Before Starting the CoC Application

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: CA-506 - Salinas/Monterey, San Benito Counties CoC

1A-2. Collaborative Applicant Name: Coalition of Homeless Services Providers

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coalition of Homeless Services Providers

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	7
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	No	
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	4
36.	Victim Service Provider(s)	Yes	4
37.	Domestic Violence Advocate(s)	Yes	3
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	No	
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Philanthropy	Yes	1
47.	Low Income Legal Services	Yes	1

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Lead Me Home Continuum of Care (LMH CoC), serving Monterey and San Benito Counties, maintains an open and transparent process for inviting individuals and organizations throughout the CoC's geographic area to become members. CoC membership is open to all individuals and organizations committed to preventing and ending homelessness and advancing the vision of the Lead Me Home Plan.

Individuals and organizations may join the CoC by completing a brief membership application, which is available online or in paper format. The application collects contact information and information regarding the applicant's experience or relationship to the CoC's work, such as lived experience of homelessness, advocacy, nonprofit or local government involvement, geographic representation, and organization type. CoC staff maintain the membership roster and use this information to assess the diversity of membership and identify sectors or geographic areas where additional outreach may be needed.

Invitation and opportunities to participate are made publicly available throughout Monterey and San Benito Counties. Notices of CoC membership meetings are widely distributed through the CoC's community email contact list in accordance with the CoC's Public Participation Policy. Meetings are open to community participation, and individuals may attend and provide input regardless of membership status; formal membership is required to vote.

This year-round open membership process ensures that the invitation occurs at least annual and is handled through public distribution of meeting and participation opportunities, ensures that individuals, organizations, people with lived experience, service providers, public agencies, advocates, and other community stakeholders throughout Monterey and San Benito Counties have a transparent and accessible opportunity to join and participate in the CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC maintains a transparent, ongoing process to solicit & consider input regarding its performance, strategies, priorities, policies, & system improvements from a broad array of stakeholders throughout the CoC. CoC meetings are held bimonthly annually, are open to the public, & provide opportunities for input on scheduled agenda items and public comment. Meeting information is publicly available through CHSP & also convenes committees, workgroups, community meetings, & special sessions when more focused stakeholder input is needed. Participation includes homeless & housing service providers; people with lived experience of homelessness; nonprofit orgs.; county & municipal governments; housing authorities; behavioral health, healthcare, education, veteran, youth, DV, & public safety partners; advocates; businesses; funders; & other community members with knowledge of or an interest in preventing & ending homelessness. The Lived Experience Advisory Directive (LEAD) provides a formal mechanism for people with lived experience (PLE) to advise the CoC and provide feedback to the Leadership Council. The CoC considers stakeholder feedback through its Leadership Council & committee structure & incorporates recommendations into policies, strategic planning, funding priorities, & system improvements. For example, during the extension of the Lead Me Home Plan, the CoC solicited input from CoC & Leadership Council members regarding Yrs. 4 & 5 goals & future action strategies. Special sessions with LEAD & the CHSP BODs provided additional opportunities to identify & prioritize work for the future. Recently completing a 6 month overhaul of its CES prioritization tool. A diverse committee of service providers, county administrators, & PLE reviewed the tool & provided feedback throughout the process. The tool is now implemented & being evaluated, allowing continued stakeholder feedback to inform further improvements. Additionally, the Monitoring & Evaluation Committee reviews HMIS & program performance data for CoC & State funded projects & recommends system improvements, training needs, & data quality corrections. Provider representatives contribute direct operational perspectives regarding program performance, emerging needs, barriers, & recommended policies & practices. Together, these mechanisms ensure community input is routinely solicited, considered, & incorporated into CoC decision making & priority setting, rather than limited to a single annual consultation.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC maintains an open and transparent local competition that accepts and considers proposals from both existing CoC Program recipients and organizations that have not previously received CoC Program funding. New organizations are provided the same opportunity to participate in the local competition and are evaluated through the CoC's established application, review, and selection process.

For the FY 2026 CoC Program Competition, CHSP, as the Collaborative Applicant, publicly announced the availability of funding and invited eligible organizations throughout Monterey and San Benito Counties to apply. Competition information, application materials, deadlines, eligible project types, and instructions were made publicly available through the CHSP/CoC website and distributed through CoC communications and public meetings. Outreach specifically communicated that new projects and organizations not currently receiving CoC Program funding were eligible to participate.

CHSP also provided technical assistance and opportunities for prospective applicants to learn about CoC Program requirements and the local competition. Information sessions were available to interested organizations, and application materials and instructions were made accessible to potential applicants regardless of whether they had previously received HUD CoC funding.

All eligible proposals received through the local competition are considered through the CoC's established review and ranking process. Applications are evaluated using standardized criteria adopted for the competition, and projects are reviewed based on the quality of the proposal, responsiveness to CoC priorities and HUD requirements, demonstrated community need, organizational capacity, and other published local competition criteria rather than an organization's status as a previous CoC recipient.

The FY 2026 local competition received 8 new project applications, including an application from one organization that had not previously received CoC Program funding. The new organization's proposal was accepted and considered through the same local review process

Through public posting, broad community distribution, informational opportunities, technical assistance, and an application process open to new organizations, the CoC ensures that organizations throughout Monterey and San Benito Counties have a meaningful opportunity to propose new projects and compete for CoC Program funding.

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

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

(limit 2,500 characters)

The CoC is working to release an extended action plan, tied to the Lead Me Home (LMH) Plan Update, adopted by the CoC Board (Leadership Council) and refined in a 2024 Addendum. The Plan, and our ongoing efforts, address a key gap: too few pathways from unsheltered homelessness to housing.
GAP: A system assessment using HMIS data, predictive modeling, stakeholder interviews, and a survey of people with lived experience found 76% of people counted in Monterey County and 60% in San Benito were unsheltered; only 12% of shelter exits were to permanent housing (PH); outreach was not solutions-oriented; and shelter was scarce in South Monterey County and San Benito.

STRATEGY: We pair 42 U.S.C. 11386b(d) interventions with targeted projects: (A) PSH for people experiencing chronic homelessness (641 in 2019 PIT), linked to behavioral health care, SOAR, and Medi-Cal-billed services; (B) rapid rehousing and income supports for families, leveraging CalWORKs prevention, child welfare partners via Foster Youth to Independence vouchers, and Workforce Development Boards; (C) outreach and Street Medicine in all regions, low-barrier shelter and safe parking with housing-focused case management, housing navigation for people with behavioral health conditions, youth-specific CARS changes and housing, and reentry housing planning with Sheriff and Probation.
MEASURES: Cut PIT count 50% from 2,704 to 1,297; raise shelter exits to PH from 12% to 50%; reduce shelter stays from 51 to 35 days; raise RRH exits to PH from 55% to 90%; add 500 PSH/ELI units per year; track outreach exits to PH and interim housing. HMIS results are reported annually by county, age, household type, and disability status.

TIMELINES: Expand outreach and bilingual Street Medicine staff (FY24-25); expand CalWORKs prevention and adopt a regional investment strategy with annual investment report (FY25-26); annual action plans and progress reports each year.

FUNDING: CoC Program, HHAP-5, No Place Like Home, Homekey, CalAIM Enhanced Care Management, Prop 47, CalWORKs Homeless Prevention and Urgent Intervention, and FYI vouchers through the Housing Authority of Monterey County.

OVERSIGHT: The Leadership Council oversees the Plan; its Funding Committee develops annual action plans and aligns funding; CHSP, the CoC lead agency, tracks and reports results; each strategy has a named lead (e.g., Outreach Coordination Committee, County DSS, County Behavioral Health, CHSP CARS Team).

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes

2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	71%

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC partners with the Monterey Behavioral Health Bureau (BHB) to connect individuals experiencing homelessness to outpatient mental health and substance use disorder treatment across appropriate levels of care. Once referred to BHB, individuals are screened and provided a psychosocial assessment to determine functional impairment, symptom severity, and behavioral health level of need. Regardless of an individual's insurance status, BHB serves those individuals with serious mental illness and/or substance use disorder treatment needs, referred to as Specialty Mental Health. Individuals requiring Non-Specialty Mental Health are referred to the Managed Care Plan or other community resources for treatment.

BHB services are designed to promote stability and combine intensive care coordination and comprehensive treatment, which may include outpatient mental health treatment and psychosocial interventions, including individual and group therapy; intensive care coordination; suicide prevention and screening; crisis services; medication management; and case management. BHB also provides a continuum of SUD services, including residential, intensive outpatient, and outpatient treatment, along with client-centered recovery supports.

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

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

(limit 2,500 characters)

The LMH CoC partners with behavioral health and homeless service providers to provide access to peer support and recovery navigation. In partnership with the BHB and contracted partners, peer support is an integral part of the Adult System of Care and Transitional Age Youth programs and through contracted Substance Use Disorder (SUD) programs. These programs serve individuals with serious mental illness and/or substance use disorder treatment needs. Including individuals with lived experience is a critical component to successful engagement in services. Through local implementation of CalAIM, eligible participants can be connected to peer support services that use individuals with lived experience of behavioral health or substance use challenges to support engagement, recovery, and connections to other services.
Interim, Inc. also incorporates peer support into its service model by hiring graduates of its programs and other individuals with lived experience to support participants. These staff bring firsthand experience with recovery and behavioral health services and can help participants engage in treatment, navigate services, and work toward recovery and housing stability.

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

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

(limit 2,500 characters)

The LMH CoC coordinates with Monterey County Behavioral Health (BHB) and Interim, Inc. to identify and connect individuals experiencing Serious Mental Illness (SMI) to behavioral health treatment and intensive community-based services. Individuals may be identified through street outreach, Coordinated Entry, homeless service providers, crisis services, healthcare providers, and other community partners. When behavioral health needs are identified, providers connect individuals to MCBH and behavioral health partners for assessment and linkage to the appropriate level of care. Once referred to BHB, individuals are screened and assessed to determine functional impairment, symptom severity, and behavioral health level of need. Regardless of an individual's insurance status, BHB serves those individuals with SMI and/or substance use disorder treatment needs, referred to as Specialty Mental Health. BHB services are designed to promote stability and combine intensive care coordination and comprehensive treatment. Interim, Inc. is a key partner serving adults with SMI who are experiencing or at risk of homelessness. Interim provides homeless outreach, supportive housing, case management, crisis services, and intensive behavioral health services, allowing individuals to remain connected to care as their housing and treatment needs change. Additionally, BHB has contracted ACT/FACT (Assertive Community Treatment and Forensic Assertive Community Treatment) teams, which provide comprehensive wraparound services to those individuals with high acuity (SMI), some of whom are unhoused and justice involved. Interim operates an ACT program in partnership with MCBH. ACT provides multidisciplinary, community-based services for adults with SMI who have significant functional impairments and may have difficulty engaging successfully in traditional clinic-based treatment. Services include mental health treatment, case management, crisis support, medication support, rehabilitation, and assistance connecting to housing and other community resources.
Through coordination among homeless service providers, MCBH, Interim, and other behavioral health partners, individuals with SMI can be connected from outreach and the homelessness response system to appropriate behavioral health treatment and intensive services. This approach supports ongoing engagement, housing stability, and continuity of care for individuals with complex behavioral health and housing needs.

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

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

(limit 500 characters)

CoC partners with the Monterey Behavioral Health Bureau (BHB). BHB collaborates with the Court and other Justice Partners on Collaborative Justice Specialty Court programs to include Mental Health Treatment Court, Drug Treatment Court (DTC), the new Prop 36 / 11395 Court, DUI Treatment Court, Veterans Treatment Court (VTC) and Military Diversion. BHB also partners on Mental Health and Incompetent to Stand Trial (IST) Diversion. BHB works closely with the Court and others partners on CARE Act.

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

(limit 2,500 characters)

The CoC and the BHB coordinate to support clients holistically, including individuals engaged through BHB's Collaborative Justice Specialty Court programs, diversion programs, and CARE Act. Supporting mental health stability and recovery from substance use is the ultimate goal, along with helping them obtain and maintain stable housing and move toward greater independence in the community. Treatment teams work to engage individuals (court mandated or not) in services by identifying their basic needs and gaps that interfere with their ability to achieve their overall behavioral health goals. A great deal of that engagement includes identifying the challenges and barriers to maintaining stability in the community and accessing housing. BHB works with justice involved populations in need of Special Mental Health and SUD Services to access housing resources for which they are eligible as well. Through its coordination with the Court and other Justice Partners, BHB supports individuals whose participation in treatment or services is court-ordered.

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

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

(limit 500 characters)

The LMH CoC partners with Interim, Inc., which operates Manzanita House, a short-term crisis residential treatment program. Manzanita provides community-based crisis stabilization as an alternative to inpatient psychiatric care for adults experiencing a mental health crisis and accepts referrals through Monterey County Behavioral Health. Interim also provides homeless outreach and supportive housing, supporting connections between the crisis and homelessness response systems.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	113

1C-1g.	**Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.**	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

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

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

(limit 500 characters)

The LMH CoC has a formal partnership with Monterey County Behavioral Health (MCBH), a SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider. MCBH partners with the CoC through Coordinated Entry and housing and homelessness initiatives, including connecting individuals experiencing homelessness with behavioral health, outreach, housing, and supportive services.

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

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

(limit 500 characters)

The LMH CoC is proposing a new CoC Program-funded project in the FY 2026 competition: Sun Street Centers' Sober Living Environments Transitional Housing (TH) project. The project will operate sober housing that provides a structured, drug- and alcohol-free living environment for participants in recovery, consistent with 24 CFR 578.93(b)(5).

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

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

(limit 2,500 characters)

Interim Inc and Sun Street Centers have a dual function as mental and behavioral health providers and homeless housing providers. This allows their staff to begin working early in the engagement on connecting clients to resources, including housing. Since staff are knowledgeable about the housing programs within their organizations, clients are placed quickly on waitlists for non-CoC-funded housing and on the Coordinated Entry By-Name List for CoC-funded opportunities. Many times, these organizations have Coordinated Entry housing opportunities and are able to provide a seamless hand-off to their housing teams. Having both services allows these teams to communicate frequently and effectively about clients' goals and case management needs.

Outside of these two organizations, other Coordinated Entry participating organizations participate in biweekly case conferencing about clients on the By-Name List. All participating organizations and programs meet to discuss openings and upcoming referrals clients may receive in the coming weeks. Providers are able to discuss clients' case management needs and prepare to receive them into programs without an interruption in services.

For individuals and families at risk of homelessness, participating providers also work to connect them to available housing, benefits, shelter when necessary, and other resources that may help prevent entry into homelessness. When homelessness cannot be prevented, providers connect eligible participants to Coordinated Entry and available shelter and housing resources while continuing to support their housing needs.

This practice is successful for the units or beds that do become open, but there is a need for more permanent housing for people experiencing homelessness in our community, especially for this subpopulation accessing and in need of mental and behavioral health services. Due to the lack of available supportive housing, preventing homelessness is not always possible for these programs and orgnaizations. . While providers work to connect people to open waitlists or available shelters, sufficient resources are not always available.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$8,371,703
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$4,562,140
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	54%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$1,496,946
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	72%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The Monterey/San Benito CoC consults regularly with the ESG recipient in its geographic area: the City of Salinas, an ESG entitlement jurisdiction.

CHSP, as the CoC's Collaborative Applicant, participates in the City of Salinas's Consolidated Plan and Annual Action Plan processes, including the review of draft plans. CoC staff review ESG funding priorities with City staff each year so that ESG investments align with the CoC's Lead Me Home Plan and system gaps identified through Coordinated Entry and HMIS data. For State ESG, the CoC sets local priorities and approves recommended allocations under HCD's requirements.

The CoC provides ESG recipient with Point-in-Time Count, Housing Inventory Count, and HMIS data to inform Consolidated Plan needs assessments and funding decisions. ESG-funded projects participate in HMIS and Coordinated Entry, allowing the CoC to review ESG subrecipient performance on outcomes such as exits to permanent housing and returns to homelessness and share results with ESG recipient.

City of Salinas staff serve on /regularly attend the CoC Leadership Council and other relevant committees, and the CoC will continue to meet with the ESG recipient at least annually before Action Plan development, share system performance data, and coordinate ESG and CoC investments to reduce duplication and strengthen the homeless response system.

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

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

(limit 2,500 characters)

The CoC coordinates with emergency shelter providers so that individuals and families in shelter are connected to Coordinated Entry and CoC assistance. Shelter is a primary entry point into the Coordinated Assessment and Referral System (CARS), the CoC's coordinated entry system. Emergency shelters serve as CARS access points, and trained shelter staff complete the CE assessment with guests, typically within 24 to 72 hours of entry. Assessed households are added to the By-Name List, which the CoC uses to prioritize and match people to CoC-funded housing and assistance, including PSH, RRH, and TH.

