food Security Assistance, Affordable Housing Assistance, Street and Sidewalk Improvements, Childcare Assistance and Energy Efficiency/Weatherization Improvement*. Participants were asked to rank priorities based on a scale of low need, moderate need and great need. The following are the results that were recorded:

- **3 Greatest Need Categories**
  - Mental Illness' Assistance 77.3%
  - Affordable Housing Assistance 70.5%
  - Programs that Support Homelessness 63.6%
- **3 Moderate Need Categories**
  - Community Facilities 55.6%
  - Street and Sidewalk Improvements 46.7%

## Community Needs Assessment Report

- Energy Efficiency/Weatherization Improvements 45.5.%
- **3 Lowest Need Categories**
  - Energy Efficiency/Weatherization 15.9%
  - ADA Improvements 11.4%
  - Programs that Support Homelessness/ Childcare Assistance 9.1%

### Senior Recognition Survey

During the Retired and Senior Volunteer Program (RSVP) celebration of 48 years of service to the community, RSVP held its recognition event on October 1st, 2022, at the Chamizal Recreation center. We Volunteers and guests were invited to a breakfast event to collect their recognition items. Volunteer and attendees also took the time to participate in submitting a community needs assessment survey. The surveys were both in English and in Spanish. Forty (40) surveys were collected from Seniors who participated in the event.

### Boards and Commissions

Four City Boards and Commissions were selected to participate in the Community Need Assessment:

- **Accessibility Advisory Committee** – Addresses Accessibility concerns and compliance with the Americans with Disabilities Act.
- **AmeriCorps Seniors Advisory Council** - Advisory Council of the Retired and Senior Volunteer Program, and the Foster Grandparent Program.
- **Fair Housing Task Force**- Identifies impediments to housing and fair housing choice
- **Veterans Affairs Advisory Council**- Advisory Council related to resources available to Veterans

These boards and commissions were selected because each of the boards represent a vulnerable or underrepresented population. Capturing the voices of those who represent these populations was essential to the perceptions assessment process to ensure a wide range of perceptions were collected. A presentation to the board was conducted at each meeting and staff would record board member's feedback. Additionally, a survey was sent to each of the board members where the board member would take time to provide additional feedback based on their role as a board member and the populations they represent.

### Perceptions Assessment Results

Over 420 different factors were entered into the perceptions assessment tool. According to Figure 4, you'll see that driver 4- *Promotes cohesive and engaged communities*, 6- *Fosters Economic Prosperity*, and 11- *Empowers a broad range of stakeholders* have the most perceptions associated to them. Driver 4- *Promotes cohesive & engaged communities* has the highest number of associations, with an even split of perceptions with ratings on 'need to do better' and an 'area of strength'.

### Figure 4: Overall Perceptions Assessment

# Community Needs Assessment Report



## Government Perceptions Assessment

Most respondents in the government field overwhelmingly responded that *fostering long-term & integrated planning* needs to do better, followed by *supporting livelihoods and employment*. Government officials actively operate based on strategic plans that guide day-to-day operations and based on these responses, feel that the monitoring and integration of those plans needs to improve. Long-term mapping can be seen to fall short based on changes that the originally drafted standards and procedures didn't take into account. The correlation between the two drivers of fostering long-term & integrated planning and supporting livelihoods and employment demonstrates the need for change on how the City intends on amending labor policy, improving residents' access to living wages, and proactively stimulating business development. Although, based on the level of "doing well but can improve" responses in the *supports livelihoods and employment* category, if the City can ameliorate its continuous planning efforts and adopt long-term, but tangible solutions, then there may be an opportunity to shift the *supports livelihoods and employment* category into an area of strength.

**Figure 5: Government Assessment**

# Community Needs Assessment Report

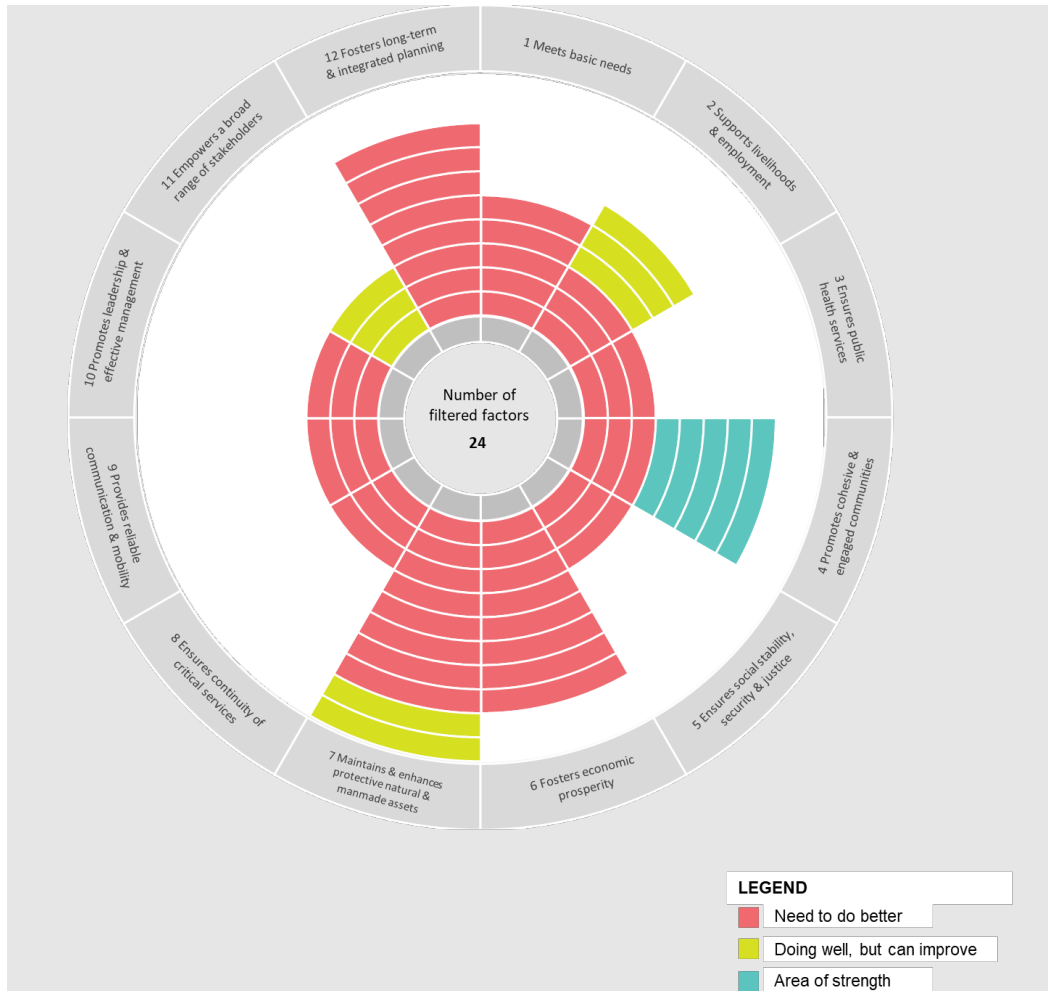


## Business Perceptions Assessment

*Maintaining and enhancing protective natural and manmade assets* was the top factor in which the business community responded that needs improvement, with both *fosters long-term and integrated planning* and *fostering economic prosperity* immediately following. These two categories go hand-in-hand with local business development, inward investments, and subcategories that directly impact small businesses and large corporations. The business sector also provided a clear consensus in claiming that *promoting cohesive and engaged communities* is an area of strength for El Paso. This is an area of opportunity that can potentially be leveraged by continuing to engage with our community to then explore implementing environmental policy and/or safeguarding existing infrastructure, resulting in the advancement of how the City *maintains and enhances protective natural and manmade assets* to then become an area of strength. It’s also important to note that driver 2 – *supports livelihoods and employment* and driver 11 – *empowers a broad range of stakeholders* received a high percentage of “doing well but can improve” from the business community.

