

Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: TX-503 - Austin/Travis County CoC

1A-2. Collaborative Applicant Name: Ending Community Homelessness Coalition, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Ending Community Homelessness Coalition, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	No	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	No	0
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

A. Our CoC maintains a year-round open invitation for new members and issues a formal invitation twice a year at our twice a year All Stakeholders Meetings, exceeding the annual requirement in our Governance Charter. The invitation is public across Austin/Travis County through: (1) ECHO's website, including a public calendar of all CoC meetings with meeting links and contact information to learn more and join; (2) ECHO's social media (Facebook, X, Instagram, LinkedIn); (3) announcements at monthly CoC Board meetings, which are open to the public; and (4) direct invitations from ECHO staff and CoC Board members to providers, community stakeholders, and elected officials.

Our CoC prioritizes making written and visual communications accessible to people with disabilities using a variety of tools. All CoC meetings are held virtually or hybrid with live transcription available. The website also features an invitation to join our CoC Board prominently displayed on the CoC Board page. The website conforms to Web Content Accessibility Guidelines (WCAG) to ensure this information is accessible visually and to people using alternative technologies.

B. From October 2025 to September 2026, we increased intentional recruitment of organizations closest to the issues facing our homeless response system. Our CoC and NOFO 101 trainings drew more than 50 organizations, most with no prior HMIS or CoC involvement, including faith communities, higher education, and secondary education. New members include Texas Rio Grande Legal Aid attorneys specializing in housing protections for survivors of domestic violence, sexual violence, and human trafficking, and Communities for Recovery, a peer addiction recovery organization.

The CoC Board and ECHO worked closely with Mobile Loaves & Fishes and the CoC selected its Community First! Village project for the previous CoCBuils solicitation. Grassroots ministries and faith-based nonprofits in our membership share direct feedback from people living unhoused.

We also strengthened ties with our medical community. After ECHO's first-of-its-kind Mortality Report for the Unhoused in Austin/Travis County, the CoC Board prioritized partnerships with health providers to address early deaths among people experiencing homelessness and repurposed a Board seat for an appointee from Central Health, Travis County's hospital district.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

Our CoC's input process is public, documented in our Governance Charter, and posted on ECHO's website, where we publish the meeting calendar, agendas, and materials at least 7 days before CoC Board meetings. We solicit opinions on our performance, strategies, and priorities through: (1) monthly public CoC Board meetings, each with a 15-minute public comment period; (2) committee meetings open to any stakeholder; (3) biannual All Stakeholders Meetings with published agendas, where we present system performance data/Governance deliverable progress and invite discussion; (4) an annual public invitation to join the CoC; and (5) surveys and focus groups tied to planning decisions.

We tie input to decisions in the creation of our CoC's annual plan we call the Roadmap. This involves an extensive process of surveying the voting members of our committees and working with the CoC Board to prioritize 10-12 deliverables for the year. This process last year identified key areas for our CoC to prioritize such as housing protections for domestic violence survivors and the PSH Move-On process.

Our CoC develops an annual State of the System report to analyze the homelessness response system in our community, how people use the available services, and what gaps exist. Analysis includes performance through performance measures over time and needs of subpopulations. Feedback is solicited from the City of Austin and the CoC Board.

Input from community stakeholders also led to our CoC undertaking a redesign of our Coordinated Entry (CE) system. ECHO held 30 interviews and 2 focus groups with people with lived experience and 2 rounds of focus groups with 100+ providers from 60+ agencies. As a result of feedback, our CoC is changing how people are matched to programs by need and fit and strengthening cross-system coordination; we will measure success by new resource connections made through CE.

Participants reflect a broad array of people with knowledge of and interest in ending homelessness in Austin/Travis County: people with lived experience, nonprofit and faith-based providers, grassroots outreach groups, victim service providers, public housing agencies, healthcare and behavioral health providers, substance use treatment providers, affordable housing developers, justice system partners such as staff from local specialty courts, Travis County Jail, and local law enforcement.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Our local competition is open to all eligible organizations, including those never funded through the CoC Program. We announced it on ECHO's website, with a home page banner linking to the local application and all supporting documents, and through social media, public meetings, and community listservs. We posted our 2026 Community Funding Priorities, Reallocation/Deobligation Policy, and Review, Scoring, and Ranking Policy, and held a Bidders Conference for New Applicants, attended by CoC-funded and non-CoC-funded organizations, whose slides were posted online. Proposals were submitted through ECHO's project application portal and scored by an Independent Review Team under our posted Review, Scoring, and Ranking Policy.

Our CoC and ECHO staff instituted multiple outreach activities to recruit applications from organizations not previously funded through the CoC program. We held multiple CoC and NOFO 101 trainings and had over fifty organizations represented, most of whom had no prior involvement in HMIS or the formal homeless response system, but all were doing the work of serving the unhoused. These efforts resulted in receiving more applications for the local CoC NOFO competition process than our community has ever received, with thirty applicants and seven first-time applicants including two new faith-based organizations.

Our CoC provided first-time applicants and projects submitting a transitional housing project type with two dedicated technical assistance (TA) teams from ECHO. One TA team provided first-time applicants support in groups and in one-on-one opportunities in designing their program for transitional housing and supportive service only project types. A second TA team provided one-on-one opportunities to discuss specifics about the CoC NOFO competition, e-snaps entry, and considerations for contracting with HUD and agreeing to work with the CoC within the Coordinated Entry framework.

Of those seven new applicants, five applications advanced to the scoring phase, while two did not meet the project threshold requirements. Of the five scored applications, two were selected and ranked on the CoC Priority Listing. The Priority Listing also includes two faith-based projects: Sunrise Community Church's Sunrise Navigation Center and Mobile Loaves & Fishes' Community First! Village project, which Integral Care provides services for, and Mobile, Loaves, and Fishes operates.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Gap: Our annual State of the System report uses HMIS data and system performance measures to identify gaps across emergency shelter, TH, RRH, PSH, and other housing assistance. To understand one critical gap, early deaths among people experiencing homelessness, ECHO analyzed six years of hospital, HMIS, and Medical Examiner data and held listening sessions with healthcare providers, homeless service providers, and people with lived experience. The resulting report, Bridging for Better Outcomes, Austin/Travis County's first unhoused mortality report (2025), identified the leading causes of death and led the CoC Board to prioritize incorporating medical vulnerability into Coordinated Entry (CE).

Strategy: The CoC Board tasked ECHO with a comprehensive CE Redesign to include incorporating medical vulnerability. Research showed that adding points to the existing tool would not work; CE must change how it assesses, prioritizes, matches, and supports resource connections for people. The redesigned CE adds matching and referral pathways to housing and crisis services for people with medical complexity, including those seeking substance use or behavioral health treatment, and for veterans, older adults, youth aging out of foster care, families with children, survivors of domestic violence, and people leaving jail or institutions.

Quantifiable Performance measures: 1) increase CE resource connections by December 2027; 2) Reduce the days between referrals requested for projects and program enrollment; 3) Increased referral pathways for programs other than housing such as workforce development and substance use treatment

Timeline: Design decisions went to the CoC Board in August 2026. Piloting with assessors and households begins in fall 2026, the new process launches in HMIS in January 2027.

Funding: In addition to CoC funding, ECHO has received philanthropic funding and funding from the City of Austin and Travis County.

Oversight: The CoC Board oversees the plan, and ECHO, as Collaborative Applicant and CE lead, is responsible for implementation.

1B-5a	Confirmation of Plan Coverage.
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Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes

6. An individual or body responsible for overseeing implementation of specific strategies	Yes
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1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

Not Applicable

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Our CoC's primary outpatient treatment partner is Integral Care, Travis County's local mental health authority and a Certified Community Behavioral Health Clinic (CCBHC). Integral Care holds a seat on our CoC Board, operates CoC-funded PSH, and has MOU's with many CoC funded providers. CoC participants are connected through, CoC provider staff and co-located clinicians in CoC projects. Integral Care staff providing community-based services are trained to link clients to Outreach, Screening, Assessment, and Referral (OSAR) programs, and medication-assisted treatment (MAT) when needed.

Levels of care: Services range from the most intensive, Assertive Community Treatment (ACT) teams with psychiatry, licensed counselors, and substance use counselors who meet people in their homes or on the street, to lower-intensity outpatient counseling and clinic-based care. Integral Care's regional Provider Network (Recovery Unplugged, Cross Creek, Cenikor, Georgetown Behavioral Health Institute, and others) expands capacity and choice, and Integral Care expands capacity and choice, giving clients access to detox, inpatient, residential, intensive outpatient, and medication-assisted treatment.