Shelter providers participate in monthly case conferencing with CE staff and CoC housing providers to review shelter guests on the By-Name List, address barriers such as missing documentation, and coordinate access to additional services and referrals. Shelter stays, assessments, and referrals are documented in HMIS, allowing shelter guests to remain visible within the coordinated entry and prioritization process. When a shelter guest is matched to a CoC project, shelter case managers coordinate with the receiving provider on documentation, housing search, and move-in to support a warm handoff.

The CoC also supports coordination through shared training for shelter staff on CE assessment and CoC program eligibility / regular shelter provider meetings convened by the CoC Lead / other coordination mechanism. If applicable: Individuals and families entering temporary shelter through encampment response or the Inclement Weather Response are connected to the same CARS process and offered a CE assessment during their stay.

Through these partnerships, shelter serves as a direct connection point to CoC assistance, helping individuals and families move from crisis and temporary shelter toward permanent housing.

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

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

(limit 2,500 characters)

The LMH CoC uses PIT, HIC, HMIS, and System Performance Measures (SPM) data to inform state and local planning, funding decisions, system improvements, and strategies to prevent and end homelessness in Monterey and San Benito Counties. Data are shared consistent with the CoC's HMIS Privacy and Security Plans and applicable privacy requirements.

The CoC participates in California's Homeless Data Integration System (HDIS) and submits required HMIS data to the State quarterly. HDIS allows the State to integrate data from California CoCs to understand homelessness, evaluate outcomes, and inform statewide and local responses. State reporting and public dashboards also support transparency regarding programs such as the Homeless Housing, Assistance and Prevention (HHAP) Program and associated outcomes.

Locally, the CoC shares aggregate and de-identified PIT, HIC, HMIS, and SPM data with Monterey and San Benito Counties, municipalities, providers, funders, and community partners, as permitted by law. The CoC is also developing data-sharing agreements with Monterey County Behavioral Health and the region's managed care plan to improve cross-system coordination, including verification of information needed for appropriate referrals and identification of individuals needing benefit enrollment assistance. Participant-level information is shared only as permitted by applicable privacy requirements and data-sharing agreements.

The CoC also publicly presents its PIT Count, Housing Inventory Count (HIC), Longitudinal Systems Analysis (LSA), and SPM data to the Leadership Council and community. Presentations identify trends in sheltered and unsheltered homelessness, utilization, system performance, data-quality concerns, and service gaps. The Leadership Council, committees, local governments, and partners use these findings to evaluate progress, identify unmet needs, establish priorities, and inform funding, policy, and program decisions.

Through HDIS, local partnerships, public reporting, and system-level analysis, the CoC uses PIT, HIC, HMIS, and SPM data to strengthen its homelessness response while protecting participant privacy.

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

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

(limit 2,500 characters)

The CoC uses data from education and health care systems alongside HMIS data to better understand the needs of people experiencing homelessness, identify gaps in services and coverage, and improve coordination of care.

The CoC works closely with the Monterey County Office of Education (MCOE), and the McKinney-Vento school liaisons. Every year, they help identify the number of children and families experiencing homelessness under other federal definitions of homelessness. This information is incorporated into the local HIC/PIT report and presented to the Leadership Council alongside annual PIT data. Used alongside HMIS and PIT data, the education data helps the CoC better understand the extent of housing instability among children and families who may not otherwise be reflected in HUD homelessness data.

Under the expansion of Enhanced Care Management and Community Supports, the CoC also uses aggregate health care data available through the region's managed care plan (MCP) to better understand the health care needs of Medi-Cal members experiencing homelessness. While these numbers are an aggregate, the CoC is working with the MCP to identify individuals in need of Medi-Cal renewals and reduce the likelihood of someone losing this critical coverage.

The CoC is currently building medical billing into HMIS, to allow homeless services providers to use one platform for their needs. Integrating this information with HMIS will help the CoC understand which health and homeless services participants are accessing, improve coordination across systems, and provide a more comprehensive picture of the service needs of different subpopulations.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC partners with the County of San Benito Workforce Development Board and Monterey County Workforce Development Board. Through these partnerships, the CoC and homeless service providers connect individuals experiencing homelessness to workforce development resources, including employment assistance, job training, and other services intended to support employment and economic stability.

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

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

(limit 2,500 characters)

The LMH CoC collaborates with law enforcement, first responders, and homeless service providers to strengthen coordinated street outreach, build trust with individuals experiencing homelessness, and increase engagement with housing, behavioral health, healthcare, and other supportive services. Two established partnerships demonstrate this approach.

The Homeless Exchange is a monthly collaboration between the City of Monterey's Community Action Team (CAT) and local service providers, including the Veterans Resource Center, Veterans Transition Center, Gathering for Women, Montage Health, Community Human Services, Alliance on Aging, Interfaith Homeless Emergency Lodging Program, and Salvation Army. Partners coordinate outreach and share resources to engage individuals experiencing homelessness, including those with complex behavioral health and substance use needs. These meetings help identify individuals requiring assistance, coordinate service responses, and strengthen connections to available community resources and the CoC's Coordinated Assessment and Referral System (CARS), as appropriate.

The Multi-Disciplinary Outreach Team (MDOT) brings together the Monterey Police Department, Adult Protective Services, Monterey County Behavioral Health, Montage Health, Interim/MCHOME, and Victory Mission. Participating agencies assign social workers who work directly alongside law enforcement, allowing officers to connect individuals with appropriate service providers during outreach and crisis encounters rather than relying solely on a law enforcement response..

MDOT conducts direct outreach, builds relationships, and assists individuals with accessing healthcare, behavioral health treatment, mainstream benefits, shelter, and housing. Team members also help obtain identification, birth certificates, and documentation necessary to access Social Security and disability benefits. This coordinated approach allows social workers and law enforcement to address immediate needs while establishing ongoing connections to housing and supportive services.

In 2025, Monterey Police Department's MDOT assisted 20 individuals in obtaining housing and provided services to an additional 57 individuals.

Through these partnerships, the CoC promotes positive interactions between law enforcement and people experiencing homelessness by emphasizing relationship-building, coordinated outreach, individualized assistance, and connections to CoC housing and services.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The LMH CoC supports family and support-network reunification to help individuals experiencing homelessness or living in CoC Program-funded housing achieve housing stability. While reunification assistance is available across CoC programs, these efforts are particularly emphasized for transition-age youth in Youth Homelessness Demonstration Program (YHDP) projects. Reunification is pursued when it is safe, appropriate, and consistent with the participant's preferences and goals.

During intake, case managers assess each participant's housing barriers, family relationships, and opportunities to reconnect with family members or other supportive individuals. When reunification is a safe and viable option, case managers work with participants and their families to address barriers through individualized case management, family mediation, conflict resolution, and financial assistance when available.

YHDP projects provide a particularly focused example of this approach. For youth whose families live outside Monterey and San Benito Counties, including other states, case managers coordinate with family members to assess the safety and feasibility of reunification and confirm that housing and support will be available upon arrival. When needed, programs arrange transportation and provide financial assistance for travel. Case managers also identify community resources in the receiving community and facilitate connections before the youth relocates.

Following reunification, case managers conduct follow-up contacts with youth and their families to confirm safe arrival and assess ongoing needs. Youth who reunify with family within the LMH CoC may continue receiving case management and supportive services, including employment assistance, connections to mainstream benefits, educational support, and continued family mediation when necessary.

For youth relocating outside the region, case managers seek to establish connections with local service providers to support continued housing stability and reduce the risk of returning to homelessness.

Through individualized assessment, family engagement, mediation, financial and transportation assistance, and coordinated follow-up, the CoC's recipients support participants in reconnecting with safe and supportive family and other support networks, with YHDP providers providing particularly focused reunification assistance for youth, while respecting their individual circumstances and housing choices.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

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

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

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

(limit 2,500 characters)

The LMH CoC cooperates with law enforcement, first responders, and local governments to advance public safety while connecting individuals experiencing homelessness to housing, healthcare, behavioral health treatment, and supportive services.The CoC does not interfere with or impede local public-safety efforts and coordinates with local partners to connect affected individuals to appropriate services.

The City of Monterey's Multi-Disciplinary Outreach Team (MDOT) and Salinas Outreach and Response Team (SORT) demonstrate this collaboration. These partnerships coordinate law enforcement and social service responses, conduct outreach, address immediate safety concerns, and connect individuals to shelter, housing, treatment, and mainstream benefits.

Thr Encampment Sweep Response Solution Set, developed with the CoC Board, member agencies, outreach providers, and government partners, establishes procedures for coordinating with law enforcement, public works, code enforcement, and other agencies responsible for encampment cleanups. Through the CoC's Outreach Committee, providers coordinate with local governments before, during, and after encampment operations. Before cleanups, outreach teams engage residents, assess needs, facilitate Coordinated Entry referrals, identify shelter availability, and develop individualized relocation plans. During and after operations, providers address immediate needs and connect displaced individuals with services, shelter, and housing.

The Solution Set also provides a framework for coordinating responses to medical, fire, and law enforcement emergencies and connecting individuals with substance use treatment and behavioral healthcare. This coordination supports local efforts to address public illicit drug use by connecting individuals to substance use treatment and other appropriate services.The CoC respects the responsibilities of law enforcement and authorized healthcare professionals, including applicable public safety procedures and standards for responding when individuals present a danger to themselves or others. Information sharing, including legally required disclosures, is governed by applicable laws and HMIS privacy policies. These partnerships strengthen public safety coordination while increasing opportunities for individuals to access housing and supportive services.

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

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

(limit 2,500 characters)

Both Monterey and San Benito Counties have adopted encampment policies that prioritize the dignity and well-being of people residing in encampments before a necessary sweep of any area. Both policies reference the importance of service coordination before any encampment is swept and require at least 72 hour notice to encampment residents beforehand. These policies and the collaboration with the CoC allow outreach teams to do the pre-work of alerting people to the impending sweep and connecting them to critical services and resources. The early outreach also allows teams to confirm contact information of anyone residing in the encampment in the event a housing opportunity opens and they need to be found. Both policies also require participation from various county departments to assess and implement a cleanup, recognizing the various resources that are required.

In Monterey County, the policy also outlines a tiered system of assessed risk to the community and the people living in the encampments. The policy clearly outlines the immediate health and safety risks of encampments that must be immediately abated, including but not limited to excessive vermin, pervasive criminal activity, proximity to public schools and daycares, and damage to surrounding infrastructure. The County has utilized this policy recently in targeting 3 encampments for dissolution with Encampment Resolution Funding from the State. All 3 encampments were successfully dissolved and the areas cleaned after they were identified as a high health and safety risk. All individuals within those 3 encampments have been connected to services through collaboration with providers and more than half have been connected to permanent housing while the remaining individuals have been connected to transitional housing or navigation centers.

In San Benito County, the policy was recently implemented for the cleanup of the riverbed. Individuals were alerted 72 hours in advance and connected to resources in the community, including emergency shelter and transitional housing opportunities. Other county departments coordinated to ensure the success of the cleanup including cooperation of law enforcement as needed.

The CoC will leverage these policies by coordinating outreach and services during advance-notice periods to connect individuals to shelter, housing, and services. The CoC has not identified restrictive provisions; the notice and coordination requirements support connections to services.

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

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

(limit 2,500 characters)

The CoC has identified 7 encampments in the region, with approximately 117 individuals currently residing in them. The CoC works with various partners to identify and address encampments within the region including the county, CalTrans, city partners and most critically, service providers. Service providers act as the front line for encampment identification and supplying resources to those encampments. The Outreach Committee works with the CoC to provide resources to encampments within the region by hosting events that bring a myriad of service providers directly to the encampment location to connect individuals with resources. To date, the CoC has identified 7 encampments with approximately 117 individuals living within them. The Outreach Committee has hosted events at each of these locations. During the most recent event, the outreach teams were able to connect with 70 individuals and provide services to all 70, including food, hygiene kits and resource linkages.

Additionally, the CoC works closely with CalTrans to address tents or encampments on state right-of-ways. CalTrans will send notification to the CoC of an impending encampment clearance and the CoC coordinates with service providers to send their outreach teams to the identified location and try to connect people with services, housing or shelter. The outreach teams also act as a warning system, altering people in the area of the upcoming sweep to prevent any loss of personal property or vital documents and medications.

In addition to the 7 currently identified encampments, the CoC recently resolved 3 encampments in Soledad, King City and Pajaro leveraging state Encampment Resolution Funding. All individuals residing in these encampments have been successfully placed into permanent housing, navigation centers or transitional housing. Those currently in shelter or transitional housing are working with case managers to identify permanent housing solutions and connect them with resources to support housing stability.

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

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

(limit 2,500 characters)

The State of California has laws banning the use and sale of illicit drugs in public spaces and our local law enforcement lean on those laws whenever applicable. A best practice utilized in the CoC is the use of multi-disciplinary outreach teams, as evidenced by the City of Monterey's MDOT and Access Support Network, a street medicine outreach team that has a focus on overdose prevention.

The MDOT team works directly with the City of Monterey Police Department. When they receive information about someone on the street that needs assistance, the team - made up of PD, hospitals, managed care plans and service providers- meets the person where they are and connects them to the services and resources they need. An example of how effective this has been is an individual that was contacted by the Monterey Police Department more than 100 documented times between 2014 and 2018. These contacts resulted in numerous arrests for public intoxication, probation violations, and warrants. The traditional police response was not working. We were unsuccessful in either curbing the unlawful behavior or helping her get sober. MDOT and The Homeless Exchange worked with the Police Department to medically detox this subject, place her in residential rehabilitation, and ultimately move her into a sober living environment. This approach has resulted in thousands of dollars saved in both resources and manpower. This case is one example of many that validate the problem-solving, long-term, collaborative approach. In 2025 alone, the MDOT team housed 20 individuals and provided services to 57 others.

Access Support Network (ASN) does outreach to help prevent overdose deaths by educating people experiencing homelessness on the various resources to help with sobriety and what to do when they are with someone who is overdosing. They work with law enforcement and utilize peer support to encourage people to reduce or eliminate their harmful drug use.

The CoC will continue using these multidisciplinary outreach practices to connect individuals to treatment, housing, and services with lawful enforcement. No local policies have been identified that restrict these efforts.

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

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

(limit 2,500 characters)

Overdose and illicit drug use continue to be a concern across the CoC, particularly for people experiencing unsheltered homelessness. Recent available data show that 98 Monterey County residents died from unintentional or undetermined drug overdoses from June 2024–May 2025. In San Benito County, 8 opioid-related deaths and 67 overdose or fentanyl-poisoning calls were reported in 2024. Monterey County's 2026 Point-in-Time Count identified 2,073 people experiencing homelessness, with approximately 70% living unsheltered. Among those surveyed, 46% reported experiencing a substance use disorder.

Fentanyl continues to make the local drug supply especially dangerous because it can be present in counterfeit pills and other substances without a person knowing. For people living in encampments, vehicles, on the street, or in other places not meant for habitation, the risks can be even greater. Many are also dealing with significant barriers to health care, behavioral health and substance use treatment, transportation, and other services.

We are also seeing continued demand for overdose prevention resources in the community. Monterey County has expanded access to free naloxone through eight publicly accessible kiosks and approximately 30 newspaper-style distribution boxes located throughout the county. As one example of utilization, in a single week in December 2025, 46 naloxone units were dispensed from the kiosk network. Mobile outreach teams are also meeting people where they are, providing supplies, overdose prevention education, and connections to treatment and other services.

These efforts are important, but they also show why continued outreach is needed. With a large percentage of the homeless population still living unsheltered and substance use disorders affecting many of the people we serve, overdose prevention cannot rely only on people walking into a clinic or treatment program. Our local approach is increasingly focused on bringing resources directly into the community and using those interactions as opportunities to connect people to behavioral health care, substance use treatment, housing, and other supports.

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

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

(limit 2,500 characters)

California's Community Assistance, Recovery and Empowerment (CARE) Act provides a process for connecting eligible individuals with serious mental illness to behavioral health treatment, housing, and other supportive services. Monterey County implemented CARE Court in December 2024. CARE provides a court-based pathway intended to support in community-based treatment and services and prevent more restrictive interventions, such as conservatorship, incarceration, or hospitalization.

