

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: CA-522 - Humboldt County CoC

1A-2. Collaborative Applicant Name: Humboldt County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Humboldt County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

In order to effectively address the needs of underserved communities, particularly Black and Brown communities, the CoC has been conducting street outreach throughout the county, including on tribal lands in cooperation with local tribes. Black and Brown communities are overrepresented in the unsheltered population throughout the county, and these outreach and engagement services have been critical to ensuring that underserved populations know what help is available and how to access it, and to build trust between the homelessness response system and these communities. Outreach teams engage underserved communities outdoors and in shelters and provide housing-focused case management services that are trauma informed and designed to help people exit homelessness to permanent housing as rapidly as possible. Outreach workers help underserved populations enroll in the CES as well as accessing shelter and housing resources that are outside of the CES, which has helped to improve access for these populations.

The collaborative applicant partnered with the Yurok Tribe to start a rapid rehousing and homelessness prevention program in 2020 targeting Yurok families that were involved in the child welfare system. Another CoC member agency partnered with the Yurok Tribe to apply for a Homekey grant from the State that led to the creation of a 17-unit supportive housing project,

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1, 2, 3. The COC INVITES NEW MEMBERS & ENCOURAGES REPS FROM ALL SECTORS (e.g., VSPs, Vets Service Providers, Tribes, local University/Schools, Law Enforcement, organizations serving culturally specific communities experiencing homelessness in the geographic area (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities etc.) TO JOIN THE COC AT EVERY OPPORTUNITY during bi-monthly mtgs, via listserv, & by posting a standing public invitation on the CoC website, which is fully accessible to individuals with disabilities. CoC members also regularly conduct direct outreach to potential new members, persons with lived experience (LE), private sector stakeholders, & key strategic partners in ending homelessness. Faith-based org'n members also regularly outreach to solicit volunteers for the annual PIT Count, & to coordinate the provision of resources.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

THE COC SOLICITS & CONSIDERS A BREADTH OF OPINIONS from diverse stakeholders w/in the homeless system of care, including service providers (i.e. veterans, families, health/mental healthcare, DV, LGBTQ+ & youth svcs), developers, gov't agencies & leaders, faith-based orgs & community members, via online surveys & well-attended bi-monthly public general mtgs, as well as numerous special mtgs advertised on the CoC's website & open listserv (w/200+ mostly non-CoC funded stakeholders). For example, the CoC solicited feedback at these meetings on PIT Count methodology/implementation, Housing First program design, & utilizing new State Funding resources. The CoC also recruits persons w/ lived experience to serve on the CoC Board. The CoC ensures that its website and all materials posted to the website are fully accessible.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications—the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

PUBLIC NOTIFICATION FOR PROPOSALS: On 8/15/24, the CoC announced the funding opportunity via listserv, which was open to all, and announced & advertised the upcoming Technical Assistance (TA) workshop to a listserv reaching 200+ stakeholders, mostly non-CoC funded, encouraging attendance and new applications. Interested agencies, including four non-CoC funded orgs, attended the 8/16/23 TA workshop at which the NOFO, proposal submission method, application, & review process were explained in detail, with 1 hour dedicated to orienting & training new applicants. The recording and all associated documents were distributed via listserv. The Collab App provided TA to new project applicants before, during, & after the competition. New and renewal project scoring tools were posted to the CoC website on 8/16/23. The CoC ensures that its website and all materials posted to the website are fully accessible.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

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

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

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

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

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

(limit 2,500 characters)

LOCAL YOUTH EDUCATION PROVIDER HEAD START & EARLY START annually trains all family providers on the process for connecting families with their services. CoC providers regularly partner with First 5 Humboldt to link participants with educational as well as childcare & other parenting resources. The CoC has an agreement w/YOUTH EDUCATION PROVIDERS HEADSTART & EARLY HEAD START to provide training & outreach to all family providers on the process for accessing services. CoC lead agency DHHS contracts with First 5 Humboldt to provide Prevention and Early Intervention services, as well as health navigation and case management services to substance use disorder impacted families. All CoC-funded family and youth providers designate staff to coordinate with LOCAL LIASIONS, TEACHERS, & SCHOOL-BASED FAMILY RESOURCE CENTERS, which meet regularly with SCHOOL DISTRICTS to ID students & families experiencing or at risk of Hn. The CoC Exec Comm Chair actively collaborates w/LEAs through regular participation in LEA meetings to discuss how the CoC may better serve families experiencing Hn. The County Office of Ed's Foster/Homeless Youth Services Coord. is a voting CoC Exec Committee member& annually trains all family providers on the educational services available for students & families experiencing Hn. Trainings focus on best practices to ID & refer families who may be eligible to receive a housing &/or service intervention to Local Liaisons in schools across Humboldt County. Additionally, mobile outreach teams work closely with LEAs & SCHOOL DISTRICTS to identify students & families experiencing Hn who are least likely to seek assistance.

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

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

THE COC HAS ADOPTED THE FOLLOWING POLICIES & PROCEDURES TO INFORM INDIVIDUALS & FAMILIES WHO BECOME HOMELESS OF THEIR ELIGIBILITY FOR EDUCATION SERVICES: Consistent with the CoC Program Interim Rule 24 CFR §578.23, ALL COC AND ESG PROGRAMS ASSISTING FAMILIES WITH CHILDREN OR UNACCOMPANIED YOUTH ARE REQUIRED TO:

- 1) Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.
- 2) Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney-Vento Liaisons as part of intake procedures.
- 3) Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- 4) Allow parents or the youth (if unaccompanied) to make decisions about school placement.
- 5) Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.
- 6) Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- 7) Designate staff that will be responsible for:
 1. ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
 2. coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney-Vento Coordinator, the McKinney-Vento Educational Liaisons, and other mainstream providers as needed. In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No

9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.			

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

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

	Organizations	
1.	State Domestic Violence Coalitions	No
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Humboldt Domestic Violence Prevention Committee	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

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

(limit 2,500 characters)

A DHHS (Collab Applicant) staff member coordinates the Humboldt Domestic Violence Prevention Committee (DVPC), a partnership of public & private agencies & individuals, to hold quarterly general meetings to educate regional providers, including homeless service providers, regarding the needs of survivors of DV & to inform providers on best practices regarding the provision of housing & services to meet their needs; DVPC collaborates with the CoC to update CoC-wide policies and works to ensure services for DV survivors are trauma informed and meet the needs of survivors.

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

Describe in the field below how your CoC’s coordinated entry addresses the needs of DV survivors by including:

1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

CES OPERATORS AND PROJECT STAFF RECEIVE ANNUAL TRAININGS ON TRAUMA INFORMED CARE, SURVIVOR-DRIVEN SERVICES, & HUD REQUIREMENTS REGARDING BEST PRACTICES FOR SERVING SURVIVORS OF DOMESTIC VIOLENCE. The Collab Applicant is the agency coordinating &/or facilitating all trainings for the CE Provider: 2-1-1 Humboldt. CE staff attend CoC Executive Meetings & were involved in the implementation process for the Humboldt CoC Emergency Transfer Plan policy. CE staff attend all CoC-funded provider trainings and receive training at least annually on best practices for providing Trauma Informed Care, safety & planning protocols as outlined in the CoC Written Standards, & administration of the VI-SPDAT assessment to survivors & persons fleeing DV.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1. The CoC's written policies and procedures include an emergency transfer plan.
2. All CoC-funded projects have adopted procedures to inform all households seeking or receiving CoC program assistance about their rights to an emergency transfer by providing a copy of the CoC's emergency transfer plan.
3. To request an emergency transfer, the tenant shall notify any CES access point and submit a written request for a transfer to a safe unit.
4. The CES and network of providers will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If within the geographic boundaries of the Humboldt County CoC, there are no safe and available units, the CE access point will work with Humboldt Domestic Violence Services, and other available resources to assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the CES provider will also assist tenants in contacting the local organizations offering assistance to survivors of domestic violence, dating violence, sexual assault, or stalking that are listed in the emergency transfer plan.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Our Coordinated Entry System provides streamlined, confidential access TO ALL DV AND NON-DV RESOURCES IN THE GEOGRAPHIC AREA, including CoC & ESG-funded housing and services. CES staff screen to identify persons fleeing abuse. CES staff then refer survivors quickly to resources that survivors choose & deem safe. Survivors may choose a referral to a non-VSP or a VSP, including crisis shelters in SAFE & UNDISCLOSED LOCATIONS. Where a survivor declines a referral, they remain at the same priority level & are offered different resources as available.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

