

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-625 - Lubbock City & County CoC

1A-2. Collaborative Applicant Name: ECHO West Texas

1A-3. CoC Designation: CA

1A-4. HMIS Lead: ECHO West Texas

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	No	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	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)

The Lubbock CoC partners with substance use treatment providers, recovery community organizations, and faith-based recovery programs to give people experiencing homelessness access to peer recovery specialists and recovery navigation. Street outreach, coordinated entry, and case managers of CoC-funded projects refer participants to peer support at any point, from first contact through housing stability.

Certified peer recovery specialists and peer support workers use their own recovery experience to build trust, encourage treatment engagement, and model long-term recovery. Peers help participants set recovery goals, attend treatment and support group meetings, and connect with sober social networks and recovery housing when appropriate.

Recovery navigators help participants move through the treatment system by scheduling assessments, coordinating transitions between levels of care, and following up after crisis, detoxification, or inpatient stays to prevent gaps in care. Navigators also connect participants to benefits, employment services, and other resources that support sustained recovery. Projects with service participation requirements include peer support and recovery navigation in individualized plans that tie recovery goals to income and housing stability.

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.

(limit 2,500 characters)

The Lubbock CoC partners with StarCare Specialty Health System, the state-designated Local Mental Health Authority for Lubbock County and a Certified Community Behavioral Health Clinic. StarCare provides treatment and care coordination for individuals involved with specialty courts like Adult Drug Court and Freedom Court, which is associated with the Substance Abuse Felony Punishment Facility / SAFPF re-entry framework.

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)

The Lubbock CoC partners with StarCare Specialty Health System, the Local Mental Health Authority, which serves as the hub of the local crisis system of care. StarCare operates a 24/7 crisis line staffed by qualified professionals and works with the 988 Suicide and Crisis Lifeline so that people in crisis are connected to local services. StarCare's mobile crisis outreach team responds in the community, including to people experiencing homelessness on the street, in shelters, and at other service

1B-5 Plan for Comprehensive Strategies for Reducing Homelessness.

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)

HMIS and provider data show that unsheltered individuals with serious mental illness and/or substance use disorders have the longest time homeless and lowest rate of exits to permanent housing. Stakeholder assumptions often do not match this data, and current resources are not matched to actual needs.

The CoC combines the proven strategies in 42 U.S.C. 11386b(d), permanent supportive housing (PSH) for chronically homeless individuals and rapid rehousing (RRH) for families, with targeted strategies for every subpopulation. To close the gap, the CoC will add new transitional housing with coordinated treatment through StarCare Specialty Health System, peer support, and case management, followed by moves to RRH, PSH, or unsubsidized housing. Outreach teams will engage chronically homeless and unsheltered households and use case conferencing to speed placement. Youth 18-24 and youth aging out of foster care will receive specialized housing and crisis services from youth providers, survivors will be served by victim service providers with specialized support services, and veterans will be served through the VA, SSVF, and HUD-VASH.

The CoCs goal is to reduce the average length of time homeless by 10% each year, increase exits to permanent housing to 60% for all project types, keep returns to homelessness within 12 months below 15%, and increase income for 40% of adult participants, with special emphasis on connection and increases to employment income.

Starting January 2027 the CoC will share HMIS data with stakeholders and adopt updated coordinated entry prioritization to better match the identified gaps. We expect to, execute partnership agreements with Workforce Solutions South Plains by March 2027.

CoC Bonus and reallocated CoC funds will be used in future competition for new transitional housing and RRH projects; Medicaid to support treatment; WIOA to support employment connection; and SSVF and HUD-VASH for veterans.

The CoC Board oversees the implementation, and may assign other standing committees or create advocacy committees to implement specific portions of the plan.

1B-5a Confirmation of Plan Coverage.

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

1C. Coordination and Engagement

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

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- 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?	25%

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)

N/A

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)

The Lubbock CoC partners with Starcare mental health, licensed substance use treatment providers, health centers, hospitals, and the VA to connect people experiencing homelessness to outpatient behavioral health treatment. Projects link participants to these partners through coordinated entry, street outreach, and case management.

