El Paso Continuum of Care 2024 Application – Renewal Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **3:00 PM on August 30, 2023.** Email address is <u>ccastillo.epch@elp.twcbc.com</u>

Agency & Project Information

| Agency/Organization Name | Employ | Employer Identification Number (EIN) | |
|---|--------|--------------------------------------|---------------------|
| | | 77. | |
| Address | | Zip | |
| Phone | Fax | Web-site | |
| Thone | Тах | web-site | |
| Executive Director Name | Phone | Phone Email | |
| Contact Information | | | |
| Please list below the names and corproposal in addition to the Executiv | | f who should receive correspond | ence regarding this |
| Primary Contact | | | |
| Name | Title | Phone | Email |
| Secondary Contact | | | |
| Name | Title | Phone | Email |

| Project Name | Site Address | | |
|--|---|-----------------------------|-----------------------|
| Project Type ☐ Permanent Supportive Housing ☐ Joint Combo TH-RRH | □ Rapid Re-Housing | Coordinated Entry | □ HMIS |
| Project □ Single Site □ Scattered Site | □ Not applicab | le | |
| Total Number of Units: # | | Total Number of Beds: # | |
| Total Number of CH/DedicatedPlus | Dedicated Beds: # | | |
| Target Population (Select all that□People experiencing chronic hom□Youth (18-24)□Persons□Persons living with substance use□Persons living with HIV/AIDS□N/A – Project serves all subpopu□Other | elessness □ Sen s living with disabilities e disorder □ Fleein lations | • | |
| Coordinated Entry Projects Only - F Number of In-person assess Number of Phone assessment Number of Virtual assessment Number of referrals | nents its nts | | 023 thru July 1, 2024 |
| HMIS Project Only – Please include | e the following for date r | ange July 1, 2023 thru July | / 1, 2024 |

- # of Total Households in HMIS______
- # of Total Persons_____
- # of Total Persons Served in Emergency Shelter_____
- # of Total Persons Served in Transitional Shelter______
- # of Total Persons Served in RRH______
- # of Total Persons Served in PSH_____

Project Information

Housing First - PSH, RRH and Joint Combo Projects

- Please describe project admission and termination criteria.
- Specifically, address how the items listed below will impact admission and termination within the project as applicable.

| Persons may be denied admission to the project due | Always | Sometimes | Never |
|---|--------|-----------|-------|
| Having too little or no income | | | |
| Active use or history of substance abuse | | | |
| Having a criminal record | | | |
| History of domestic violence | | | |
| Sexual Orientation, gender identity, marital status | | | |
| | | | |
| Persons may be terminated from the project due to: | | | |
| Failure to make progress on a service plan or | | | |
| participate in services | | | |
| Loss of income or failure to improve income | | | |
| Being a victim of domestic violence | | | |
| Substance use | | | |
| Any other activity not covered in a standard lease | | | |
| agreement | | | |

Please describe in no more than one paragraph:

- The services that will be made available to program participants
 - What services are provided directly by your agency
- How will you track and report on service delivery
- How your funded program uses Progressive Engagement
- Describe how many households in your CoC-funded program have been awarded SSI/SSDI via the SOAR process.
 - In addition to the description, please attach your OAT Report (the number of SOAR applications completed should match the number of applications reported in OAT).

Community Planning and Collaboration (within the last 12 months, August 2023 – June 2024)

This is for all PSH, RRH and Joint Combo Projects

- Describe two new partnerships developed in the last 365 days. How have these new partnerships affected your agency and client's medical and mental health outcomes?
- Describe the current/existing partnerships, what percentage of your clients are receiving services from these partners?
- For all partnerships mentioned above, please provide a copy of each MOU in place

HMIS

Data review reports will be provided by Leslie Canada, Programs Analyst. All data reports were generated from HMIS.

- 1. APR for your project for the date range January 2023 to December 2023
 - a. The review will look at the items relating to Performance Indicators and utilization rates

*You will be provided a copy of the data. If you have any questions on the data being utilized, please contact Leslie Canada at <u>lcanada.epch@elp.twcbc.com</u>.

It is the CoCs Governing Board Policy that complete HMIS information is a requirement for full compliance with HUD funding, and whereas it benefits the entire Continuum of Care to be in full compliance. The CoC Board makes its recommendations for funding contingent on the commitment of all funded agencies to **fully** participate in HMIS with the HMIS Lead Entity, excluding those who are prohibited by federal regulation and must use a comparable database. Further, should agencies with initially recommended programs not be responsive, other programs will be recommended in their place.

- Please list all of the funding (SAMHSA, United Way, TX HHS, Private foundations, City/County) that your agency receives (funder, program type and if entered into HMIS)
- Using the funding list created above, are you fully compliant to the CoC Governing Board Policy above?
 - If not all funding awarded is not being entered into HMIS please explain why not?