1. The CoC is assessing its policies, procedures and data to identify barriers specific to survivors, including soliciting feedback from survivors, advocates and Victim Service Providers, particularly Humboldt Domestic Violence Services which actively participates in the CoC and trains providers on best practices for reducing barriers.

2. The primary barrier in our community to serving survivors is an extremely severe shortage of safe and appropriate housing, shelter services, and so the CoC has been working to maintain our existing capacity as best we can and to expand it whenever possible, such as by applying to expand our CoC-funded RRH project for survivors. We have also been working to reduce barriers to receive the safe housing and services that exist in the community, such as by ensuring that all CoC program participants and applicants are educated about the CoC's emergency transfer plan and their rights under VAWA, and by ensuring this education meets a diverse range of literacy and cultural needs, and that it is both systematic and individualized. Providers are trained to understand that members of marginalized communities often have more limited access to resources, as culturally specific resources are often limited or unavailable, and mainstream resources can lack necessary accessibility elements. This includes people who are African American, Asian, Black, Hispanic or Latine, Caribbean Islander, Pacific Islander, Indigenous, living with disabilities, immigrants and refugees, and LGBTQ+. Providers are trained to understand that gender-based violence takes different forms in different communities, and that understanding those different manifestations is a critical part of identifying and removing barriers specific to survivors.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. Our CoC updates its CoC-wide anti-discrimination policy as necessary, based on feedback from LGBTQ+ and other stakeholder organizations to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families.
2. The CoC provided technical assistance in developing project-level antidiscrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter and housing free from discrimination.
3. The CoC conducts site visits, interviews staff, clients and people seeking assistance, and inspects agency and project level publications and policy documents to evaluate compliance with our anti-discrimination policies.
4. In the event of findings or concerns we would issue a letter to the agency detailing those findings and concerns and would require that the agency complete specific actions to resolve findings.

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference/PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the County of Humboldt	50%	No	Yes
Housing Authority of the City of Eureka	39%	No	No

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

Describe in the field below:

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

(limit 2,500 characters)

THE COC IS TAKING ACTIVE STEPS TO ENCOURAGE A GENERAL HOMELESS PREFERENCE IN PUBLIC HOUSING AND IN THE HCV PROGRAM: Our CoC has a strong partnership with the Eureka and County of Humboldt PHAs, & as a result of outreach from the Collab App, the Director of the Eureka PHA sits on the CoC Exec Committee & attends meetings to discuss the needs of persons experiencing homelessness & reasons for adopting a homeless preference in PH/HCV programs. Although there is no formal general homelessness preference in the PHA Admin Plan, PERSONS EXPERIENCING HOMELESSNESS REPRESENT A LARGE PORTION OF NEW ADMISSIONS TO PH/HCV PROGRAMS. During FY 2023, 39% of new PH admissions & 50% of new HCV admissions were homeless at entry, demonstrating a strong commitment to housing the most vulnerable individuals & families, in alignment with the CoC & community’s priorities. The Collab App continues to take steps to create a formal general homeless preference, including

- 1) meeting with the Director of the Eureka PHA and County of Humboldt PHA (one-on-one & with the CoC Executive Committee),
- 2) reaching out in writing and in person to the Eureka PHA and County of Humboldt PHA to encourage the adoption of a homeless preference in PH and HCV
- 3) supplying supporting data & resources to Eureka/County of Humboldt PHA leadership including the USICH Public Housing Authority Guidebook to Ending Homelessness to educate PHA leadership on the importance of adopting a general homelessness preference, &
- 4) involving the Eureka PHA ED in the CoC Local Competition as a Rank & Review panel member to increase PHA investment & interest in serving people experiencing homelessness.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	
4.	Local low-income housing programs	
	Other (limit 150 characters)	
5.		

You must select a response for elements 1 through 4 in question 1C-7b.

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

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

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

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

	1. Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
	2. Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	--	-----

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	7
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	7
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC requires project applicants to disclose whether they do any of the following annually as part of the project evaluation process for the CoC competition- drug testing, criminal background checks, screening people out for having too little income, for information obtained as a result of a credit check, for eviction history, for active or past substance use, and for reasons related to experience of domestic violence. The CoC also requires project applicants to submit copies of current policies and procedures that confirm the use of low-barrier policies. The CoC incorporates regular evaluations for housing first compliance outside of the CoC competition into annual monitoring.

2. The CoC uses all of the factors found in HUD's Housing First Assessment Tool, including 1) access not contingent on "housing readiness", 2) input from participants and people experiencing homelessness, 3) leases are the same as for other tenants, no time limits, participants given special arrangements for arrears, housing stab

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

The CoC has tailored its street outreach to those least likely to request assistance, including those with serious mental illness and/or substance use disorder, by staffing outreach teams with behavioral health clinicians, case managers, & peer coaches with lived experience. Outreach staff also serve persons with LEP using Language Line Solutions to provide interpreter services in 240+ languages. Outreach staff are fluent in Spanish & ASL. Outreach Teams advertise their services in the AHP Drop-In Center & the Humboldt Area Center for Harm Reduction (providing syringe exchange) & teams post materials on CoC- & non-CoC funded housing & resources in locations that persons experiencing unsheltered homelessness frequent. Outreach staff are also trained in trauma-informed & other evidence-based outreach methods.

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

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3. Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4. Other:(limit 500 characters)		

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

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	617	293

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

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

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

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	
	Describe in the field below how your CoC:	
1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and	
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

(limit 2,500 characters)

1. The CoC provides ongoing, individualized training to providers on connecting program participants to mainstream resources, publishes announcements about resources available via public listserv & the CoC website, & invites mainstream resource providers to present at CoC meetings. The CoC keeps program staff informed about benefits thru collab w/ CalWORKs for TANF & thru CalFRESH & CA Dep't of Social Services (DSS) grants to inform providers about accessing Food Stamps, TANF, SSI & SSDI. The collaborative applicant administers the Food Stamp and TANF programs and provides regular "benefits basics" trainings several times per year and also has a dedicated liaison who conducts outreach to providers about resources and benefits available to program participants and relevant updates.

2. The Collab Appl, DHHS, is the primary org enrolling clients in Medi-Cal & works directly with providers to help enroll program participants in health insurance. As participants are referred, DHHS Social Services and Behavioral Health branches work together to ensure streamlined enrollment. Once a participant is connected to healthcare benefits, the CoC agency partnership with Open Door Community Health Center ensures that the client has an established primary care center. The CoC also connects participants ineligible for Medi-Cal with health insurance through Covered California, the Statewide health insurance exchange. The CoC ensures that all eligible program participants are enrolled in Medi-Cal & partners with legal services agencies to provide advocacy in the event that there are barriers to access. The CoC also provides transportation to medical appointments & connects clients to other benefits & mainstream resources to leverage Medicaid resources, such as access to healthy food through Food Stamps, food pantries and a soup kitchen & connections to behavioral health services that address the issues often underlying health conditions.