Psychosocial interventions: Counseling, family education, life skills, case management, and peer support are embedded across ACT, the Community Recovery Team, and RA1SE, Integral Care's early psychosis program.

Medication management: Psychiatric medication management is provided through ACT, the Mood Treatment Center, and integrated clinics. Integral Care's Office-Based Opioid Treatment program serves people with opioid use disorders. The Other Ones Foundation supports residents taking their own medications on-site at its shelter.

Suicide prevention: Integral Care leads the Austin-Central Texas Suicide Prevention Coalition and operates a 24/7 Crisis Helpline, Mobile Crisis Outreach Team, and Psychiatric Emergency Services. They also provide Mental Health First Aid training for other provider staff in the community to increase these organizations' capacity to recognize and respond to clients experiencing suicidal ideation.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer support is a CoC-wide standard, not just a partner service. In 2025, our CoC adopted Best Practices for Peer Support through our Governance Roadmap, and our Systems Improvement Committee is now developing recommendations to strengthen supervision, retention, and advancement of staff with lived experience across the homeless response system.

All CoC-funded housing and outreach providers employ peer specialists directly or contract with an organization that provides this. Integral Care, Travis County's local mental health authority and a CCBHC, staffs peer support specialists on-site at all ten PSH properties it serves, with several properties having more than one. Integral Care also embeds peers in its Assertive Community Treatment teams, its RA1SE early psychosis program for ages 15-30, Transition Age Youth services, and recovery programming, including Methadone Anonymous. Many of these peers hold Texas Certified Peer Specialist or Peer Recovery Coach credentials.

Recovery navigation: Case managers and peers across the CoC are trained to guide participants into substance use care, connecting them to Outreach, Screening, Assessment, and Referral (OSAR) programs, Medication Assisted Treatment, and community recovery supports. Communities for Recovery, a peer-run addiction recovery organization, joined our CoC this year, working specifically on developing recommendations to strengthen the peer workforce in the homeless response system.

System coordination: Our CoC sits on the Steering Committee of CONVENE, the Austin/Travis County Substance Use Consortium, which is developing a regional plan for a coordinated City, County, and hospital district response to substance use disorders. As part of this work, we are exploring use of our HMIS platform to share real-time treatment resources and bed availability, so peers and case managers can navigate people to open treatment slots faster.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Identifying SMI: Our CoC identifies people with serious mental illness (SMI) through clinical street outreach, Coordinated Entry (CE), and a no-wrong-door crisis system. Integral Care, Travis County's local mental health authority and a CCBHC, runs the Homeless Outreach Street Team and PATH (Projects for Assistance in Transition from Homelessness) teams, which engage people on the street and in shelters. The M3 team, a partnership between Integral Care and Central Health, Travis County's hospital district, serves people with co-occurring mental illness, substance use, and chronic medical conditions. People are also identified through Integral Care's 24/7 Crisis Helpline, walk-in Psychiatric Emergency Services, Mobile Crisis Outreach Team, Expanded Mobile Crisis Outreach Team, and jail-based intakes at the Travis County Correctional Complex. CE records disabling conditions in HMIS and our CE Redesign, launching in January of 1, 2027, adds behavioral health referral pathways and a persistent medical complexity attribute to guide matching.

Connecting to stabilizing services: Integral Care operates four Assertive Community Treatment (ACT) teams that combine intensive care coordination, assertive outreach, and comprehensive psychiatric and substance use treatment. Housing First ACT is dedicated to people experiencing homelessness, and outreach teams refer people they identify directly to it. Forensic ACT, which includes a housing component, serves people with SMI reentering from the justice system. Traditional ACT and Travis County ACT serve the broader community, with referrals from psychiatric hospitals, jails, and the Austin Police Department. People with SMI are prioritized for PSH or TH through CE, and Integral Care peers and licensed mental health professionals can provide on-site services at all PSH properties it serves. SOAR specialists help secure SSI/SSDI income.

Case conferencing: Outreach and crisis teams jointly review a Be-On-the-Lookout (BOLO) and engagement list convened by the City of Austin. Beginning in spring 2027, ECHO and City partners will expand this into Cross-Systems Case Conferencing that unites outreach, healthcare, and legal system providers to identify and connect high-acuity individuals.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Our CoC partners with the Austin Community Court, a problem-solving court with on-site clinical case managers. ECHO, the CoC lead agency, co-chairs the Behavioral Health and Criminal Justice Advisory Committee, which partners with every specialty court in the county, including the Probate Court that oversees civil commitment. CoC partner Integral Care runs the community's Assisted Outpatient Treatment program.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Using court orders to support recovery and housing: The Travis County Family Drug Treatment Court orders parents with Child Protective Services (CPS) cases to complete substance use treatment, case management, and drug testing, and to attend frequent hearings. As an Advisory Council member, ECHO works with judges, attorneys, CPS staff, and providers to remove barriers to reunification, including housing. The Austin Community Court can order about 90 days of case management with on-site clinical case managers, and its Mobile Court brings hearings and case managers to places people already go for services. Integral Care's Assisted Outpatient Treatment program uses court-ordered outpatient care to keep people with serious mental illness in treatment.

Housing assessment at court: Austin Community Court has trained Coordinated Entry (CE) assessors and HMIS users, so a person can resolve a case and be assessed for housing in one visit. Through its Re-Entry Housing Continuum contract with Travis County, ECHO added 3 legal and reentry providers to HMIS and CE in the last year. Legal system partners completed 512 CE assessments between October 1, 2025, and June 30, 2026, over 10 times our goal of 50. Integral Care's Forensic ACT team pairs people with serious mental illness leaving jail with supportive housing and rental assistance.

Holding housing during jail stays: When CE matches a person to housing and the provider cannot find them, ECHO checks our Be-On-the-Lookout (BOLO) list against the jail roster. If the person is in custody, we coordinate with the public defender's office to build housing into release planning, so court orders and supervision support the housing plan.

Moving toward independence: Court requirements and case management keep people engaged in treatment while housing stabilizes. Case managers connect them to income through SOAR and employment services, and to step-down supports as court supervision ends, so stability lasts after the case closes.

Fixing gaps across systems: ECHO co-chairs the Behavioral Health and Criminal Justice Advisory Committee, which brings together every county specialty court, including the Probate Court, with law enforcement, the public defender and district attorney, the Sobering Center, NAMI, Central Health, and treatment providers. Using case reviews and system mapping, the committee finds where people fall through the gaps between jail, courts, treatment, and housing, and coordinates fixes.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Our CoC partners with Integral Care, the local mental health authority, a CCBHC, and a CoC housing provider. Integral Care runs our 988 and 24/7 Crisis Helpline (108,405 calls in FY25); mobile crisis outreach, including 911 co-response; 24/7 walk-in Psychiatric Emergency Services; and crisis stabilization at the Herman Center, The Inn, the Emergency Behavioral Health Unit, and Next Step Crisis Respite. We also partner with the 24/7, 30-bed Sobering Center.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
	Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

Integral Care (Austin-Travis County MHMR Center), Travis County's Certified Community Behavioral Health Clinic (CCBHC) and SAMHSA PATH provider, is a formal CoC partner through three written agreements: (1) CoC Program grants as a CoC-funded housing provider (Fresh Start PSH, Kensington PSH); (2) an HMIS MOU for data sharing; and (3) Coordinated Entry agreements to assess, refer, and house people with mental health and substance use needs.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

None

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Our CoC coordinates with the treatment, crisis, health, and justice partners in 1C-1a through 1C-1i so people leaving hospitals, treatment, and jail move toward housing instead of the street, and people already housed stay housed.

The Medical Respite-to-PSH pilot, a partnership between Family ElderCare's CoC program and Central Health's medical respite program, created our community's first direct healthcare referral into PSH, with 10 units set aside for chronically homeless people leaving respite. Central Health provides a warm hand-off by continuing medical care after move-in, and Family ElderCare provides case management and peer support. The At Home project, with area hospitals, Central Health, and the jail, prioritizes people who cycle through hospitals and jail for PSH.