Drawdown Documentation

Continuums of Care (CoCs) have a responsibility to analyze what resources they need to address homelessness in their communities and to ensure existing resources are being maximized. In an effort to assist CoCs to better understand financial information about projects in their geography, the SNAPS Office sends the CoC Spending Report to CoCs with expenditure information from eLOCCS. The report contains basic information about the grant (e.g., the applicant and grant number) and expenditures as reported in eLOCCS (e.g., contract amount and current balance).

Administrative Capacity

Please describe the agency's financial capacity to operate the project for the proposed grant term. Please address:

- HUD audit/monitoring results (if monitored in 2022/2023) provide copy of HUD findings letter and describe how findings were addressed)
- Any improvement or loss of agency capacity since the last application

Additional Questions

Program Policies and Procedures

This is for all PSH, RRH and Joint Combo Projects

- 1. Racial Inequities In the elimination of racial disparities, is achieved when race can no longer predict opportunities, distribution of resources, or outcomes, particularly for Black and Brown persons, which include Black, Latino, Indigenous, Native American, Asian, Pacific Islander, and other persons of color.
 - a. What efforts is your agency/program implementing to address racial inequities?
 - b. Describe how it affected the composition of your board and staff.
- 2. Individuals with lived experience- How has your agency utilized people with lived experience? Are there any individuals with lived experience as part of your staff, volunteers, or board? Why or why not?
- 3. Improving Assistance to LGBTQ+ Individuals Discrimination based on gender identity or sexual orientation manifests differently for different individuals and often overlaps with other forms of prohibited discrimination. Please describe efforts that your program ensures (1) privacy, (2) respect, (3) safety, and (4) access regardless of gender identity or sexual orientation. Include any policies and procedures beyond the discrimination policy that has been implemented.
 - a. In addition to improving assistance to LGBTQIA+ experience, provide the details on the

agency, date, and training that the agency has received in the last 365 (Include any certificates of completion).

- 4. Housing Stabilization Plans: Provide the process of how an HSP is created, how often it is updated, and how many of your clients have reached stability. Please attach your CoC-funded program policies and procedures.
- 5. Attach your CoC-funded program policies and procedures.

Coordinated Entry Projects

Please attach the following:

- 1. Coordinated Entry Policies and Procedures
- 2. Assessment Tool

HMIS

Provide a list of all FY 2023-2024 programs and funding sources.

- Proactive security measures are essential in today's digital landscape.
 - Share what robust security software is currently in place, and provide a schedule for regularly updating systems?
 - Explain any firewalls and antivirus programs used to help block malicious attacks, while encryption safeguards sensitive data.
 - Keeping operating systems, browsers, and applications current with the latest patches and updates closes vulnerabilities that hackers exploit. Provide the most current patches and updates that have been made to the OS, application, and browsers. Are these updates made across the CoC or only for the lead agency?
 - If not CoC-wide, explain why not?
 - How often do you conduct security audits and penetration testing to identify weaknesses before they can be exploited?
 - On the hardware side, secure devices like TPM-enabled computers and biometric-authentication devices provide an additional layer of protection. Describe the layers of protection in place to secure devices.
 - Physical security measures, such as locks and surveillance, prevent unauthorized access to devices and data storage systems are currently in place?
- Accessibility and Training
 - What are the hours of operation?
 - How are issues addressed outside of hours of operation?
 - Other than the HMIS Steering Committee, how else do you make yourself accessible to the CoC?

Appendix A - Definitions:

- TRA Tenant Based Rental Assistance lease is in tenant's name
- SRA Sponsor Based Rental Assistance lease is in agency's name or in tenant's name if used in property owned by the sponsor agency
- PRA Project Based Rental Assistance voucher tied to specific unit and lease is in tenant's name
- Short Term Rental Assistance For Rapid Re-Housing Project only rental assistance provided to participants for up to 3 months
- Medium Term Rental Assistance For Rapid Re-Housing Projects only rental assistance provided to participants for 4 24 months

• PSH projects

- o 85% of participants stably housed for 12+ months
- o less than 2% of those exiting to permanent housing return to homelessness
- o 10% increase in earned income
- o 50% increase in other income
- o 60% increase total income
- o 95% occupancy rate during evaluating year
- o 100% of data is entered for entry and exit within a 4-day window
- o 100% length of time from start date to move-in date 30 days or less
- o Less than 5% of Universal Data Elements are missing
- Program Uses funds for eligible population Homeless (Emergency Shelter and Street Only) & Disabled by HUD Definition

• RRH projects

- o less than 2% of those exiting to permanent housing return to homelessness
- o 30% increase in earned income
- o 30% increase in other income
- o 60% increase total income
- o 98% occupancy rate during evaluating year
- o 98% of data is entered for entry and exit within a 4-day window
- o Less than 5% of Universal Data Elements are missing
- o 100% length of time from start date to move-in date 30 days or less
- Program Uses funds for eligible population Homeless (Emergency Shelter and Street Only) & Disabled by HUD Definition