**Figure 6: Business Perceptions Assessment**

# Community Needs Assessment Report

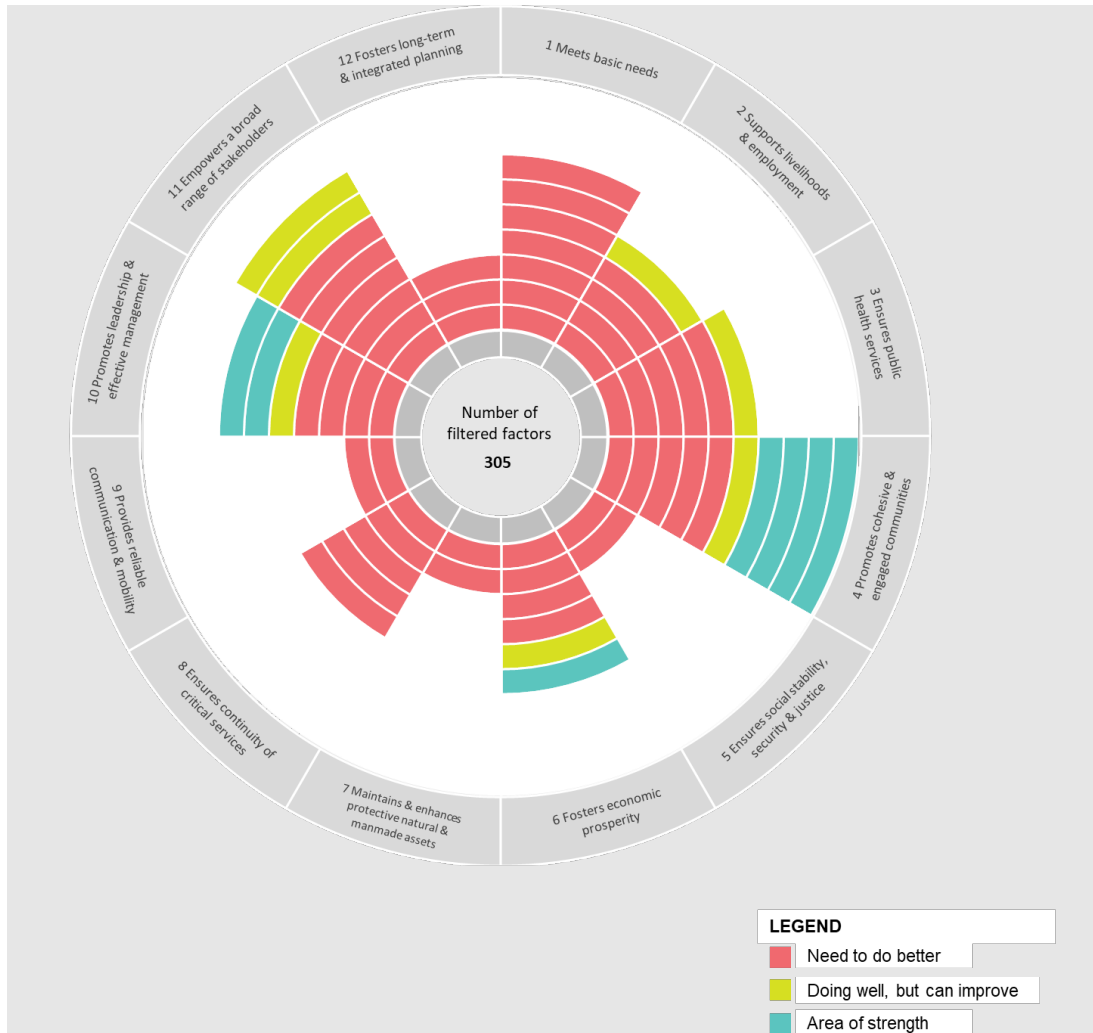


## Civil Society Perceptions Assessment

The Civil Society participants made up approximately 70% of the filtered factors, with a high 50/50 split of *promoting cohesive and engaged communities* needing to improve and standing as an area of strength. In reference to Figure 7 below, the area of opportunity lies in the connection between how the City galvanizes community participation and how we *empower a broad range of stakeholders*. The City has an opportunity to drive its evident influence in promoting social connectivity to strengthen its investment in educating its residents, share best practices, and diversify its stakeholders, with the intent of converting future CNA responses on driver 11 – *empowers a broad range of stakeholders* into a category that community sees as an area that the City excels in. The Civic Society assessment also demonstrated the highest percentage of feedback on needing to improve driver 2 – meets basic needs, overwhelmingly in the area of housing; nearly 90%.

**Figure 7: Civil Society Assessment**

# Community Needs Assessment Report



## Academia Perceptions Assessment

With just over 30 filtered factors from stakeholders in academia, the input provides a clear picture that the City needs to do better in supporting livelihoods and employment. Similar to other assessments though, our community’s culture and manner in which it collectively unites in times of need were traits that were praised about El Paso. These stakeholders addressed concerns about food and economic insecurities that create a cycle of poverty among those who need resources the most. This wheel demonstrates yet another opportunity that entails leveraging the community’s strong participation and sense of family cohesion to become more responsive to our residents’ needs and insecurities by increasing their access to financial gain, skills training, and a more secure quality of life.

**Figure 8: Academia Assessment**

# Community Needs Assessment Report



## Key Takeaways- Priorities Emerging From the CNA

The Community Needs Assessment included interviews from key stakeholders, community roundtables and surveys. We listened carefully and noted that there were many linkages and convergences on many of the discussions and responses. The following are top priorities and takeaways from the CNA.

### 1. Meeting Basic Needs

One of the key takeaways from our analysis is that the ability to meet basic needs such as food and housing is directly connected to fostering economic prosperity. Many of the participants stressed that the community needs support in meeting basic needs such as food, housing, utilities, transportation. We also heard that even access to broadband should be considered a basic need. Many of the conversations stressed the need for supporting people experiencing homelessness with wrap around services like mental health and food support. The hardships caused by the pandemic has been widespread, and in many cases, it exacerbated challenges that households were already facing such as food insecurity or housing affordability. Thus, continuing to support a family's ability to meet basic needs is still necessary in order to achieve economic prosperity at the household level.

### 2. Empowering Communities



## Community Needs Assessment Report

For business owners, government officials, and our neighborhood associations, there were a number of conversations about being grateful for being invited to participate, and the desire to want to *continue* to be a part of future discussions. What we heard overwhelmingly is that community and business owners alike, want to contribute to the decision-making and planning processes. The analysis also showed that there are also perception interdependencies by empowering a broad range of stakeholders, you promote cohesive and engaged communities. Meaning, stakeholder empowerment increases the ability and confidence of the issues relating to each individual. While engagement significantly increases participation, empowerment aims to enable people to take control of the actions that affects their livelihoods.

Interview and survey responses revealed a need for enhanced collaboration to advance local and regional planning. We saw a desire for long-term integrated planning within each of our perception assessments. Government officials, academia, and civil society all shared the same sentiments in the *Fosters long term integrated Planning* category. Integrated planning was particularly important when speaking to neighborhood leaders in the Advanced Neighborhood Leadership sessions. Participants often highlighted the need to have open dialogues during all phases of future planning process to ensure information is equitable shared and shaped by all stakeholders. However, there was a strong expression by some neighborhood leaders that they are being asked for input and collaboration, but their input often hasn't translated into actionable change. Communities of Excellence can be the springboard for this type of planning with members of the community, organizations can collectively deploy resources based off the community needs identified in this assessment and in turn continue to collaborate.

### **3. Homelessness: Mental Health and Housing Affordability**

The causes of homelessness are extremely diverse and complex. The individual complexities that contribute to homelessness increases the difficulty of creating universal solutions to address homelessness. Our key takeaways from the Resident Survey results, showed us that community members see a higher need in addressing mental health, housing affordability and homelessness. These 3 causes arguably are linked to one another. Mental illness and substance abuse was often brought up on the topic of homelessness. Similarly, the discussions around rising costs and housing affordability were also discussed when the topic of homelessness was also raised. While some participants applauded the City's effort to prioritizing homelessness, the survey responses indicated a need to do more.

Poverty and homelessness exacerbate mental illness, and COVID-19 and the measures put in place to control the spread of the virus exacerbated mental health concerns for much of the community. Addressing this issue by identifying those in need of services and making those services accessible beyond the hours of 8:00 am to 5:00 pm will be important to meet the needs of this especially vulnerable population.

### **4. Prioritizing Multi-beneficial Projects**

Funding limitations and agency capacity is always a challenge that all sectors face. Because of this, there is a need to identify projects that include multiple benefits across sectors that achieve multiple planning goals at one time. An example of this would be to situate programming or facilities with multiple benefits that can help address multiple vulnerabilities, such as mental health, housing and homelessness. Addressing multi-benefits like mental health and homelessness under one roof can provide supportive individualized services to community members and enables better outcomes as a result. This model can be used with all vulnerable populations because of the complex nature of their situations. Another population that comes to mind is opportunity youth, which often struggle with both education and employment. So tailoring solutions that address multiple vulnerabilities ensures that steps are being taken to find solutions to root causes and not symptoms.

## **Opportunities for Improvement**

## Community Needs Assessment Report

Despite information sharing and reaching across diverse sectors, we were challenged by interviewing subjects with lived experience, particularly those who are experiencing homelessness. In future needs assessments, we think a key component of our stakeholder interviews will be to ensure that voices of lived experiences are captured.

Another recommended population to capture in the future would be to ensure that the voice of our youth is represented. Particularly those within the 16–24-year-olds age range will be vital for future iterations of this assessment.

## Appendix 3. Coordinated Assessment System Policies and Procedures



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## *Coordinated Entry*

*Building Bridges to Overcome Homelessness*

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## INTRODUCTION & OVERVIEW

### Topic 1: CE Participation Expectations

**Description/Rationale for Policy and Procedure:** Note any difference in expectations of projects that are required to participate in CE by a funder (such as those funded by HUD’s CoC, ESG and HHSP Programs) versus those projects that are not contractually obligated to participate in CE but opt to do so.

The use of Coordinated Entry is a mandate in the Homeless Emergency And Rapid Transition to Housing (HEARTH) Act and embedded in regulations covering homeless assistance programs funded by the Department of Housing and Urban Development (HUD), Department of Veteran Administration and other federal and state agencies. Therefore, all programs that receive homeless assistance program funding from the above listed entities, must participate in the process. Additionally, with the recommendation of coordinated entry as a national best practice, all homeless assistance projects regardless of contractual obligation are encouraged to participate.