The Homeless Outreach Street Team, which includes Integral Care clinicians, made 202 clinical diversions from emergency departments, psychiatric hospitals, and jail in FY2025, the most recent full year of data, providing warm-hand offs to housing partners instead of an institution. Integral Care's Hospital and Jail Diversion Program, which receives referrals from Integral Care's Mobile Crisis Outreach Team, Psychiatric Emergency Services, and local hospitals, uses Next Step Crisis Respite as a step-down of up to 14 days. People in these programs can be referred to Integral Care's Housing First ACT team, which serves people experiencing homelessness.. To prevent returns to homelessness, Integral Care provides peers at all ten PSH properties it serves and ambulatory detox on-site at four PSH projects.

Integral Care begins services through intakes inside the Travis County Correctional Complex before release, providing warm hand-offs to their community staff or other partners upon release. Our Be-On-the-Lookout process keeps a person's housing match in place if they are booked into jail and also connects housing providers with robust legal case management teams in order to help someone in jail for 90 days or less leave jail with a place to live. The Therapeutic Diversion Program offers up to 90 days of wraparound services in a crisis respite setting, to divert people from the jail- to-homelessness pipeline. Through the Re-Entry Housing Continuum contract, legal and reentry providers now conduct Coordinated Entry assessments, so people leaving custody are assessed for housing, and Austin Community Court case managers connect participants to CE.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$16,079,767
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$10,266,375
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	64%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$4,235,084
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	90%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

Our CoC consults with the City of Austin, the local ESG recipient for our area.

City of Austin: The Homeless Strategy Office (HSO) administers the City's ESG program, and the Housing Department leads the Consolidated Plan and Action Plan, which governs ESG. The Homeless Strategy Officer holds an appointed seat on the CoC Board, so ESG planning is part of Board discussions of system needs and funding.

HSO and ECHO staff meet regularly on homelessness response system planning and needs, and consider ESG alongside other local, state, and federal funds based on eligible uses. The CoC shares PIT, HIC, HMIS, and System Performance Measure data with the City to inform ESG planning and to show how ESG-funded shelter and rapid rehousing projects are performing. The City seeks CoC Board input on Consolidated Plan and Action Plan priorities annually. City ESG currently funds emergency shelter and rapid rehousing.

TDHCA: TDHCA awards state ESG competitively through regional allocation. In 2026, three CoC partners: Integral Care (homelessness prevention), LifeWorks (emergency shelter and rapid rehousing), and The SAFE Alliance (rapid rehousing) received ESG funding.

Shared system infrastructure: Currently operating ESG-funded programs in our area enter data into HMIS, or a comparable database for victim service providers, and receive rapid rehousing referrals through Coordinated Entry, so ESG participants are served through the same assessment, prioritization, and data systems as CoC projects. The City of Austin, an ESG recipient, participated in the process of updating the CE prioritization process for rapid rehousing.

Ongoing: The CoC will continue this consultation through the HSO Director's Board seat, regular staff meetings, and CoC Board input during each Consolidated Plan and Action Plan cycle.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Shelter entry as a door to Coordinated Entry (CE). Our CoC treats shelter enrollment as a chance to connect people to CoC housing. When someone enters an emergency shelter, including family and domestic violence shelters, shelter staff connect them to a CE assessment for CoC-funded permanent supportive housing (PSH), rapid re-housing (RRH), and transitional housing (TH). Most shelters do this through the CE assessment hotline run by Sunrise Homeless Navigation Center. This means residents can be assessed by phone without leaving shelter or waiting for an on-site assessor.

Helping referred residents move into housing. City-funded shelters record program entries and exits in HMIS. ECHO coordinates with shelter staff to inform which residents have an active referral, so they can help housing navigators find and reach those residents and keep the referral moving. CoC-funded housing providers then work with shelter staff and residents to plan the move into housing.

Training and data access. ECHO offers a voluntary Shelter 101 training for shelter providers on emergency shelter best practices, including low-barrier approaches. Most shelters in our CoC are funded by the City of Austin Homeless Strategy Office (HSO). Under a new HMIS process, each agency's HMIS administrator manages staff data entry training and grants HMIS access directly, which helps keep shelter data accurate and timely.

Real-time shelter capacity. In 2026, ECHO finished collecting data from shelter providers to build a real-time shelter bed inventory in HMIS, which is on track to launch by the end of 2026. The inventory will let the CoC track shelter use and capacity in real time and use that information to spot gaps and plan shelter resources.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Each year, ECHO, as HMIS Lead and Collaborative Applicant, presents PIT, HIC, System Performance Measures, and HMIS data to local government entities and publishes our annual State of the System report, making it readily available to state entities. This data analyzes system use, performance over time, subpopulation needs, and gaps. We present directly to government staff and to elected and appointed bodies, including the Austin City Council, the Travis County Commissioners Court, and the Central Health Board of Managers.

Privacy: All publicly shared data is aggregated and de-identified, consistent with our HMIS Privacy Notice and HMIS policies and procedures.

HIC gap analysis: In 2026, ECHO compared HIC inventory with past and projected years and identified upcoming funding gaps. We presented this to the City, Travis County, the Housing Authority of the City of Austin, and Central Health, so all funders shared the same picture of need. The analysis informed funding decisions to fill gaps in critical services, including investing in supportive housing options for people experiencing homelessness.

Ten-year projection: ECHO modeled the funding needed for services and housing to meet the projected homeless population over ten years and presented it to local governments and the CoC Board. The City used it in its FY 2026 budget discussion of emergency shelter needs.

Scorecards: The CoC provides performance scorecards to the City of Austin for their PSH and RRH homelessness response system contracted projects so that they can analyze the performance of their subrecipients. The City and the CoC use the same scorecards so that performance expectations can be uniform across our projects.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Austin/Travis County CoC (TX-503) combines HMIS with health, justice, medical examiner, and child welfare data to find people with the highest needs, connect them to care, and move them into housing faster.

Health Care Data: Our CoC has a two-way data sharing partnership with our local Health Information Exchange (HIE).

We use this data to:

- (1) refer clients to eligible health care providers and to housing providers that offer specialized health care services;
- (2) build a health needs index that identifies people who have completed a Coordinated Entry (CE) assessment and may be eligible for housing or services;
- (3) run a referral workflow that sends street medicine teams to eligible unsheltered clients; and
- (4) identify frequent emergency room users and prioritize them for housing to reduce avoidable healthcare system utilization.

Law Enforcement and Corrections Data: Through the No Wrong Door initiative with the Austin Police Department and the Travis County Sheriff's Office, we receive client data that has been matched across Austin Police Department, Travis County jail data, and EMS service data to identify the highest utilizers of public systems. We can match it with HMIS to generate housing navigation referrals and prioritize housing for people who cycle frequently through jail, hospitals, and EMS support. We also use this data to support case management and staffing spaces with other providers to guide high-need clients to stable housing.

Medical Examiner Data: For our 2025 Unhoused Mortality Report, ECHO combined six years of hospital, HMIS, and Medical Examiner (ME) data to identify the leading causes of early death. These findings led the CoC Board to launch a CE redesign. Starting January 1, 2027, medical complexity will be a permanent element used to guide matching and referrals. ME data is also used to update HMIS information.

Foster Care Data: We also have a data sharing partnership with the State Department of Family and Protective Services to identify youth aging out of foster care assistance to provide them assistance and prevent them from entering homelessness. The partnership utilizes funding from the Foster Youth to Independence Initiative to connects these youth to housing vouchers.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Our CoC partners with Workforce Solutions Capital Area, the Local Workforce Development Board, and Austin Community College through The Other Ones Foundation, a CoC member and shelter provider. At its Esperanza Community vocational center, the Board covers up to \$7,500 in tuition per unhoused trainee and ACC provides instruction for certifications in HVAC, welding, auto mechanics, plumbing, and carpentry. The first 30-person cohort began in May 2025.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Our CoC's street outreach system follows a services-first, enforcement-second model in which outreach staff, law enforcement, and first responders work as coordinated partners. The cornerstone is the Homeless Outreach Street Team (HOST), a co-response team that pairs Austin Police Department (APD) Crisis Intervention Team officers with Austin-Travis County EMS Community Health Paramedics, Integral Care behavioral health clinicians, and Austin Community Court social workers. HOST proactively engages people with chronic homelessness and high-acuity needs and connects them to shelter, housing, case management, health care, and substance use treatment. In FY2025, HOST served 1,164 people, connected 1,398 clients to medical, mental health, and substance use services, and achieved 202 clinical diversions from emergency departments, psychiatric hospitals, and jail. Four positions added in 2026 bring HOST to nine members.