3. The collaborative applicant provides a coordinator to the CoC that is trained and certified as a local lead by the SOAR TA center that works with projects to promote SOAR certification of program staff. We now have two providers offering SOAR services performed by certified staff- Redwood Community Action Agency (RCAA) and Nation's Finest. RCAA's services are funded by the collaborative applicant.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	

2.	prevent infectious disease outbreaks among people experiencing homelessness.
----	--

(limit 2,500 characters)

1. Following the COVID-19 pandemic, Collaborative Applicant (Humboldt HHS, which includes Humboldt County Public Health) strengthened partnership w/ local Emergency Operations Center & partners to incorporate evolving public health guidance into CoC-wide policies and procedures to respond to infectious disease outbreaks, using best practices for: preventing & reducing disease transmission in settings like congregate shelter & encampments; maintaining essential services (e.g., outreach to unsheltered populations); deploying targeted disease testing; ensuring availability/proper use of protective equipment; quickly establishing & placing persons experiencing homelessness into non-congregate shelter; accelerating rehousing processes (especially for persons at high-risk); & keeping people housed/off the streets/out of the shelter system through prevention & diversion. This framework promotes permanent housing as the safest environment for persons experiencing homelessness, especially during public health emergencies. Humboldt HHS developed & sustained close coordination w/ local healthcare providers that empowers CoC to quickly pull together resources, disseminate key info & quickly develop new protocols to address future public health emergencies.

2. The CoC, and particularly Humboldt HHS, collaborates with CoC- & ESG-funded providers, & CoC members to prevent infectious disease outbreaks among people experiencing homelessness. In 2022-2024, Collab Applicant partnered with schools & local nonprofits to distribute MPX vaccines & resources to prevent spread of the virus.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
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1.	effectively shared information related to public health measures and homelessness; and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. Collaborative Applicant, Humboldt HHS, coordinates messaging strategies with healthcare providers to share information related to public health measures and homelessness using a diversified approach. Collab Applicant, Humboldt HHS,

1) communicates updated guidance re: public health measures & homelessness w/ CoC listserv (reaching 220+ community stakeholders); 2) CoC bi-monthly meetings; 3) posts updates to public websites (incl. regular public health alerts, provider guidance, & data & 4) provides press releases and media interviews. Collab Applicant directly provides guidance/clarification to homeless service providers as needed.

2. The CoC facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants using a community-wide framework developed with cross-departmental input. CoC coordinates w/ local Emergency Operations Center, Humboldt HHS & local healthcare providers to disseminate guidance to outreach, law enforcement & healthcare staff, to 1) support distribution of PPE, food, hygiene items & medication in encampments; 2) coordinate showers, bathrooms & handwashing stations to limit spread; & 3) activate protocols for shelter cleaning schedules, symptom reporting & medical care coordination for symptomatic individuals, to support resident health & reduce risk of infection. The CoC facilitated communications between Humboldt HHS & providers to coordinate multiple TA sessions provided by HHS to shelter providers to mitigate outbreaks in shelters; reactivate/expand street outreach w/HHS staff to test for COVID at encampments & provide vaccines; transition extreme weather shelter to non-congregate when possible & develop guidance for MPX outreach/vaccination.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. We have robust street outreach programs as well as 2-1-1 that provide CES access services and ensure the CES can service everybody regardless of where they are located within our CoC's geographic area. 2-1-1 conducts CES intake interviews over the phone.
2. We use a standardized assessment tool to identify those most in need of assistance and a case conference to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.
3. All access point staff are required to complete training on trauma informed data collection. Staff create a safe environment that celebrates the unique intersection of identities that staff bring with them into the workplace. Staff are trained that some identities cannot be externally seen but that does not mean they are not just as important. Staff are trained to refrain from using "us" and "them" language, since we never know what identities are in the room and this language can contribute to staff and participants feeling unsafe or unable to be who they are. Staff are trained not to collect more information than is necessary for eligibility and prioritization determinations.
3. We are continuously evaluating the CES and discussing potential updates to the assessment process at regular CES policy committee meetings and at CoC Board meetings. The CoC is soliciting feedback from participating projects and households that participated in coordinated entry in order to inform these discussions and uses that information to update the system at least annually.

	1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
		NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1. The CoC has several street outreach teams that contact people on the streets, who attempt to identify those with the greatest service needs, vulnerabilities and barriers to housing, and barriers to housing. In our experience these are the people that are least likely to apply for assistance in the absence of special outreach. Outreach teams offer CES intake services on the street. We also advertise the system at service locations throughout the county and on websites and provide intake services through 2-1-1.
2. We use a standardized assessment tool to identify those most in need to assistance and a case conference to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.
3. Once the people most in need of assistance have been identified the CES coordinates with outreach teams, shelters and institutions that provide residential care to ensure a warm handoff between crisis services and permanent housing programs.
4. We have formed a Lived Experience Working Group that includes households that participated in coordinated entry that meets monthly to provide policy advice on Coordinated Entry to the CoC Board, among other topics, as well as a CES Policy Committee that meets monthly and includes participating projects and people with lived experience, which also advises the CoC Board of CES policy. We intentionally seek feedback from these groups on ways to reduce burdens on people using CES while still collecting sufficient information to ensure those most in need are prioritized.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1. The CoC affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness via our staff on our street outreach teams, drop-in centers, shelter and transitional housing providers. We also advertise our housing and services on our website and on the websites of our member agencies. We have flyers advertising that the CES may be accessed via 2-1-1 at service locations throughout the county.
2. The CoC requires that all CES access points provide individuals and families seeking assistance with information, in writing, on their rights and remedies under applicable federal, state, and local fair housing and civil rights laws.
3. The CoC requires that all CES partners report any conditions or actions that impede fair housing choice for current or prospective participants to the State of California, which is the jurisdiction responsible for certifying consistency with the Consolidated Plan.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/27/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1. We analyzed PIT, HMIS and Census Bureau data sources to determine whether any racial disparities are present in our CoC's provision or outcomes of CoC Program-funded homeless assistance.

2. First, we compared the PIT data to Census Bureau data to determine what disparities exist between people experiencing homelessness and the general population. Then we compared the racial composition of people served in CoC program-funded homeless assistance projects to the racial composition of the population experiencing homelessness to determine what disparities there are at both the project and system levels. Next we examined the racial composition of clients who were active in CoC-funded projects, and compared that to the racial composition of each project as a whole, to determine whether active participants were experiencing disparate outcomes that correlate with race. Then we examined the racial composition of participants with an exit to permanent housing and compared that with the racial composition of all leavers from each project. Finally we examined the racial composition of those returning to homelessness within 6, 12 and 24 months of exiting a project to permanent housing and compared that the racial composition of those that did not return to homelessness over that period.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.
--

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

We formed a lived experience working group and a youth action board to help the CoC make informed decisions about ways to address disparities. We hold regular (at least monthly) Coordinated Entry Policy Committee meetings. This committee's work revolves around an ongoing evaluation of all system-level processes, policies and procedures, with a particular focus on racial equity. This committee is charged with making policy recommendations to the CoC Board.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

Describe in the field below:

- | | |
|----|--|
| 1. | the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and |
| 2. | the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance. |

(limit 2,500 characters)