Partners offer a range of levels of care, from routine outpatient counseling to intensive outpatient and co-occurring disorder treatment, with placement based on standardized assessment. Services include evidence-based individual and group therapy, psychiatric care, and medication management, including FDA-approved medications for substance use disorders. Case managers help participants stay engaged in treatment and enroll in benefits that pay for ongoing care.

Partners screen for suicide risk, complete safety plans, and connect people in crisis to the 988 Suicide and Crisis Lifeline and local crisis services. Recovery supports include peer recovery specialists, support groups, and faith-based recovery programs. Projects develop individualized housing and service plans that connect treatment and recovery to income and housing stability goals.

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)

The Lubbock CoC partners with substance use treatment providers, recovery community organizations, and faith-based recovery programs to give people experiencing homelessness access to peer recovery specialists and recovery navigation. Street outreach, coordinated entry, and case managers of CoC-funded projects refer participants to peer support at any point, from first contact through housing stability.

Certified peer recovery specialists and peer support workers use their own recovery experience to build trust, encourage treatment engagement, and model long-term recovery. Peers help participants set recovery goals, attend treatment and support group meetings, and connect with sober social networks and recovery housing when appropriate.

Recovery navigators help participants move through the treatment system by scheduling assessments, coordinating transitions between levels of care, and following up after crisis, detoxification, or inpatient stays to prevent gaps in care. Navigators also connect participants to benefits, employment services, and other resources that support sustained recovery. Projects with service participation requirements include peer support and recovery navigation in individualized plans that tie recovery goals to income and housing stability.

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)

The Lubbock CoC identifies individuals with Serious Mental Illness (SMI) through street outreach, emergency shelters, coordinated entry assessments, and referrals from hospitals, law enforcement, jails, and crisis services. Staff screen for behavioral health needs at first contact and record disability information in HMIS, which helps the CoC flag high-need individuals, including those with frequent crisis, hospital, or jail contacts.

Once identified, individuals are referred to Star Care and other mental health providers for assessment and connection to the appropriate level of care. People with the most intensive needs are linked to Assertive Community Treatment Team at Starcare or similar team-based models that combine assertive outreach, intensive care coordination, psychiatric care, medication management, and support with daily living in the community. Others receive intensive case management and outpatient treatment. When appropriate and consistent with state law, partners coordinate with courts on court-ordered outpatient treatment for individuals who cannot engage voluntarily. Outreach and case management staff work with treatment teams to maintain engagement.

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)

The Lubbock CoC partners with StarCare Specialty Health System, the state-designated Local Mental Health Authority for Lubbock County and a Certified Community Behavioral Health Clinic. StarCare provides treatment and care coordination for individuals involved with specialty courts like Adult Drug Court and Freedom Court, which is associated with the Substance Abuse Felony Punishment Facility / SAFPF re-entry framework.

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)

The Lubbock CoC coordinates with StarCare Specialty Health System through shared case planning, ongoing communication, and coordinated referrals for individuals involved with specialty courts, court-ordered treatment, or inpatient commitment. CoC project staff, StarCare clinicians, and court team members align treatment, housing, and court requirements, so participants receive consistent expectations and support.

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)

The Lubbock CoC partners with StarCare Specialty Health System, the Local Mental Health Authority, which serves as the hub of the local crisis system of care. StarCare operates a 24/7 crisis line staffed by qualified professionals and works with the 988 Suicide and Crisis Lifeline so that people in crisis are connected to local services. StarCare's mobile crisis outreach team responds in the community, including to people experiencing homelessness on the street, in shelters, and at other service

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.	19
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)

The Lubbock CoC has a formal partnership with StarCare Specialty Health System, which is a Texas Certified Community Behavioral Health Clinic (CCBHC), the state-designated Lubbock Health Department, and the StarCare PATH provider for Lubbock.