In Monterey County, the CARE Court program is robust and is focused on individuals who meet the eligibility criteria and are not clinically stabilized in ongoing voluntary treatment. The court process allows Behavioral Health and other partners to engage eligible individuals through investigation, service planning, and ongoing court review. If voluntary engagement is not successful, the court may order a CARE Plan that can include treatment, housing resources, and other services. Court hearings provide an ongoing structure for monitoring participation and progress. Locally, CARE Court has recorded 26 petitions and16 active cases.

Additionally, BHB has strong partnership with the Regional 988 Suicide and Crisis Lifeline provider who also operates our local Community Crisis Line of Monterey County and has the ability to connect a caller to the mobile crisis dispatch center for an in person mobile crisis response 24/7/365 as appropriate or to 9-1-1 in event of emergency. Mobile Crisis Services are overseen by BHB but can be accessed by outreach teams and other providers when someone is having a crisis. One example is the Monterey Police Department Multidisciplinary Outreach Team (MDOT), which includes BHB as part of the team that responds to calls.

The CoC will leverage CARE Court through its partnerships with Monterey County Behavioral Health and homeless service providers to identify and connect eligible individuals experiencing homelessness to appropriate behavioral health treatment and services. The CoC will also continue to use 988, mobile crisis, and multidisciplinary outreach partnerships to respond when individuals pose an immediate danger to themselves or others and to connect them to the appropriate level of care. There are no restrictive policies or practices that the CoC has identified as hindering this coordination.

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

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

(limit 2,500 characters)

California has established a state-wide database for registered sex offenders under Megan's Law, established under Penal Code section 290.46. The California DOJ receives registration information from local law enforcement agencies and updates its public website based on information received from those agencies. California requires individuals subject to sex-offender registration to register with local law enforcement and requires individuals who are experiencing homelessness to update their registration information every 30 days.

Locally, the City of Salinas Police Department maintains a Sex Registration Enforcement team, who works closely with the Monterey County District Attorney's Office for registrants that are out of compliance. The CoC is developing a partnership with the DA's office and can leverage that relationship to ensure compliance with California law.

Additionally, service providers utilize the Megan's Law website when conducting housing searches and making housing placements for all individuals throughout the region. Service providers do their due diligence to check the status of individuals before placing them into shelters, transitional housing or permanent housing. While providers are not allowed to share this information in HMIS, the statewide public database provides an alternative means for providers to access relevant registration information needed for housing searches and placement decisions. For example, at the SHARE Center, where families and individuals are sheltered under the same roof, before a person is contacted for an opening, staff utilize the Megan's Law database and the national sex offender registry to ensure they are not a registered sex offender that cannot be placed in the same building as children. Information is not shared with other providers or other participants in the program.

There are currently no identified barriers or restrictive policies that must be overcome. The CoC will continue to leverage the statewide public registry, provider screening practices, and its developing partnership with the District Attorney's Office to support appropriate information access and coordination while complying with restrictions on information entered into HMIS.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC coordinates with ESG recipients, county governments, and community partners to support a network of Street Outreach Teams (SOTs) serving individuals and families experiencing homelessness throughout Monterey and San Benito Counties. Outreach providers coordinate geographic coverage to reach people across the CoC and identify areas or populations requiring additional outreach.

Teams tailor their approaches to specific populations, including youth, veterans, individuals with significant medical or behavioral health needs, and survivors of trafficking or sexual exploitation. Specialized outreach helps build trust with individuals who may be reluctant to seek assistance or are otherwise disconnected from services. Teams include bilingual and multilingual staff and provide information in English and Spanish to reduce language barriers.

The CoC's Outreach Committee coordinates outreach providers through regular meetings and a dedicated communication channel. Teams share resources, request assistance, coordinate geographic coverage, and prepare for encampment cleanups. Multidisciplinary partnerships with law enforcement, healthcare, and behavioral health providers further strengthen outreach. For example, Access Support Network integrates street medicine and mobile pharmacy services with established outreach teams.

The CoC's Encampment Sweep Response Solution Set establishes a coordinated framework for reaching people before, during, and after encampment cleanups. It includes advance notification, coordinated outreach, shelter availability, and housing connections. Through partnerships with local governments and Caltrans, outreach teams work to identify encampment residents, assess individual needs, offer services, and develop housing or relocation plans. Follow-up outreach helps reconnect displaced individuals with services.

The CoC's Lived Experience Advisory Directive (LEAD) also maintains relationships with encampment residents and community leaders, identifying emerging needs and communicating barriers to the Outreach Committee. Outreach teams use HMIS and CES to document engagement, coordinate referrals, and connect individuals and families to shelter, housing, healthcare, and supportive services.

Through geographic coordination, specialized outreach, trusted community relationships, and multidisciplinary partnerships, the CoC works to reach people who might otherwise remain disconnected from the homelessness response system.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

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

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

The LMH CoC's written policies and procedures for informing individuals and families experiencing homelessness of their eligibility for educational services are contained in the Lead Me Home Monterey and San Benito Counties Continuum of Care Written Standards, Section VII: Educational Policies (24 CFR § 578.23). The Written Standards apply to all programs receiving CoC and Emergency Solutions Grant (ESG) funding.

Under the Educational Policies, programs assisting families with children or unaccompanied youth must inform families and youth of their educational rights as part of the program intake process. This includes providing written materials explaining educational rights, assisting with school enrollment, and connecting families and unaccompanied youth with the appropriate McKinney-Vento Liaison.

The Written Standards further require providers to take children's educational needs into consideration when placing families in housing and, to the maximum extent practicable, place families as close as possible to the child's school of origin to avoid disrupting their education. Parents and unaccompanied youth retain the right to make decisions regarding school placement, and transferring to another school cannot be made a condition of receiving housing or assistance. Programs also may not require children or youth to participate in programs or services that interfere with regular school activities.

To ensure that information about educational rights remains visible and accessible beyond intake, programs serving homeless children and families must post notices of students' rights at each program site in appropriate languages. Each program must also designate staff responsible for ensuring children and youth are enrolled in school and receiving the educational services to which they are entitled. Designated staff coordinate, as needed, with the CoC, Department of Social Services, County Office of Education, McKinney-Vento Coordinator and Educational Liaisons, and other mainstream providers.

The CoC supports implementation and compliance by providing annual training on these educational requirements and incorporating them into the CoC funding competition review and ranking process.

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

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

(limit 2,500 characters)

The CoC partners with the Department of Social and Employment Services (DSES) and the Housing Authority of the County of Monterey (HACM) to assist youth transitioning from foster care through Foster Youth Independence (FYI) Vouchers. Utilizing the youth coordinated entry By-Name List, the CoC works with the foster care/child welfare department within DSES to verify the eligibility of youth on the CoC and DSES lists. When youth are verified, the CoC refers them to a local youth serving provider to apply for and obtain the FYI voucher. The CoC also alerts HACM of the youth that they have referred in order to expedite the voucher procural process. The service provider then works with the youth to apply that voucher to a unit in the community and provides the case management needed to stabilize and support youth in their housing placement.

Additionally, the CoC coordinates a monthly youth case conferencing meeting with all YHDP and other youth providers. This assists the youth providers in finding units for utilizing the FYI voucher and finding additional resources that can support youth in their placement. In situations where youth have been identified for the FYI program but are not easily located, this case conferencing meeting provides an avenue of sharing the information so that outreach teams can assist in connecting the youth with the provider so they do not miss the opportunity.

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

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

(limit 2,500 characters)

Not Applicable

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

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

(limit 500 characters)

The LMH CoC has several RRH and TH projects that primarily or exclusively serve families with children, including Hope Housing Transitional Housing (TH), which primarily serves families; DV Rapid Rehousing (RRH), which primarily serves families; Casa de Las Palmas Transitional Housing (TH), which exclusively serves families; and Phase II Transitional Housing (TH), which exclusively serves families.

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

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

(limit 2,500 characters)

The projects identified in 1C-13—Casa de Las Palmas, Phase II, DV RRH, and Hope Housing TH—provide supportive services designed to increase household income and strengthen families' ability to obtain and sustain permanent housing.

Casa de Las Palmas and Phase II require at least one parent to be employed at program entry. During transitional housing, case managers work with families to establish income goals based on anticipated rent and household expenses and develop strategies to increase earned income. This may include helping additional adult household members obtain employment or assisting employed participants in pursuing higher-paying positions and advancement opportunities.

Across the family-serving projects, case managers connect participants to workforce development and job-training opportunities and provide individualized employment assistance, including job searches and applications, resume development, interview preparation, and transportation support. When funding is available, programs may also assist with employment-related needs such as work shoes, uniforms, or interview attire.

Participants can be connected to the Monterey County and San Benito County Workforce Development Boards for additional employment resources, job training, career development, and job-placement assistance. These partnerships expand the employment resources available beyond those provided directly by project staff.

Income planning also includes financial education and connections to mainstream benefits. Case managers assist families with budgeting and accessing eligible benefits and programs that can reduce expenses such as food, healthcare, and utilities, allowing more household income to be available for housing costs.

Together, housing assistance, employment support, workforce connections, benefits access, and financial education help families increase income and prepare for the ongoing rent and living expenses associated with permanent housing.

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

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

(limit 2,500 characters)

All projects listed in the previous response work closely with the Department of Social and Employment Services (DSES) to get their clients connected to any and all benefits they qualify for. As part of the Coalition of Homeless Services Providers, the providers of Casa De Las Palmas, Phase II, Hope Housing, and DV RRH coordinate with DSES monthly and receive updates about upcoming deadlines or opportunities through DSES.

All case managers in these programs quickly work with families to connect them to CalWORKS, California's TANF program, which allows them access to cash assistance, housing assistance, childcare, employment services, transportation assistance, and education support. Families that are connected to CalWORKS are also eligible for the Housing Support Program (HSP), which provides short term rental assistance to families experiencing homelessness or are at-risk of homelessness.

As part of application to benefits, case managers make sure to check on their eligibility for other mainstream benefits such as CalFresh and Medi-Cal. If they are eligible, signing up for these benefits is one of the first goals completed by the families. This allows families some relief while they work on the rest of their goals and eventually into their housing. These benefits also stay with families that are connected to ensure they continue to receive the support they need once they are placed in housing.

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

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

(limit 2,500 characters)

The family-serving RRH and TH projects identified in 1C-13 combine housing assistance and case management with connections to services that support the needs of both parents and children. Case managers work with families to identify needs and connect them to available community and mainstream resources while they work toward housing stability. Families are referred to programs that best fit their need, for example childcare with First 5 for those families that qualify. This program provides free or low cost child care for working families and supports parents in their employment goals.

Projects also connect families to programs for education. For example, the SHARE Center is located next to the Silver Star program and has developed a relationship with them to provide education for both parents and teenagers that are at-risk or currently on probation. The proximity of this program to the shelter is also beneficial for families and helps increase the the success of the program.

For healthcare needs, case managers help families enroll in Medi-Cal and connect to healthcare providers. Through the connection to Medi-Cal, case managers can help pregnant women connect to programs like The Parenting Connection, which offers resources, education and can connect women to a doula to help throughout their pregnancy. They also offer a ""warm-line"" to parents that are experiencing postpartum challenges and family circles that provide mental health support to children 0-5 years old and their caregivers.

Projects also coordinate with schools and McKinney-Vento liaisons to support children's educational needs, including school enrollment and educational stability. By connecting with the MCOE McKinney-Vento liaisons, parents can also get connected to early learning programs and head start programs for children age 18 months to 5 years.

By combining housing assistance with these family-focused services, the projects support families in addressing needs that can affect their ability to obtain and maintain stable housing.

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

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

(limit 500 characters)

The CoC partners with the VA Palo Alto Health Care System (HCHV, GPD, and HUD-VASH with the Housing Authority of the County of Monterey, via the Marina VA clinic); Veterans Transition Center of California (CHSP member; VA GPD transitional, emergency, and permanent supportive housing in Marina); and Nation's Finest (VA SSVF rapid rehousing and prevention in Monterey and San Benito Counties). All three participate in CARS and monthly veteran by-name list case conferencing.

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

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

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

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

(limit 500 characters)

The CoC partners with two CoC-funded victim service providers: YWCA Monterey County and Community Homeless Solutions. Together, they provide confidential emergency shelter, Joint TH-RRH, RRH, and supportive services for survivors of domestic violence. Both serve on CoC committees that coordinate access to CARS through survivor-centered, trauma-informed processes designed to protect survivor safety, confidentiality, and data under VAWA.

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

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

(limit 500 characters)

The CoC partners with Helping Empower Reentry Services (HERS) to prevent homelessness among people returning from incarceration. HERS provides in-prison programming, CalAIM Enhanced Care Management, housing navigation, and reentry transitional housing at Miranda House. In partnership with CHSP, HERS connects participants to CARS before and after release to coordinate housing and services and reduce the risk of homelessness during reentry.

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

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

(limit 500 characters)

The CoC partners with Monterey County Health's Enhanced Care Management (ECM) program and Access Support Network (ASN) to serve people experiencing homelessness with complex medical needs. ECM provides intensive care coordination, including medical care, hospital follow-up, medication support, transportation, and connections to housing. ASN provides mobile outreach, wound care, hepatitis C testing and linkage, and health navigation.

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

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

(limit 500 characters)

The CoC partners with CHISPA, a CHSP member and nonprofit affordable housing provider operating senior housing throughout Monterey and San Benito Counties. CHISPA referrals of older adults experiencing homelessness and Housing Choice Vouchers, helping connect eligible seniors to affordable housing. Its portfolio includes age-restricted senior communities in Salinas, Monterey, Marina, and Hollister, strengthening housing options for aging adults.

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

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

(limit 500 characters)

The LMH CoC has several Permanent Supportive Housing (PSH) projects that prioritize individuals and families experiencing chronic homelessness, including Sandy Shores, MCHOPE, and Shelter Plus Care. Vacancies are filled through CARS, the CoC's coordinated entry system, which prioritizes people based on factors including length of homelessness and vulnerability. CARS also facilitates case conferencing to coordinate referrals and address barriers to housing placement.

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

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

(limit 2,500 characters)

Interim, Inc. operates all three PSH projects identified in 1C-19—Sandy Shores, MCHOPE, and Shelter Plus Care #2—and integrates behavioral healthcare with housing services for residents with serious mental illness.

Sandy Shores provides the most extensive on-site behavioral healthcare. Interim provides daily mental health services in an office located in the project's community building. On-site services include assessment and evaluation, individual and group counseling, psychotherapy, and crisis intervention. The project also provides on-site dual-diagnosis treatment for residents with co-occurring serious mental illness and substance use disorders, including day rehabilitation, outpatient services, and peer support groups. Psychiatric services, including psychiatric evaluation, medication support, and psychoeducation, are provided in partnership with Monterey County Behavioral Health.

MCHOPE provides PSH in eight scattered-site units for adults with serious mental illness. Interim provides residents with case management, case coordination, crisis intervention, and mental health treatment, with support services available five days per week. The project also provides access to psychiatric services through Monterey County Behavioral Health psychiatrists, and Interim is contracted to provide Medi-Cal billable mental health services. The application identifies Interim as the provider of mental health and substance use disorder treatment services.

Shelter Plus Care #2 similarly provides scattered-site PSH for adults with serious mental illness. Interim provides case management, case coordination, crisis intervention, and mental health treatment, with support services available five days per week. Mental health services are provided weekly and substance use disorder treatment is available as needed. Psychiatric services are provided in partnership with Monterey County Behavioral Health psychiatrists, with Interim also providing Medi-Cal billable mental health services.
Together, these projects integrate behavioral health treatment and housing support for residents with serious mental illness, with Sandy Shores providing behavioral healthcare directly on-site and MCHOPE and Shelter Plus Care connecting residents in scattered-site housing to Interim's behavioral health services and Monterey County Behavioral Health psychiatric care.

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

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

(limit 2,500 characters)

Interim, Inc.'s Sandy Shores, MCHOPE, and Shelter Plus Care #2 projects have a policy of providing ongoing assessment of participants' service needs as part of their supportive services. Across the projects, Interim provides case management, mental health treatment, crisis intervention, and connections to medical and community services. Interim, Inc. staff continually assess individuals' needs and functioning as part of ongoing service planning and care coordination. A licensed mental health professional working for Interim, Inc. assesses all clients referred to Interim, Inc., including those needing a higher level of care, using a psycho-social assessment. When an individual's needs exceed the level of support available within the current program, staff coordinate with the individual, clinicians, psych providers, Monterey County Behavioral Health, and other appropriate providers to determine the appropriate level of care. This may include Collaborative Care Conferences, referral or coordination for a higher level of behavioral health treatment, crisis services, psychiatric hospitalization, residential treatment, medical care, or other supportive services.