The City's Street and Community Outreach team is assigned to north, central, and south areas aligned with APD zones, enforcement schedules, and encampment management boundaries, so the same outreach workers and officers repeatedly engage the same people and build trust. Before any encampment closure, outreach engages each site, offers every individual a shelter bed and connection to Coordinated Entry, and posts 72-hour notice before APD and multi-department teams restore the space. This sequencing turns enforcement contacts into housing engagement: the Housing-Focused Encampment Assistance Link (HEAL) Initiative has sustained an 78% conversion rate over five years.

All APD officers complete crisis intervention training, and 911 callers can request a mental health officer, so people in crisis are routed to Integral Care, the Travis County Sobering Center, or treatment rather than jail when appropriate. Encampment staff are trained to administer naloxone. Through the No Wrong Door initiative, public safety, behavioral health, the CoC, and homelessness partners coordinate crisis response for people who cycle repeatedly through emergency systems. The No Wrong Door partners also implemented a data sharing agreement to better support outreach efforts to connect to CoC services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Our CoC and its recipients help people reconnect with family and other support networks at every stage: at first contact, in shelter, and after move-in to CoC Program-funded housing.

At entry, Coordinated Entry access points begin with a problem-solving conversation to learn what caused the housing crisis and whether a family member, friend, or other support can offer a safe place to stay. Staff or a referring agency provide short-term case management to arrange the reunion, including mediation with family members or landlords. Flexible one-time funds cover costs such as travel, deposits, or utilities.

When relocation to another community is safe and appropriate, providers arrange travel, confirm housing with the receiving household before departure, and complete a warm hand-off. The Other Ones Foundation's Going Home program checks in with participants at 30, 60, and 90 days to confirm they remain stably housed.

Reunification support continues after a household enters shelter. The City of Austin's Homeless Strategy Office authorizes City-funded shelters to provide diversion and rapid exit support, so guests who can safely return to family or friends receive help to do so quickly.

In CoC Program-funded housing, case managers help participants rebuild ties with family and other supports, include those supports in housing plans, and help participants who choose to move in with family or relocate to do so safely. Households helped through problem-solving are enrolled in a Coordinated Entry program in HMIS, which allows the CoC to track returns to homelessness and first-time homelessness for this group. Through the Coordinated Entry Redesign, the CoC is standardizing problem-solving practice across access points in 2026 and 2027.

These pathways draw on family, community, employment, and private resources alongside public programs, giving households multiple routes to stable housing and self-sufficiency.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Our CoC works closely to collaborate with the City of Austin, who is the Austin lead agency on public space management. The CoC cooperates and does not interfere with or impede local efforts to protect public safety. The CoC promotes local efforts of safe communities. ECHO regularly coordinates with the city on needed data and coordination efforts to meet these needs, to ensure that encampment clearing can include connection to services.

ECHO has joined an important public safety initiative, called No Wrong Door, to Coordinated Crisis Response Across Public Safety, Mental Health, & Homelessness. Attached is a summary document of that initiative that shows ECHO as a partner agency in that initiative. ECHO joined a coalition of 17 providers, but it is led by the City of Austin and Austin Police Department. The mission is to find permanent supportive solutions, including housing, social services, mental health services, and substance use counseling for high utilizers of criminal justice, homeless, and healthcare systems. The group works to provide solutions, including data sharing, advocating for allowing for mental health holds by healthcare providers (involuntary commitment), and additional substance use and mental health treatment.

As part of the No Wrong Door initiative, ECHO participates in a regular by name staffing, that has identified high utilizers of public safety enforcement, to help connect them to resources, such as substance use treatment and housing supports.

In addition to the No Wrong Door Initiative, CoC providers work with the City's Street and Outreach team, which connects unhoused residents, including youth, to stabilizing systems of care and provides resources such as coordination and pathways to stability. The City's Public Space Management Team works with key providers to coordinate the clearing and cleaning of encampments, assessing encampments on public property and working with City Code Enforcement on privately owned property. All of the partners of the No Wrong Door initiative implemented a data sharing agreement with all partners, including the CoC, first responders and public safety to better support outreach efforts to connect to CoC services.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws that help: Public camping is banned in Austin by two overlapping laws. Texas Penal Code § 48.05 (House Bill 1925, effective September 1, 2021) makes it a Class C misdemeanor to knowingly camp in a public place without the consent of the agency that manages it. Under Local Government Code Chapter 364, cities cannot discourage enforcement. In May 2021, voters approved Proposition B, making it a Class C misdemeanor to sit, lie down, or camp in public areas.

How they are used: The City's Homeless Encampment Management (HEM) teams, which include the Austin Police Department (APD) and five other City departments, assess encampments by health and safety risk, conduct outreach, give advance notice, connect people to services, and complete abatements. In May 2026, the CoC (ECHO) signed the No Wrong Door MOU with APD, the Travis County Sheriff's Office, EMS, Central Health, Integral Care, hospitals, and prosecutors. Partners share data and hold by-name case reviews of people who cycle through encampments, jail, and emergency rooms.

Results: In October 2025, a three-week initiative addressed 669 sites and moved 181 people into shelter. In May-June 2026, teams made 456 visits to 127 sites and connected 35 people to shelter.

What hinders us: (1) No Wrong Door data show of high utilizers, 2% of people arrested account for 17% of APD arrests; 85% experienced homelessness and 50% were re-arrested within 10 weeks. (2) Only peace officers can start emergency detentions, so clinicians cannot start holds for people in crisis at encampments. (3) The federal IMD exclusion and scarce step-down beds mean people are discharged back to the street. (4) When no shelter bed is open during a closure, people may move to a new site.

Our plan: (1) Launch a real-time shelter bed inventory in HMIS by the end of 2026 to improve shelter access and show where capacity falls short. (2) Use No Wrong Door case reviews to move people who repeatedly return to encampments into housing and treatment. (3) Support No Wrong Door's state priorities: a crisis center, clinician detention authority, an 1115 IMD waiver, and psychiatric bed tracking.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Encampments are present across the CoC's geographic area, and Austin operates a citywide system to identify, clear, and prevent the return of encampments on public property. The City receives approximately 800 encampment-related requests each month. Public camping is prohibited under Austin's voter-approved Proposition B (2021) and Texas Penal Code §48.05. The City enforces both through its Homeless Encampment Management (HEM) program, which Homeless Strategies and Operations (HSO) runs with the Austin Police Department (APD) and five other City departments: Transportation and Public Works, Resource Recovery, Parks and Recreation, Emergency Management, and Watershed Protection.

HEM follows a consistent sequence:

Assessment. New reports go onto the HEM dashboard, and staff assess each site within an average of four days, prioritizing public health and safety risk.

Immediate abatement for high-risk sites. Sites posing imminent danger are cleared right away. These include sites along active roadways, in flood-prone areas, or in designated keep-clear zones.

Outreach first everywhere else. All other sites receive outreach from the City's Street and Community Outreach (SCO) team, then 72-hour posted notice, then a multi-department abatement that includes APD.

Service connection before enforcement. Individuals are offered emergency shelter, diversion, Coordinated Entry, behavioral health services, and housing resources before any enforcement action.

The City has steadily increased its capacity to clear encampments quickly:

HEAL Initiative. Since 2021, Austin has closed 37 of the city's largest and most unsafe encampments, and 1,243 of 1,585 residents (78%) accepted shelter.

October 2025. A three-week Encampment Management Prioritization Initiative addressed 669 sites, moved 181 individuals into shelter, referred 87 more to services, and removed 674 tons of debris.

May 2026 operational model. The City expanded response capacity, operating hours, and geographic reach, and added ongoing monitoring after each abatement.

First four weeks of the new model (May 11–June 5, 2026). Teams made 456 visits to 127 unique sites, connected 35 individuals to shelter and 9 to supportive services, and removed 303.62 tons of debris.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Status: Drug poisoning remains the leading cause of accidental death in Travis County, but trends are improving. After the County declared overdose a public health crisis (2022) and invested ~\$5M, accidental fentanyl deaths fell 60%, from 279 (2023) to 111 (2025), all accidental drug deaths fell from 380 (2024) to 301 (2025), and EMS overdose calls fell 50%, from 1,102 (2024) to 555 (2025). Public use concentrates in encampments and downtown; HEM site assessments score illicit activity as a priority factor, so these sites are addressed first.