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)

Still Horizon Recovery has 3 transitional housing residences with 19 beds that are operated as sober housing.

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)

The Lubbock CoC coordinates with treatment providers, peer recovery programs, specialty courts, crisis services, hospitals, law enforcement, corrections, and StarCare Specialty Health System to move people directly into stable housing and prevent entry into homelessness. The CoC's goal is that no one is discharged from treatment, a hospital, crisis care, or jail to the street or an emergency shelter when another option is available.

Warm hand-offs occur through in-person or virtual introductions between the discharging provider and the receiving housing provider, joint case planning meetings, and scheduled first appointments before release. Urgent medical services are provided through University Medical Center and Lubbock Health Department, who in turn work with local agencies and service providers for extended services including in-patient and out-patient recovery programs. StarCare's PATH, crisis, and treatment staff, along with court and corrections case managers, help participants complete housing applications, gather documents, and apply for benefits before discharge. After placement, treatment and housing providers stay in contact to address problems early and help participants maintain housing, remain engaged in treatment, and progress toward income and independence.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,981,448
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.	\$2,152,711
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	72%
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.	\$797,489
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).	99%

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)?
	66.00%

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)

The CoC consults regularly with the City of Lubbock's Community Development Department as the ESG recipient in our CoC region. The Community Development Director is on the CoC Board and provides updates to the Board and CoC general membership on ESG performance data. The Collaborative Applicant, CoC funded projects, and ESG recipient work together to develop written standards and performance standards for both ESG and CoC projects. The CoC provides recommendations on how to allocate the annual City's ESG funding allocation (% for RRH, ES, etc).

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)

The Lubbock CoC coordinates with emergency shelter providers, including the Salvation Army, Family Promise of Lubbock, and Grace Campus so that individuals and families staying in shelter are quickly connected to CoC assistance. Shelter providers are active CoC members, participate in CoC meetings and committees, and enter client data into HMIS so that shelter stays, needs, and progress are visible across the system.

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)

The Lubbock CoC shares Point-in-Time (PIT), Housing Inventory Count (HIC), HMIS, and System Performance Measures (SPM) data with state and local government partners like the City of Lubbock in accordance with the CoC's HMIS Privacy Plan and Security Plan, which govern what data may be disclosed and under what circumstances.

Following each annual count, the CoC compiles PIT and HIC results into a public summary report shared publicly on the Collaborative Applicant website. The reports are readily available to inform local budgeting, Consolidated Plan development, and state-level homelessness funding decisions. Aggregate, de-identified HMIS data is shared with the City of Lubbock Community Development Department to support planning under CDBG, HOME, and ESG-funded activities and to identify gaps in the local homeless response system, with no personally identifying information disclosed absent a data-sharing agreement and client consent where required.

The CoC also shares SPM data, including length of time homeless, returns to homelessness, and exits to permanent housing, with local government stakeholders through reporting and presentations at CoC and community meetings, ensuring that state and local partners have timely, accurate information to align housing and homeless service investments, identify systemic gaps, and track progress toward reducing homelessness community-wide.

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 Lubbock CoC uses data from health care, behavioral health, and criminal justice partners alongside HMIS to identify high-need individuals, coordinate care, and measure outcomes. The CoC works with local hospital systems and StarCare Specialty Health System to identify people experiencing homelessness who frequently use emergency rooms, crisis services, and inpatient psychiatric care. Where available, admission, discharge, and transfer information allows case managers to learn when a participant is hospitalized so they can coordinate discharge planning and prevent a return to the street. Electronic health record and claims information help care teams understand treatment history and connect participants to the right level of care.

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)

The Lubbock CoC partners with Workforce Solutions South Plains, the Local Workforce Development Board serving Lubbock County and 14 surrounding counties. Workforce Solutions South Plains operates the Lubbock American Job Center, which offers job search assistance, career counseling, job placement, skills training, and child care assistance for working parents.