Procedure: Coordinated Entry participation will be assessed in the Annual Performance Reports that are required by HUD. Creating a metric by which to analyze the efficiency and effectiveness of the Coordinated Entry process will be a focus of the Coordinated Access Oversight Committee.

### Topic 2: Terms & Definitions

\*Should include any federal, state, or local terms or acronyms that appear throughout this document\*

**Affirmative Marketing and Outreach.** The CoC Program Interim Rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and 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, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

**Coordinated Assessment, Coordinated Assessment Process, or Coordinated Assessment Entry System.** The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, use the terms “centralized or coordinated assessment” and “centralized or coordinated assessment system;” however, HUD and its Federal partners have begun to use the terms “Coordinated Entry” and “Coordinated Entry process.” “Centralized or coordinated assessment system” remains the legal term but, for purposes of consistency with phrasing used in HUD’s other written materials, these Policies and Procedures uses the terms “Coordinated Entry” or “Coordinated Entry System” (“CES”).

The CoC Program Interim Rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a “centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the

geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

**Assessment.** In the context of the Coordinated Entry process, HUD uses the term “Assessment” to refer to the use of one or more standardized assessment tool(s) to determine a household’s current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and homelessness of present to Coordinated Entry for housing related assistance.

**Access Point.** Access points are the places—either phone or physical—where an individual or family in need of assistance accesses the Coordinated Entry process.

**Eligibility.** In the context of the Coordinated Entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

**Prioritization.** In the context of the Coordinated Entry process, these Policies and Procedures use the term “Prioritization” to refer to the Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of HUD Notice CPD 17-01.

**Suitability.** Suitability gauges the appropriateness of a match between a participant and a program based on that match being right for a particular person given the case at hand and resource limitations. Suitability will be considered in the matching process, but may not conflict with any other system characteristics, including the System’s low barriers, Housing First orientation, or client choice.

**Scoring.** In the context of the Coordinated Entry process, HUD uses the term “Scoring” to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an “Assessment Score” for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align



with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

**Provider.** Organization that provides services or housing to people experiencing or at risk of homelessness (e.g. Rescue Mission Emergency Shelter)

**Participant.** Person at-risk of or experiencing homelessness or someone being served by the Coordinated Entry process.

**Housing Interventions.** Housing programs and subsidies; these include transitional housing, rapid rehousing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers HCV).

**Emergency Solutions Grant (ESG) Program.** HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

**Homeless Housing and Services Program (HHSP).** State Legislative funds administered through the Texas Department of Housing and Community Affairs and then allocated to the 8 largest cities in Texas. HHSP regulations mirror ESG regulations.

**Continuum of Care (CoC).** Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Continuum of Care (CoC) Program.** HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

**Homeless Management Information System (HMIS).** Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).** A survey administered to individuals to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

**Community Queue.** A process within the Coordinated Entry HMIS System that places client(s) in a temporary holding pattern until accepted into a program.

**Vulnerability Index-Youth-Service Prioritization Decision Assistance Tool (VI-Y-SPDAT).** A survey administered to Youth to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

**Vulnerability Index-Family-Service Prioritization Decision Assistance Tool (VI-F-SPDAT).** A survey administered to families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

### Topic 3: CoC, ESG and HHSP Coordination

**Description/Rationale for Policy and Procedure:** Identify how CoC policies and procedures for CE will coordinate with written standards for providing CoC, ESG and HHSP assistance.

**Required:** Each CoC and ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment, and referrals for ESG-funded and CoC-funded projects.

*Sources: CoC Program interim rule: 24 CFR 578.7(a)(9); ESG interim rule: 24 CFR 576.400(d) and (e)*

**Required:** The CoC, in consultation with recipients of ESG Program funds within the geographic area, must establish and consistently follow written standards for providing Continuum of Care assistance that can guide the development of formalized policies and procedures for the coordinated entry process:

- Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance. *Source: CoC Program interim rule: 24 CFR 578.7(a)(9)*

Both CoC and Emergency Solutions Grants (ESG) Program interim rules, 24C § 578 and 24 CFR § 91 and 576, require the use of a CoC's Coordinated Entry process, provided that it meets HUD requirements. HHSP emulates the ESG regulations, therefore recipients are mandated to receive clients from CES. The CoC Program interim rule set the basic parameters for Coordinated Entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that CoC's and recipients of CoC Program, ESG Program and HHSP Program funding must meet related to the development and use of a centralized or Coordinated Entry system. The ensuing set of Coordinated Entry Policies and Procedures documents the El Paso County Continuum of Care's operation of its Coordinated Entry System (CES) and acts as a guide to its continuing operation in compliance with the CoC and ESG Interim Rules and CPD 17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to our geographic area, El Paso County, and all subpopulations in the El Paso County Continuum of Care, including individuals, families, victims of domestic violence, veterans and unaccompanied youth.

Procedures: These Coordinated Entry Policies and Procedures apply to all housing and homeless services in the El Paso County Continuum of Care, including Emergency Solutions Grant-funded programs, as well as the use of the CoC's HMIS to operate the CAS (HHSP). These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC geographic area for all populations.

#### Topic 4: Guiding Principles

**Description/Rationale for Policy and Procedure:** Define local guiding principles for the CE that capture the vision and mission of these system change efforts, such as promoting a more effective crisis response system. Guiding principles can help organize and structure local CE planning and management efforts and ensure that CoC stakeholders share a common understanding of system goals and priorities.

The goal of the Coordinated Entry process is to provide each participant with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help meet these goals.

- **Participant Choice:** Participants will be given information about the programs available to them and have a reasonable degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of Coordinated Entry through forums, surveys, and other methods designed to reflect their thoughts on the effectiveness of the Coordinated Entry process.
- **Collaboration:** Because Coordinated Entry is being implemented system wide, it requires a great deal of collaboration between the CoC, all homeless service providers, mainstream assistance agencies (e.g., hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Oversight Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the Coordinated Entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the Coordinated Entry process in accordance with HMIS Participation Standards. Data from the assessment process that reveals what resources participants need the most will be used to assist with the reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Participants' rights concerning data usage will always be made clear to them, and no participant will be denied services for refusing to share their data.

- **Performance-Driven Decision Making:** Decisions to modify the Coordinated Entry process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing the length of homelessness episodes, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** Coordinated Entry will support a Housing First approach. This entails connecting households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Hardest to House:** Coordinated Entry referrals will prioritize those households that appear to be the hardest to house or serve. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed without them. In prioritizing this approach, the hope is to reduce the average length of homelessness episodes.

## Topic 5: Roles

**Description/Rationale for Policy and Procedure:** Identify the key roles and responsibilities for stakeholders that are engaged in the design and implementation of the CE system.

CES Coordinating Entity (El Paso County)

- Grantee of the CoC-funded Coordinated Entry System
- Responsible for the overall grantee operations of the CE system

CES Coordinator

- Responsible for the oversight of the day-to-day operations of the CE system (See Appendix A.1 for a sample position description)

CES Assessor

- Responsible for completing client assessments (VI-SPDAT), providing supportive services as needed, and coordinating appropriate referrals (See Appendix A.2 for a sample position description)

CoC Board

- Responsible for the general oversight and health of the CE system
- The final approval authority for any changes made to this document

Collaborative Applicant (El Paso Coalition for the Homeless)

- Entity that must (at the request of the CoC Board) apply for HUD funding for CE

Coordinated Assessment Oversight Committee (CAOC)

- The primary governing body for CE
- Responsible for investigating and resolving participant and provider complaints or concerns about the CE process
- Responsible for providing information and feedback to the CoC, CoC Board, and the community at-large regarding the CE process
- Responsible for evaluating the efficiency and effectiveness of the CE process
- Responsible for reviewing performance data from the CE process

- Responsible for recommending changes or improvements to the process to the CoC and CoC Board
- CAOC will meet monthly for the first year (start date January 2019) of the County implementation; every other month in the second year; After that point, the meetings will be held as the Chair determines is necessary.
- CAOC composition This committee will include the following seats: emergency shelter staff representative; at least one each of CoC, ESG and HHSP funded programs; TH shelter staff representative; CoC Staff; a representative member from a law enforcement agency, a street outreach representative, a funder representative; a health care provider representative; a City of El Paso employee representative; and El Paso County employee representative. Other seats that may be included in future iterations of the committee are faith-based organizations, substance use service providers, mental health service providers, school system representatives, and assessment center front-line staff.

#### Coordinated Assessment Oversight Committee Chair

- Responsible for putting together an agenda for each meeting, based on communications or agenda items submitted by providers or participants
- Will serve as the point of contact for anyone seeking more information or having concerns with the CE process
- Will ensure minutes are taken at each meeting of the CAOC
- Term will be limited to one year

#### Coordinated Assessment Oversight Committee Members

- To remain in good standing and be allowed to vote and participate as members of the Coordinated Assessment Committee. All members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings.
- Voting Procedures - Decisions in the Coordinated Assessment Oversight Committee (CAOC) will be made based on a majority vote of Committee members. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote of the CAOC AND approved by the CoC Board.
- **Conflicts of Interest** - If at any point a provider or participant wishes to address a complaint or grievance with a provider or agency that has a representative on the CAOC, that particular member must recuse him/herself from participating in those proceedings or voting on the outcome of that particular issue.