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

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

(limit 2,500 characters)

Interim, Inc.'s Sandy Shores, MCHOPE, and Shelter Plus Care #2 projects have a policy of continually assessing participants' readiness to move on as part of ongoing case management and service planning. Through this process, staff work with participants on housing stability, mental health and other service needs, income and employment, and connections to community resources. These ongoing assessments provide an opportunity to identify participants who have stabilized in PSH and may be ready to transition to unsubsidized housing or another permanent housing option.

Case managers within these programs work with participants to enroll them on the Housing Authority waitlist for Housing Choice Vouchers, providing another permanent housing option for participants who may be ready to move on from PSH. Assessments for readiness are ongoing and happen concurrently with assessments of participants' care and service needs. Those that are considered ready to move on are connected to any behavioral or mental health resources before discharge from the program, including assurance that participants have the means and ability to stay connected to any doctors and attend any appointments as necessary. When a participant indicates that they are ready to move on, the same he same assessment and transition-planning process applies, and Interim works to ensure the individual is connected with the necessary mental and behavioral health support before the participant is discharged.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/31/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	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.	07/31/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC reviews every renewal's performance annually through its local competition, per written policies approved 6/8/2026. The Collaborative Applicant pulls APR and SPM data from HMIS (or a comparable database for DV projects) for a standard 12-month period (4/1/2025-3/31/2026), plus e-LOCCS data for each project's latest completed grant term. A trained, conflict-free Independent Rating Panel, including compensated members with lived experience, scores each renewal on a 100-point tool. The tool covers increased employment income, returns to homelessness, exits to or retention of permanent housing, grant spending, unresolved audit or monitoring findings, service participation, and supportive services. The Panel may recommend a renewal for involuntary partial or full reallocation because of substandard performance or underspending. It also considers whether a project is less needed given HUD and local priorities. For housing projects, the Panel weighs how many participants would lose housing, whether alternative funding exists, and the timing of any funding gap. Reallocated funds go to new projects in Tier 2 that are scored on the CoC's new-project tool. If there are not enough strong new applications, the CoC issues a supplemental RFP. Projects recommended for reallocation may file a technical appeal, and the Leadership Council approves the final Priority Listing.
2. Yes. The Panel identified the two lowest-scoring renewals as low-performing: Safe Passage Transitional Housing (58.4) and Homeless to Housed RRH (59.19).
3. Yes. Both projects were fully reallocated involuntarily. Their combined $466,396 went to Casa de Noche Buena, a new TH project that scored 96.67, the highest score among new projects. Separately, one YHDP TH project that will no longer operate under its current recipient was replaced through HUD's YHDP Replacement process. Its $106,833 remains dedicated to a youth TH project, which scored 95.1.
4. The Panel did not reallocate other lower-scoring renewals because they were still considered high priority to keep for the system and demonstrated the possibility to improve. Soledad RRH (60.42) is completing a grantee change from its prior operator to the City of Soledad, so its score largely reflects the prior operator's performance. Rather than reallocate it, the Panel ranked it last in Tier 2 to preserve housing for youth currently enrolled while performance under the new grantee is assessed.

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. Not Applicable

2. Not Applicable

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

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

(limit 2,500 characters)

During the selected 12-month evaluation period, the LMH CoC utilized State of California Encampment Resolution Funding (ERF) to implement a coordinated response targeting three large encampments in Monterey County. The initiative focused on resolving encampments by connecting people residing in them to temporary and permanent housing, supportive services, and individualized case management rather than simply relocating individuals to another unsheltered location.

The CoC coordinated its homeless service provider network and government partners to conduct outreach, assess individual needs, identify appropriate housing and shelter options, and facilitate placements before encampment sites were closed and cleaned. Through this coordinated effort, all three targeted encampments were successfully resolved during the evaluation period, with individuals connected to shelter, housing, services, and other resources intended to support their transition out of unsheltered homelessness.

Key partners included the County of Monterey, County of Santa Cruz, and the cities of King City and Soledad, along with homeless service providers and other community partners. Behavioral health partners and the region's managed care plan helped provide wraparound services based on individual needs to support successful housing placement and retention.

Initial placements included temporary options such as motels and tiny home villages, providing participants with a safe location while working toward longer-term housing. During these placements, participants received individualized case management focused on addressing barriers to permanent housing. Assistance included employment support, behavioral health connections, and enrollment in mainstream benefits such as CalFresh and General Assistance.

Case managers continued working with participants to identify sustainable housing solutions, including permanent housing, family reunification when appropriate, or longer-term transitional housing when permanent housing was not immediately available. This approach allowed the CoC and its partners to pair encampment resolution with ongoing housing navigation and supportive services rather than treating site closure as the end of the intervention.

Through ERF and cross-jurisdictional coordination, the CoC established a collaborative approach for reducing encampments while prioritizing connections to housing, services, and longer-term housing stability.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	7
2. Enter the reduction in the number of encampments during your evaluation period.	3

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	267

2. Enter the reduction in the number of people in encampments during your evaluation period.	150

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

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

(limit 2,500 characters)

Not Applicable

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

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

(limit 2,500 characters)

Reducing first-time homelessness is an increasing priority for the LMH CoC. The 2026 Point-in-Time Census found that 60% of surveyed respondents reported experiencing homelessness for the first time, compared with 23% in 2024. While PIT data represent a point-in-time population and are distinct from HUD's System Performance Measure 5.2, this increase reinforces the need to strengthen upstream prevention and identify households at risk before they enter the homeless response system.

The CoC's strategy is focused on several interconnected approaches. First, the CoC is working to strengthen homelessness prevention, diversion, and problem-solving practices across the system. Providers will continue connecting households facing housing crises to flexible financial assistance, mainstream benefits, family or natural supports when appropriate, and other resources that may help preserve or identify housing before shelter or unsheltered homelessness occurs.

Second, the CoC will continue coordinating and leveraging prevention, rapid re-housing, flexible assistance, and shallow subsidy resources, including programs such as CalWORKs Housing Support Program (HSP) and Full Service Partnership (FSP). The goal is to improve connections between existing resources so households can access assistance earlier and avoid entering homelessness whenever possible.

Third, the CoC is strengthening cross-system coordination with child welfare, education, behavioral health, healthcare, juvenile and adult justice, and other mainstream systems. This strategy focuses on identifying housing instability earlier, improving referrals to available prevention resources, and reducing exits from institutional or public systems into homelessness, with particular attention to youth and other vulnerable populations.

Finally, the CoC will use HMIS, System Performance Measure 5, PIT data, and other local data to better understand who is becoming homeless for the first time, identify contributing factors and gaps in prevention resources, and target strategies accordingly. The CoC will also continue supporting development of permanent supportive and deeply affordable housing to increase long-term housing options.

These strategies provide a framework for the CoC to strengthen prevention incrementally, evaluate results, and adjust investments and partnerships based on demonstrated local needs.

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

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

(limit 2,500 characters)

Reducing the length of time individuals and families remain homeless is a core strategy of the LMH CoC's Lead Me Home Plan. The CoC is focused on increasing housing opportunities, improving the speed and effectiveness of Coordinated Entry, expanding housing navigation, and strengthening partnerships to address barriers delaying permanent housing placements.

Local data indicate progress while demonstrating the continued need for this work. In the 2024 PIT Census, 78% of surveyed individuals reported experiencing homelessness for one year or more, compared with 67% in 2026—an 11% decrease. The CoC recognizes that PIT data differ from HUD's System Performance Measure 1.2; however, this local trend supports continued focus on reducing prolonged episodes of homelessness.

The CoC's strategy includes expanding permanent supportive housing, rental assistance, housing navigation, and outreach connected directly to housing opportunities. In 2025 and 2026, more than 100 new PSH opportunities for people experiencing chronic homelessness were filled through Coordinated Entry. The CoC and its partners also resolved three large encampments by connecting residents to temporary or permanent housing and services.

The CoC is strengthening coordination with behavioral health, healthcare, and other partners to better match individuals on the Coordinated Entry By-Name List with appropriate housing and services and address barriers that can delay placement. Through the By-Name List, the CoC identifies households with longer histories of homelessness and prioritizes them for available housing resources consistent with the CoC's prioritization policies.

For families, the CoC is implementing a privately funded family homelessness housing pipeline with McKinney-Vento partners at the County Office of Education. The strategy uses schools to help identify families experiencing or at risk of homelessness earlier and connect them to shelter, rental assistance, move-in assistance, and housing navigation. A Rapid Re-Housing provider can provide longer-term rental assistance and case management when needed.

Moving forward, the CoC will use HMIS, Coordinated Entry, SPM 1, and PIT data to identify where households experience delays and target system improvements. The strategy is to shorten the time between identification, assessment, referral, and permanent housing placement while continuing to expand the housing resources necessary to reduce prolonged homelessness.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	31.43%

Describe how you calculated the data for this response.

(limit 2,500 characters)

We used a custom HMIS report with the same Exit Destination logic as the APR. The report was filtered to TH, RRH, and PSH projects and the applicable 12-month reporting period. We identified the qualifying exit destinations from HMIS Data Element 3.12, unsubsidized housing exits included Rental by client, no ongoing housing subsidy; Owned by client, no ongoing housing subsidy; Staying or living with family, permanent tenure; and staying or living with friends, permanent tenure. Results were deduplicated by participant/household using the most recent record set. The total exits from TH, RRH, and PSH during the reporting period were used as the denominator and the numerator was exits to these unsubsidized permanent housing destinations. Dividing the numerator by the denominator resulted in 31.43%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	506	33	462	85.71%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	324	12	296	88.10%
4. Rapid Re-Housing (RRH) beds	286	0	286	100.00%
5. Permanent Supportive Housing (PSH) beds	367	0	360	98.09%
6. Other Permanent Housing (OPH) beds	40	0	40	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. Not applicable

2. Not applicable

3A. Policy Initiatives

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

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

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

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	01. 1C-1. List of...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	02. 1C-1f. List o...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	03. 1C-3. Languag...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	04. 1C-10. Eviden...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	05. 1D-1. Local C...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	06. 1D-2c. Local ...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A.8b. FY 2026 HD...	09/30/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	10. 3A-DP. Your C...	09/29/2026
11. Other	No	CA-506 HUD-2991 C...	09/29/2026

Attachment Details

Document Description: 01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: 02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 03. 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 05. 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 06. 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A.8b. FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description: CA-506 HUD-2991 Certification of Consistency

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/29/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

1C-1. Attachment – On-site Substance Use Treatment Availability

12 out of 17 eligible CoC projects in the priority listing will provide on-site substance use treatment; they are the following:

Agency Name	Project Name	Project Type	Will the project provide on-site substance use treatment?
Community Homeless Solutions	2026 DV RRH	RRH	Yes
Community Homeless Solutions	2026 YHDP Project	TH	Yes
Community Human Services	Casa de Noche Buena TH	TH	Yes
Community Human Services	YHDP Transitional Housing	TH	Yes
County of San Benito	Helping Hands PSH	PSH	Yes
Franciscan Workers/ Dorothy's Place	House of Peace	PSH	Yes
Interim Inc	Sandy Shores PSH	PSH	Yes
Step Up	King City/South County PSH	PSH	Yes
Step Up	Salinas Rental Assistance PSH	PSH	Yes
Sun Street	Sober Living Environments TH	TH	Yes
Veterans Transition Center	(Hayes Circle) Lightfighter Village PSH	PSH	Yes
YWCA Monterey	HUD/CoC DV Housing First TH (previously RRH)	TH	Yes
Community Homeless Solutions	2026 DV RRH	RRH	Yes

The following projects are eligible project types, but they will not provide on-site substance use treatment:

Agency Name	Project Name	Project Type
Community Homeless Solutions	2026 DV RRH	RRH
Community Homeless Solutions	2026 YHDP Project	TH
Community Human Services	Casa de Noche Buena TH	TH
Community Human Services	YHDP Transitional Housing	TH
County of San Benito	Helping Hands PSH	PSH
Franciscan Workers/ Dorothy's Place	House of Peace	PSH
Interim Inc	Sandy Shores PSH	PSH
Step Up	King City/South County PSH	PSH
Step Up	Salinas Rental Assistance PSH	PSH
Sun Street	Sober Living Environments TH	TH
Veterans Transition Center	(Hayes Circle) Lightfighter Village PSH	PSH
YWCA Monterey	HUD/CoC DV Housing First TH (previously RRH)	TH
Community Homeless Solutions	2026 DV RRH	RRH

ATTACHMENT - 1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

6 out of 17 eligible CoC projects in the priority listing have units the require substance abuse treatment – totaling 113 units. The projects and their dedicated units are the following:

Recipient Organization	CoC Program Project Name	Project Type	Number of Units Requiring Substance Abuse Treatment
Community Homeless Solutions	2026 DV RRH	RRH	18
Community Homeless Solutions	2026 YHDP TH	TH	4
Franciscan Workers/ Dorothy's Place	House of Peace PSH	PSH	13
Step Up	King City/South County PSH	PSH	17
Step Up	Salinas Rental Assistance PSH	PSH	15
Sun Street	Sober Living Environments TH	TH	46
		TOTAL UNITS REQUIRING TREATMENT:	**113**

Attachment 1C-3 - Language from Project Supportive Service Agreements

The following table identifies the CoC projects in the priority listing (17 of the 17 eligible) that will require participation in supportive services as part of their programming. The supporting documentation following this cover sheet are organized in the same order as the table below. **Orange highlighting within the documentation identifies the specific language demonstrating participant supportive-service participation requirements by project.**

Recipient	Project	Type	Supporting Document	Pages
City of Soledad	Sendero	TH	Service Agreement	1-3
City of Soledad	Soledad TH	TH	YHDP Service Agreement	4-5
Community Homeless Solutions	2026 DV RRH	RRH	Participant Agreement	6
Community Homeless Solutions	2026 YHDP Project	TH	Participant Agreement	7
Community Human Services	Casa de Noche Buena	TH	Supportive Services Participation Agreement	8-9
Community Human Services	YHDP Transitional Housing	TH	Participant/Program Agreement	10-11
County of San Benito	Helping Hands	PSH	Participation Agreement	12-15
Franciscan Workers	House of Peace	PSH	Supportive Services Agreement	16
Interim, Inc.	MCHOPE	PSH	Occupancy Agreement	17-18
Interim, Inc.	Sandy Shores	PSH	Rehabilitation Services Agreement	19-20
Interim, Inc.	Shelter Plus Care	PSH	Occupancy Agreement	21-22
MidPen Housing	Moon Gate Plaza	PSH	Participant Agreement for Services	23

Step Up	King City/South County	PSH	Consent for Services	24-25
Step Up	Salinas Rental Assistance	PSH	Consent for Services	26-27
Sun Street Centers	Sober Living Environments	TH	SLE Agreement, Covenant & House Rules	28-32
Veterans Transition Center	Lightfighter Village	PSH	Participant Responsibility Acknowledgement	33-34
YWCA Monterey County	HUD/CoC DV	TH	Transitional Housing Supportive Services / Participant Agreement	35-36

SENDEROS PROGRAM AGREEMENT

1. Program Purpose and Term

This Transitional Housing Program Agreement ("Agreement") describes the expectations, services, safety standards, and participation requirements for eligible participants placed at the Sendero's Interim Site. The program is intended to support housing stability, safety, housing readiness, life skills, and transition to permanent housing.

2. Supportive Services

- Participants may receive case management and navigation support, including:
- Access and referrals to local health care and behavioral health services.
- Housing applications, housing navigation, and housing-viewing support.
- Document-readiness assistance, including identification and birth-certificate support.
- Referrals to substance-use treatment when needed.
- Transportation, clothing, and food assistance.
- Budgeting, income-growth, benefits stabilization, employment-readiness, and daily-living support
- Coordination with partner agencies and other appropriate community resources.

Step Up on Second staff and the City of Soledad Housing Navigator will make reasonable efforts to maintain respectful and timely communication with participants.

3. Participant Information and Acknowledgment

Before move-in, the participant will review and sign this Agreement and may be photographed for program identification and administration. The participant agrees to follow the program guidelines below and to communicate with staff when support, clarification, or an accommodation is needed.

4. Quiet and Courtesy Hours

Quiet Hours: 9:00 PM to 8:00 AM. Noise must be kept to a minimum.
Courtesy Hours: 24 hours a day, 7 days a week. Respectful noise levels are expected at all times.

5. Case Management Participation

Participants are encouraged and expected to engage regularly with case management in support of permanent-housing goals:

- Meet with the Case Manager at least weekly.
- Maintain regular communication and keep contact information current.
- Attend scheduled appointments or notify staff when rescheduling is needed.
- Collaborate on goal planning, assessments, benefits, documentation, and housing applications.
- Inform staff of relevant changes in income, household composition, legal status, or other circumstances affecting services.