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)

The Lubbock CoC's street outreach teams work closely with the Lubbock Police Department, Lubbock County Sheriff's Office, Lubbock Fire Rescue, and emergency medical services to connect people experiencing unsheltered homelessness to housing, treatment, and CoC services. Outreach staff and first responders share contact information, meet regularly to coordinate on individuals and locations of concern, and respond together when appropriate.

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)

The Lubbock CoC and its recipients help individuals experiencing homelessness or living in CoC-funded housing reconnect with family and other support networks when reunification is safe and supports long-term stability. Street outreach, coordinated entry, shelter, and housing case managers ask about family and support networks during assessment and use problem-solving conversations to identify people who could offer a place to stay or ongoing support.

When a participant chooses reunification, the case manager contacts the family member or friend, with the participant's consent, to confirm that they are willing and able to provide housing or support and that the arrangement is safe. Case managers screen for domestic violence and other safety concerns before any reunification plan moves forward. They also help resolve conflicts and set expectations with the household through mediation when needed.

If the support network is in another city or state, case managers help arrange travel, including bus or other transportation costs, if funding is available. Case managers follow up after reunification to confirm the participant arrived, and address any problems.

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?	No	

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)

The Lubbock CoC supports and does not interfere with or impede local efforts to protect public safety, and CoC providers work alongside first responders to connect people experiencing homelessness to shelter, treatment, and housing.

Encampments: The CoC cooperates with the City of Lubbock and law enforcement in enforcing local ordinances and the Texas statewide prohibition on camping in public places. Before and during encampment clearings, outreach teams coordinate with officers to offer shelter, treatment, transportation, identification, and help storing belongings, so that people leave encampments for safer settings.

Public drug use: CoC providers do not support or fund activities that facilitate illicit drug use. Outreach and shelter staff encourage people using drugs in public spaces to enter treatment, connect them to StarCare Specialty Health System and other providers, and coordinate with law enforcement and specialty courts so that treatment is used as a pathway out of public drug use.

Danger to self or others: CoC outreach and shelter staff contact 911, the Lubbock Police Department Crisis Intervention Team, or StarCare's crisis services when a person appears to be a danger to themselves or others or cannot care for themselves. Providers cooperate with emergency detention and court-ordered commitment processes under Texas law and support discharge planning from inpatient care.

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)

Texas Penal Code Section 48.05 prohibits camping in public places, and Texas Local Government Code Chapter 364 bars local governments from adopting policies that prohibit or discourage enforcement of camping bans. The 2024 U.S. Supreme Court decision in *City of Grants Pass v. Johnson* confirmed that local governments may enforce camping restrictions. Texas law also requires officers to make a reasonable effort to advise people of alternative shelter and services before issuing a citation, which creates a natural point of contact for outreach. Locally, the City of Lubbock, law enforcement, StarCare Specialty Health System, and street outreach teams coordinate on encampment responses.

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)

Lubbock does not have large, long-term encampments like those found in many larger cities. Unsheltered homelessness in the CoC's geographic area mostly consists of individuals and small groups staying in scattered locations, such as under bridges and overpasses, along railroad corridors, in vacant lots and abandoned buildings, near downtown service providers, and in parks and drainage areas. Most tents and campsites are small, temporary, and move frequently, especially after contact with law enforcement or outreach teams.

Because Texas law prohibits camping in public places, the City of Lubbock and law enforcement respond to campsites on public property as they are reported. CoC outreach providers engage individuals at these locations to offer shelter, treatment, identification assistance, and coordinated entry assessments. Common challenges include people who return to camping in new locations after a site is cleared, people with serious mental illness or substance use disorders who decline services, and increased risk during extreme heat and winter weather. The CoC continues to monitor encampment locations through outreach and HMIS data to direct resources where they are most needed.