#### Designated Access Points

- The physical locations where people experiencing homelessness will be assessed and referred to homelessness assistance services
- Please see Appendix 1 for location direction and hours of operations

#### HMIS Lead Agency (El Paso Coalition for the Homeless)

- Operates the Homeless Management Information System on the CoC's behalf
- Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry

### Participating Project

- Agency or organization that has agreed (or is required by HUD because of funding) to provide homelessness services on behalf of the CoC.

### U.S. Department of Housing and Urban Development

- Federal agency responsible for administering housing and homelessness programs, including the CoC and ESG Programs

### U.S. Department of Veteran Affairs

- Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families

## Topic 6: Versions of Document

**Description/Rationale for Policy and Procedure:** Indicate which version of the CE P&P document is in effect, and describe the processes for reviewing and updating the document.

**Sample CE Policy Text, Including a Sample Log:** The CoC's CE Governing Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually, and anyone who is interested in submitting suggestions for revisions to the document should submit them to CEinfo@xxx.com. \*See HUD outline for a graphic example\*

The Coordinated Entry Policies & Procedures will be reviewed on a yearly basis at a minimum for needed amendments, if any. If Coordinated Entry Policies & Procedures are amended by CAOC, changes will be submitted to the CoC Board for overall approval.

Version	Date Released	Key Changes
1.0	November 2016	N/A
2.0	March 2017	Updated with General Membership responses
3.0	July 2018	Included new HUD guidance on CE requirements
4.0	August 2018	Policies vetted by CAOC
5.0	December 2018	Procedures added and approved by CAOC

## Topic 7: Full Geographic Coverage

**Description/Rationale for Policy and Procedure:** State that the CE process covers the full geography of the CoC (Sample #1 below). If the CoC has subdivided the CoC geography into separate referral zones to avoid forcing participants to travel great distances, or if the CoC has joined together with a neighboring CoC to establish a single coordinated entry process for the combined jurisdiction, this section of the CE P&P document must describe that coverage area (Sample #2). Identify the relationship of the geographic area(s) of the CoC(s) to the geographic area(s) covered by the CE process(es).

These policies and procedures will govern all aspects of Coordinated Entry for TX-603 El Paso County.

## Topic 8: Affirmative Marketing and Outreach

**Description/Rationale for Policy and Procedure:** Identify how the CoC will ensure that there is fair and equal access to CE processes and functions such as access points, assessment processes, prioritization, and referral.

**Required:** “The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and 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, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105(a)(2).” *Source: HUD Coordinated Entry Notice: Section I.C.1*

### **Sample CE Policy Text:**

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person’s actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

### **Sample CE Procedure Text:**

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 and explain CE to a participant who seeks more information.

The El Paso County Continuum of Care shall affirmatively market its housing and 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, and maintains records of those marketing activities. Housing assisted by HUD and made available through the CoC also are made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

**Procedures:** The El Paso County Continuum of Care’s Coordinated Entry 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 Coordinated Entry process. Additionally, El Paso County will be developing a physical marketing campaign to ensure all potential clients are aware of CE services and resources.

## Topic 9: Safety Planning and Risk Assessment

**Description/Rationale for Policy and Procedure:** State how the CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources, regardless of which access point they initially contact seeking crisis services.

**Required:** CoC must have a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. *Source: HUD Coordinated Entry Notice: Section II.B.10*

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to the Center Against Sexual and Family Violence (CASFV) Hotline. CASFV operates a domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services and assistance through the CoC's CE.

Similarly those fleeing or victims of human trafficking will be referred to the National Human trafficking Hotline.

All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, human trafficking, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

Per Violence Against Women Act (VAWA), if a client is seeking services for DV then their PII cannot be collected or enter into HMIS.

For the safety of those individuals and/or families who are fleeing or attempting to flee domestic violence or human trafficking, referrals are made to programs identified as victim service providers for assistance whenever those services are desired by the household.

### *Category Four*

In these Policies and Procedures, the shorthand terms "victim(s) of domestic violence" includes all individuals and families who qualify under the fourth category of the Homeless Emergency



Assistance and Rapid Transition to Housing Act of 2009 "Homeless" Definition Final Rule, 24 CFR Parts 91, 582, and 583. That definition includes any individual or family who:

- 1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence\*; and
- 2) Has no other residence; and
- 3) Lacks the resources or support networks to obtain other permanent housing.

\* This includes victims of human trafficking.

The CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or stalking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

Procedure: All CoC providers shall implement their safety risk policies and ensure, to the greatest extent possible, the physical safety and well-being of participants and prospective participants.

## Topic 10: Nondiscrimination

**Description/Rationale for Policy and Procedure:** Reinforce that the coordinated entry process will operate in compliance with all federal, state, and locally applicable civil rights and fair housing laws and requirements. In addition, projects participating in the CE that receive funding from federal, state, or local sources that have promulgated local civil rights and fair housing laws and requirements must also comply with all additional civil rights and fair housing laws and requirements. Identify how the CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

**Required:** "CoC must develop and operate a coordinated entry process that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program, ESG Program and HHSP Program funded projects must comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, as specified at 24 CFR. 5.105(a), including the following: (a) Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; (b) Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance; (c) Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance; and (d) Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability." *Source: HUD Coordinated Entry Notice: Section I.D*

The El Paso County Continuum of Care does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of the El Paso County Continuum of Care's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identify Rules.

Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

CoC, ESG and HHSP funded providers may not deny admission to, or separate family members when they enter, shelter or housing, based on age, sex, gender, LGBT status, marital status or disability. Family members must be served together & in accordance with each family member's self-reported gender.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA federally funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the El Paso County Continuum of Care Coordinated Entry process comply with all Federal, State, and local Fair Housing laws and 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.

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 and 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.

Procedure: 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 and interview a reasonable number of persons who are likely to have relevant knowledge, and 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 and 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 and will be provided HUDs Discrimination Hotline.

## ACCESS

### Topic 1: Access Model

**Description/Rationale for Policy and Procedure:** Define the CoC's local model for access to CE. If the CoC has defined different access models for different subpopulations as allowed by HUD's CE Notice, each separate access model must be described.

**Required:** "Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. These can include the following examples: (a) central location or locations within a geographic area where individuals and families present to receive homeless housing and services; (b) a 2-1-1 Texas Information Referral Hotline or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area; (c) a 'no wrong door' approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC; (d) a specialized team of case workers that provides assessment services at provider locations within the CoC; or (e) a regional approach in which '[referral zones]' are created within smaller geographic areas." *Source: HUD Coordinated Entry Notice: Section I.C.3*

Access to El Paso County Continuum of Care's Coordinated Entry System will be channeled through a semi-centralized multi-site model, allowing for expertise in assessment and referral techniques while still maintaining reasonable geographic coverage and diversity.

The 2-1-1 Texas Information Referral Hotline will act as the primary initial access point for entrance into the Coordinated Entry process. Clients who present outside this will be referred to 2-1-1 Texas Information Referral Hotline or situation permitting, the most convenient physical access point.

Access Points as indicated under Appendix A were chosen to optimize the large geographic area (EP County) for as many participants as possible with respect to geography, language, culture, and subpopulation-specific needs.

Procedure: Access points are the places, either by phone or physical, where an individual or family in need of assistance can access the Coordinated Entry process. This CoC adopts a “no wrong door” approach to CE. This means that no matter which homeless assistance provider a person goes to, he/she will have access to the same resources, referrals, and assessment and prioritization processes. Nevertheless, the designated Coordinated Entry access points will be either 2-1-1 Texas Information Referral Hotline or the physical locations.

## Topic 2: Designated Access Points

**Description/Rationale for Policy and Procedure:** Identify the CoC’s access points for CE. Include information on location type (in-person, virtual, etc.) and any special considerations for the access point (e.g., hours, staff availability), as well as a list of access point locations in the appendix of the CE Policies & Procedures document.

The CoC has implemented a “no-wrong door” approach to CE. In doing so, participants are able to access CE by appearing at any homeless assistance agency within the community and be referred to 2-1-1 Texas Information Referral Hotline or to the most convenient access point. Please see Appendix A of this manual for a locations, addresses and hours of all access points in the community.

## Topic 3: Specialized Access Points for Subpopulations

**Description/Rationale for Policy and Procedure:** Identify any specialized access points for subpopulations.

At this point in time, this CoC does not have separate and specialized access points for unique subpopulations.

## Topic 4: Access Coverage

**Description/Rationale for Policy and Procedure:** Describe how the CoC’s access points cover and are accessible throughout the entirety of the geographic area of the CoC.