Helpful policies: (1) Texas's naloxone standing order allows lay distribution; 25,000+ doses deployed, and all HEM and outreach staff carry naloxone. (2) State (HB 1925) and City camping bans let HEM and APD close sites with public drug use after outreach. (3) HOST pairs APD Crisis Intervention officers with EMS paramedics, Integral Care clinicians and Community Court social workers; in FY25 it served 1,164 people, made 1,398 connections to medical, mental health and SUD services, and made 202 diversions from ERs, psychiatric hospitals and jail. (4) 911 clinician co-response has redirected 4,000-5,000 calls from police-only response. (5) Intoxicated individuals go to the Travis County Sobering Center for SUD treatment referral instead of jail or the ER.

Hindering policies: (1) Texas limits warrantless emergency detention to peace officers, so clinicians cannot initiate holds and officers are pulled from patrol. (2) The federal IMD exclusion and scarce step-down residential beds mean people are often discharged to the street without sustained care. (3) Texas's narrow Good Samaritan law deters 911 calls during overdoses.

The CoC currently (a) keeps naloxone and overdose-response training across projects; (b) is building on HOST's 2026 growth from 5 to 9 staff to speed field linkage; and (c) supports the region's No Wrong Door agenda to extend detention authority to clinicians, pursue an 1115 IMD waiver, and fund a crisis center for co-occurring cases

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

The Austin/Travis County CoC monitors overdoses and public illicit drug use through data from Austin-Travis County EMS, the Travis County Medical Examiner's Office, the City of Austin's Homeless Encampment Management (HEM) teams, and the Homeless Outreach Street Team (HOST). Overdose activity has declined significantly: EMS calls and dispatches for overdoses fell from 1,102 in 2024 to 555 in 2025, a 50% reduction. In 2024, the Medical Examiner's Office recorded 378 accidental overdoses, showing that overdose remains a serious public safety and health concern that the community continues to address.

Illicit drug use in public spaces is identified and addressed mainly through the encampment response. When the City receives a 311 report, HEM staff assess the site within an average of 4 days. They use the HEM Site Assessment Criteria, which weigh public safety, human and environmental health, community impact, and illicit activity or behavior. Sites that pose a high risk to the community or to campers are abated immediately, and the Austin Police Department (APD) takes part in the multi-departmental abatement. HEM staff are trained to administer naloxone to reverse opioid overdoses on site. Intoxicated individuals may be routed to the Travis County Sobering Center, which refers people to inpatient and outpatient substance use disorder (SUD) treatment as an alternative to the emergency room or jail.

HOST proactively engages people with high-acuity needs in public spaces. The team pairs APD Crisis Intervention Team officers with EMS Community Health Paramedics, Integral Care clinicians, and Community Court social workers. In FY2025, HOST served 1,164 individuals, connected 1,398 clients to medical, mental health, and substance use services, and achieved 202 clinical diversions from emergency departments, psychiatric hospitals, and jail. HOST expanded to nine members in 2026.

The remaining gaps are in treatment capacity. Immediate crisis care for complex co-occurring cases and long-term SUD treatment are still scarce, and individuals are too often discharged to the street without a sustained care plan. Central Health and Integral Care are adding crisis beds and expanding capacity. The CoC will continue to coordinate with these partners, law enforcement, and first responders to reduce public drug use and connect individuals to treatment and recovery.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Texas law provides a full continuum of standards for people who are a danger to themselves or others. Health & Safety Code (HSC) §573.001 authorizes peace officers to make warrantless emergency detentions when mental illness creates a substantial risk of serious harm; Ch. 574 governs court-ordered mental health services; Ch. 462 authorizes court-ordered chemical dependency treatment; Family Code Ch. 55 aligns juvenile proceedings with civil commitment. Locally, every Austin Police Department (APD) officer is crisis-intervention trained to assess for emergency detention, and 911 callers can request a mental health response. The Homeless Outreach Street Team (HOST) pairs APD Crisis Intervention Team officers, EMS community paramedics, Integral Care (local mental health authority and CCBHC) clinicians and Community Court social workers. In FY2025, HOST served 1,164 people, connected 1,398 clients to medical, mental health and substance use services, and achieved 202 clinical diversions from EDs, psychiatric hospitals and jail.

A challenge is that only peace officers may initiate warrantless detention. Hospitals may release committed individuals when they deem homelessness the only crisis, returning them to the street without long-term treatment. The federal IMD exclusion limits step-down residential care, hospital exclusionary criteria deny care for some disabilities, no system yet tracks regional psychiatric bed availability, and psychiatric emergency and County diversion services serve adults only. APD data (2021-25) show 2% of arrestees account for 17% of arrests; 85% of them experienced homelessness, 55% had behavioral health issues, and 50% were re-arrested within 10 weeks. High utilizers cost \$137M annually for 950+ people.

PLAN: Through the No Wrong Door initiative, the CoC will continue to support the following efforts: (1) support Central Health and Integral Care bed expansion and a 24/7 no-refusal receiving center; (2) advocacy to the State Legislature and HHSC to let clinicians initiate emergency detention, secure an 1115 IMD waiver, remove hospital exclusions, and add psychiatric beds to Texas Health and Safety Code reporting; and (3) expansiond HOST diversions and coordinate discharges so people leaving commitment connect to CE, shelter and housing.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Helpful policies: Texas Code of Criminal Procedure Ch. 62, administered by the Texas Department of Public Safety (DPS), requires registrants to register with local law enforcement. In our geography, that means the Austin Police Department (APD) Sex Offender Apprehension and Registration Unit and the Travis County Sheriff's Office (TCSO). Homelessness is not an exemption: registrants without a residence must report where they habitually reside and verify more often. DPS publishes a free, searchable registry with name, photo, offense, and location, and sends data to the National Sex Offender Registry and the Dru Sjodin NSOPW. PHA partners deny admission to lifetime registrants under 24 CFR 960.204 and 982.553. The CoC leverages these policies through full provider cooperation: CoC and YHDP-funded programs never obstruct registration or verification.

Restrictive effects and how the CoC overcomes them: Federal privacy rules (HMIS standards, VAWA, HIPAA/42 CFR Part 2) limit disclosure. The CoC works within them by using HMIS provisions that allow disclosures required by law and responses to lawful law enforcement requests. Providers share participant location when requested by law enforcement, as appropriate.

Unsheltered registrants move often, which makes verification harder. The CoC counters this through low-barrier, adults-only shelters that give registrants a stable, reportable location.

HMIS has no link to the DPS registry. The CoC bridges this gap through the public registry, which any provider can check, and through direct coordination with APD's registration unit. As part of the Coordinated Entry project eligibility screening, the CoC only refers people who are registered to projects that have locations not near schools or other areas based on state law restrictions.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC's approach to outreach strategies is anchored in sustained engagement with people experiencing homelessness and strengthening partnerships to increase capacity systemwide. By embedding peer support professionals and people with lived experience into assessment and navigation roles, the CoC invests heavily in multi-disciplinary service delivery models for provider teams covering homeless response. The CoC has over 90 certified Coordinated Assessors from 24 agencies throughout Austin/Travis County. Agencies range from navigation and drop-in centers, outreach teams, indigent defense, and the county jail. CoC staff conduct in-reach at community events throughout the region in order to engage with communities that have not historically engaged in homelessness services. In addition, the CoC is consistently increasing the providers and agencies who participate in HMIS, specifically agencies from other systems that intersect with the CoC. For example, the local hospital district joined HMIS last year increasing coordination and access within the local healthcare system.

To make resolutions to homelessness permanent, the CoC pairs housing with supportive services through a sharply coordinated network of partner organizations operating at the many intersections of homelessness. The CoC supports recurring outreach coordination meetings attended by crisis response and street-medicine teams. Through its participation in the No Wrong Door initiative – a partnership with the Austin Police Department and the Travis County Sheriff's Office – the CoC extends resource coordination support to the legal and justice systems by identifying and connecting frequent system utilizers and justice-involved individuals to case management, supportive services and housing. The CoC also coordinates and engages in community planning for outreach, navigation, shelter and housing for survivors of domestic and sexual violence, stalking, and trafficking, and remains committed to deepening the involvement of victim service providers.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Workforce Development, healthcare providers, crisis response, youth-serving agencies, domestic violence programs, law enforcement, and substance use recovery.	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	No
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Our CoC's written policy is the Austin/Travis County CoC Education Service Policy, which was approved by our CoC Board and is posted for the public on ECHO's website. Every provider that serves families with children or youth ages 18-24 must follow it and write matching steps into its own policies and written standards

How families and youth are informed:

Staff must tell every family with children and every unaccompanied youth that they are eligible for McKinney-Vento education services and other state and local education services.