1. We plan to use the following measures to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance:
 - a) Racial disparities among those accessing services who are experiencing homelessness as reflected in HMIS.
 - b) Racial disparities among those experiencing homelessness as reflected in the PIT data.
 - c) Racial disparities in "first-time" homelessness as reflected in HMIS
 - d) Racial disparities in housing move-in date for active participants
 - e) Racial disparities in exits to permanent housing for leavers
 - f) Racial disparities in length of time homeless
 - g) Racial disparities in returns to homelessness
 - h) Racial disparities in successful exits from street outreach
2. We will continue to use HUD's CoC Analysis Tool, PIT reports, HMIS, California Homeless Data Integration System, which includes detailed and regularly updated dashboards which cover all of these measures.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

We have been recruiting people with lived experience to participate in the Lived Experience Working Group and the Youth Action Board via social media announcements and targeted outreach. The CoC asks all CES access points to inform all active CES participants as well as people applying for assistance of the existence of the Lived Experience Working Group, that body's role in shaping CoC policy and how they can get involved if they're interested. This information is also provided during street outreach, and during all intakes, annual assessments and exits from homeless assistance projects.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the . Attachments .

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	3	3
2.	Participate on CoC committees, subcommittees, or workgroups.	28	22

3.	Included in the development or revision of your CoC's local competition rating factors.	10	15
4.	Included in the development or revision of your CoC's coordinated entry process.	8	9

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

The collaborative applicant employs a number of Peer Support Specialists in our street outreach, supportive housing and rapid rehousing programs. These jobs have no required qualifications other than lived experience of homelessness and lived experience of public systems that serve vulnerable populations, such as the public mental health system and TANF. By working as a peer support specialist people can and have accumulated necessary experience to help them advance to other positions with the collaborative applicant, such as Mental Health Case Manager, Community Health Worker and Program Coordinator.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1. how your CoC gathers feedback from people experiencing homelessness;
2. how often your CoC gathers feedback from people experiencing homelessness;
3. how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4. how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5. steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. The CoC gathers feedback from people experiencing homelessness through surveys of people who have sought assistance from the Coordinated Entry System, focus groups, and surveys of people experiencing homelessness generally conducted during the PIT count as well as shelter inreach and street outreach.
2. We consistently and regularly gather feedback on a daily basis during CES intake, annual assessments and exits, plus two annual surveys.
3. The lived experience working group and the YAB include people who have lived experience of homelessness and who have received assistance through the CoC and ESG programs. CoC staff and board members are meeting with representatives of these groups at least once a month to gather feedback on all matters involving the CoC, including their experience receiving assistance, among other topics, and their representatives are also sharing the feedback at CoC Board meetings. CoC and ESG funding recipients routinely gather feedback from their program participants and report to the CoC Board. The CoC incentivizes the gathering of this feedback by scoring renewal applications based on the extent to which they gather and utilize feedback to make improvements to their programs.
4. The CoC gathers feedback from people who have received assistance through the CoC or ESG programs at least annually. Feedback is solicited at intake, annual assessment and exit at minimum.
5. As a result of feedback received from persons with lived experience, the CoC Board implemented the CES case conference to assist with the prioritization process.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. Collaborative applicant staff continue to meet with the County Planning Department to encourage staff to take steps wherever possible to further reform zoning and land use policies to permit more housing development. Specifically the CoC continues to urge Planning Department staff to pursue the HUD pro-housing designation as a means of reducing barriers and Planning staff have indicated that they are interested.
2. CoC member organizations have advocated for reductions in regulatory barriers to housing development by attending and speaking at city council, Board of Supervisors, and planning commission meetings and by writing letters to elected officials. We recently shared HUD's Eliminating Zoning Barriers to Affordable Housing Guidebook with city and county planning departments and we are advocating for specific strategies described in the guidebook, with a focus on advocating for expanding all residential zones to allow for all housing typologies and increased densities by-right.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	09/09/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	09/09/2024

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

You must upload the Local Competition Scoring Tool attachment to the . Attachments .

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

	6. Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the . Attachments .
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	6
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section V.B.2.d.	
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Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. We analyzed HMIS data from the most recent performance reports the applicants had filed in Sage for each project that has successfully housed program participants in permanent housing. We examined the number and percentage of participants with housing move-in dates and the number and percentage of exits to permanent housing. We examined the extent to which program participants increased their incomes both from earned and unearned sources. We examined the extent to which projects ensured their participants were accessing mainstream benefits and health insurance.
2. We examined project performance reports that utilized HMIS data to determine how long it takes projects to house people in permanent housing on average, by comparing project start date to housing move-in date.
3. All of the project applicants proposed to serve the people with the most severe service needs and vulnerabilities that are prioritized by the CES so there was no way to distinguish between projects in terms of how severe the needs of the participants are.
4. All of the project applications we received were committed to serving the hardest to serve populations so no project warranted special consideration.

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

(limit 2,500 characters)

1. We used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications. Draft rating factors were shared with the lived experience working group and we incorporated their feedback to help ensure that the rating factors were designed to advance racial equity.
2. People of different races and ethnicities served on the Review and Rank panel and on the CoC Board which is responsible for confirming or modifying the Review and Rank panel's recommendations, including people from groups over-represented in the local homelessness population.
3. All project applicants were required to describe the extent to which their project has identified any barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population, and the extent to which they have taken or will take steps to eliminate the identified barriers and they were scored on their responses.

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

(limit 2,500 characters)

1. THE COC USES A STANDARD PROCESS FOR REVIEWING PERFORMANCE OF EXISTING COC-FUNDED PROJECTS DURING THE ANNUAL REVIEW & RANK (R&R) PROCESS TO DETERMINE WHETHER FUNDING SHOULD BE REALLOCATED TO CREATE NEW HIGH PERFORMING PROJECTS. This process is documented in the 2023 Local Competition Policies. The priority panel is instructed to use these Policies, reapproved annually prior to the R&R panel convening, to guide Panelist's weeklong review of project applications & additional materials to evaluate the projects' contribution to system performance. Project outcome data from projects' Annual Performance Reports (APRs) are turned into Evaluation Reports for each project; performance outcome measures reviewed include UTILIZATION RATE, HOUSING RETENTION, MAINTAINING/INCREASING CASH INCOME, & CONNECTION TO MAINSTREAM BENEFITS/HEALTH INSURANCE. The Local Policies require Panelist's to AUTOMATICALLY CONSIDER FUNDING FOR PROJECTS SCORING 60 POINTS OR BELOW (out of a total of 100 points possible) FOR REALLOCATION to a new permanent housing project. If a renewal project scores between 60-70 points, the R&R panel may recommend reallocation at its discretion. Projects may appeal panel decisions & receive feedback from the R&R panel on how to improve future applications.
2. The AHP- Rapid Rehousing for Survivors of Domestic Violence was identified as low performing based on the panel's evaluation of performance using the rating factors established by the CoC.
3. No
4. Under the rules of this year's NOFO, this project's funding could only be reallocated to another project that would serve the DV survivor population, and no other project was proposing to serve that population, nor were any other applicants proposing an RRH project, so it was impossible to reallocate any funding from this renewal project to any other project.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No

	<p>4. If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.</p>	
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1E-5a.	<p>Projects Accepted–Notification Outside of e-snaps.</p> <p>NOFO Section V.B.2.g.</p> <p>You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.</p>	
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	<p>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.</p>	09/23/2024
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1E-5b.	<p>Local Competition Selection Results for All Projects.</p> <p>NOFO Section V.B.2.g.</p> <p>You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.</p>	
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	<p>Does your attachment include:</p> <ol style="list-style-type: none"> 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-. 	Yes
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1E-5c.	<p>Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.</p> <p>NOFO Section V.B.2.g. and 24 CFR 578.95.</p> <p>You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	
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	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included:</p> <ol style="list-style-type: none"> 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. 	10/27/2024
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1E-5d.	<p>Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.</p> <p>NOFO Section V.B.2.g.</p> <p>You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	
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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.	10/27/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1. We have no VSPs that have expressed any interest in collecting data in comparable databases, nor do they have any funding that requires them to do that, but we have informed our only VSP that we are prepared to assist them if they change their minds and/or decide to apply for funding that would require them to use a comparable database.