**Required:** “Provisions at 24 CFR 578.3 require that a CoC’s coordinated entry process cover the CoC’s entire geographic area; however, 24 CFR 578.3 does not prohibit multiple CoCs from joining together and using the same coordinated entry process. Individual CoCs may only have one coordinated entry process covering their geographic area; however, for CoCs, such as Balance of State CoCs, whose geographic areas are very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances to be assessed or served. This Notice further establishes that CoCs that have joined together to use the same regional coordinated entry process must implement written policies and procedures that at a minimum describe the following: (a) the relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and (b) how the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC’s geographic boundaries and the geographic boundaries of the coordinated entry process are different.” *Source: HUD Coordinated Entry Notice: Section II.B.1*

The CoC's entire geographic (El Paso County) area is accessible to CE processes either through the designated Coordinated Entry access points or the 2-1-1 Texas Information Referral Hotline. Shelters and Street Outreach Teams will make the appropriate referral as indicated above.

The 2-1-1 Texas Information Referral Hotline provides access to basic CE intake services 24 hours a day and can be contacted from any location within the CoC.

### Topic 5: Accessibility of Access Sites

**Description/Rationale for Policy and Procedure:** Describe how CoC ensures effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters). CoC takes reasonable steps to offer CE process materials and participation instructions in multiple languages to meet the needs of minority, ethnic, and limited English proficiency groups.

**Required:** CoC's written CE policies and procedures must... "(c) Document steps taken to ensure effective communication with individuals with disabilities. Communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (d) Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP). HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations." *HUD Coordinated Entry Notice: Section II.B.5.c and d*

The CoC will ensure that CE services are physically accessible to persons with mobility barriers. All CE communications and documentation will be accessible to persons with limited ability to read and understand English.

**Procedure:** The CoC designates the CE coordinating entity to serve as the primary point of contact for ensuring that all CE materials are available in English and Spanish. In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. The CE coordinating entity will provide visually and audibly accessible CE materials when requested.

### Topic 6: Emergency Services

**Description/Rationale for Policy and Procedure:** Clarify how emergency services (ES) resources will be coordinated with access to coordinated entry.

**Required:** CoC’s written CE policies and procedures must document a process by which persons are ensured access to emergency services during hours when the coordinated entry’s intake and assessment processes are not operating. CE written policies and procedures must document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes resume operating. *Source: HUD Coordinated Entry Notice: Section II.B.7.b*

CE initial screening and assessment services may only be available during hours noted in Appendix A. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, if and when those emergency services are available.

**Procedure:** In the event prospective participants attempt to access designated access points during non-business hours, those persons will still be able to access emergency shelter without first receiving an assessment through coordinated entry. CE screening and assessment will be completed on all emergency shelter participants the following morning or next business day as applicable. Shelter staff will assure that those participants have access to CE the following business day.

## Topic 7: Prevention Services

**Description/Rationale for Policy and Procedure:** State how the CE will coordinate with available homelessness prevention (HP) assistance services (ESG Program, HHSP Program funded or other homelessness prevention that is locally available). **Procedure:** Households who are at imminent risk of becoming homeless and meet the below definition shall be referred to CE for a homeless prevention referral.

**Required:** CoC’s written CE policies and procedures must document a process for persons seeking access to homelessness prevention services funded with ESG Program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, its “written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other [i.e., not ESG-funded] homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.” *Source: HUD Coordinated Entry Notice: Section II.B.8*

The CE system will ensure that all potentially eligible homelessness-prevention participants will be screened for homelessness prevention assistance, regardless of the access point at which they initially seek assistance.

**Procedure:** Households who are at imminent risk of becoming homeless and meet the below definition shall be referred to CE for a homeless prevention referral.

**Definition:** (1) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless

assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

## Topic 8: Street Outreach

**Description/Rationale for Policy and Procedure:** State how street outreach (SO) resources will be used to ensure access to CE.

**Required:** Street outreach efforts funded under ESG or the CoC program must link to the coordinated entry process. Written policies and procedures must describe the process by which all participating street outreach projects, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. *Source: HUD Coordinated Entry Notice: Section II.B.6*

Street outreach teams are considered a referral point for the CE process, and they will operate as such. They will seek to engage persons who may be served through CE but who are not currently seeking assistance, or are unable to seek assistance.

Procedure: Street outreach teams will be oriented on CE and the assessment process, and will have the ability to offer CE access to participants they contact through their street outreach efforts.

## ASSESSMENT

### Topic 1: Standardized Assessment Approach

**Description/Rationale for Policy and Procedure:** Describe the CoC's standardized assessment process for CE:

- Ensure that assessment criteria reflect the prioritization process adopted to meet the requirements outlined in Section II.B.2 of HUD's CE Notice.
- If the CoC has different access points and different assessment tools for any of the populations allowed to have such items, then the CoC must document the criteria for uniform decisionmaking within those unique access points and assessment processes. (Populations that are allowed by HUD to have distinct access points within the CE system are identified in the "Specialized Access Points for Subpopulations" section of this Outline.)
- If the CoC has a separate access point and assessment process for any of the allowed subpopulations described in HUD's CE Notice, then it must identify how it will ensure that all adults without children are assessed in the same way, and how decisions made regarding where to refer those participants are made in a uniform way.

**Required:** CoC's written policies and procedures must describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. *Source: HUD Coordinated Entry Notice: Sections II.B.2.g (1) and II.B.3*

These Policies and Procedures establish the same assessment decision making approach at all access points, and all access points must be useable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any access point, shall be afforded easy access to an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.

Procedure: All persons served by CE will be assessed using the VI-SPDAT Tool. Determination of which of the three tools will be used will be based on the participant (Youth, Single Adult, or Family). All access points must use this tool to ensure that all persons served are assessed in a consistent manner, using the same process. The VI-SPDAT Tool documents a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy to the CE staff who manages the CoC's prioritization list. Please see Appendix C of this CE P&P document for copies of the three assessment tools.

## Topic 2: Phases of Assessment

**Description/Rationale for Policy and Procedure:** Describe how the CoC will design its assessment process in a manner that collects only the information necessary to assist participants to resolve their housing crisis and, potentially, identify a service strategy available within the CoC.

**Recommended:** “The assessment component of the coordinated entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. For example, assessment phases may include the following: (a) screening for diversion or prevention; (b) assessing shelter and other emergency needs; (c) identifying housing resources and barriers; and (d) evaluating vulnerability to prioritize for assistance.” *Source: HUD Coordinated Entry Notice: Section III.C.2*

All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure:

The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system:

1. Initial Triage: This first phase will focus on identifying the immediate housing crisis, and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs and/or housing crisis. This is accomplished by directly calling 2-1-1 Texas Information Hotline.
2. Diversion or Prevention Screening (Only if necessary): The second phase of assessment can also happen immediately upon engaging with a participant. During this phase, CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care.



3. Crisis Services Intake: The third phase should follow the Initial Triage, as it is intended to be a comprehensive assessment (VI-SPDAT). This will collect all information necessary to refine, clarify, and verify a participant’s housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant’s vulnerability and prioritization for assistance.

### Topic 3: Assessment Screening

**Description/Rationale for Policy and Procedure:** Describe how the CoC will ensure that assessment data are not used to screen out households for housing and services on the basis of a participant’s membership in a protected class, such as a particular disability.

**Required:** CoC must maintain written policies and procedures that “prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.” *Source: HUD Coordinated Entry Notice: Section II.B.4*

Per HUD Coordinated Entry Notice: Section II.B.4, this CoC prohibits the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The CE process may collect and document 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 particular referral options.

**Procedures:** The CoC has adopted a ‘housing first’ approach. The VI-SPDAT only collects information that will pertain to the household’s level of need. Participants will also be provided anti-discrimination materials.

### Topic 4: Assessor Training

**Description/Rationale for Policy and Procedure:** Identify how staff responsible for the completion of CE assessments will receive training on the assessment process.

**Required:** CoC must provide training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC must update and distribute training protocols at least annually. “The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry process, including its written policies and procedures.” *Source: HUD Coordinated Entry Notice: Section II.B.14*

The CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

Procedures: The CoC will provide at least annual training for persons who will manage access point processes and conduct assessments for CE. Training will be offered ~~at no cost~~ to the agency or staff, and will be delivered by an experienced and professional trainer who is identified by the CoC as well as staff of El Paso Coalition for the Homeless. At a minimum, topics for training will include the following:

- Mental Health First Aid Training
- Understanding Homeless Community Resources
- Understanding the Intricacies of Homelessness
- Scheduled Agency Visits
- Annual HMIS Certification
- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals (coordination of services)
- Trauma Informed Approaches
- Vicarious Trauma

## Topic 5: Participant Autonomy

**Description/Rationale for Policy and Procedure:** Describe the actions that will be taken to ensure that participants have the ability to refuse to answer questions during the CE assessment process, as well as the ability to refuse referrals made to them, without losing their place on the CE prioritization list.

**Required:** CoC Coordinated Entry participants must be freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. CoC must describe the conditions for participants to maintain their place in coordinated entry prioritization lists when they reject options. (Note: Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information in order to establish or document eligibility.) *Source: HUD Coordinated Entry Notice: Section II.B.11*

It is crucial that persons served by the CoC's CE system have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list.