Missed Appointments / Non-Engagement

- First occurrence: staff may reschedule and document the missed contact.
- Repeated non-engagement: staff may require a meeting, update contact information, and create a communication plan.
- Ongoing non-engagement: written warnings, privilege restrictions, or a behavioral/corrective agreement may be used.
- Serious or sustained non-engagement may result in program exit after review of the circumstances and available supports.

6. Guest and Visiting Policy

The site is a shared living environment. Guest access is a program privilege and may be restricted when necessary to protect safety, privacy, or community stability.

Visiting Hours and Access

Visiting Hours: 9:00 AM to 4:00 PM.

- No guests are permitted outside visiting hours.
- Guests must sign in and out with security, present identification, and follow staff direction.
- A participant may host up to two guests at a time.
- Guests may not stay in assigned units or enter another participant's unit.
- Guests may enter common spaces only when accompanied by the participant they are visiting.
- Overnight guests are prohibited.

7. Health, Safety, and Emergency Concerns

Participants should promptly report medical, mental health, safety, maintenance, or conflict concerns to staff. Emergency or crisis support may be accessed through Step Up staff, the City Housing Navigator, or designated emergency services.

No weapons or illegal substances are permitted on the premises.

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16. Progressive Corrective Action and Program Exit

Unless an immediate safety issue requires a different response, the program should use progressive, documented corrective action and offer reasonable support to address barriers to compliance. Program exit is intended as a last resort for serious or repeated violations that materially threaten health, safety, community stability, or continued program operation. When possible, Step Up and the City will provide alternative resources or referrals upon exit.

17. Participant Acknowledgment

By signing below, the participant acknowledges receipt and review of this Agreement, has had an opportunity to ask questions, and agrees to follow the program expectations described above. Signature does not waive rights that cannot legally be waived.

Participant Name: _____

Participant Signature: _____

Date: _____

Case Manager Name: _____

Case Manager Signature: _____

Date: _____

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Program Participation Agreement

The Transitional Housing Program provides time-limited interim housing and supportive services to help participants stabilize, work toward permanent housing, and remain connected to housing resources.

I understand that this transitional housing program may provide me with some or all of the following services:

- Temporary housing in an assigned program unit for the approved period of participation, subject to program availability, eligibility, and program requirements.
- Housing navigation assistance, including help obtaining identification and documents, preparing housing applications, searching for permanent housing, and communicating with prospective housing providers.
- Assistance in developing an individualized service plan and support to achieve my self-determined housing and stability goals.
- Referrals and support to apply for benefits, health services, employment resources, and other services for which I or a member of my household may be eligible.
- Other supportive services related to maintaining transitional housing, preparing permanent housing, and participating in services that my household is eligible for and wishes to use.

I agree to do the following:

- Provide accurate and honest information regarding myself and my household to the program as needed to determine eligibility and provide appropriate services.
- Provide current documentation regarding income, benefits, household composition, or other eligibility information when requested.
- Follow the Transitional Housing Program Agreement, site rules, health and safety requirements, and reasonable staff directions during my participation.
- Promptly advise staff of changes that may affect my participation, including household composition, income, contact information, extended absences, or other relevant circumstances.
- Permit program staff to conduct announced routine inspections and other health and safety inspections of my assigned unit consistent with program policy. Advance notice will be provided for routine inspections.
- Respond in a timely manner to offer permanent, alternative, or longer-term housing resources or programs and work with staff on housing navigation.
- Maintain regular contact with program staff and participate in follow-up related to my housing transition, consistent with program requirements and applicable consent and privacy

Program Participation Agreement

Certifications: (please initial each line and sign below)

- I certify that I/my household need temporary housing assistance and supportive services to work toward stable housing. ____
- I certify that the information I provide about my household and eligibility is accurate to the best of my knowledge. ____
- I understand that this transitional housing program is time-limited and that my stay is subject to the approved program period and continued eligibility. ____
- I understand that participation in transitional housing does not guarantee permanent housing, and I am expected to work with program staff on available housing options. ____
- I understand that I must meet with Transitional Housing Program staff as required, maintain regular communication, and attend follow-up meetings or notify staff when I need to reschedule. ____
- I understand that serious or repeated failure to follow the terms of this participation agreement may result in corrective action and, when appropriate, program exit in accordance with program policy. ____

Participant Name: _____

Participant Signature: _____ Date: _____

City Staff (Print Name): _____

City Staff Signature: _____ Date: _____

2026 DOMESTIC VIOLENCE RAPID REHOUSING (DV RRH) PROJECT
PARTICIPANT AGREEMENT
DRAFT

I. Introduction

The Domestic Violence Rapid Rehousing Project (Project) will provide Project participants who are victims/survivors of domestic violence (DV), with tenant-based rental assistance, housing relocation and stabilization services to move them quickly into safe and permanent housing. The Project will provide supportive services and follow-up support to assist clients with obtaining and retaining permanent housing.

1. Participant Commitment

As a participant in the Project, I hereby commit and agree to the following:

- participate actively and in good faith in services provided by the Project,
- work diligently with staff to develop a housing/service plan, implement this plan, and strive to achieve goals of obtaining employment, increasing income, accessing private/public benefits, managing/recovering from substance use disorders (SUD) if applicable, manage/resolve applicable health/mental health conditions, address all housing barriers, achieving self-sufficiency, ending my homelessness, and obtaining permanent housing,
- participate in a drug counseling/treatment program if I suffer from SUD,
- refrain from using illicit drugs,
- participate in mental/behavioral health services/program to manage/resolve any mental health conditions that I may have,
- I understand the Project is not a safe consumption site and does not follow harm reduction principles,
- I understand that as a victim/survivor of domestic violence, I am not required to participate in services but I nonetheless commit to making good faith efforts to utilizing Project services for my benefit.

2. Project Services

The Project agrees to undertake the following activities and provide the following services:

- staff will meet with Participant to assess her/his housing and related needs and develop housing and service plans,
- staff will provide additional supportive services such as housing identification, rent and move-in assistance, rapid re-housing case management, housing navigation, and follow-up support to enable Participants to obtain and retain their permanent housing,
- staff will meet regularly as needed, e.g., weekly, to assist participant with implementing her/his plans, monitor progress, and to refer Participant to our service provider network for mainstream services/benefits,
- staff will outreach landlords and housing programs to increase housing options for the participant, promote the Project and advocate for the Participants as needed,
- Staff will provide enhanced health care management services – e.g., health assessments, develop healthcare plans, coordinate health services, make service referrals, promote good health, and monitor progress - with the goal of improving each client's health outcomes.
- Mental health/SUD services will be provided on site at our Wellness Center, located near the Project.
- Staff will provide individual/group/peer counseling and refer clients to our network of mental health providers.
- The Project will continue to partner with local law enforcement to monitor the Project and guard against persons and abusers who threaten Project Participants. The Project will also work with law enforcement to help arrest or prosecute perpetrators.
- The Project will provide culturally competent services and utilize best practices and evidence-based practices.

3. Project Guidelines & Requirements

A. Drug & Alcohol Policy

I understand and agree that the use of illicit or street drugs and/or alcohol is strictly prohibited and agree that my use of such substances while in the Project will result in my discharge from the Project.

B. Treatment

I understand and agree that if I am suffering from a SUD condition and/or a mental/behavioral health condition, I will enroll and actively participate in a SUD and/or mental/behavioral health counseling and/or treatment program. I further understand that I cannot be required to participate in such a program if I decide not to do so.

C. Participation in Services

I understand and agree that services offered by the Project will likely improve my housing situation and other factors, and that I have the option to participate in Project services as I deem appropriate.

D. Prohibited Conduct

2026 YOUTH HOUSING DEMONSTRATION (YHDP) PROJECT
PARTICIPANT AGREEMENT
DRAFT

I. Introduction

The Youth Housing Demonstration Project (YHDP) Project places unhoused youth immediately into transitional housing owned by Community Homeless Solutions and provides them with case management, housing navigation and supportive services. Youth-focused services are offered to help participants with building the life skills they need to achieve stability and independence, to create strong support systems for when they exit the Project, and to secure and maintain safe, permanent housing. Follow-up services are offered to ensure successful participants retain their new housing. The Project is open to all unhoused youth, including pregnant or parenting youth, ages 18-24. The local coordinated entry system known as CARS (Coordinated Assessment & Referral System) is responsible for referring eligible youth to this Project.

1. Participant Commitment

As a participant in the Project, I hereby commit and agree to the following:

- participate actively and in good faith in services provided by the Project,
- work diligently with staff to develop a housing/service plan, implement this plan, and strive to achieve goals of obtaining employment, increasing income, accessing private/public benefits, managing/recovering from substance use disorders (SUD) if applicable, manage/resolve applicable health/mental health conditions, address all housing barriers, achieving self-sufficiency, ending my homelessness, and obtaining permanent housing,
- participate in a drug counseling/treatment program if I suffer from SUD,
- refrain from using illicit drugs,
- participate in mental/behavioral health services/program to manage/resolve any mental health conditions that I may have,
- I understand the Project is not a safe consumption site and does not follow harm reduction principles,

2. Project Services

The Project agrees to undertake the following activities and provide the following services:

- staff will meet with Participant to assess his/her housing and related needs and develop housing and service plans,
- staff will provide additional supportive services such as housing identification, rental assistance when available, rapid re-housing case management, housing navigation, and follow-up support to enable Participants to obtain and retain their permanent housing,
- staff will meet regularly as needed, e.g., weekly, to assist participant with implementing her/his plans, monitor progress, and to refer Participant to youth-oriented service providers, as well as our service provider network for mainstream services/benefits,
- staff will outreach landlords and housing programs to increase housing options for the participant, promote the Project and advocate for the Participants as needed,
- staff will provide enhanced health care management services – e.g., health assessments, develop healthcare plans, coordinate health services, make service referrals, promote good health, and monitor progress - with the goal of improving each client's health outcomes.
- mental health/SUD services will be provided on site at our Wellness Center, located near the Project.
- staff will provide individual/group/peer counseling and refer clients to our network of mental health providers.
- the Project will continue to partner with local law enforcement to monitor the Project and guard against persons and abusers who threaten Project Participants. The Project will also work with law enforcement to help arrest or prosecute perpetrators.
- the Project will provide culturally competent services, implement a positive youth development approach, encourage Participants to practice "choice and voice," and deliver trauma-informed, youth centered services.

3. Project Guidelines & Requirements

A. Drug & Alcohol Policy

I understand and agree that the use of illicit or street drugs and/or alcohol is strictly prohibited and agree that my use of such substances while in the Project will result in my discharge from the Project.

B. Treatment

I understand and agree that if I am suffering from a SUD condition and/or a mental/behavioral health condition, I will enroll and actively participate in a SUD and/or mental/behavioral health counseling and/or treatment program. I further understand and agree that failure to actively participate in such a program will result in my discharge from the Project.

C. Participation in Services

I understand and agree that I am required to participate actively and in good faith in services provided by the Project, and that failure to actively and in good faith participate will result in my discharge from the Project.

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Supportive Services Participation Agreement
Casa De Noche Buena Transitional Housing Program
(Draft 9/24/26)

1. Purpose of Agreement

This Supportive Services Participation Agreement describes the supportive services available through Casa De Noche Buena's Transitional Housing Program and the participant's responsibilities for engaging in services intended to support housing stability, increased income, improved well-being, and a successful transition to permanent housing.

The program's service model is designed to help participants obtain and maintain housing, connect with mainstream resources, strengthen independent living skills, and work toward individualized goals. CoC-funded supportive services must be necessary to assist participants in obtaining and maintaining housing and should be adjusted based on participant needs.

2. Participant Rights and Program Commitments

- Participants will be treated with dignity, respect, fairness, and cultural humility.
- Services will be offered in a trauma-informed, participant-centered manner.
- Participants may request reasonable accommodations, auxiliary aids, language access assistance, or modifications to program guidelines when needed to access or benefit from the program.
- Participants have the right to receive information about program expectations, grievance procedures, confidentiality practices, and any potential consequences for failing to meet program requirements.

Nothing in this Agreement is intended to limit rights available under fair housing, nondiscrimination, disability access, reasonable accommodation, domestic violence protections, or other applicable laws. HUD-assisted programs are subject to nondiscrimination requirements applicable to federally assisted housing and persons with disabilities.

3. Service Participation Requirement

As a condition of participation in the Casa De Noche Buena Transitional Housing Program, participants are required to participate in supportive services that are not disability-related services. Under 24 C.F.R. § 578.75(h), recipients and subrecipients may require participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued program participation; therefore, Casa De Noche Buena will require participation in non-disability-related supportive services as a condition of continued participation in the program.

Required service participation may include, but is not limited to, case management meetings at least two times per month, development and review of an individualized service plan, participation in housing search or readiness activities, income and benefits planning, life

skills activities, employment or education planning, and other services reasonably related to the participant's housing stability goals.

4. **Individualized Service Plan**
   Within two weeks of program entry, the participant and assigned case manager will develop an individualized service plan that includes tangible housing goals. The plan should identify participant strengths, barriers, goals, service referrals, action steps, timelines, and responsibilities. The service plan will be reviewed regularly and updated every 90 days or sooner depending on progress or requested adjustments.

5. **Required Meetings and Engagement**
   - Meet with the assigned case manager at least 2 times per month, or more if indicated on the service plan.
   - Participate in scheduled service planning, housing stability, income, employment, education, benefits, or life skills activities identified as required program services.
   - Provide reasonable notice when unable to attend a scheduled appointment and make efforts to reschedule promptly.
   - Maintain communication with program staff regarding changes in household composition, income, housing needs, safety concerns, or barriers affecting program participation.
   - Comply with program rules, occupancy expectations, safety requirements, and participant grievance and appeal procedures.

6. **Eligible Supportive Services**
   Supportive services may include services allowed under the applicable grant, funding agreement, written standards, and program policies. Under HUD CoC supportive services rules and guidance, eligible activities may include case management, mental health linkage, employment assistance and job training, life skills training, childcare, transportation, outreach, housing search and counseling, legal services, substance use treatment services, linkage to primary care and other services necessary to help participants obtain and maintain housing.

7. **Voluntary, Optional, and Disability-Related Services**
   Some services may be offered as optional resources and are not required for continued participation unless specifically identified as required, non-disability-related program services. Disability-related services will be offered based on the participant's choice and need and may be accepted or declined by the participant. Declining a disability-related service will not, by itself, result in termination from the program.

8. **Reasonable Accommodations and Modifications**
   Participants may request reasonable accommodations or modifications when a disability affects their ability to meet program requirements, attend meetings, complete forms,

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Supportive Services Participation Agreement
Safe Passage YHDP Transitional Housing Program
(Draft 9/24/26)

1. **Purpose of Agreement**

   This Supportive Services Participation Agreement describes the supportive services available through Safe Passage's YHDP Transitional Housing Program and the participant's responsibilities for engaging in services intended to support housing stability, increased income, improved well-being, and a successful transition to permanent housing. The program will use developmentally appropriate engagement practices that recognize the unique needs of transition-age youth.

   The program's service model is designed to help participants obtain and maintain housing, connect with mainstream resources, strengthen independent living skills, and work toward individualized goals. CoC-funded supportive services must be necessary to assist participants in obtaining and maintaining housing and should be adjusted based on participant needs.

2. **Participant Rights and Program Commitments**
   - Participants will be treated with dignity, respect, fairness, and cultural humility.
   - Services will be offered in a trauma-informed, participant-centered manner.
   - Participants may request reasonable accommodations, auxiliary aids, language access assistance, or modifications to program guidelines when needed to access or benefit from the program.
   - Participants have the right to receive information about program expectations, grievance procedures, confidentiality practices, and any potential consequences for failing to meet program requirements.

   Nothing in this Agreement is intended to limit rights available under fair housing, nondiscrimination, disability access, reasonable accommodation, domestic violence protections, or other applicable laws. HUD-assisted programs are subject to nondiscrimination requirements applicable to federally assisted housing and persons with disabilities.

3. **Service Participation Requirement**

   As a condition of participation in the Safe Passage Transitional Housing Program, participants are required to participate in supportive services that are not disability-related services. Under 24 C.F.R. § 578.75(h), recipients and subrecipients may require participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued program participation; therefore, Safe Passage will require participation in non-disability-related supportive services as a condition of continued participation in the program.

Required service participation may include, but is not limited to, case management meetings at least two times per month, development and review of an individualized service plan, participation in housing search or readiness activities, income and benefits planning, life skills activities, employment or education planning, and other services reasonably related to the participant's housing stability goals.