2. DV housing and service providers that participate in HMIS are not VSPs (as defined in VAWA) and therefore they are not required to use a comparable database. They are participating in the regular HMIS.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 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 [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	350	0	122	34.86%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	76	0	76	100.00%
4. Rapid Re-Housing (RRH) beds	293	0	293	100.00%
5. Permanent Supportive Housing (PSH) beds	436	0	436	100.00%
6. Other Permanent Housing (OPH) beds	60	0	60	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

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

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)

In the next 12 months, the CoC lead will

A) Follow-up on direct in-person and written outreach to all shelter providers not currently participating in HMIS;

B) offer to assist with HMIS administration costs to reduce the financial barriers to participation for the shelter providers;

C) encourage the use of swipe cards to reduce data entry burdens; &

D) share with Eureka Rescue Mission & all providers the benefits of data collection & its role in understanding and demonstrating the unmet needs of Humboldt's homeless population.

2.The CoC lead will continue to take all necessary steps to ensure that ES participation in HMIS reaches 100%. The CoC lead will schedule quarterly inperson meetings, call, and email Rescue Mission leadership on a quarterly basis to promote HMIS usage, offer incentives, & to identify and help address any remaining barriers to participation. The CoC lead will also continue encouraging Rescue Mission Leadership to attend CoC meetings & trainings regarding HMIS & the community-wide benefits of participation.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

The CoC met with the Humboldt County Transition Age Youth Collaboration Committee and our RHY-funded provider to gather feedback on ways to effectively count youth, to recruit youth to assist in the count, and to identify locations where homeless youth are most likely to be identified.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;	
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and	
4.	describe how the changes affected your CoC’s PIT count results; or	
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.	

(limit 2,500 characters)

1. We were able to obtain data from two shelter projects that have long been in existence but which have not been included in the sheltered count.
2. N/A
3. N/A
4. The inclusion of Humboldt Domestic Violence Services shelter and the CalWORKs Temporary Homeless Assistance motel voucher program in the PIT resulted in what appears to be a very large increase in sheltered families with children, when in fact the failure to include these projects in previous years resulted in an artificially low sheltered families with child(ren) count.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1. The collaborative applicant/HMIS lead analyzes HMIS data monthly & presents findings at CoC mtgs where members identify risk factors & discuss solutions to prevent 1st-time homelessness (Hn). RFs identified by the CoC include 1) eviction, 2) rent exceeding income, 3)unemployment, 4) medical bills, 5) DV, & 6) substance use disorder (SUD). The CoC also analyzes annual PIT data & consults with providers, persons with lived experience, & cross-sector partners to remain educated about trends & root causes of Hn.
2. 2-1-1 Humboldt is the CoC’s 211 provider & main entry point to CE for persons currently & at risk (AR) of becoming homeless. The CoC advertises 211 throughout the geographic area in places where persons AR of Hn are likely to be, & then 211 screens & refers persons AR to appropriate providers for connections to appropriate prevention/diversion services (e.g. TANF, security deposits, first/last month’s rent, employment assistance, etc.). The CoC’s Hn prevention efforts also involve the following cross-sector responses: A) Probation’s diversion program offering hsing resources for CJ-involved persons; B) CoC partnerships w/School Admin & Foster/Homeless Youth Svcs to coordinate discharge planning or foster youth & to assist with ID’ing families & youth at-risk of homelessness so that appropriate interventions can be put into place. The CoC has also implementing a focused diversion training for providers & has obtained State grants which are being used to provide short-term financial assistance to prevent homelessness.
3. Collab App is responsible for overseeing the CoC’s strategy to reduce/end 1st time homelessness.

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

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

	1. natural disasters?	Yes
	2. having recently arrived in your CoC's geographic area?	Yes

(limit 2,500 characters)

We have collected data during recent PIT counts that indicated significant percentages of people traveled to our area after having become homeless somewhere else, either due to a natural disaster such as various northern California fires. We have found that some people specifically travel to our area to access the Eureka Rescue Mission because this type of shelter where a person can present and obtain a bed on the same day is completely nonexistent in many of the surrounding counties which are extremely rural and remote. Data available through California's HDIS also show that we have an unusually high percentage of people accessing services in our CoC and at least once other CA CoC- more than double the statewide average. These people are not necessarily new to homelessness- they are simply new to our HMIS which makes them appear to be experiencing homelessness for the first time in the last three years regardless of whether that is true.

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

In the field below:

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

(limit 2,500 characters)

1. THE COC STRIVES TO REDUCE LOTH WITH THE FOLLOWING STRATEGIES: A) An expansive CES, with multiple entry points & CoC-wide outreach, assesses, prioritizes, matches, & places individuals/families experiencing homelessness (Hn) into available housing as quickly as possible; PARTICIPANTS ARE PRIORITIZED BASED UPON FACTORS INCLUDING LONGEST LOTH. B) The CoC has leveraged new funding TO INCREASE HOUSING RESOURCES for CH households. We have secured funding from multiple sources to dramatically expand our stock of physical supportive housing units since 2015. We now have 335 such units and we continue to strive to increase this capacity since so much more is still needed. The CoC is also dedicating millions in new State grants to fund flexible PH subsidies & supportive services, including PSH. Further, through the CoC local competition, all housing has transitioned TO PSH DEDICATED/PRIORITIZED FOR PERSONS EXPERIENCING CH to respond to unmet needs, other than those funds which are restricted to DV/trafficking survivors. The CoC also partnered with the State to provide INTENSIVE TRAINING to providers on housing 1st & serving CH & other higher-needs populations.
2. The CoC IDs households with the longest LOTH through CES assessments, analyzing HMIS data, conducting outreach, & working w/ partner agencies also serving people experiencing Hn. CE uses the VI-SPDAT 2.0 to assess & prioritize participants for referral to appropriate housing & benefits. Participants with scores indicating the HIGHEST ACUITY (WHO ARE CH W/ LONGEST LOTH) are selected & offered PSH & any other appropriate resources quickly. The CoC also employs a Moving on Strategy to connect participants of PSH ready for less-service intensive housing to dedicated HCVs, which increases the availability of PSH for new participants.
3. The Collaborative Applicant is responsible for overseeing the CoC' strategy to reduce LOTH for individuals & families.

2C-3.	Successful Permanent Housing Placement or Retention –CoC’s Strategy.	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. THE COC HAS INCREASED EXITS FROM ES/TH/RRH TO PERMANENT HOUSING (PH) through strategies such as dramatically increasing its RRH beds & using a CES that quickly assesses & refers from ES/TH to PH with high fidelity to housing 1st. The CoC also increased PH resources through a series State funding awards, including millions in HEAP, CESH, HHAP, Homekey and NPLH funding for additional PH development, subsidies, moving costs, services & security deposits. The CoC now has 297 units of permanent housing dedicated to the target population.