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)

Beneficial policies: Texas law prohibits the possession and use of controlled substances and public intoxication, giving law enforcement clear authority to respond to public drug use. StarCare Specialty Health System serves as the regional Local Behavioral Health Authority for substance use disorders and operates Outreach, Screening, Assessment, and Referral (OSAR) services, which provide a single point of access to treatment. The Hope Center gives officers a treatment option for individuals in crisis instead of jail or the emergency room. CoC projects do not fund or support activities that facilitate illicit drug use.

The CoC leverages state law and local partnerships by working with law enforcement, StarCare, and specialty courts so that people found using drugs in public are directed to treatment through OSAR, the Hope Center, or court-ordered treatment, with arrest and prosecution used when appropriate. Outreach teams will carry OSAR referral information, schedule assessments on the spot, and provide transportation to treatment.

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)

Drug overdoses remain a serious concern in the CoC's geographic area. According to the City of Lubbock Health Department, citing Centers for Disease Control and Prevention data, Lubbock County had 41 unintentional drug overdose deaths between August 2023 and July 2024, and annual deaths from 2019 through 2023 ranged as high as 48.

Illicit drug use in public spaces is concentrated among a small number of individuals experiencing unsheltered homelessness and occurs mainly at scattered campsites, in vacant buildings, near downtown service areas, and in parks and alleys, rather than in large open-air drug markets.

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)

Beneficial policies: Texas Health and Safety Code Chapter 573 allows peace officers to take a person into emergency detention without a warrant when there is a substantial risk of serious harm to the person or others, and allows other adults to apply for emergency detention through a judge. Chapter 574 authorizes court-ordered inpatient and outpatient mental health services, including for people who will continue to deteriorate in their ability to function independently if not treated. Chapter 462 allows court-ordered treatment for chemical dependency. Locally, StarCare Specialty Health System operates Sunrise Canyon Hospital for adult inpatient psychiatric care and the Hope Center, which gives officers a drop-off location for people in crisis, and the Lubbock Police Department's Crisis Intervention Team is trained to respond to mental health calls.

The CoC leverages state law and local partners by training outreach and shelter staff to recognize when a person may meet emergency detention criteria and to contact 911, the Crisis Intervention Team, or StarCare's crisis line right away. The CoC will coordinate with StarCare, the courts, and county attorneys so that court-ordered outpatient treatment is pursued for individuals with repeated crisis episodes who cannot engage voluntarily.

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)

Texas Code of Criminal Procedure Chapter 62 requires people subject to sex offender registration to register with local law enforcement and report changes in residence, including when they have no permanent address. The Texas Department of Public Safety maintains a public sex offender registry that CoC providers can check at intake. The HMIS privacy standards allow disclosures that are required by law and certain disclosures to law enforcement, such as in response to a court order, warrant, or subpoena, and the Lubbock Police Department and Lubbock County Sheriff's Office are the local registration authorities that CoC providers can contact directly.

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 Lubbock CoC's outreach strategy is designed to reach every individual and family experiencing homelessness in its geographic area, including the City of Lubbock and smaller communities such as Slaton, Wolfforth, Idalou, and Shallowater. Street outreach teams, including StarCare Specialty Health System's PATH program, regularly visit known campsites, parks, bridges, vacant buildings, downtown service areas, and other locations where people stay. Teams use HMIS and outreach data to map locations and adjust routes as people move.

The CoC also relies on a broad network of partners to identify people who are not found on the street. Emergency shelters, day centers, meal programs, libraries, hospitals, StarCare's crisis services, law enforcement, and faith-based organizations refer people to outreach and coordinated entry. Additionally people can connect with the homeless system by phone through 2-1-1.

Outreach staff engage people repeatedly, build trust, and offer immediate help with shelter, food, identification, and transportation. They complete coordinated entry assessments in the field, connect people to treatment and benefits, and follow up with those who initially decline services. The CoC promotes outreach and coordinated entry through printed materials, partner websites, and community presentations, and reviews Point-in-Time and HMIS data each year to identify underserved areas and populations.