Each project's written standards must say how it shares this information, such as posted notices, documented verbal receipt, or a signed form. The policy links providers to Educational Rights posters in English and Spanish.

At a minimum, staff must explain the right to: a free public education; stay in the school of origin or attend the local school, based on the child's best interest; transportation to the school of origin; enroll right away, even without birth certificates, school, or shot records; take part fully in all school activities while records are gathered; get the same programs and services as other students; and not be separated from other students because of homelessness.

Staff must give every household with school-aged children a written notice of these rights and contact information for the school homeless liaison in each Travis County school district.

Staff must check whether each school-aged child is eligible and already working with a liaison. If not, staff must refer the family directly to the liaison at the school they choose.

People must get this information at multiple entry points in the homeless response system, not just once.

Accountability:

Each project must name a staff person responsible for making sure children and youth are enrolled in school and receive education services.

Projects must train all staff on these requirements.

Projects must keep proof in each participant's case file that the family or youth was informed and understands their rights.

The policy explains the school dispute process, including the right to stay enrolled in the requested school while a dispute is resolved.

The CoC and providers coordinate with school districts, charter schools, and Coordinated Entry so liaisons and providers can find and connect eligible children and youth.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Austin/Travis County CoC, led by ECHO, works with the Texas Department of Family and Protective Services (DFPS), our state child welfare agency, to help youth leaving foster care obtain and maintain housing In the following ways:

1- Written agreement. The CoC, DFPS, and the Housing Authority of the City of Austin (HACA) have a signed MOU for Foster Youth to Independence (FYI) and Family Unification Program (FUP) vouchers. It sets out who finds eligible youth, who refers them, and who provides services. LifeWorks, our lead youth provider, provides housing search and case management assistance to pair with these vouchers.

2- Locating youth. Our Coordinated Entry (CE) assessment asks individuals if they have ever been in foster care or placed out of the home. Individuals who say yes and fall within the youth population are prioritized for youth-specific housing programs. Our Coordinated Entry system refers them to FYI or FUP opportunities when program capacity is available, and to other youth housing programs when one is not.

3- Impact. HACA has 127 FYI vouchers and 178 FUP vouchers in use. Almost all went to youth referred through CE. LifeWorks also secured 25 project-based FYI vouchers for a new youth housing site opening in early 2028.

4- Shared plan. The CoC serves on the Task Force to Address the Foster Care to Homelessness Pipeline with DFPS, HACA, the City of Austin, Travis County, and youth providers. In October 2025 the Task Force released a 10-step plan that names who is responsible for each step and how it will be paid for. The goal is 2,000 youth housing placements by the end of 2029, with more than half for youth with a foster care history.

5- Housing before youth leave care. Under the plan, DFPS and HACA are creating a second path to FYI. DFPS and child welfare providers will refer youth at risk of homelessness directly, so they can move into housing when they leave care instead of becoming homeless first. CE stays the path for youth who are already homeless.

6- Safety. DFPS serves on Travis County's Care Coordination Team for youth at risk of trafficking, with LifeWorks, law enforcement, and juvenile probation. The team meets regularly to plan safe support for each youth.

7- Next steps. As of August 2025, 1,171 youth ages 18 to 25 were on our by-name list, and more than half had a foster care history. To reach them sooner, we applied for new funding to add FYI navigation and services we hope to begin by mid-2027

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The CoC coordinates with LifeWorks, the CoC's only RHY grantee. Lifeworks holds HHS RHY grants for Street Outreach, a Basic Center Program (its youth emergency shelter), a Transitional Living Program (TLP), two Maternity Group Home (MGH) grants for its Young Parents Program serving pregnant and parenting youth and their children, and a youth homelessness prevention project. LifeWorks also receives HUD CoC funds, so it follows the same CoC Written Standards, Coordinated Entry (CE) policies, and performance reviews as all CoC projects.

How the CoC coordinates with RHY programs:

CE access. LifeWorks has trained CE assessors. Youth are offered a coordinated assessment linking them to all CoC housing.

Case conferencing. As CE Lead, ECHO hosts regular youth BNL case conferencing with LifeWorks and other youth providers. Partners match youth to rapid rehousing, or permanent housing openings, and solve barriers together.

Shared data. LifeWorks enters RHY program data in the CoC's HMIS, meeting HHS and HUD reporting rules. This lets the CoC follow youth from outreach to shelter to housing, avoid duplicate services, and track outcomes.

Planning and governance. Lifeworks, a RHY provider, is active on CoC committees and workgroups that set youth policy and funding priorities. In 2025-2026, ECHO, LifeWorks, and partners led a task force on the foster care-to-homelessness pipeline to expand outreach and housing for youth with foster care history.

Cross-training. ECHO trains Lifeworks staff on HMIS, and offer trainings on CE, trauma-informed practices, and intervention specific topics and LifeWorks shares youth-centered, trauma-informed practices with CoC partners so youth get the same quality of help at every door.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The SAFE Alliance's SAFE Supportive Housing Program (SSHP, TX0039) is a CoC-funded transitional housing project that primarily serves families with children, in accordance with 24 CFR 578.93(b). SSHP serves families fleeing domestic violence, sexual assault, and human trafficking. At full capacity, 33 of its 39 units (85%) and 99 of its 105 beds (94%) serve households with at least one adult and one child, including 66 children.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The SAFE Alliance's SAFE Supportive Housing Program (SSHP) helps parents raise their income so they can pay rent when they move to permanent housing.

1.Income planning: Case Managers develop an individualized service plan with each household and review it monthly. Plans include benefits assistance and support securing permanent housing.

2.Employment and job training: Through a community partnership, Goodwill provides employment assistance and job skills training, available to participants weekly.

3.Financial coaching: Foundation Communities provides tax preparation, financial coaching, and money management classes, helping families keep more of what they earn and budget for rent.

4.Education and life skills: SSHP staff provide education services and life skills classes weekly, helping parents build skills for work and independent living.

5.Removing barriers to work: SSHP provides child care referrals through partners, so parents can work and attend training. SSHP is near two bus stops, provides bus passes on request, and staff provide rides in agency vehicles when appropriate.

6.Disability income: A SOAR Benefits Specialist helps participants who cannot work because of a disability get Social Security disability benefits faster.

7.Results: In the last reporting period, 45% of participants increased employment income and 61% increased overall income at exit, and 82% exited to unsubsidized permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

SAFE Supportive Housing Program (SSHP) connects every family to mainstream family service systems so that CoC dollars go further and families leave with lasting supports.

Temporary Assistance for Needy Families (TANF). Case Managers screen each family for benefits when they enter and throughout their stay. They help eligible parents apply for TANF cash assistance through the Texas Health and Human Services Commission and help families keep their benefits current.

Other family benefits. Case Managers also help families apply for SNAP food benefits, Medicaid and CHIP health coverage for children, and WIC nutrition support for pregnant women and young children. A dedicated SOAR Benefits Specialist helps parents with disabilities get Social Security disability benefits faster.

Child care. SSHP refers parents to subsidized child care through Workforce Solutions Capital Area, which is funded in part by federal Child Care and Development Fund and TANF dollars, so parents can work or attend training.

Health and mental health. Through formal agreements (MOUs), CommUnityCare provides medical care and Integral Care provides mental health services. CommUnity Care, Integral Care, and other medical care providers tap their existing funding sources, including Medicaid billing and/or Central Health's Medical Access Program (MAP) funding, to provide care.

By combining CoC housing with TANF and other mainstream supports, SSHP helps families build a stable base of income and services that continues after they move to permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

SAFE Supportive Housing Program (SSHP) combines safe housing with the services parents and children need to heal and thrive.

Housing. SSHP provides up to 24 months of transitional housing in 39 clustered apartments with enhanced security features. Resident Advisors respond to tenant needs, provide crisis help and safety planning, and connect families to basic needs and an on-site food pantry. Families usually move in within 30 days of being selected through Coordinated Entry.

Childcare. SSHP refers parents to childcare through community partners so they can work, attend school, and take part in services. Staff also help plan children's transportation to and from school and care.