2. CoC providers use best practices for helping lower barriers to housing, including help w/increasing client income, encouraging shared housing, using motivational interviewing, & providing intensive housing focused case management. The CoC has also partnered with the State to provide focused training to all providers on housing 1st principles & serving the most vulnerable populations. The CoC is using State funding to increase intensive case management & wrap around services to support PSH participants in retaining PH, including dedicated funds for financial assistance to prevent eviction. The CoC is also dedicating new funding to incentivize LLs to accept and retain PSH tenants, including paying for apartment repairs. The CoC will continue
 A) connecting clients to mainstream resources to stabilize them in housing & develop community supports; B) promote client choice by facilitating transfers (including Emergency Transfer requests from DV survivor participants); & C) discourage terminations & prevent evictions through continued tenant education, LL engagement & referrals to legal services partners.

3. The Collaborative Applicant, the Humboldt County Department of Health and Human Services, is responsible for overseeing our strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Reducing Returns to Homelessness--CoC's Strategy.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. The CoC uses SPM, PIT data & the CES to ID households returning to homelessness (Hn) as they touch back into the system (e.g., entries in HMIS via 2-1-1, ES, & outreach) after exiting to a PH Destination. The CoC uses this information to conduct outreach to these households & prioritize them for housing & services. During case conferencing, CoC-funded providers identify the risk factors that contributed to housing loss for these participants in order to prevent future instability. Common factors include struggles with on-going Substance Use Disorder (SUD) & Serious Mental Illness (SMI).
2. THE COC IS INCREASING RESOURCES FOR HN PREVENTION & DIVERSION, including dedicating funding to increase intensive case management that allows for more landlord engagement, tenant education, & follow-up on connections to mainstream resources that stabilize households & increase income (e.g. employment & training, public benefits, childcare, transportation, etc.). The CoC has also dedicated funds to create a job skills training program for CoC participants to help increase their income & will increase financial assistance to prevent evictions & help with moving costs when relocation is necessary. On a systems level, the CoC ANALYZES AGGREGATE DATA to determine why participants return to homelessness & providers use this data & PARTICIPANT FEEDBACK to inform project design to better respond to risk factors.
3. The Collab App, Humboldt DHHS, is responsible for overseeing the CoC's strategy to reduce the rate individuals & families returns to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. The CoC trains providers on best practices for connecting clients to employment & prioritizes CoC funding for projects that are successful. The Collaborative Applicant (DHHS)'s Employment & Training Division (ETD) provides CoC program participants with employment counseling, vocational assessments, classes (e.g. typing, Microsoft Office, & GED) job search guidance, help with resumes/cover letters, interview preparation, & support w/job retention, including tips for commuting & adjusting to the workplace.
2. THE COC WORKS W/MAINSTREAM EMPLOYM'T ORGS: ETD partners with LOCAL EMPLOYM'T AGENCIES such as Sequoia Personnel & Express Employment through job fairs, inviting them to speak on panels, & regularly connecting them w/clients. The CoC also works with local Chambers of Commerce to familiarize employers w/CoC programs. ETD has also partnered with the local WORKFORCE DEVELOPMENT BOARD & HAS ENTERED INTO AN MOU which offers programs prioritized for persons experiencing homelessness. CoC programs also link participants to home health care positions through the County's In-Home Supportive Services registry which pairs skilled individuals with job opportunities.
3. The collaborative applicant (DHHS) is responsible for overseeing your CoC's strategy to increase income from employment.

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

(limit 2,500 characters)

1. THE COC INCREASED PARTICIPANT NON-EMPLOYMENT CASH INCOME by using the following strategies: CoC-funded housing & services providers refer all eligible clients to the Collab App (DHHS) for connections to SSI/SSDI, TANF, General Assistance, WIC, Food Stamps, Medi-Cal, Medicare, and other cash sources. Providers follow-up on all referrals to assist with any barriers to enrollment & partner with legal services to address denials. The CoC trains providers on best practices for enhancing/streamlining connections to mainstream benefits & prioritizes CoC Competition applicants who demonstrate high performance for maintaining/increasing connections to mainstream noncash benefits/health insurance. DHHS' Child Support Enforcement office also helps families with children increase non-employment cash income by obtaining child support, & the CoC works closely with VA partners to ensure that all vets experiencing homelessness receive VA benefits. DHHS operates the state-funded Housing and Disability Advocacy program which combines RRH programming with SSI/SSDI benefits advocacy.
2. The Collaborative Applicant, the Humboldt County Department of Health and Human Services, is responsible for overseeing our strategy to increase nonemploymentcash income.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

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

(limit 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

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

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

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	1,006
2.	Enter the number of survivors your CoC is currently serving:	625
3.	Unmet Need:	381

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. For element one, number in need, we ran a HUD CSV / XML Program Data Export on all clients actively enrolled in any project as of 10/15/24. In the HealthAndDV file we filtered for people that reported being a survivor of DV and removed the duplicates. For element two, number currently serving, we ran a HUD CSV export on all projects except Coordinated Entry, thereby excluding clients who are only enrolled in Coordinated Entry from the count of survivors we are currently serving.

2. The source is HMIS.

3. We need more resources, especially housing and staff. We have serious difficulty attracting high quality staff- if we had the resources to significantly increase wages we would be better positioned to compete for workers. Our remoteness makes it impossible for people to commute to jobs here and the scarcity in the housing market makes it very difficult for people to move here and be able to afford housing on an entry level case manager salary. Given the extremely low vacancy rate and the fact that relatively little market rate housing has been built in the area for the past 60 years, unfortunately we need to either build new housing that is dedicated to the target population or take on very complex rehabilitations of existing dilapidated properties- the low hanging fruit of motels in relatively good condition that we could acquire and convert has already been converted to supportive housing using California's Homekey program. Further conversions will be increasingly expensive. We also need to ease the general housing crisis in order to make it feasible for low to moderate income renter households to continue to live here and to move here and all of the numbers have been consistently moving in the wrong direction in terms of housing affordability for many years with no reason to expect any change.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
Arcata House Part...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Arcata House Partnership
2.	Rate of Housing Placement of DV Survivors--Percentage	88%
3.	Rate of Housing Retention of DV Survivors--Percentage	75%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

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

(limit 1,500 characters)

1. We examined the entire history of the DV RRH project in HMIS by running an annual performance report. 23 people have been served over the period 11/1/2020 - 10/15/2024. Nine stayers have not yet moved into housing. Out of 10 leavers, 9 exited to permanent housing destinations. Four stayers are currently in housing. Four stayers in housing+nine exits to permanent housing
2. The rates account for exits to safe housing destinations.
3. HMIS is the only data source. The provider is not a VSP and is both allowed and required to participate in HMIS.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

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

5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.
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(limit 2,500 characters)

1. Arcata House Partnership (AHP) has 30 years of experience quickly placing DV survivors into permanent housing safely. AHP takes a housing first approach, immediately establishing a housing-focused, client driven case plan that builds upon survivor strengths & identifies housing barriers to overcome. Case managers then work closely with clients to achieve the client’s identified housing-related goals, while connecting them to resources that will help increase their income (e.g. employment services, vocational training, education, childcare, & mainstream benefits) & address any hurdles that might stand in the way of obtaining housing (e.g. credit issues, missing documents, criminal records expungement, etc.). At the same time, AHP’s dedicated housing specialist works with the survivor to identify safe housing options while maximizing client choice. In locating housing, AHP has developed a trusted network of landlords and property managers who understand the confidentiality & safety needs of DV survivors & who will lower barriers to entry for this population. AHP also expedites housing placements for DV survivors by providing transportation during the housing search process & connecting clients to financial resources to cover moving costs. Throughout this process, AHP staff ensure that the survivor’s immediate safety & service needs are met, often by collaborating closely with CoC partner agencies such as HDVS.
2. The CoC’s Coordinated Entry System determined which survivors to prioritize for assistance.
3. AHP conducts a thorough assessment of supportive services needs at intake and continues to assess needs throughout service provision, allowing the survivor to identify and prioritize their needs. Needs assessment is not a static step, but rather an ongoing process of engagement. As one set of needs are met, another may be identified.
4. AHP provides many supportive services to our program participants, such as case management and advocacy, and we work to connect participants with other supportive services available through community partners, such as Childcare, transportation and/or public assistance benefits, crime victims’ rights and benefits, cultural and/or religious/spiritual community support, dental, medical, substance abuse, and/or mental health care (emergency and longterm), disability assistance, and education/GED classes.
5. AHP ensures clients can obtain an HCV before rental assistance expires, and helps clients increase income.