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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)	No
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
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)

All projects in the Lubbock CoC must adhere to the McKinney-Vento Act's provisions pertaining to the education of homeless children and youth. Per Lubbock CoC written standards, each CoC-funded project must designate a staff person responsible for ensuring that children are enrolled in school and receive eligible and appropriate educational services. The name of this staff person is documented during CoC monitoring. The CoC requires projects to collaborate with the local school district's McKinney-Vento liaison(s) when a new child or youth enters a homeless program and is not enrolled in school. Consistent with the Act, policies ensure that children are immediately enrolled in school regardless of the documentation available at the time of enrollment. Families and youth retain the right to enroll either in the school of origin or in the local attendance-area school, without being denied either option based on residency or lack of documentation, and the LEA will coordinate transportation to and from the school of origin at the parent or guardian's request.

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 Lubbock CoC coordinates with the Texas Department of Family and Protective Services (DFPS) and Saint Francis Ministries, who manages foster care services in Region 1 under Texas Community-Based Care, to help youth leaving foster care avoid homelessness. Saint Francis Ministries administers the Preparation for Adult Living (PAL) program, which provides life skills training, educational and career planning, and transitional support to youth preparing to age out of care.

When a youth leaves care without stable housing, coordinated entry prioritizes the youth for available transitional housing, rapid rehousing, and youth-serving programs. Case managers help youth obtain identification, enroll in school or job training through Workforce Solutions South Plains, apply for benefits, and connect to behavioral health services through StarCare Specialty Health System when needed.

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)

There are no Runaway and Homeless Youth (RHY)-funded providers in the CoC region.

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)

Lubbock Open Door—Survivor Housing RRH. At full capacity, 15 of 19 households (79%) will be families with at least one adult and one child, representing 36 of 40 participants (90%). The project therefore primarily serves families with children experiencing homelessness.

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)

Lubbock Open Door's Survivor Housing RRH uses an individualized income plan for each household. Case managers provide employment screening, job-readiness assistance, job coaching, and referrals to Workforce Solutions South Plains for assessment, training, placement, and retention; education services also support GED, ESL, literacy, and other educational goals. Childcare and transportation reduce barriers to work and training so families can increase earned income and assume more of their rent as RRH assistance ends.

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)

Lubbock Open Door's Survivor Housing RRH leverages mainstream family-service resources by screening each household for TANF, SNAP, Medicaid, CHIP, WIC, unemployment benefits, SSI/SSDI, and other assistance. Case managers help families gather records, complete applications and renewals, attend interviews, respond to verification requests, and follow up with Texas Health and Human Services and other agencies. These resources supplement CoC rental and supportive-services funding and help families meet basic needs while stabilizing their 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)

Lubbock Open Door's Survivor Housing RRH pairs tenant-based rental assistance with individualized case management and family supports. The project budgets licensed childcare; education assistance for GED, ESL, literacy, tutoring, testing, books, and supplies; family counseling and life-skills services that provide parenting support; and direct outpatient health services. Case managers also coordinate with schools, childcare providers, and healthcare providers and help eligible families enroll in Medicaid, CHIP, and WIC so pregnant participants and children can obtain appropriate pregnancy-related, preventive, and pediatric care. Staff use warm referrals and follow-up while protecting survivor confidentiality.

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)

Amarillo VA Health Care System, which provides health care, mental health and substance use treatment, and homeless program services to veterans in the CoC's geographic area. The VA administers HUD-VA Supportive Housing (HUD-VASH) in partnership with the Lubbock Housing Authority, combining housing choice vouchers with VA case management and treatment. The CoC also works with StarCare Specialty Health System's VetStar program, which provides support services for veterans and their families.

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 Lubbock CoC partners with Women's Protective Services of Lubbock, the area's primary victim service provider for survivors of domestic violence, dating violence, sexual assault, and stalking. Additionally, the CoC partners with Open Door who administers a CoC funded DV Bonus project.