Parenting support. Parents can take part in on-site parent coaching, life skills classes, counseling, and peer support groups led by staff with shared lived experience. These services help parents rebuild routines and strong relationships with their children after violence.

SSHP staff connect pregnant participants to prenatal and postpartum care, and help parents enroll in Medicaid for pregnant women and children. Staff also help parents connect their children to medical and mental health providers that accept Medicaid, MAP, or other coverage, including CommUnityCare through a formal MOU. Parents choose the providers that best meet their children's needs. Integral Care provides mental health services through an MOU, and SSHP offers on-site counseling to help children and parents recover from trauma.

Education. SSHP makes sure children stay in school. Staff enroll children in school, plan transportation, and provide homework support and mentoring. Parents receive weekly education services to reach their own education goals.

Because these services are built into the program, parents do not have to choose between safety, housing, and caring for their children. In the most recent reporting period, 82% of SSHP participants exited to unsubsidized permanent housing.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with Caritas and Endeavors, Supportive Services for Veteran Families (SSVF-VA) to identify, refer, and house veterans experiencing homelessness. The CoC coordinates outreach and supportive services, connecting veterans to permanent housing through HUD-VASH. Regular case conferencing with VA and SSVF partners connects veterans to employment through Veteran Serving Organizations including the American GI Forum National Veterans Outreach Program and the Texas Veterans Commission.

 nbsp;

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with The SAFE Alliance to provide emergency shelter, transitional housing, permanent supportive housing, and confidential coordinated entry to survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking, following VAWA and FVPSA confidentiality rules. New partners Asian Family Support Services of Austin and Red Oak Hope expand services to more survivors. Victim service providers shape CoC housing policy on the Permanent Housing Committee.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Our CoC partners with Integral Care, the local mental health authority, which does intakes inside Travis County's jail. Its Forensic Assertive Community Treatment team links people with court cases to treatment and housing. Our "Be On the Lookout" process checks jail rosters so people matched to housing keep their spot through release. We also partner with Austin Community Court, Family Drug Treatment Court, and a county justice council co-chaired by ECHO to plan housing before exit.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The M3 team (Integral Care, Central Health, and UT Dell Medical School) brings medical and mental health care to unsheltered people living with high medical needs – with a combination of physical illness, mental illness, and substance use. They provide outreach with medics and first responders. Our Medical Respite-to-PSH pilot moves people with acute medical needs directly into housing.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Family Eldercare (FEC), a nonprofit that houses exclusively older adults, partners with Central Health's medical respite program to serve aging and medically complex people experiencing homelessness. The partnership dedicates 10 PSH beds to chronically homeless people leaving medical respite. After move-in, Central Health keeps providing medical care and FEC provides case management, peer support, and SOAR benefits help.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

CF!V PSH Program (grant TX0764), operated by Integral Care, provides 20 units of permanent supportive housing at Community First! Village and prioritizes people experiencing chronic homelessness with serious mental illness. Other CoC PSH projects that prioritize chronic homelessness include Integral Care's Kensington PSH and Fresh Start PSH, and Family Eldercare's PSH for older adults. Every PSH project on our CoC Priority Listing prioritizes people experiencing chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Integral Care's CF!V PSH Program provides on-site integrated mental health, substance use, and medical care at the CF!V location for all its participants.

Qualified Mental Health Professionals, licensed clinicians, and psychiatrists meet with participants in their homes and in an on-site clinic often on a weekly basis.

Participant need is assessed for each participant under Integral Care's Level of Care (LOC) process: LOC1-LOC4. Case managers and clinicians review each participant's needs every six months, and this includes administering the Adult Needs and Strengths Assessment in addition to a depression and substance use screening. The LOC can be increased to allow for more intensive services when a change in condition occurs, such as a hospitalization, a crisis episode, a decline in the ability to live independently, or a lease violation tied to behavioral health needs. Because Integral Care is a CCBHC with behavioral health staff on-site, participants are assessed by clinical staff, along with input from the participants and peers.

When higher care is needed: The participant chooses among options with their treatment team. Options can include residential substance use treatment through Integral Care's Provider Network, crisis residential step-down, or inpatient psychiatric care. A participant's unit can be held for over thirty days while the participant is in treatment. When a long-term move is needed, staff coordinate a warm hand-off to the receiving facility, and PSH-to-PSH transfers through Coordinated Entry are available when a different PSH setting better fits the participant's needs.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Integral Care's CFIV PSH Program provides on-site integrated mental health, substance use, and medical care at the CFIV location for all its participants.

Qualified Mental Health Professionals, licensed clinicians, and psychiatrists meet with participants in their homes and in an on-site clinic often on a weekly basis.

Participant need is assessed for each participant under Integral Care's Level of Care (LOC) process: LOC1-LOC4. Case managers and clinicians review each participant's needs every six months, and this includes administering the Adult Needs and Strengths Assessment in addition to a depression and substance use screening. The LOC can be increased to allow for more intensive services when a change in condition occurs, such as a hospitalization, a crisis episode, a decline in the ability to live independently, or a lease violation tied to behavioral health needs. Because Integral Care is a CCBHC with behavioral health staff on-site, participants are assessed by clinical staff, along with input from the participants and peers.

When higher care is needed: The participant chooses among options with their treatment team. Options can include residential substance use treatment through Integral Care's Provider Network, crisis residential step-down, or inpatient psychiatric care. A participant's unit can be held for over thirty days while the participant is in treatment. When a long-term move is needed, staff coordinate a warm hand-off to the receiving facility, and PSH-to-PSH transfers through Coordinated Entry are available when a different PSH setting better fits the participant's needs.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Integral Care's Community First! Village Permanent Supportive Housing (PSH) project complies with our CoC's written policy for moving on from PSH by assessing each participant's readiness to move on to unsubsidized or other permanent housing as part of the same Level of Care (LOC) process it uses to assess need for more intensive care.

At every six-month reassessment, case managers and licensed clinicians review the Adult Needs and Strengths Assessment (ANSA) and the participant's service plan for signs of sustained stability. Participants can also raise moving on with their team at any time.

Staff and the participant review readiness together using our CoC's Move-On Assessment. This includes reviewing how long a participant has remained stable at the lowest level of care (LOC1); stable income from employment or benefits secured; consistent rent payment and lease compliance; the ability to manage health care and medications independently; natural supports; and, most importantly, the participant's own wish to move on.

When a participant is ready and interested, the team develops a written move-on plan covering housing search, obtaining a Housing Choice Voucher or other subsidy through our public housing authority partners, affordable or market-rate housing options, or reunification with family. Participants can reconnect with Integral Care services if their needs change. Moving on frees a PSH unit for the next person experiencing chronic homelessness on our Coordinated Entry priority list.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

Our CoC Board-approved Reallocation and Deobligation Policy and Review, Scoring, and Ranking Policy guides reallocation. We review project performance all year, not just during the competition:

- Every quarter, ECHO staff issue a Performance Scorecard for each project showing outcomes and spending. Projects that miss performance or administrative standards go on a Performance Improvement Plan (PIP), reported to our Performance Monitoring Committee and CoC Board.
- If a project on a PIP has not made significant progress after 2 years, it will be involuntarily reallocated in the next CoC competition.
- Projects that return (deobligate) more than 10% or \$50,000 may have renewal budgets cut to actual spending and must enter a PIP. Unspent funds also lower local scores.
- An Independent Review Team scores every renewal with a published tool. Objective criteria are at least 50% of points and system performance measures at least 25%, including returns to homelessness, employment income, and service participation.

1. A project is a reallocation candidate if it is low performing (low score, unresolved PIP, or underspending) or less needed (does not fit our Community Funding Priorities or FY 2026 NOFO priorities, or falls below the Tier 1 line). These projects may be fully or partially reallocated or convert to a type our CoC needs more or the NOFO prioritizes, such as TH or SSO. Reallocated funds create new projects that meet our Community Funding Priorities.

2. Yes. We identified 5 less needed projects to reallocate based on NOFO priorities and our local policies: Caritas of Austin My Home PSH, LifeWorks youth PSH and RRH, and SAFE RRH. No renewal was identified as low performing. LifeWorks youth PSH and RRH and SAFE RRH transitioned to a TH project type.