4A-3d.	Applicant’s Experience in Ensuring DV Survivors’ Safety.	
	NOFO Section I.B.3.j.(1)(d)	

		Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
	1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
	2.	making determinations and placements into safe housing;
	3.	keeping survivors’ information and locations confidential;
	4.	training staff on safety and confidentiality policies and practices; and
	5.	taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.

(limit 2,500 characters)

1. Training- AHP works closely with DV-services providers, DHHS, & the Arcata & Eureka PD to TRAIN & EDUCATE ALL AHP staff on DV survivor SAFETY PLANNING. AHP also trains staff on its own safety & confidentiality protocols, including the use of the National Center on Domestic & Sexual Violence’s safety plan template. AHP also employs an advocate to assist w/ safety planning that involves obtaining restraining orders.
2. All AHP INTAKE SPACES ARE PRIVATE & staff safeguard confidentiality during the intake process.
3. AHP is able to SEPARATELY INTERVIEW each member of a couple & staff are trained to recognize DV red flags such as power & control dynamics.
4. AHP case plans are client-centered & empower survivors to choose housing & services. This includes assisting clients with finding the location, housing type, & home config. that makes them feel safe, e.g., helping clients locate homes where pathways are lit, parking is close to entries, & entrances are free from concealing shrubbery. AHP employs maintenance staff to assist clients if landlords are unresponsive to bldg. safety issues. AHP also assists survivors with relocating out of County.
5. AHP ensures that its congregate bldg. areas are safe, secure & well lit. Maintenance Staff can modify spaces to add bars or otherwise increase bldg. security as needed. AHP has strict confidentiality policies for all staff & program participants to safeguard DV survivor locations. This policy also prohibits staff from discussing these clients during internal AHP clinical mtgs. & requires all DV survivor client files to be maintained securely & separately.

4A-3d.1.	Applicant’s Experience in Evaluating Its Ability to Ensure DV Survivors’ Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project’s operation.

(limit 2,500 characters)

AHP MEASURES ITS ABILITY TO ENSURE DV SURVIVOR SAFETY by soliciting survivor feedback on the efficacy & impact of prog safety policies. AHP also tracks DV incidents perpetrated against prog participants, including those that lead to relocation through the CoC’s Emergency Transfer Plan.

4A-3e.	Applicant’s Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant’s experience in:

1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. Case Managers or Intake Staff have been working with the Coordinated entry system (CES) to prioritize people for this program that meet criteria since the project launched in 2020.
2. AHP has been taking a housing first approach & leverages its excellent relationships with landlords & property managers to rapidly rehouse & stabilize DV survivors in homes that they choose & deem safe since 2020. AHP CMs place survivor needs & priorities at the forefront of the housing search process by giving survivors the tools & support they need to locate & obtain safe housing of their choice. Survivors may also decline any service or housing referral without question. Once housed, AHP staff continue to support survivors by connecting them with community-based resources & services to help them adjust to their new homes & build networks to provide ongoing assistance as they regain a sense of safety and wellbeing.
3. AHP has over 20 years of experience developing case plans that are client-centered & support survivors to decide what is safe for them in choosing housing & services. This includes assisting clients with finding the right location, housing type, & home configuration that makes them feel safe. For example, helping guide clients through choosing homes where all pathways are lit, parking is close to building entries, & no excess shrubs surround entrances.
4. AHP has over 20 years of experience working with people experiencing homelessness to identify what skills they will need/want to learn to ensure their success to stay housed. A CM will work with each person to provide support & referral. The level of CM and the support offered will be determined for each person individually & may change over time as a person's needs change. This support will include connection to main stream resources, or referral to a domestic violence service provider. The Property Manager (PM) has developed a great working relationship with landlords & pms. AHP works with landlords and pms to identify & secure appropriate housing. AHP PM is aware of the current rental market. The rent reasonableness determination is conducted with each unit AHP secures. Landlord engagement is critical to the success of the AHP program. Ongoing communication is encouraged with the AHP PM and landlords & property managers throughout the service area.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
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(limit 5,000 characters)

1. AHP provides an environment where program participants have a voice in policymaking, contribute to program design decisions, & all work is centered on client-determined goals. AHP continues to serve clients throughout their most difficult times & works with client strengths to help them overcome obstacles.
2. AHP staff are trained to identify signs of trauma & connect clients to appropriate resources to educate them on trauma, including by providing them with written materials created by experts. AHP provides warm handoffs to specialized mental health providers w/expertise to help clients recognize & process trauma.
3. AHP staff are keenly aware of the impacts that DV can have on self-esteem & confidence, & therefore ensure that ongoing assessments & goal planning sessions focus on identifying & celebrating client strengths. Every meeting with a case manager involves acknowledging progress, stability, & identifying even "small" steps taken towards goals.
4. AHP ensures that all staff receive training on the CoC's non-discrimination policy, fair housing, & equal access rules. AHP strives to create an inclusive environment where all clients feel comfortable & safe.
5. AHP provides clients seeking peer support with connections to a variety of resources depending on their needs. AHP partners with NAMI to provide group support for persons with SMI; WISH runs DV survivor support groups; & several organizations run peer mentorship programs for people in SUD recovery. AHP can also help put clients in touch with faith-based organizations upon request.
6. AHP connects parenting clients to safe and appropriate parenting classes & support offered by local Family Resource Centers & Changing Tides. AHP assists clients with obtaining childcare through CalWORKs & other subsidized programs and connects clients to Early Start & Head Start programs.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