Procedure: Because some funders require collection and documentation of a participant’s disability or other characteristics or attributes as a condition for determining eligibility, participants who choose not to provide information in these instances will be notified of their potential limited referral options. While participants can have their referral options limited, this cannot affect their place on the CE prioritization list.

## Topic 6: Nondiscrimination Complaint and Appeal Processes

**Description/Rationale for Policy and Procedure:** Identify how the CE policies and procedures address the process for participants in the system to file a complaint when they believe HUD’s nondiscrimination requirements have been violated, as well as their ability to participate in an appeal process regarding any decisions made using the results of their assessment.

**Required:** “Participants must be informed of the ability to file a nondiscrimination complaint.”

*Source: HUD Coordinated Entry Notice: Section II.B.12.g*

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure: A perceived Fair Housing and civil right violation complaint must be submitted in writing to

Coordinated Access Oversight Committee Chair

c/o El Paso Coalition for the Homeless

Email: [epch@elp.twcbc.com](mailto:epch@elp.twcbc.com)

Address: 6044 Gateway East, Suite 211, El Paso, TX 79905

The CE participant information packet must include a form that details who the point of contact is for filing and addressing any nondiscrimination complaints, which can be filed by participants if they believe the nondiscrimination policy has been violated in their case during the CE process. Additionally, this form will describe and provide contact information on how to access the appeal process if they are not satisfied with or have any questions regarding how their complaints are handled. This form must be reviewed at the access point by CE staff, and must be signed by each participant. You can find form in Appendix F.

## Topic 7: Privacy Protections

**Description/Rationale for Policy and Procedure:** Describe how participant assessment data will be protected to ensure that participant privacy is upheld.

**Required:** “CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

The El Paso Continuum of Care exceeds the privacy requirements mandated in the 2004 HMIS Technical and Data Standards by requiring explicit, written consent from all clients before

entering their personally-identifiable data into the Homeless Management Information System or sharing that data across agencies. Clients are advised orally of the purpose of data collection, given a chance to refuse to share part or all of their data, and then asked to sign an Omnibus Release of Information that details privacy protections available under HIPAA.

Even after data is entered into the system, clients' privacy is protected by protocols that require that data be accessed only from secure locations where papers and computer monitors cannot be observed by unauthorized personnel, and that agencies take affirmative steps to resist involuntary disclosure of private information to, e.g., law enforcement officers.

A full set of rules to protect the privacy of clients in the Coordinated Entry System can be obtained from the El Paso Coalition for the Homeless.

Assessment staff members will be responsible for notifying and obtaining participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII). This will be conducted in a safe and confidential area to honor the sensitive conversation. Staff will explain to the client what data will be requested, how it will be shared, who it will be shared with, and what their rights are regarding the use of their data. Assessment staff will be responsible for ensuring participants understand their rights as far as the release of information and data confidentiality.

Procedure: All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

The CoC must protect all participants' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements.

## Topic 8: Disclosure of Disability or Diagnostic Information

**Description/Rationale for Policy and Procedure:** State that participants are not required to disclose specific disabilities or diagnosis information during the assessment process.

**Required:** CoC must have established written policies and procedures establishing that "the assessment process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals." *Source: HUD Coordinated Entry Notice: Section II.B.12.f*

Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information.

Procedure: In the case that specific diagnosis or disability information is necessary for the purpose of determining specific program eligibility, the participant may be asked to provide it. But in no scenario can the assessment process require the disclosure of specific disabilities or diagnoses.

### Topic 9: Updating the Assessment

**Description/Rationale for Policy and Procedure:** Describe any expectations for updating the participant assessment.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. This CoC should continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

Procedure: Participant assessment information should be updated at least once a year, if the participant is served by CE for more than 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known by staff.

## PRIORITIZATION

### Topic 1: Standardized Prioritization

**Description/Rationale for Policy and Procedure:** Identify and describe all factors and assessment information that are used to prioritize persons for homeless assistance.

**Required:** “CoC’s written CE policies and procedures must include the factors and assessment information with which prioritization decisions will be made for all homeless assistance.”

*Source: HUD Coordinated Entry Notice: Section II.B.3*

The CoC shall make decision of prioritization based on the scheme outlined below. Each “priority group” represents a group of people who are considered to be of roughly the same priority. Priority Group 1 is the highest priority group. Programs participating in the Coordinated Entry are required to attempt to fill each housing opportunity with clients from the highest remaining priority group unless (a) there are no such clients, or (b) the bed is dangerously unsafe for all of the clients in that priority group because it lacks the appropriate supportive services.

Permanent Supportive Housing for Individuals/Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
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PSH	1	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (3+ HUD Disabling Conditions)	Length of Time Homeless
PSH	2	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (2+ HUD Disabling Conditions)	Length of Time Homeless
PSH	3	VI-SPDAT Score: 8+ Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless
PSH	4	VI-SPDAT Score: 8+ Chronic Homelessness	Length of Time Homeless
PSH	5	VI-SPDAT Score: 8+	Length of Time Homeless

**Rapid Re-Housing for Individuals/Families**

Housing Type	Priority Group	Primary Criteria	Secondary Criteria	RRH Program Type
RRH	1	VI-SPDAT Score: 4-8 Chronic Homelessness 1+ HUD Disabling Conditions	Length of Time Homeless	Mid-Term
RRH	2	VI-SPDAT Score: 4-8 Chronic Homelessness	Length of Time Homeless	Mid-Term
RRH	3	VI-SPDAT Score: 4-8	Length of Time Homeless	Short-Term

**Self-Resolve Families/Individuals**

Housing Type	Priority Group	Primary Criteria	Program Type
ES/TH	1	VI-SPDAT Score: 1-3 1+ HUD Disabling Conditions	60 days/8 mos

ES/TH	2	VI-SPDAT Score: 1-3	60 days/8 mos
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**Primary vs. Secondary criteria.** Client must have all of the “primary criteria” for a priority group to be included in that group. Within each group, the individuals with the longest length of time homeless will receive first priority.

**Unsheltered-ready clients.** Street Outreach workers should begin trying to make the highest-priority clients ready even before a bed opens up. Once a bed opens up, providers should spend up to three calendar days attempting to locate the client. If a client cannot be located within these time periods after a bed becomes available, they should be placed back in the Community Queue to be considered for future housing opportunities.

**Monitoring.** Providers will be monitored on an ongoing, regular basis by the CES Coordinating Agency, El Paso County, to ensure that they are complying with the prioritization order above and with objective methods of implementing VI-SPDAT assessments and scores. Any concerns will be reported to the CAOC.

**Eligibility and suitability.** If a client is unsuitable for a particular program, the Coordinated Entry System may select a different client who is more suitable for the current opening. When this occurs, the substitution and the reason for the substitution must be documented by both the provider and by the Coordinated Entry System, and the client who was not referred for housing should be placed back in the Community Queue to be considered for future housing opportunities.

**Family prioritization.** Family prioritization will follow a substantially similar scheme. It is anticipated that families will typically use units that are specifically earmarked for families, such as 2-bedroom and 3-bedroom units. The fact that a family contains multiple people may not be used to automatically shift a family up into a higher priority group.

**Veteran Prioritization.** Veteran prioritization will follow a substantially similar scheme. It is anticipated that veterans will typically use units that are specifically earmarked for veterans. Veterans with equal primary and secondary criteria will be prioritized. In circumstances where a Veteran scores low and is eligible for a VA funded rapid rehousing program and will be referred.

Procedure: Referrals that are made to homeless programs (shelter, rrh, psh) will be made based upon the VI-SPDAT score utilizing the above charts.

## Topic 2: Emergency Services

**Description/Rationale for Policy and Procedure:** State which emergency services will not be part of the prioritization process.

**Required:** “[CoC’s] written CE policies and procedures must clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such

as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as [permanent supportive housing].” *Source: HUD Coordinated Entry Notice: Section II.B.7.a*

Emergency services are a critical crisis response resource and as such, access to them will not be prioritized.

A primary example of such a service is entry into an emergency shelter. Consequently, these interventions will not be prioritized. Permanent Supportive Housing and Rapid Re-Housing are considered non-emergency services, which is why they will be prioritized.

Procedure: Referrals are the primary responsibility of Coordinated Entry Staff. When a referral is accepted by an agency/program, it will be the responsibility of the agency/program for alerting the household when a slot has become available. The agency/program will also be responsible for managing situations where a participant does not show up to the referred-to program.

### Topic 3: Prioritization List

**Description/Rationale for Policy and Procedure:** Describe how the CoC manages prioritization information. The intention of a prioritization list is to have a single, centralized list for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a prioritization list ensures that CoCs do not serve persons on a “first come, first served basis,” but rather according to each participant’s level of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance.

To manage prioritization for referral and placement into CoC/ESG/HHSP resources, HMIS shall be used to prepare a single priority list, maintained by the CES Coordinating Agency. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking leveling according to the aforementioned prioritization scheme.

Procedure: HMIS will generate a single priority list on a daily basis, maintained by the CES Coordinating Agency who will receive the report every morning. The priority list shall include persons by name, their assigned VI-SPDAT score, and their placement ranking level according to the aforementioned prioritization scheme.

## REFERRAL

### Topic 1: Notification of Vacancies

**Description/Rationale for Policy and Procedure:** Describe how projects participating in CE are expected to notify the CoC about anticipated housing or service slot vacancies.