4. **Individualized Service Plan**
   Within two weeks of program entry, or as soon as reasonably practicable based on the participant's circumstances, the participant and assigned case manager will develop an individualized service plan that includes tangible housing goals. The plan should identify participant strengths, barriers, goals, service referrals, action steps, timelines, and responsibilities. The service plan will be reviewed regularly and updated every 90 days or sooner depending on progress or requested adjustments. Participants will actively participate in developing their service plan and may request revisions based on changing goals, needs, strengths, and circumstances.

5. **Required Meetings and Engagement**
   - Meet with the assigned case manager at least 2 times per month, or more if indicated on the service plan.
   - Participate in scheduled service planning, housing stability, income, employment, education, benefits, or life skills activities identified as required program services.
   - Provide reasonable notice when unable to attend a scheduled appointment and make efforts to reschedule promptly.
   - Maintain communication with program staff regarding changes in household composition, income, housing needs, safety concerns, or barriers affecting program participation. Participants will not be required to disclose information that would compromise their safety, and alternative reporting methods may be used when necessary.
   - Comply with program rules, occupancy expectations, safety requirements, and participant grievance and appeal procedures.

6. **Eligible Supportive Services**
   Supportive services may include services allowed under the applicable grant, funding agreement, written standards, and program policies. Under HUD CoC supportive services rules and guidance, eligible activities may include case management, mental health linkage, employment assistance and job training, life skills training, childcare, transportation, outreach, housing search and counseling, legal services, substance use treatment services, linkage to primary care and other services necessary to help participants obtain and maintain housing.

7. **Voluntary, Optional, and Disability-Related Services**

SAN BENITO COUNTY
HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
Community Services and Workforce Development
1161 San Felipe Road, Bldg. B
Hollister, California 95023
(831) 637-9293
Fax (831) 634-0785

HELPING HANDS PERMANENT SUPPORTIVE HOUSING PROGRAM

Participant and Supportive Services Agreement

Effective Date: _____
Participant Name: _____
Household/Case Number: _____

1. Purpose

The Helping Hands Program provides Permanent Supportive Housing (PSH) and supportive services to eligible individuals and families experiencing homelessness in San Benito County.

The purpose of this agreement is to explain the supportive services provided through Helping Hands and the responsibilities of participants and program staff. Helping Hands combines permanent housing assistance with individualized supportive services intended to help participants maintain stable housing, address barriers, increase income and self-sufficiency when possible, and achieve their individual goals.

2. Supportive Services

Helping Hands will provide or coordinate supportive services based on each participant's assessed needs, circumstances, and goals.

As a condition of participation in the Helping Hands Program, participants are required to participate in supportive services, including ongoing case management and individualized housing stability planning.

Supportive services may include:

1. Case Management: Regular contact with an assigned Social Worker to assess needs, establish goals, address barriers, and develop and review an individualized Housing Stability and Self-Sufficiency Plan.

2. Housing Placement and Stabilization: Assistance locating and maintaining appropriate housing, understanding lease responsibilities, communicating with landlords, addressing tenancy concerns, and maintaining housing stability.

3. Wrap-Around Services and Referrals: Linkages and referrals to healthcare, behavioral health services, substance use treatment, food assistance, transportation, education, legal and community resources, and other services based on individual needs.

4. Benefits and Income Support: Assistance accessing eligible public benefits and other resources, including Medi-Cal, CalFresh, SSI/SSDI, General Assistance, and other programs that may support housing and financial stability.

5. Employment and Self-Sufficiency Services: When appropriate, referrals to employment, workforce development, education, occupational training, paid work experience, and other services that may help participants increase income and self-sufficiency.

Participation in supportive services, including ongoing case management and individualized housing stability planning, is required for all Helping Hands participants. Services will be tailored to each participant's needs and goals, and participants are not required to use every service offered. Participation in substance use or behavioral health treatment is not required as a condition of participation in Helping Hands.

3. **Participant Responsibilities**

Participants agree to:

1. Participate in ongoing case management and maintain regular contact with their assigned Social Worker.

2. Participate in the development and periodic review of their individualized Housing Stability and Self-Sufficiency Plan and work with program staff toward identified goals.

3. Attend scheduled program meetings and appointments or notify their Social Worker as soon as reasonably possible when unable to attend.

4. Provide information and documentation reasonably necessary to determine program eligibility, continued eligibility, housing assistance, and appropriate supportive services.

9. **Termination of Program Assistance**

Termination of Helping Hands assistance will not be automatic solely because a participant experiences difficulty meeting a program requirement.

When termination of assistance is being considered, Helping Hands will follow applicable HUD requirements and program procedures, including required notice and an opportunity for the participant to respond or appeal when applicable.

Termination of Helping Hands assistance and termination of a participant's tenancy are separate matters and will be handled according to the applicable program requirements, lease, and law.

10. **Participant Grievance and Complaint Process**

Participants have the right to raise concerns or complaints regarding Helping Hands services or program decisions without retaliation.

Participants are encouraged to first discuss concerns with their assigned Social Worker. If the matter cannot be resolved, the participant may request review by the appropriate Helping Hands supervisor or designated HHSA representative.

Participants will be provided information regarding applicable grievance or appeal procedures when a program decision affects their assistance or participation.

Program Contact:
San Benito County Health and Human Services Agency
Community Services and Workforce Development Division
Helping Hands Program
Phone: (831) 637-9293
Email: cswdhomelesshousingservices@sanbenitocountyca.gov

11. **Participant Acknowledgment**

By signing below, I acknowledge that this agreement has been reviewed with me and that I have had an opportunity to ask questions.

I understand that Helping Hands provides permanent housing assistance together with supportive services. I understand that participation in supportive services, including

ongoing case management and individualized housing stability planning, is required as part of my participation in Helping Hands.

I also understand that supportive services will be individualized based on my needs and goals and that I am not required to participate in every supportive service offered by the program or in substance use disorder treatment solely as a condition of participation in Helping Hands.

Participant Name: _____

Participant Signature: _____
Date: _____

Social Worker Name: _____

Social Worker Signature: _____
Date: _____

House of Peace Supportive Services Addendum

House of Peace - Soledad Permanent Supportive Housing requires participation in supportive services with a Social Worker and demonstrated activity in social supports as part of your tenancy agreement. Supportive services are a tool to increase your success in housing as well as achieve other personal goals such as increasing your income, accessing benefits, maintaining sobriety, and/or maintaining physical and behavioral health.

As a resident of House of Peace, I, _____, agree to the following:

- ☐ Meet with my Social Worker for individual supportive services at least twice per month or biweekly.
- ☐ Establish a care plan with personalized goals related my individual strengths and personal empowerment.
- ☐ Complete activities on my care plan or personalized empowerment plan with progress towards my goals.
- ☐ Review, revise, and/or update my care plan on a regular basis (monthly review and quarterly updates) with my Social Worker.
- ☐ Maintain contact with my Social Worker, provide updated contact information, and be responsive to requests for updating status, completing care plan activities, and other requests such as quarterly or annual updates.
- ☐ Provide updates on income, benefits, and other statuses as requested by my Social Worker
- ☐ Participate in House of Peace House Meetings, Dorothy's Place workshops, and outside workshops and activities as determined in my care plan with my Social Worker for one-one-one case management, life skills, education, health, employment, and social

I understand that failure to complete supportive services and to respond to outreach and engagement attempts by my Social Worker or other Dorothy's Place staff will jeopardize my continued enrollment in the program and my tenancy at House of Peace in accordance with House of Peace leasing and exit procedures.

Signed:

_____ _____

Name (Tenant) Date Name (Social Worker) Date

Draft

Interim, Inc.
Housing • Healing • Hope

P. O. B O X 3222 ♦ MONTEREY, CA 93942 ♦ 831-646-2220 ♦ FAX 831-642-9561

OCCUPANT AGREEMENT/MCHOPE PROGRAM PARTICIPANT

Interim, Inc. (Lessee) has entered into a Lease Contract dated «leasestartdate», **«leasesigners»** (Lessor) for an apartment located at **«unitaddressline1», «unitaddresscity», «unitaddressstate» «unitaddresszipcode»**. The lease names «leasesigners» as the sole occupant (Occupant) of the apartment for use as a private residence.

Interim, Inc. agrees to subsidize the rent for this apartment using MCHOPE grant funding from The Department of Housing and Urban Development-Continuum of Care Program (HUD-CoC), to pay the rent required by Lessor that is over and above the 30% of adjusted income that occupant is required to pay to Interim, Inc. as Occupant Rent. It is the intention of Interim to house program participants as long as the grant funding is available. If the HUD-CoC grant funding is terminated for this program, the MCHOPE rent subsidy will be terminated and Occupant will be responsible for paying 100% of the monthly rent due to the Lessor.

The parties agree that for as long as the lease with the Lessor, and the MCHOPE Program, are in effect, the following terms apply:

1. Occupant rent in the amount of **$_____** will be due on the 1st day of each month and shall be considered late if not received by the 5th of each month. Rent is payable to Interim, Inc. and can be mailed to P.O. Box 3222, Monterey, CA. 93942, or paid in person at 604 Pearl Street Monterey, CA. 93940.

2. Occupant Rent will be based on 30% of the Occupant's adjusted monthly income calculated in accordance as per 24 CFR 5.609 and 5.611, or the General Assistance (GA) rent if Occupant's only income is General Assistance.
   A. The rent will include the following utilities: _____.
   B. The rent does not include: _____.
      Charges for these utility services are to be paid by Occupant directly to the utility companies providing these services.
   C. A utility allowance discount of **$_____**, has been deducted from the rent.
      a) GA recipients whose rent is paid directly to Interim, Inc. from Social Services will receive the utility allowance as a refund each month from Lessee.

3. Rent will be adjusted annually by way of an annual recertification of income. Occupant agrees to cooperate by supplying all required documentation for the annual recertification, as required by the grant funder. Lessee will notify Occupant of upcoming recertification at least 120 days prior to the due date.

4. Because Occupant Rent is based on income and will be changed according to changes in income. Occupant agrees to provide Lessee with documentation for any increases in income that are $200 or more per month, decreases in income, or other factors that may affect rent, such as medical expense, within 10 days of receiving written notification of income changes. Income changes that will last no more than 1 month will not be cause for a change in Occupant Rent.

5. A Security Deposit of **$_____** (the lesser of 2 month's Resident Rent or the total that Interim, Inc. has paid the Landlord) is due upon move-in. If Occupant is unable to pay the entire Security Deposit at move in, Interim Inc. will pay the required Security Deposit to the Lessor and Occupant will reimburse Lessee under the following terms:
   a) Occupant will pay a minimum of $100 to Interim, Inc. within 30 days of occupancy;
   b) Occupant will pay Interim, Inc. installments of at least $50 monthly until Security Deposit is paid in full.

6. Occupant is solely responsible for any charges or damages incurred during occupancy and assessed by the Lessor.
   A. If repairs are needed, Occupant is required to notify Property Management with 24 hours at 831-794-8643 from 9:00 AM to 5:00 PM, Monday through. Friday. If the repair involves water leaks, plumbing back-ups, lack of water or hot

water, infestations, malfunctioning heater or smoke detector, or another emergency, Occupant is required to immediately call the Managing Agent at 831-794-8643.

7. The Funder for this program requires that Lessee perform annual inspections of the leased premises. Occupants will receive advance notice of the annual inspection and are required to cooperate.

8. Continued participation in the MCHOPE Program requires Occupant to respect the Apartment Rules, other tenants and the management where they are residing. Interim will require Occupant to vacate the apartment under the following conditions:
   A. Non-payment of Occupant Rent or Security Deposit;
   B. Occupant sublets, moves someone else in or does not utilize the apartment as their only residence;
   C. Occupant does not cooperate with Interim, Inc. staff, or with funder or recertification requirements when requested to do so;
   D. Occupant violates Federal, State or Local law including the use or possession of illegal drugs or non-prescribed medication;
   E. Occupant interferes with the management of the property, or the MCHOPE program, including violation of Apartment Rules;
   F. Lease is terminated by the Landlord due to Occupant's violations of the Lease;
   G. Occupant causes damage to the property that puts Lessee at financial risk, including risk of eviction.

The parties have read and agreed to the terms listed above:

_____ _____

Occupant Date

_____ _____

Interim, Inc. /Lessee Date

Interim Inc
Program Name: Sandy Shores
Full-Service Partnership Intensive Case Management (FSP-ICM)
Sandy Shores provides Full-Service Partnership Intensive Case Management (FSP-ICM) services to eligible individuals with significant behavioral health needs. Services are delivered using a team-based, community-oriented approach designed to support stabilization, recovery, and successful community living.

FSP-ICM services include ongoing engagement, care coordination, crisis response, and individualized service planning. Services may be delivered in the field or other communitybased settings and are responsive to the needs of individuals experiencing serious mental illness and co-occurring conditions.

These services are intended to support individuals in maintaining housing stability, improving functioning, and reducing utilization of higher levels of care such as hospitalization, incarceration, or crisis services.

Sandy Shores residents have access to Keep It Real, which is an outpatient Harm Reduction psychotherapy and social rehabilitation program for adults with co-occurring serious mental illness and substance use disorders. The program is staffed with behavioral health clinicians and counselors. The program assists clients in developing dual recovery skills, improving successful community living, and engaging in harm reduction strategies based on clients' individual substance use goals. Staff provide individual and group psychotherapy and counseling and other activities, using the evidence-based practices of Motivational Interviewing, client-centered counseling, Trauma Informed Care, and Harm Reduction. Staff also provide clinical behavioral health assessment/evaluation, rehabilitation, and behavioral health services.

INTERIM, INC.
VOLUNTARY CONSENT FOR REHABILITATION SERVICES

I,_____, voluntarily consent to participate in treatment and rehabilitation services at INTERIM, Inc. Voluntarily means I am freely entering into services and no one is forcing me to do so. *This voluntary consent will expire, if not revoked before, 90-days after my treatment ends.*

I understand that rehabilitation services may include mental health services, case management, linkage, crisis intervention, psychiatric services, and transitional residential services. I understand that I will be an active part of the decision-making process about the services I will participate in.

INTERIM, Inc. has my permission to provide the services. I have a right to receive a copy of this consent.

I would like a copy of this agreement: ☐ ***Yes*** ☐ ***No*** ***Copy received:*** ☐ ***Yes*** ***Initials*** ____

Any problems contact Program Director or Patient's Rights Office

I may voice any issues to the Program Director/Manager or the Monterey County Patient's Rights Advocate at (831) 755-4518 or (866) 908-4375 toll-free.

I received the Client Complaint/Grievance Procedure handout. ☐ ***Yes*** ☐ ***No*** ***Initials***_____

Privacy

I understand that my records are confidential and my protected health information will only be released to outside individuals or agencies with my written consent. This consent covers consent to participate in treatment and services. If releases of protected health information to family, doctors, providers, or others are needed, separate forms will be signed.

My protected health information will be kept in a safe and secure location and only staff working directly with me will have access to it. I can request to see my protected health information at any time.

Interim, Inc.
Housing • Healing • Hope

P. O. B O X 3222 ♦ MONTEREY, CA 93942 ♦ 831-649-4522 ♦ FAX 831-642-9561

CONTINUUM OF CARE (CoC) SHELTER PLUS CARE OCCUPANCY AGREEMENT

Interim, Inc., acting as the Sponsor of the CoC Shelter Plus Care grant provided by the Department of Housing and Urban Development-Continuum of Care (HUD-CoC), hereby enters into this Occupancy Agreement with **TENANT NAME** Resident, as participant in the Shelter Plus Care Program.

As per the terms of the CoC Shelter Plus Care Grant, Interim, Inc. has signed a Master Lease agreement with **ADDRESS.**, Landlord, agrees to pay to Landlord the Contract rent due each month for unit **#UNIT**, the (room in shared housing) located at **ADDRESS**, on behalf of Resident, and Resident agrees to pay Tenant Rent to Interim, Inc.

Resident's regular monthly rent obligation, (Tenant Rent), shall be **$391.00** as per the Rental Agreement dated **DATE**. Resident agrees to pay Interim, Inc. the rent due on the 1st day of each month. Nonpayment of rent will be cause for termination of occupancy under this Agreement.

The Security Deposit for this unit is **$___**. Interim, Inc. will pay the Security Deposit to the Landlord to secure the unit, but Resident is responsible for reimbursing Interim, Inc. **$___** (The lesser of 1 month Resident Rent or the total that Interim, Inc. has paid the Landlord) for the Security Deposit. If Resident is unable to pay the full Security Deposit with the first month rent, Interim, Inc. will accept monthly payments of at least $50.00 toward this balance. The Deposit will be refunded to Resident within 21 days of move out, as per California law.