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)

The Lubbock CoC partners with the Lubbock County Sheriff's Office and the Lubbock County Detention Center to prevent homelessness among people leaving jail. Detention center staff identify individuals who report having no stable place to live at booking or before release and, with the individual's consent, refer them to CoC outreach and coordinated entry.

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 Lubbock CoC partners with the Community Health Center of Lubbock (CHCL), a federally qualified health center and the area's Health Care for the Homeless grantee, to provide specialized health care for individuals experiencing homelessness with high medical needs.

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)

The Lubbock CoC partners with StarCare Specialty Health System's Silver Star program, which delivers the Program of All-Inclusive Care for the Elderly (PACE) for older adults in the Lubbock area.

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)

Lubbock Open Door PSH administered by Lubbock Open Door prioritizes individuals experiencing homelessness. There are approximately 97 units funded through this project which are all dedicated for Chronically Homeless individuals.

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)

Although Open Door partners with StarCare, its PATH team, or the City of Lubbock Health Department for on-site behavioral healthcare, we have several Licensed Professional Counselors on staff who provide mental health services directly to our PSH participants. These are services provided by Open Door staff. Our team also coordinates referrals to StarCare and other behavioral health providers when participants need additional or specialized services.

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)

Open Door has Licensed Master Social Workers on staff who assess participants for higher levels of care through ongoing case management. When a participant needs additional support, the PSH team works closely with hospice and assisted-living providers to coordinate assessments, referrals, and transitions into an appropriate level of care. Staff assist the participant throughout the process and help coordinate continuity of services.

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)

Open Door actively assesses participants' readiness to move on from PSH through ongoing case management, income verification, and individualized review of their housing and support needs. When a participant is ready, staff help evaluate available permanent-housing options and provide transition assistance.

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)

1) The CoC has two types of reallocation in it's written process: Voluntary and Involuntary. The process for voluntary reallocation is for the grantee to notify the CoC of their intent to fully or partially reallocate their project in the upcoming competition. The CoC will evaluate the impact on the system and how to handle any potential client displacements. Involuntary reallocation is determined when a project fails to meet monitoring or performance expectations outlined in the reallocation policy. The CoC identifies lower performing projects through the CoC monitoring process which includes a review of Annual Performance Reports and other CoC project performance and compliance standards. The reasons for reallocation are as follows: fiscal non-compliance, ongoing non-compliance with HUD/CoC regulations, policies, or processes, and poor performance. The CoC may also reallocate projects that do not meet current HUD or CoC thresholds. 2) The CoC did not identify any projects that were low performing or less needed during this year's local competition. 3) The project applicant Open Door voluntarily reallocated a Joint Transitional Housing and Rapid Rehousing project to a standalone Transitional Housing project through the transition grant process this year. 4) Not Applicable.

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?	Yes
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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)	Wellsky
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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)

1. The 2026 PIT count is the first annual homeless census for the newly established CoC. The CoC used the CountingUs application for unsheltered surveys and for confidential domestic violence-related counts. The unsheltered count was conducted through individual surveys and observation tallies of persons staying in places not meant for human habitation on the night of the count. Unsheltered surveys were conducted through street outreach teams canvassing known locations where unhoused persons sleep or frequent and by following up on tips provided by those with lived experience of homelessness. The unsheltered community was also invited to two central warming locations – Open Door and Kingdom Co-Op (PIT Party) – where surveys were conducted. The unsheltered counts were compiled using HMIS data, except for domestic violence programs where confidential surveys were completed for each participant or historical data extrapolation from previous counts.

2. The 2026 PIT count was our first annual count for our new CoC. We counted 423 persons total in Lubbock County (268 sheltered and 164 unsheltered).

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)

The evaluation period the CoC used is January 1, 2024 through December 31, 2025. During the evaluation period, the Lubbock CoC partnered with local law enforcement and emergency medical services (EMS) to reduce encampments on public property and connect the people living in them to the CoC's housing and services. The CoC trained police officers and EMS personnel who respond to tent encampment calls to make referrals to the CoC's Coordinated Entry System (CES), making every encampment response an entry point to housing assistance, not only a public safety contact. The Lubbock Police Department (LPD) also has a response team to address homelessness-related issues throughout the City of Lubbock, including addressing and coordinating the removal of encampments, which are commonly located in city parks, on abandoned properties, and under or near public roadways.