All CE participating providers should enroll new participants only from the CoC's CE referral process whenever possible. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure: When a TH, RRH, or PSH vacancy occurs or is expected to occur in the immediate future, the provider agency with the vacancy must alert the CE coordinating entity as soon as possible. In turn, the assessment staff will assign the vacant service to the next eligible client on the Prioritization list.

### Topic 1.1: Referral Process

**Description/Rationale for Policy and Procedure:** Identify the process for handling referrals.

Procedure:

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment will utilize the score calculated by VI-SPDAT. The assessment staff member should provide information about the different intervention types the participant is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.
2. If the participant was not prioritized for any interventions, they should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The participant should be referred to the appropriate emergency shelter or other housing crisis resources. The assessment process ends for the participant at this point.
3. For those that did get prioritized for housing interventions, the assessment staff member should then describe how the referral process will work – the participant will be able to make a choice between the interventions (if there are multiple ones), and then will be placed on the priority list. The participant will be matched with a population appropriate program.
4. If the participant is first on the list for a particular intervention and there is an open and available slot in a population appropriate that they are eligible for (and it is during that program's business hours), a referral should be made directly to that program (e.g., a slot that opens in a women's transitional housing program will not be offered to a man).
5. To make the referral, the assessment staff member will do so through HMIS, and may need to call the program to let them know they are sending them a participant. The participant should be given the address and other information for reaching the referred-to program.
6. When there is not an opening at the identified permanent housing intervention, the participant will be referred to the appropriate emergency shelter. The assessment staff should explain that once a spot opens up for the participant, they will be contacted by the permanent housing

intervention staff. The staff at the referred-to program should then contact the CE staff via HMIS, phone or email to let them know they will be working with that particular participant. The CE staff member should then enter the case manager's name and contact information as a note into HMIS so that they can contact them when a program slot opens up.

7. If a participant does not show up at the referred-to program, the referred-to program should notify the CE staff member. CE staff then in turn should attempt to make contact with the participant. If the participant cannot be located, the slot will be offered to the next person on the priority list for that intervention.

## Topic 2: Participant-Declined Referrals

**Description/Rationale for Policy and Procedure:** Identify the process for handling situations when participants decline a referral from CE.

One of the guiding principles of CE is participant choice. This principle must be evident throughout the CE process, including the referral phase. Participants in CE are allowed to reject service strategies and housing options offered to them, without repercussion.

Procedure:

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

## Topic 3: Provider-Declined Referrals

**Description/Rationale for Policy and Procedure:** Identify the process for handling situations when agencies decline a referral from CE.

There may be rare instances where programs decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must note the decline in HMIS. The participant will then be placed in the community queue so that they can be re-referred.

Providers should rarely reject a referral from Coordinated Entry. CoC, ESG or HHSP programs may reject a client referred by the Coordinated Entry System only if:

- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources;
- The client's household presents with more people than the number of people who were referred, and the larger household cannot be legally accommodated in the available unit; or
- The program lacks the capacity to safely accommodate that client or the safety of other clients that would result from the referral. Examples: the household would be a danger to

others or themselves if allowed to stay at this particular program. The household has previously caused serious conflicts within the program (e.g. was violent with another participant or program staff).

- If the household does not fit within the mission of the Emergency Shelter or Transitional Housing program only.

A household shall not lose its priority or be returned to the community queue general waiting list simply because it was rejected by a provider.

All programs will be required to have a referral acceptance rate of at least 75%. If a program is consistently refusing referrals, they will need to meet with the CAOC to discuss the issue that is causing the rejections. Reports on agency acceptance rates will be provided to the CoC Board via the CAOC.

Procedure: If the program determines a participant is not eligible for their program after they have received the referral from Coordinated Entry, the participant should contact their initial CE assessor staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are over for the day, the agency/program who is rejecting the participant should facilitate a referral to a population-appropriate emergency shelter. Whenever a program rejects a referral, the program must document the date of the rejection and the reason for the rejection, and communicate that information to both the client and to Coordinated Entry staff. When a client has been rejected from a program, Coordinated Entry staff shall investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program. CE staff will explore other referral options.

### Topic 3.1: Referral Scenarios

When CE Staff refer participants to shelters/programs, Referral Management Scenarios

#1

Referral is made

Referral is with agency for 7 days

After 7 days referral is kicked back to community queue

CE staff will be notified by HMIS

CE staff will contact agency to check on status of referral

#2

Referral is made

Referral is denied by agency or participant

Referral is kicked back to community queue

CE staff will be notified by HMIS

CE staff will proceed to identify other appropriate options

#3

Referral is made

Referral is accepted by agency

CE staff will be notified

Referrals that end up in the Community Queue, will be incorporated into the Prioritization List.

#### Topic 4: Determining Program Eligibility

Coordinated Entry process will not screen people out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes. The focus of the CES is simply on the housing needs of the client.

Procedure: The CoC recognizes that certain programs do have eligibility criteria. It is the responsibility of the programs to provide this information to the Coordinated Entry Assessors. The Assessors will require this knowledge to make accurate client referrals. Information needed is as follows:

##### Emergency Shelter

- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

##### Transitional Housing

- Bed availability
- Population served
- Intake Hours
- Primary and Secondary Contact

##### Rapid ReHousing

- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

##### Permanent Supportive Housing

- Bed availability
- Population focus (i.e. Chronic vs Non-Chronic)
- Primary and Secondary Contact

##### Homeless Prevention

- Availability of funds
- Eligibility criteria
- Primary and Secondary Contact

## DATA SYSTEM

## Topic 1: Data System

**Description/Rationale for Policy and Procedure:** Describe data handling protocols; specifically, how data will be securely stored, particularly any participant-level data that will be shared to implement CE.

CE process partners and all participating agencies contributing data to CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

When using HMIS to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

Procedure: Prior to the collection of data for CE, participants will sign a "Release of Information" form if they so choose (Appendix E). The form identifies what data will be collected, where those data will be stored/managed, how those data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).

## Topic 2: Data Collection Stages and Standards

**Description/Rationale for Policy and Procedure:** Identify the data elements that will be collected at each phase of the CE process (access, assessment, prioritization, and referral). Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Manual. CE staff is required to collect Universal Identifier Elements identified below (3.1 to 3.7)

### Universal Identifier Elements

3.1 Name

3.2 Social Security Number

3.3 Date of Birth

3.4 Race

3.5 Ethnicity

3.6 Gender

3.7 Veteran Status

Assessment, Prioritization and Referral: All data requested in the specific VI-SPDAT (Family, Individual, Transition Aged Youth) especially data elements that identify chronicity, length of time homeless and disabling conditions.

### Topic 3: Participant Consent Process

**Description/Rationale for Policy and Procedure:** Identify the CoC’s consent policies for collecting participant information; entering participant data into HMIS or other comparable system (if applicable); sharing participant data (if applicable) for purposes of CE management, participant care coordination, CE evaluation, and other administrative purposes; and any other use of participant data in CE or other CoC reports.

**Required:** CoC’s written CE policies and procedures must include “protocols for obtaining participant consent to [collect,] share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” *Source: HUD Coordinated Entry Notice: Section II.B.12.a*

Because data will be collected on everyone that is assessed through the CE process, the prior consent of participants is imperative. Participants may decline to share their data, and doing so will not make them ineligible for CE.

**Procedure:** As part of the assessment process, participants will be provided with a written copy of the CoC’s “Release of Information” form. Participants will be asked to sign this data confidentiality form; they may decline to. Please see Appendix E for a copy of the CoC’s “Release of Information” form.

## EVALUATION

### Topic 1: Evaluation of CE System

**Description/Rationale for Policy and Procedure:** Describe the local process for evaluating your CE.

**Required:** CoC must ensure through written CE policies and procedures the “frequency and method by which the [CE system] evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.” *Source: HUD Coordinated Entry Notice: Section II.B.15.c*

Regular and ongoing evaluations of the CE system will be conducted to ensure that improvement opportunities are identified, that results are shared and understood, and that the CE system is held accountable.

**Procedure:** The Coordinated Entry process will be evaluated quarterly at a minimum to ensure that it is effective and operating at maximum efficiency. Evaluation will be carried out through the CAOC and any consultants, people who have been through the Coordinated Entry process or third parties they engage to help them. Evaluation mechanisms will include the following:

- A monthly review of metrics from the Coordinated Entry process, the data to be reviewed, and the thresholds that should be met.

- A report issued to the community annually. This report will include trends from the month-to-month analysis of Coordinated Entry data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the CAOC Chair on the process's progress. Major findings from this report should be presented at the CoC Board meetings the month it is released by a member of the CAOC.
- An annual report on the homelessness assistance system with a section devoted to Coordinated Entry.

Upon implementation, CAOC will explore additional metrics.

## Topic 2: Role of Participating Agencies in CE Evaluation

**Description/Rationale for Policy and Procedure:** Identify the key tasks and roles of participating agencies in the evaluation of CE.