The total rent (Contract Rent) shall be **$___** per month. Interim agrees to pay the Contract Rent to the Landlord each month when due. The total Security Deposit paid to the Landlord is **$_____**.

The terms of continued participation in the CoC Shelter Plus Care program and occupancy of the unit follow:

1. Resident agrees to comply with all terms of the Rental Agreement and Rental Agreement Attachments.

2. Resident agrees to participate in all supportive services indicated in the Supportive Services Plan, to work on achieving the goals set in that plan and to meet with the Case Manage Counselor at least monthly as agreed.

3. Resident agrees to cooperate with the annual recertification process as requested by Interim, Inc. Housing Management (Management) according to the grant funder's requirements. Management will notify Resident of upcoming recertification at least 60 days prior to the due date.

4. Resident is solely responsible for any charges or damages to the property incurred by Resident, or Resident's guest during occupancy.

5. An extended absence of up to 90 days will not terminate this Occupancy Agreement if absence is due to medical or mental health treatment and rent is current.

6. The Shelter Plus Care grant is Sponsor Based (SRA) and does not move with the Resident from one property to another. Termination form the program also terminates occupancy.

Under this agreement, Resident may terminate occupancy with a written 30 Day Notice.

If the terms of this Agreement are violated, Sponsor may terminate occupancy with 60 days written notice, or notice as required by California law. The notice of termination of occupancy from the Sponsor will include a clear statement of reasons for termination and Resident will receive notification of any violations prior to termination of occupancy according to the HCD Rental Lease Addendum (Lease Attachment D) and California Law. The Sponsor's decision to terminate this agreement can be appealed as per the Appeal and Grievance Procedure (Lease Attachment E).

The following reasons for termination of this agreement are not subject to the appeals process:

1. The grant funding is terminated for this program;

2. Resident no longer meets the requirements for the program due to income that exceeds the maximum allowable as per the funder's regulations.

1. Landlord termination of the Rental Agreement Interim, Inc. has signed as Tenant, through which Interim, Inc. is subletting to you.

Attachments to this Agreement: Subtenant has received a copy of the CoC, Shelter Plus Care II Occupancy Agreement and the following attachments and understands that these attachments are part of the Agreement.

Attachment #1 – Rental Agreement between Landlord and Interim, Inc, as Tenant
Attachment #2 – CoC Shelter Plus Care II House Rules
Attachment #3 – CoC Shelter Plus Care II Grievance and Appeal Procedure

I have read and received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination of the Shelter Plus Care program and my housing.

_____ _____
Resident Date

_____ _____
Interim, Inc. (Sponsor, CoC Shelter Plus Care Grant) Date

MOON GATE PLAZA
PARTICIPANT AGREEMENT FOR SERVICES

This Agreement is made and entered into as of _____ (move-in date) by and between Moon Gate Plaza resident _____ residing in apartment _____ and MidPen Housing, a California nonprofit corporation ("MidPen Housing"). Resident and MidPen Housing agree as follows:

Services to Be Provided/Participated in

MidPen Housing agrees to provide on-site supportive services at no cost to the residents. The services may include the following. By initialing below, the resident agrees to participate in the required and selected services.

- Required: Intake & Assessments for self-sufficiency, medical, mental, behavioral health, and substance use treatment needs upon move-in
- Required: Annual Assessments for self-sufficiency, medical, mental, behavioral health and substance use treatment needs
- Required: Income Assessments at move-in and annual recertifications

_____ Direct linkages to medical, mental, behavioral health, and treatment providers in the community's system of care
_____ Economic stability and mobility services
_____ Direct linkage to mainstream resources to increase income; disability benefits, retirement benefits
_____ Direct linkage to employment, training, and vocational opportunities
_____ Educational workshops focused on life-skills, computer skills, job search, resume writing
_____ Housing Stabilization & Housing Retention Services
_____ Exit Planning in preparation for moving on to other independent housing opportunities
_____ Individualized Care Planning & Case Management services
_____ Supportive Counseling & Crisis Intervention
_____ Access to healthy food and nutritional education
_____ Additional referrals and linkage to an array of services availability in the network of community providers
_____ Organizing and facilitating community building activities to promote a safe and supportive community
_____ Any additional services, assessments, referrals, or interventions deemed necessary by the Services Provider to address behaviors, circumstances, or needs that may impact tenancy.

Duration

This Agreement is effective _____ (move-in date) and will continue throughout the resident's tenancy. This agreement will terminate upon resident move-out. By signing below, the residents acknowledge that they understand the expectations outlined in this agreement.

Residents may change their selection of services by signing a new Participation Agreement as desired.

Moon Gate Plaza Resident

Signed: Date

MidPen Housing Corporation

Signed: Date

STEP UP

CONSENT FOR SERVICES

The undersigned client or responsible adult** authorizes and consents participate in case management and behavioral health services provided by:

STEP UP ON SECOND

Participation in supportive services is required for housing programs to promote housing stability, recovery, and continued eligibility for program assistance. Clients choosing Step Up services are required to participate in case management; educational and vocational supports; mental health services; substance use treatment services; general rehabilitation support groups; homeless services; housing stabilization services; and other appropriate alternative rehabilitation or supportive services.

I, the undersigned, have the right to:

1. Participate in the selection of evaluation, treatment and case management services and request a change of service providers or withdraw consent for specific clinical services at any time. However, I understand that participation in required supportive housing services is a condition of continued eligibility for housing support programs.
2. Receive any of the available services without being required to accept other services from Step Up on Second or any other mental health system provider. Step Up on Second may request participation in specified activities and expectations of general membership at any time. Step Up on Second rules require ongoing engagement in supportive services such as housing stability planning, treatment services and case management.
3. Utilize the Step Up on Second formal problem resolution policy and procedure which protects the rights of all program participants without discrimination or any other penalty for filing verbal or written concerns.

CONFIDENTIALITY: I understand my records of treatment and personal health information (PHI) discussed are confidential except in cases where mental health professionals are mandated by law to report or otherwise allowable under HIPAA regulations. This includes any serious threat to harm another's life, any suspected child, elder or dependent abuse, if I am a danger to myself (suicidal) or unable to care for myself (gravely disabled), or if I knowingly develop, duplicate, print, download, stream, access through any electronic or digital media, exchange, film, photograph or video a child engaged in an act of obscene sexual conduct. Step Up on Second will act to insure the safety of all concerned and may notify the appropriate persons/legal authorities. I further understand that it may be necessary to include other individuals, such as family members, in my care plan. This will only be done with my knowledge and consent.

In order to provide services, Step Up on Second program staff will need to discuss your personal and/or health and/or public assistance information. In some instances, we may need to share this information with others outside of your program, such as County Mental Health/Behavioral Health Departments, Public Health, Health Services, Social Services, Housing Authority agencies, and other County and non-County agency partners or agencies outside of your County. We would do this, if necessary, to provide you with the most appropriate services.

While the law may permit us to share such information without your permission (for example, if for treatment or for payment purposes), we will ask you to sign an Authorization allowing us to do this. If information is needed about you, you will be asked to sign a separate Authorization form allowing the agency holding your information to share it with the program and other named entities. You may refuse to sign these, and you will not be denied services except that supportive services that are provided to program participants may not be available to you if you refuse to sign. This is because we believe

CONSENT FOR SERVICES

I_____ understand that Care Coordination and Case Management Services provided by Step Up on Second Street, Inc., is required to maintain my housing and to participate in the Step Up Supportive Services projects. These services include individual therapy, group training, tenancy support, vocational skill building, case management and connections to community resources and/or referral for substance use and behavioral health services.

I_____voluntarily and willingly agree to participate in Step Up on Second Street, Inc, services.

_____

Print Name

_____ _____

Signature Date

STEP UP

CONSENT FOR SERVICES

The undersigned client or responsible adult** authorizes and consents participate in case management and behavioral health services provided by:

STEP UP ON SECOND

Participation in supportive services is required for housing programs to promote housing stability, recovery, and continued eligibility for program assistance. Clients choosing Step Up services are required to participate in case management; educational and vocational supports; mental health services; substance use treatment services; general rehabilitation support groups; homeless services; housing stabilization services; and other appropriate alternative rehabilitation or supportive services.

I, the undersigned, have the right to:

1. Participate in the selection of evaluation, treatment and case management services and request a change of service providers or withdraw consent for specific clinical services at any time. However, I understand that participation in required supportive housing services is a condition of continued eligibility for housing support programs.
2. Receive any of the available services without being required to accept other services from Step Up on Second or any other mental health system provider. Step Up on Second may request participation in specified activities and expectations of general membership at any time. Step Up on Second rules require ongoing engagement in supportive services such as housing stability planning, treatment services and case management.
3. Utilize the Step Up on Second formal problem resolution policy and procedure which protects the rights of all program participants without discrimination or any other penalty for filing verbal or written concerns.

CONFIDENTIALITY: I understand my records of treatment and personal health information (PHI) discussed are confidential except in cases where mental health professionals are mandated by law to report or otherwise allowable under HIPAA regulations. This includes any serious threat to harm another's life, any suspected child, elder or dependent abuse, if I am a danger to myself (suicidal) or unable to care for myself (gravely disabled), or if I knowingly develop, duplicate, print, download, stream, access through any electronic or digital media, exchange, film, photograph or video a child engaged in an act of obscene sexual conduct. Step Up on Second will act to insure the safety of all concerned and may notify the appropriate persons/legal authorities. I further understand that it may be necessary to include other individuals, such as family members, in my care plan. This will only be done with my knowledge and consent.

In order to provide services, Step Up on Second program staff will need to discuss your personal and/or health and/or public assistance information. In some instances, we may need to share this information with others outside of your program, such as County Mental Health/Behavioral Health Departments, Public Health, Health Services, Social Services, Housing Authority agencies, and other County and non-County agency partners or agencies outside of your County. We would do this, if necessary, to provide you with the most appropriate services.

While the law may permit us to share such information without your permission (for example, if for treatment or for payment purposes), we will ask you to sign an Authorization allowing us to do this. If information is needed about you, you will be asked to sign a separate Authorization form allowing the agency holding your information to share it with the program and other named entities. You may refuse to sign these, and you will not be denied services except that supportive services that are provided to program participants may not be available to you if you refuse to sign. This is because we believe

CONSENT FOR SERVICES

I_____ understand that Care Coordination and Case Management Services provided by Step Up on Second Street, Inc., is required to maintain my housing and to participate in the Step Up Supportive Services projects. These services include individual therapy, group training, tenancy support, vocational skill building, case management and connections to community resources and/or referral for substance use and behavioral health services.

I_____voluntarily and willingly agree to participate in Step Up on Second Street, Inc, services.

_____

Print Name

_____ _____

Signature Date

SOBER LIVING ENVIRONMENT AGREEMENT

This Sober Living Environment Agreement ("Agreement") is made by and between Sun Street Centers ("SSC") and , _____ ("Occupant"). This agreement shall be effective immediately on the signing of this Agreement by the parties. This Agreement is entered into in conjunction with the Membership Covenant ("Covenant") and House Rules for the Sober Living Environment House ("House Rules") maintained by SSC a copy of which is incorporated herein by reference.

I. LICENSE ASSIGNMENT

a. **PROPERTY**: This Agreement grants the Occupant a revocable license to occupy a bedroom in the following sober living house, hereafter ("House"):

- ☐ 520 Gabriele Court Hollister, CA 95023
- ☐ 537 4th Street Hollister, CA 95023
- ☐ 14 Madonna Drive Salinas, CA 93906
- ☐ 284 Calle Cebu Salinas, CA 93901 Unit _____
- ☐ 105 S Mildred Ave King City, CA 93930 (Apt)
- ☐ 119 S Mildred Ave King City, CA 93930 (Unit A)
- ☐ 119 S Mildred Ave King City, CA 93930 (Unit B)

Room Number _____ Bed Number(s) _____
Select One:
☐Shared ☐Individual ☐ Individual with child (for select locations only) *

b. **LICENSE**: The Occupant hereby agrees to occupy a shared or individual room as indicated above on a month-to-month basis and understands and acknowledges that this Agreement does not give occupant exclusive possession of the House. This Agreement merely grants Occupant with license to use the House for residential purpose only. SSC may at its sole discretion revoke Occupant's license and terminate this Agreement. This Agreement is personal to the Occupant and may not be assigned or otherwise transferred by the Occupant to any other person without the express written consent of an authorized representative of the SSC.

c. **HOUSE RULES AND COVENANT**: The obligations and prohibitions in the House Rules and Covenant are incorporated by reference in this Agreement. This Agreement is conditioned upon the Occupant remaining in good standing with SSC. Good standing means that the Occupant is in compliance with this Agreement, House Rules and Covenant. If the Occupant is not in compliance with the House Rules and Covenant or breaches this Agreement, SSC may, at its sole discretion, revoke Occupant's license and terminate this Agreement. SSC may amend the House Rules and Covenant at any

Sun Street Centers
Sober Living Environment
COVENANT

I, _____ (Occupant's Full Name), am committed to maintain my recovery. To do this, I desire to live in an alcohol and drug free environment, and with others who are willing to share our experience, strength and hope with each other, to overcome our addictions. I make this covenant with the other members of our house.

I acknowledge and agree to meet and uphold all the following condition to live at Sun Street Centers Sober Living Environment House:

1) I agree to abstain from use or possession of alcohol, any mind-altering drugs, or paraphernalia, outside of the house or on the premises.

a. This includes the use of prescribed drugs taken outside the specific recommendation.

All prescribed drugs must be reported to the house manager.

b. I understand if I 'relapse', I am terminating my occupancy in this house and agree to leave immediately.

c. I understand if I do not leave voluntarily, I will be evicted under the laws of California.

d. I understand a return to the house might be considered after a minimum of 30 days completed in inpatient rehab. Consideration is more likely if I first brought the relapse to the attention of support staff.

e. I understand there are no promises of and no representations that if I relapse, I could return to the house.

2) If I commit or threaten violence of any kind, including abusive verbal behavior, I am terminating my occupancy.

3) I understand if I possess or bring a weapon on the premises I am terminating my occupancy.

4) I understand theft of any kind is terminating my occupancy.

5) I agree not to partake in sexual activity on the premises.

6) I understand no guest are permitted in my room at any time. I respect this is shared space and private. Visitors are allowed only in common areas and must exit premises at curfew.

7) I understand my occupancy is a revocable license and that SCC may revoke this license at anytime.

8) I agree to immediately vacate the premises if SSC terminates the license.

Sun Street Centers
Sober Living Environment
House Rules

Sun Street Center's sober living environment is committed to insuring a safe, clean, structured recovery environment, and dedicated to providing supportive and affordable sober living. Our program is structured to implement everything our Occupants have acquired in treatment, through the twelve-step recovery process. We provide Occupants with the best possible opportunity of achieving and maintaining permanent sobriety. Our design for our sober living was planned to help build (or rebuild) character, self-esteem, responsibility, self-reliance, and accountability to help in the process of rebuilding a life.

I hereby agree to abide to the following:

1. Use or possession of alcohol, any mind-altering drugs, or paraphernalia is prohibited. 'Relapse' will result in your immediately terminating Occupancy at this house.

2. Violence of any kind, including abusive verbal behavior will not be tolerated and will result in your termination Occupancy.

3. Possession of a weapon on premises will result in you terminating your Occupancy.

4. All Occupants are subject to urinalysis/breathalyzer testing for drugs and/or alcohol.

5. Willful damage to or destruction of property or its furnishings shall be paid for by you. Accidental damages to property must be reported as soon as possible to the House Manager.

6. Theft will result in you terminating your Occupancy.

7. No pornographic material—literature, photos allowed in the premises.

8. House Manager must be notified when you will not be spending the night.

9. Your visitors are allowed only in common areas and must exit premises by 10PM. All visitors must sign in and out. Visitors with active chemical dependency are not permitted. Have your visitors pre-approved by the House Manager. All visitors must comply with all House Rules and may not disturb other occupants.

10. All Occupants shall attend a minimum of 3 self-help meeting a week.

11. All exits should be kept locked from the inside, and all doors must be locked whenever the house is empty by the last person leaving the premises. Since these effects the security of all Occupants, a violation is taken very seriously.

12. All Occupants shall attend the weekly house meeting. These are designed to facilitate your participation in the governance of the house and to report briefly on activities with respect to sobriety.

13. Whether cooking in the kitchen or barbequing outside, Occupants shall leave these areas spotless after each use. Dishes and cooking utensils must be rinsed, dried, and put away. Meals are to be consumed in the kitchen or dining room or outside, and as a group collective, when possible. To promote comradery and community.