AHP PARTNERS WITH OVER 200 PROVIDERS ACROSS THE COUNTY TO ENSURE THAT DV SURVIVORS' SERVICE & SAFETY NEEDS ARE MET AS THEY ARE RAPIDLY REHOUSED. AHP provides streamlined referrals to CoC partner organization Legal Services of Northern California for assistance with CHILD CUSTODY & other LEGAL SERVICES. AHP has staff who are trained to support clients during court proceedings, including while obtaining restraining orders. AHP works closely with the DA's office, public defender's office, & law enforcement to address client CRIMINAL HISTORIES whenever possible & AHP staff also accompany clients to CRIMINAL COURT to advocate for them & provide support. AHP connects clients with EMPLOYMENT, JOB TRAINING, & EDUCATIONAL OPPORTUNITIES by making referrals to the CoC Lead Agency's Employment Training Division, which assists with vocational training, resume building, job placement, interview preparation, & connections to mainstream employment agencies & private employers. AHP connects clients to CoC partner the College of the Redwoods, where participants can obtain certificates & training to further their career goals & increase income. AHP works with CoC lead agency DHHS to ENSURE THAT ALL CLIENTS OBTAIN HEALTH INSURANCE. Once health insurance is in place, AHP makes referrals to Open Door Health Services for PRIMARY CARE, NAMI for MENTAL HEALTH SERVICES, & Waterfront Recovery Services for SUD TREATMENT. AHP ensures that all families with children are informed of their rights under the McKinney-Vento Act and coordinates efforts to ENROLL ALL CHILDREN IN SCHOOL with designated Local Liaisons. AHP helps parents obtain CHILDCARE by connecting them to CalWORKS & Family Resource Centers. ALL REFERRALS ARE VOLUNTARY & MADE CONFIDENTIALLY IN ORDER TO PRESERVE CLIENT PRIVACY & SAFETY.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. Prioritizing placement and stabilization of survivors: Case Managers or Intake Staff work with the Coordinated entry system (CES) to prioritize people for this program that meet criteria.
2. Placing survivors in permanent housing: AHP takes a housing first approach & leverages its excellent relationships with landlords & property managers to rapidly rehouse & stabilize DV survivors in homes that they choose & deem safe. AHP CMs place survivor needs & priorities at the forefront of the housing search process by giving survivors the tools & support they need to locate & obtain safe housing of their choice. Survivors may also decline any service or housing referral without question. Once housed, AHP staff continue to support survivors by connecting them with community-based resources & services to help them adjust to their new homes & build networks to provide ongoing assistance as they regain a sense of safety and wellbeing.
3. Placing and stabilizing survivors consistent with their preferences: All AHP case plans are client-centered & support survivors to decide what is safe for them in choosing housing & services. This includes assisting clients with finding the right location, housing type, & home configuration that makes them feel safe. For example, helping guide clients through choosing homes where all pathways are lit, parking is close to building entries, & no excess shrubs surround entrances.
4. Placing and stabilizing survivors consistent with their stated needs: A Case Manager (CM) works with each person to identify what skills they will need/want to learn to ensure their success to stay housed. A CM will work with each person to provide support & referral. The level of CM and the support offered will be determined for each person individually & may change over time as a person's needs change. This support will include connection to main stream resources, or referral to a domestic violence service provider. The Property Manager (PM) has developed a great working relationship with landlords & pms. AHP works with landlords and pms to identify & secure appropriate housing. AHP PM is aware of the current rental market. The rent reasonableness determination is conducted with each unit AHP secures. Landlord engagement is critical to the success of the AHP program. Ongoing communication is encouraged with the AHP PM and landlords & property managers throughout the service area.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

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

6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
----	--

(limit 5,000 characters)

1. The expanded project will provide an environment where program participants have a voice in policymaking, contribute to program design decisions, & all work is centered on client-determined goals. AHP continues to serve clients throughout their most difficult times & works with client strengths to help them overcome obstacles.
2. AHP staff are trained to identify signs of trauma & connect clients to appropriate resources to educate them on trauma, including by providing them with written materials created by experts. AHP provides warm handoffs to specialized mental health providers w/expertise to help clients recognize & process trauma.
3. AHP staff are keenly aware of the impacts that DV can have on self-esteem & confidence, & therefore ensure that ongoing assessments & goal planning sessions focus on identifying & celebrating client strengths. Every meeting with a case manager involves acknowledging progress, stability, & identifying even “small” steps taken towards goals.
4. AHP ensures that all staff receive training on the CoC’s nondiscrimination policy, fair housing, & equal access rules. AHP strives to create an inclusive environment where all clients feel comfortable & safe.
5. AHP provides clients seeking peer support with connections to a variety of resources depending on their needs. AHP partners with NAMI to provide group support for persons with SMI; WISH runs DV survivor support groups; & several organizations run peer mentorship programs for people in SUD recovery. AHP can also help put clients in touch with faith-based organizations upon request.
6. AHP connects parenting clients to safe and appropriate parenting classes & supports offered by local Family Resource Centers & Changing Tides. AHP assists clients with obtaining childcare through CalWORKs & other subsidized programs and connects clients to Early Start & Head Start programs. type of housing they will inhabit. AHP further works to restore client confidence by educating clients on their rights in housing as DV survivors, including those under VAWA & CA state law. AHP solicits client feedback in program design, ensuring that survivor perspectives are valued & considered in shaping the program polices that impact them.

4A-3j.	Applicant’s Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project’s operation. |

(limit 2,500 characters)

- 1, 2. The expanded project will solicit input from program participants, applicants and the Humboldt Domestic Violence Coordinating Council which includes survivors with a range of lived expertise to inform policy and program development throughout the project's operation.

4B. Attachments Screen For All Application Questions

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No	PHA Admin Plan Mo...	10/22/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/22/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/22/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/22/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/22/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/22/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/22/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/22/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2024 HDX Competit...	10/22/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plan Moving On Excerpt

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation- HOME PSH

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2024 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

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Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/11/2024
1B. Inclusive Structure	10/11/2024
1C. Coordination and Engagement	Please Complete
1D. Coordination and Engagement Cont'd	10/14/2024
1E. Project Review/Ranking	10/14/2024
2A. HMIS Implementation	10/15/2024
2B. Point-in-Time (PIT) Count	10/15/2024
2C. System Performance	10/15/2024
3A. Coordination with Housing and Healthcare	10/15/2024
3B. Rehabilitation/New Construction Costs	10/15/2024
3C. Serving Homeless Under Other Federal Statutes	10/15/2024

4A. DV Bonus Project Applicants	10/22/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and they must be based on local housing needs and priorities that can be documented by generally accepted data sources.

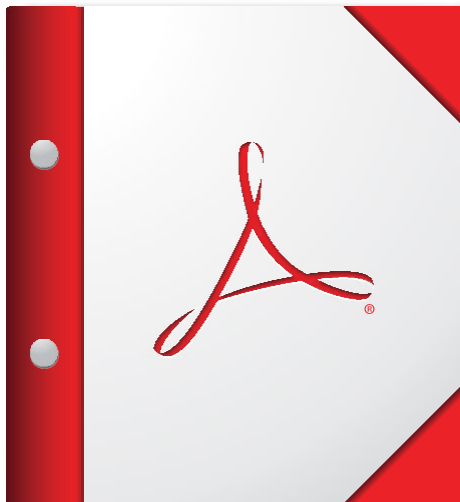
PHA Policy

The PHA will use the following local preferences:

1. The PHA will offer a preference to any family that has been terminated from its HCV program due to (previous) insufficient program funding.
2. The PHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from the PHA's public housing program or other covered housing program operated by the PHA. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval.
3. The PHA will offer a preference, limited to 20 new vouchers per calendar year, as a Moving-On preference with recommendation from a Continuum of Care participating agency, and subject to the requirements of the PHA's Moving-On checklist, to establish eligibility for this requirement. The PHA will issue up to 20 vouchers annually, in the order complete referrals are received, to support clients who no longer require the intensive support services they were previously receiving under HUD Permanent Supportive Housing (PSH) or Rapid Re-Housing (RRH) housing assistance programs.
4. Other preferences may be added and approved by the Board of Commissioners from time to time.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.



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Humboldt Housing and Homelessness Coalition

Housing First Evaluation- County of Humboldt HOME PSH

May 8, 2024

Evaluator: Robert Ward

- Access to program is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Program does everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodation within applications and screening processes and during tenancy and building and apartment units include special physical features that accommodate disabilities.
- Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- Housing and service goals and plans are highly tenant-driven.
- Supportive services emphasize engagement and problem-solving over therapeutic goals.
- Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and are offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

Every effort is made to provide a tenant with the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Our CoC did not reject or reduce any project during our CoC's local competition.