3. Yes. Our CoC prioritized PSH for chronically homeless people with serious mental illness and PSH for older adults. This ranked HACA Onward PSH above Caritas My Home PSH, placing Caritas in Tier 2. We reduced Caritas My Home by \$941,816 to make room in Tier 2 for additional funding for Roosevelt Gardens Transitional Housing. LifeWorks is replacing its youth PSH with youth TH and its youth RRH with SSO, and SAFE is converting RRH to TH, to meet local needs and FY 2026 NOFO priorities.

4. We did reallocate this year. Caritas My Home was reduced rather than eliminated because it meets our performance standards and full reallocation would displace current tenants.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not Applicable: The Austin/Travis County CoC did not conduct an unsheltered PIT count in 2026.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Evaluation period: January 1, 2025 – December 31, 2025

During the evaluation period, the Austin/Travis County CoC supported the City of Austin's coordinated, outreach-first approach to reducing encampments. This approach is consistent with Texas Penal Code 48.05 and the local public camping ordinance. Key actions included the following.

Homeless Encampment Management (HEM): The City's HEM team, managed by Homeless Strategies and Operations (HSO), followed a systematic process to assess, prioritize, conduct outreach, post notice, and abate encampments. Staff reviewed 3-1-1 reports weekdays and dispatched investigators to assess each new site. Each site was scored on population needs, public safety, fire and flood hazards, human and environmental health, and community impact. Sites were referred to the City's Street and Community Outreach team before closure so residents were offered shelter and services first. The exceptions were sites posing an immediate safety risk or located in a designated keep-clear area. Staff then posted 72 hours' notice before a multi-department team restored the space. HEM coordinated daily with Austin Police, Transportation and Public Works, Resource Recovery, Parks and Recreation, Emergency Management, and Watershed Protection, and addressed roughly 16 encampments in a typical week.

Encampment Management Prioritization Initiative: In October 2025, the City led a three-week initiative that prioritized sites posing imminent risk to life or safety, such as those along active roadways and in flood-prone areas. Teams conducted 669 site visits, moved 181 individuals from encampments into shelter, and referred 87 more to social, medical, and behavioral health services. Crews removed about 674 tons of debris and safeguarded personal property per City protocol. HEM staff also carried naloxone, and intoxicated individuals could be routed to the Travis County Sobering Center for treatment referrals.

Sustaining the reduction: Building on the October initiative, the City developed an expanded operating model with more operational days, broader geographic reach, outreach before any enforcement, and monitoring after closures to prevent reoccupation. The CoC will continue partnering with the City to connect encampment residents to shelter, coordinated entry, and housing.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	3,200
2. Enter the reduction in the number of encampments during your evaluation period.	677

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The City of Austin does not have a full estimate of the number of people in encampments.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Our CoC's plan to reduce first-time homelessness has four parts: help people at risk stay housed, divert them at the front door, prevent youth homelessness, and reduce discharges from institutions into homelessness.

Right at Home Austin (RAHA). ECHO, our CoC Lead, is building a countywide prevention system with the City of Austin and Travis County through Right at Home, a national partnership led by Destination: Home. RAHA gives fast, flexible financial help (rent, utilities, deposits) and short-term case management to renters about to lose their homes. A screening tool targets households most likely to enter shelter. The model works: in a randomized study by Notre Dame's Wilson Sheehan Lab for Economic Opportunities (LEO) of a similar project, over 90% of households stayed housed two years later, and each \$1 spent saved about \$2.47. LEO will evaluate our results; Homebase provides technical assistance. We anticipate to start serving households by January 2027.

Diversion at every front door. All Coordinated Entry access points screen each household for diversion before assessment, helping people stay with family or friends, resolve conflicts, or use a small one-time payment to avoid shelter.

Youth prevention. LifeWorks uses \$724,992 in Federal, City, County, and private funds for youth prevention, including one-time rent help; 85% of youth served are still housed a year later.

ECHO and 16 partners have signed the No Wrong Door MOU, including the Travis County Sheriff's Office, Austin Police, EMS, Integral Care, Central Health, Ascension Texas, Baylor Scott & White, the District and County Attorneys, and the Sobering Center. With client consent, partners share data and meet regularly to coordinate housing, treatment, and services for people who cycle repeatedly through jails, hospitals, and emergency rooms, starting with the community's 100 highest utilizers. The partnership is also documenting gaps, such as the shortage of high-acuity beds, to guide future investment.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Our CoC reduced the average length of time people remain homeless from 954 days in FY2024 to 834 days in FY2025 (HDX, SPM Metric 1.2). That is 120 fewer days, a 12.6% drop. HDX data also shows where the delay happens: people spend an average of 197 days in shelter or transitional housing, but 834 days homeless in total. Most of that time is spent before people ever enter a program. Our plan targets that gap with six strategies:

Match people to housing faster. Our Coordinated Entry System (CES) uses dynamic prioritization. Instead of waiting for one specific program, each person is matched to the best available housing option for their needs as soon as it opens.

Reach people sooner. CES is mobile. Street outreach, the Sunrise Hub day center, the hotline, and drop-in centers assess people on the spot, so no one has to travel to one office for help. Our No Wrong Door partnership with the Austin Police Department and Travis County Sheriff's Office will help link people who cycle through the justice system to case management and housing.

Resolve homelessness quickly when possible. Diversion and rapid resolution are built into every step: first contact, shelter stays, and the wait for housing. Staff help people use family, friends, and one-time help to return to safe housing in days, not months.

Make shelter a path to housing. We support shelters in shifting from a place to stay to a place to plan a move.

Hold projects accountable. ECHO, the CoC lead agency, tracks each project's exits to permanent housing and how long it takes to get there. These results inform local ranking and reallocation, so funding follows the projects that end homelessness fastest.

Add housing for those at highest need. We are working with local funders, including the City of Austin and Travis County, to create new permanent housing for this group. Our move-up process with local housing authorities also frees rapid rehousing slots when households no longer need services.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	52.70%

Describe how you calculated the data for this response.

(limit 2,500 characters)

We used HMIS data from Clarity to run the HUD Annual Performance Report (APR) for January 1, 2025 to December 31, 2025. This period falls inside the NOFO's required window of October 1, 2023 to December 31, 2025.

Projects included: All HMIS-participating TX-503 projects with HMIS Project Type 2 (Transitional Housing), 3 (Permanent Supportive Housing), or 13 (Rapid Re-Housing). No other project types were included. We did not filter by funding source, so the count covers CoC, ESG, SSVF, VASH, HOPWA, YHDP, and locally funded TH, RRH, and PSH projects: our full housing system. The APR showed 4,284 people served, and 1,428 of them exited. These 1,428 leavers are the denominator.

Data elements summed: APR Q23c reports Exit Destination (HMIS Data Element 3.12). We added the four unsubsidized destinations named in the NOFO guidance: living with family, permanent tenure (74); living with friends, permanent tenure (16); rental by client, no ongoing housing subsidy (656); and owned by client, no ongoing housing subsidy (7). Total: 753 people, or 52.7% of all 1,428 leavers. This is more than 2.5 times HUD's 20% threshold.

Why this rate is conservative: We left out the two subsidized permanent destinations, rental with a subsidy (307) and ownership with a subsidy (5). We kept every leaver in the denominator, including people who died (59), had no exit interview (59), or did not know or declined to answer (14).

What the data shows: 1,065 leavers (74.6%) exited to a permanent destination, and 70.7% of them moved to housing with no ongoing subsidy. Most successful exits do not use the community's limited vouchers. People in households with children exited to unsubsidized housing at 65.1% (491 of 754). People in adult-only households did so at 38.8% (261 of 673); these households have higher rates of disability and longer histories of homelessness.

Moving people forward: 83% of people leaving RRH in 2025 exited to unsubsidized housing, up about 8 percentage points from 2024 and the second straight yearly increase. In PSH, 107 participants moved on to unsubsidized housing in 2025, about 19% above our six-year average of 90 per year. Each move-on frees a PSH unit for someone with the highest needs.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/24/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,448	93	1,507	97.79%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	303	105	408	100.00%
4. Rapid Re-Housing (RRH) beds	960	208	1,168	100.00%
5. Permanent Supportive Housing (PSH) beds	2,091	0	2,091	100.00%
6. Other Permanent Housing (OPH) beds	896	0	896	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

Not Applicable – our coverage rate is higher than 84.99%

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 Attachment. ...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f Attachment....	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Attachment. ...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Attachment....	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Attachment. ...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c Attachment...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b Attachment...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1 Attachment. ...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP Attachment...	09/29/2026
11. Other	No	Local Competition...	09/29/2026

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required