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Procedure: Any participating agency should feel at liberty to submit any relevant questions, concerns, perspectives, or advice to the Coordinated Access Oversight Committee. In order for the CAOC to accurately evaluate the efficiency and effectiveness of this system, direct feedback from participating agencies is vital.

Key tasks/roles of agencies/program:

- Communicate with CE Program Manager on a daily basis on program availability/openings via email
- Because CE is a mandate for all recipients of CoC, ESG and HHSP, agencies are required to receive clients from CE. Agencies will no longer be able to pick and choose program participants.
- Agencies/Programs will not pre-screen clients then send to CE
- Initial contact needs to be by the CE staff only; agency screening will be secondary
- Agencies/Programs will not direct clients to ask for a specific program

**APPENDIX A: DESIGNATED ACCESS POINTS**

**Location A: El Paso Library, 501 N. Oregon**

**Hours of operation: Monday – Thursday, 10:00 AM – 7:00 PM**

**Friday 9:00 AM – 6:00 PM (walk-ins 11:00 - 6:00 PM)**

**Location B: City of El Paso Department of Public Health, 5115 El Paso Drive**

**Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM**

**Location C: El Paso County, 6314 Delta**

**Hours of operation: Monday – Friday, 8:00 AM – 5:00 PM**



## APPENDIX B.1: VI-F-SPDAT

### VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

### Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ____:____ AM/PM	<b>Survey Location</b> _____

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### Basic Information

<b>PARENT 1</b>	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PARENT 2</b>	<input type="checkbox"/> No second parent currently part of the household		
	<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
			<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>			<b>SCORE:</b> _____

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

**Children**

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant?  Y  N  Refused
4. Please provide a list of children’s names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**SCORE:**

**A. History of Housing and Homelessness**

5. Where do you and your family sleep most frequently? (check one)
  - Shelters
  - Transitional Housing
  - Safe Haven
  - Outdoors**
  - Other (specify):** \_\_\_\_\_
  - Refused**

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

**SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_  Refused
7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_  Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

**B. Risks**

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room?     \_\_\_  Refused
- b) Taken an ambulance to the hospital?     \_\_\_  Refused
- c) Been hospitalized as an inpatient?     \_\_\_  Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?     \_\_\_  Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?     \_\_\_  Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?     \_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.**     **SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless?      Y    N    Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?      Y    N    Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.**     **SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?      Y    N    Refused

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.**     **SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?      Y    N    Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?      Y    N    Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**     **SCORE:**

### C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  Y  N  Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  N  Refused

**IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  Y  N  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** **SCORE:**

### D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?  Y  N  Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?  Y  N  Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?  Y  N  Refused

b) A past head injury?  Y  N  Refused

c) A learning disability, developmental disability, or other impairment?  Y  N  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?  Y  N  N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?  Y  N  Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?  Y  N  Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

## E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?  Y  N  Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.**

**SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Y  N  Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?  Y  N  Refused
36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?  Y  N  N/A or Refused

**IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.**

**SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?  Y  N  Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.**

**SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?  Y  N  Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older?  Y  N  Refused
- b) 2 or more hours per day for children aged 12 or younger?  Y  N  Refused
41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  Y  N  N/A or Refused

**IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.**

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	<b>Score: Recommendation:</b> 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
<b>GRAND TOTAL:</b>	<b>/22</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ____: ____ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

## APPENDIX B.2: VI-SPDAT

### VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

### Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ____:____ AM/PM	<b>Survey Location</b> _____

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____	
<b>In what language do you feel best able to express yourself?</b> _____			
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____	<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:



## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters
  - Transitional Housing
  - Safe Haven
  - Outdoors**
  - Other (specify):** \_\_\_\_\_
  - Refused**

**IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.** **SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused
3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## B. Risks

4. In the past six months, how many times have you...
- a) Received health care at an emergency department/room? \_\_\_\_\_  Refused
  - b) Taken an ambulance to the hospital? \_\_\_\_\_  Refused
  - c) Been hospitalized as an inpatient? \_\_\_\_\_  Refused
  - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
  - e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_  Refused
  - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

SINGLE ADULTS

AMERICAN VERSION 2.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Y  N  Refused

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.**

**SCORE:**

8. Does anybody force or trick you to do things that you do not want to do?  Y  N  Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**

**SCORE:**

### C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  N  Refused

**IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.**

**SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**

**SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.**

**SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  Y  N  Refused

**IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**

**SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

**D. Wellness**

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
- 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
- 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
- 19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
- 20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**

- 21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
- 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.** **SCORE:**

- 23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
  - a) A mental health issue or concern?  Y  N  Refused
  - b) A past head injury?  Y  N  Refused
  - c) A learning disability, developmental disability, or other impairment?  Y  N  Refused
- 24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.** **SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.** **SCORE:**

**VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)**

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Y  N  Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.** **SCORE:**

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  Y  N  Refused

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.** **SCORE:**

### Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

### Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

## APPENDIX B.3: VI-Y-SPDAT

### NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

### Administration

<b>Interviewer's Name</b>	<b>Agency</b>	<input type="checkbox"/> Team
_____	_____	<input type="checkbox"/> Staff
		<input type="checkbox"/> Volunteer
<b>Survey Date</b>	<b>Survey Time</b>	<b>Survey Location</b>
DD/MM/YYYY ____/____/____	____:____ AM/PM	_____

### Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

### Basic Information

<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>	
_____	_____	_____	
<b>In what language do you feel best able to express yourself?</b> _____			
<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>	<b>Consent to participate</b>
DD/MM/YYYY ____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters                       Couch surfing                       Other (specify): \_\_\_\_\_  
 Transitional Housing       Outdoors  
 Safe Haven                       Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.** **SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? \_\_\_\_\_  Refused
- b) Taken an ambulance to the hospital? \_\_\_\_\_  Refused
- c) Been hospitalized as an inpatient? \_\_\_\_\_  Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_  Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**

## NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Y  N  Refused

8. Were you ever incarcerated when younger than age 18?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.**

**SCORE:**

9. Does anybody force or trick you to do things that you do not want to do?  Y  N  Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**

**SCORE:**

### C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  Y  N  Refused

**IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.**

**SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**

**SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  N  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.**

**SCORE:**

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home?  Y  N  Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  Y  N  Refused
- c) Because your family or friends caused you to become homeless?  Y  N  Refused
- d) Because of conflicts around gender identity or sexual orientation?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.** **SCORE:**

- e) Because of violence at home between family members?  Y  N  Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.** **SCORE:**

**D. Wellness**

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help?  Y  N  Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.** **SCORE:**



**NEXT STEP TOOL FOR HOMELESS YOUTH**

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.** **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability, or other impairment?  Y  N  Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.** **SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.** **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  Y  N  Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.** **SCORE:**

### Scoring Summary

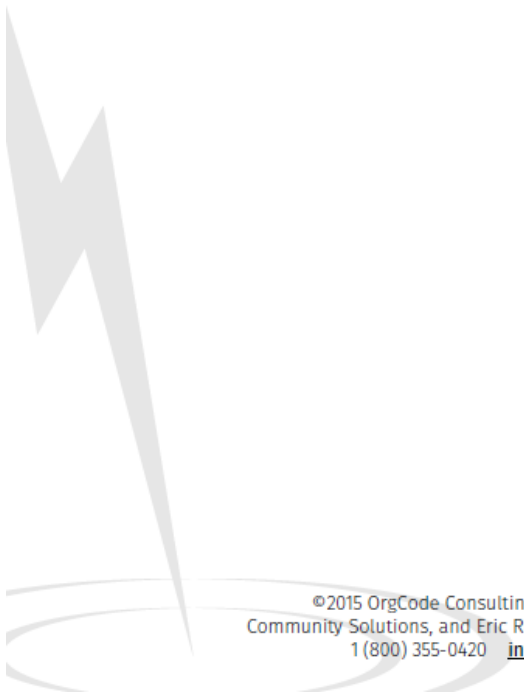
DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning



## APPENDIX C: DATA ELEMENT COLLECTION SUMMARY

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1 Name	X				X					
3.2 Social Security Number	X				X					
3.3 Date of Birth	X				X					
3.4 Race	X				X					
3.5 Ethnicity	X				X					
3.6 Gender	X				X					
3.7 Veteran Status				X	X					
3.8 Disabling Condition	X					X				
3.10 Project Start Date	X					X				
3.11 Project Exit Date	X									X
3.12 Destination	X									X
3.15 Relationship to Head of Household	X					X				
3.16 Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20 Housing Move-In Date		X					X (at time of move-in to PH, if applicable)			
3.917 Living Situation			X			X				
4.2 Income and Sources			X			X		X	X	X
4.3 Non-Cash Benefits			X			X		X	X	X
4.4 Health Insurance	X					X		X	X	X
4.5 Physical Disability	X					X		X		X
4.6 Developmental Disability	X					X		X		X
4.7 Chronic Health Condition	X					X		X		X
4.8 HIV/AIDS	X					X		X		X
4.9 Mental Health Problem	X					X		X		X
4.10 Substance Abuse	X					X		X		X
4.11 Domestic Violence			X			X		X		
4.12 Contact			X				X (at time each of contact)			
4.13 Date of Engagement			X				X (at point of engagement)			
4.14 Bed Night Date	X						X (as provided)			
4.18 Housing Assessment Disposition			X							X