LPD begins each encampment response by posting a Clean-Up Notice that gives individuals 72 hours to remove their personal belongings and property. After the 72-hour period expires, LPD coordinates with several city and community agencies to remove remaining debris and materials. Through this process, LPD cleared 87 encampments during the evaluation period. The CoC will continue training first responders, promoting CES referrals from encampment responses, and coordinating with LPD to further reduce encampments and the number of people residing in them.

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.	93
2. Enter the reduction in the number of encampments during your evaluation period.	87

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.	162
2. Enter the reduction in the number of people in encampments during your evaluation period.	152

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

Not applicable

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)

First, the CoC identifies specific risk factors/reasons leading to first-time homelessness, including domestic violence, economic factors such as significant loss of income (employment or cash benefits), low to no income, disabilities (especially severe mental illness and/or substance use), lack of social support systems, a significant change in household composition (birth, death, divorce), high number of evictions in prior 7 years, at-risk of losing housing subsidies, and previous history of homeless service utilization in past 2 years. These risk factors were identified by analyzing HMIS data from service & prevention providers, reviewing housing barrier assessments, feedback from persons with lived experience, discussions at monthly CoC meetings, committee meetings, and agency outreach events. The CoC partners ESG funded homeless prevention provider Family Promise to provide rental assistance and supportive services to those most at-risk of becoming homeless.

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)

The CoC employs a coordinated, data-driven strategy to reduce the length of time individuals and families experience homelessness. The CoC's Coordinated Entry System prioritizes households by vulnerability and length of time homeless, ensuring the most vulnerable and longest-enrolled households are matched to available housing resources first, rather than on a first-come, first-served basis. At first contact, front-door diversion conversations help households avoid entering shelter when safe alternatives exist, and rapid exit strategies move households who do enter shelter into permanent housing as quickly as possible. The CoC has also adopted low-barrier admission policies across its shelter and housing projects, removing preconditions such as sobriety requirements, income requirements, or extensive documentation that historically delayed entry into housing. To ensure these strategies remain effective, the CoC reviews HMIS-derived System Performance Measure 1.2 data on a quarterly basis to track average length of time homeless by project type and population, using findings to reallocate resources and adjust prioritization policies as needed.

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?	39.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Using the reporting period of January 1, 2025 through December 31, 2025 we ran the CoC APR report in HMIS for all TH, RRH, and PSH projects. We took the total number of exits to unsubsidized locations (109) based on the exit destination described in the CoC Application Detailed Instructions and divided it by the total number of exits (275), equaling 39.6% exits to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
	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

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	138	0	60	43.48%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	100	2	100	98.04%
4. Rapid Re-Housing (RRH) beds	71	0	71	100.00%
5. Permanent Supportive Housing (PSH) beds	229	0	79	34.50%
6. Other Permanent Housing (OPH) beds	24	0	0	0.00%

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)

1) The CoC will engage emergency shelters, permanent supportive housing, and other permanent housing providers who are not using HMIS to discuss with their leadership the organization's barriers to using HMIS. The CoC offers the HMIS database, ongoing training, data quality assistance, custom reporting, and data visualization/dashboards to all HMIS-participating organizations for no cost. The CoC will allow for minimal data collection to only what is required in the HUD data standards for organizations that do not operate a project required to enter project-specific data elements.

2) As a new CoC we are working to engage homeless service provider partners and onboard them onto HMIS. The CoC will use the staff of the HMIS Lead, CoC Board members, and City of Lubbock Community Development staff to develop these relationships and schedule these meetings with organizational leadership.

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

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
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	09/29/2026
Submission Summary	No Input Required