14. Washer and dryer are provided in some of the units and must use (he) detergent. If another Occupant precedes you and leaves clothes in dryer, contact them before using dryer.

15. If behavior is chronic, then communicate with the House Manager.

16. Individual schedules and habits will be considered as much as possible when assigning roommates. In case of conflicting sleep or other habits, please accommodate each other respectfully until a more compatible roommate can, if possible, be found.

17. All beds should be made and bedrooms left neat each morning. Please do not leave clothing or other clutter on the floor.

18. Each Occupant will be assigned a house maintenance chore on a weekly rotation, and weekly deep house-cleaning will be attended by all.

19. Smoking is not permitted in the house at any time. Please use the designated smoking area only and always use the butt receptacles. The House Manager will specify the designated smoking area for the house.

20. Any conflict or disagreement between Occupants which cannot be resolved with respectful dialogue shall be brought to the House Manager for resolution.

21. No Occupant is to enter another's room without express permission from the other Occupant.

22. Occupants should understand that the House Manager may inspect their room if possession or use of drugs, alcohol is suspected, or other unsafe condition. The management assumes no responsibility for lost or stolen possessions.

23. In Women Sober Living Environment houses, the downstairs rooms are designated for women with children. You may be asked to move to a different room if the room you are occupying is needed to accommodate the safety of the children.

My signature below signifies that I have read and understand the terms and conditions set forth in the house rules and agree to abide by them. I agree to take all reasonable action to maintain the sober and secure environment most conducive to my recovery and that of my fellow Occupants.

_____ _____

Occupant's Name Printed Date

_____ _____

Occupant's Signature Date

Participant Agreement – Lightfighter Village Permanent Supportive Housing

Purpose

Lightfighter Village is committed to providing Permanent Supportive Housing and supportive services that promote housing stability, independence, wellness, and successful community living.

VTC provides case management, wrap-around services, and referrals based on each participant's individual needs, goals, and housing stability. This agreement documents the participant's understanding of the program's supportive-service engagement expectations.

Supportive Services Participation

The participant agrees to engage with VTC Case Management and participate in supportive services identified with the participant based on their individual needs, goals, and housing stability.

Supportive services may include, but are not limited to:

- Case management and housing stability services
- Development and review of an individualized service or self-sufficiency plan
- Assistance with maintaining housing and tenancy
- Benefits and income assistance
- Connection to VA and community resources
- Healthcare and behavioral health referrals
- Substance-use services and referrals, when requested or appropriate
- Employment, education, or vocational assistance
- Transportation assistance and resource coordination
- Life-skills and independent-living support
- Financial management and budgeting assistance
- Assistance obtaining identification and other essential documents
- Crisis intervention and safety planning
- Community resource referrals

Missed Appointments or Periods of Non-Engagement

If a participant misses a scheduled appointment, VTC Case Management will contact the participant by phone, text, or in person to reschedule and identify any barriers to participation.

If the participant does not respond, staff will make **two additional outreach attempts** and document each attempt.

If non-engagement continues, Case Management will work with the participant, when available, to identify barriers and develop a plan to reconnect with supportive services. This may include rescheduling appointments, providing referrals, coordinating services, or addressing transportation, and other identified barriers.

All outreach attempts and interventions will be documented in the participant's case record.

Participant Responsibilities

I understand that supportive services are an important component of the Lightfighter Village Permanent Supportive Housing program and are a requirement. I agree to attend scheduled appointments, communicate with VTC Case Management when I am unable to attend, respond to reasonable staff outreach, and work with my Case Manager to address barriers to housing stability and service engagement.

Case Management Responsibilities

VTC Case Management agrees to:

- Provide case management, wrap-around services, and referrals based on participant needs.
- Provide services in a respectful, trauma-informed, and culturally responsive manner.
- Assist the participant in identifying individual goals and service needs.
- Provide reasonable referrals and resource coordination.
- Review and update the participant's service plan as appropriate.
- Assist with identifying barriers to housing stability.
- Respect the participant's rights, choices, privacy, and confidentiality.
- Provide reasonable opportunities for the participant to engage in services.

Transitional Housing Participant HUD Supportive Transitional Housing

eliminating racism empowering women
ywca Monterey County

Supportive Services & Engagement Policy Services for

Purpose:
The purpose of this policy is to establish clear expectations for participant engagement in supportive services and activities while residing in YWCA Monterey County Transitional Housing.

YWCA Monterey County is committed to providing participant-centered services that support survivors in achieving safety, housing stability, independence, and long-term well-being.
Participants are encouraged to work collaboratively with YWCA MC staff to identify goals and supportive services that are meaningful and appropriate to their individual circumstances.

Requirements

Participants residing in YWCA Monterey County HUD-funded Transitional Housing are expected to participate in **at least 20 hours per week of engagement in supportive services, activities, education, employment, or other approved activities**,

The 20-hour engagement requirement may be met through a combination of activities. Participants are not required to participate in one single type of service for 20 hours each week.

Examples of eligible engagement activities include, but are not limited to:

- Case management and housing navigation
- Individual goal planning and safety planning
- Mental health services
- Substance use supportive services and referrals
- Peer support groups
- Treatment or recovery services
- Education and job training
- Resume development and employment preparation
- Enrollment or participation in college, vocational, or educational programs
- Life skills training
- Financial literacy
- Nutrition education
- Housing-readiness education
- Tenant rights education
- Landlord communication skills

- Identify barriers to participation;
- Connect participants with appropriate resources;
- Adjust goals and activities as circumstances change;
- Support progress toward permanent housing; and
- Ensure appropriate program documentation.

The 20-hour engagement expectation is intended to support participants in achieving their individual goals and housing stability and is not intended to create unnecessary barriers to accessing supportive services.

Confidentiality and Respect

YWCA Monterey County will maintain participant information in accordance with applicable confidentiality requirements, YWCA policies, HUD requirements, and applicable laws.

All participants will be treated with respect. Services will be provided without discrimination based on race, color, religion, national origin, disability, age, familial status, or other protected status under applicable law.

Participant Acknowledgment

By signing the Transitional Housing Participant Agreement, participants acknowledge that they have received information regarding the supportive services and weekly engagement expectations associated with the YWCA Monterey County HUD Transitional Housing Program.

Staff will review this policy with each participant and provide an opportunity for the participant to ask questions and discuss their individualized engagement plan.

Participant Name: _____
Participant Signature: _____
Date: _____
YWCA Staff Name: _____
YWCA Staff Signature: _____
Date: _____

The Multi-Disciplinary Outreach Team
Monterey Police Department Ventures into Innovative Homelessness Solutions

The City of Monterey's Not so Unique **Challenge** – Homelessness

In 2017, the U.S. Department of Housing and Urban Development released the national Point In Time (PIT) count of homeless persons. There were over 550,000 documented homeless people across the country, with more than 25% of those calling California home. Two hundred ninety-two homeless individuals were contacted and counted in the City of Monterey.

This census revealed the first increase in the homeless population over the previous decade. The growth was attributed to several reasons, with the two most prominent causes being substance abuse and mental illness. Being homeless is not a crime, yet community members and visitors alike often call the police to address quality of life issues, such as panhandling, loitering, and camping in public. Before 2018, the Monterey Police Department took a more traditional approach to deal with homeless issues. The police department utilized a dedicated team referred to as the Community Action Team (CAT). CAT was comprised of officers whose primary focus was to address quality of life issues through enforcement and offering of services.

"This Isn't Working!"

CAT's ability to successfully get individuals into homeless services was marginal at best, but not because of a lack of effort. Like many police departments around California, staffing can be an issue, especially during the special event season. Amongst their focus on homelessness issues, CAT officers frequently assisted patrol, worked special events, and assisted detectives with lower-level criminal investigations. The traditional approach of enforcement via frequent contact, citations, and arrests has a place in this response, but is limited in its efficacy and was found to only be a short-term solution. A problem-solving, collaborative long-term solution was needed.

The Solution

In 2018, the Monterey Police Department recognized that the current approach to addressing the homeless issue needed to change. MPD realized it lacked essential connections and relationships with local service providers whose mission is to assist with these matters and get individuals the help they truly deserve.

Preliminary research into the service providers revealed something surprising – the service providers were having trouble finding people to help.

Police Officers work twenty-four hours a day, 365 days a year. Homeless individuals, as well as their background and personal stories, are well known by Monterey officers. Officers know where they sleep, eat, and live. Officers know if they suffer from a mental illness and what that illness is. They know if they have a substance abuse problem and

what the substance is. Officers forge relationships with homeless individuals that could be perceived as a negative, but what if these relationships were viewed as an opportunity for positive change? How can services providers help MPD, and how can MPD help service providers?

These questions led to the creation of the following three groups:

- The Homeless Exchange - a monthly meeting between our Community Action Team (CAT) and local social service providers. This group works to reach specific people in need, whether they are homeless or suffering from other long-term problems related to substance abuse or mental health issues. The Homeless Exchange is comprised of representatives from the following organizations:

  - The Veterans Resource Center
  - The Veterans Transition Center
  - Gathering For Women
  - Montage Health
  - Community Human Services
  - Alliance on Aging
  - Interfaith Homeless Emergency Lodging Program
  - Salvation Army

Each of these organizations is aware of different resources and provide specialized resources for various segments of the population. This collaborative effort provides a comprehensive and exhaustive approach to addressing the needs of Monterey's homeless population.

Further, these monthly meetings have been beneficial in the way of identifying potential grants and funding streams that can more also assist Monterey's homeless population.

- The City Liaison Meeting - a monthly meeting with multiple city department first-line supervisors. This meeting is designed to build relationships with other city departments and to foster collaborative efforts to address specific issues and homeless problems in the City of Monterey.

- The Multi-Disciplinary Outreach Team (MDOT) - The Monterey Police Department contacted and partnered with several key local agencies to help provide services to the homeless. The MDOT team consists of:

  - Monterey Police Department
  - Adult Protective Services
  - Monterey County Behavioral Health
  - Montage Health / Community Hospital of the Monterey Peninsula (CHOMP)
  - Interim / McHome
  - Victory Mission

Each of these organizations assigns a social worker to MDOT, and they each have a desk at the Monterey Police Department. Monterey Police Officers are now able to have direct contact with social workers when the need arises.

This team performs direct outreach and intervention efforts to establish a relationship with homeless individuals and assist them with accessing benefits and housing. MDOT provides a social work function, offering homeless individuals a connection to local community service programs, health care, mental health services, and housing. The team has the time and ability to assist clients with procuring necessary documents to obtain certain services, such as identification cards, birth certificates, Social Security income, and disability income. MDOT works in conjunction with the Police Department to provide the City of Monterey with a long-term relationship with our community partners and other government agencies that law enforcement, by itself, may not be aware of.

Results

Before these collaborations, the Monterey Police Department was very traditional in our approach. These traditional policing methods resulted in officers contacting, arresting, and issuing citations to the same subjects repeatedly.
One of these examples was a female homeless person who suffered from alcoholism.

This subject was contacted by the Monterey Police Department more than 100 documented times between 2014 and 2018. These contacts resulted in numerous arrests for public intoxication, probation violations, and warrants. The traditional police response was not working. We were unsuccessful in either curbing the unlawful behavior or helping her get sober.

MDOT and The Homeless Exchange worked with the Police Department to medically detox this subject, place her in residential rehabilitation, and ultimately move her into a sober living environment. This approach has resulted in thousands of dollars saved in both resources and manpower. This case is one example of many that validate the problem-solving, long-term, collaborative approach. Other examples include:

- Connected a chronic homeless individual suffering from alcoholism to his family. This individual completed detox and rehabilitation. He now regularly sees his family and recently enjoyed a promotion at his place of employment.
- Located a rehabilitation center for a local homeless person who was also suffering from alcoholism. She now performs outreach for other addicts and is regularly in contact with members of MDOT.
- Helped a local, chronically disabled, homeless person obtain his disability paychecks and moved him into a skilled nursing home in Northern California.
- Assisted a local veteran in obtaining his VA benefits. With the benefits started, this individual moved into the Veterans Transition Center.

- The team met with a local homeless individual while he was incarcerated in our county jail. The team developed a plan for this person to obtain medical care and his mental health medication upon his release from custody

Most recently, in 2025, The Monterey Police Department's Multi-Disciplinary Outreach Team housed 20 different individuals and provided services to 57 others.

Conclusion

The Monterey Police Department recognizes the political and legislative landscape regarding the homeless population is ever-changing. We are committed to staying at the forefront regarding police response. We will continually spearhead affiliations with community resources and create bonds both within and outside the city. As these relationships form, we will orchestrate the proper resources to assist those in our population that are the most vulnerable.

1D-1 Attachment – Local Competition Scoring Tool

Renewal Project Criteria						
Criteria		Objective / Subjective	TH	TH/RRH	RRH	PSH
1	SPM - Increased Earned Income	Objective	10	10	10	10
2	SPM - Returns to Homelessness	Objective	5	5	5	5
3	SPM - Permanent Housing Outcomes	Objective	15	15	15	15
4	Grant Utilization/Spending	Subjective	10	10	10	10
5	Audits/Monitoring	Subjective	10	10	10	10
6	Supportive Service Requirements	Objective	10	10	10	10
7	On-Site Substance Use Treatment	Objective	5	5	5	5
8	Funding for Supportive Services	Objective	10	10	10	10
9	Strategies to Support Self-Sufficiency	Subjective	10	10	10	10
10	Strategies to Access Mainstream Benefits	Objective	5	5	5	5
11	Local Priorities	Objective	N/A	N/A	N/A	10
TOTAL RENEWAL SCORES			**90**	**90**	**90**	**100**
% Objective (at least 50%)			50%	50%	50%	55%
% SPMs (at least 25%)			33%	33%	33%	30%

New Project Criteria			
Criteria		Objective / Subjective	All Project Points
1a	SPM - Clear Performance Targets	Subjective	13
1b	SPM - Advancing System Performance Measures	Subjective	13
2	Applicant Experience	Subjective	10
3a	Services Provided	Subjective	5
3b	On-Site Substance Use Treatment	Objective	10
3c	Supportive Service Funding	Objective	10
3d	Require Service Participation	Objective	10
4a	Applicant Capacity	Subjective	5
4b	Monitoring and Audit Findings	Objective	10
5a	Project Timing	Subjective	4
5b	Adequate Budget	Objective	5
5c	Required Match	Objective	5
TOTAL NEW SCORES			100
% Objective (at least 50%)			50%
% SPMs (at least 25%)			26%

ATTACHMENT B – 2026 RENEWAL PROJECT SCORING CRITERIA

Renewal applications will be reviewed and scored based on the following scoring criteria. The Rating Panel may review all parts of the project application to gain an understanding of the program model and approach. The tables below outline the selected factors, sections, and questions of the scoring of the local applications for funding. If an application or applicant does not meet any of the required threshold criteria, the application will not be considered for funding.

The following threshold criteria apply to all renewal projects:

- The current CoC grant must expire in calendar year 2027.
- The applicant must be in good standing and eligible to receive HUD funding.
- The project must serve eligible households and participate in the required Coordinated Access System and HMIS.
- The applicant must commit to the following (which will be required by HUD at submission in eSnaps)
    - The project applicant will not engage in illegal racial discrimination, consistent with the requirements of 2 CFR 200.300(a).
    - The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.

Renewal Project Scoring Factors	Component and Details	Maximum Points Possible
1. Increased Employment Income Percentage of people 18 and older who gained or increased earned income at exit or at a timely annual follow-up interview/assessment. Divide the number of adults who gained or increased at least one source of earned income by the total number of adults in the project (minus the number of adult stayers not yet due for an annual assessment) and apply the scale: • 10 pts = 80% or higher • 5 pts = 70-79% • 0 pts = less than 70%	Objective Criteria APR Q 19a1 & 19a23	10

Renewal Project Scoring Factors	Component and Details	Maximum Points Possible
2. Returns to Homelessness Percentage of households served by and exited from the program without returning to the homelessness response system. Divide the total number of households that exited the program by the total number of households that returned to homelessness and apply the scale: • 5 pts = less than 10% • 2.5 pts = 11-20% • 0 pts = 21% or more	Objective Criteria HMIS Data	5
3. Exits to and Retention of Permanent Housing Percentage of households that remained in permanent housing projects or exited to a permanent housing destination during the measurement period. PSH & RRH Projects – Divide the count of households that remained in the project or exited to a permanent housing destination during the measurement period, excluding people who passed away, exited to foster care, nursing homes, non-psychiatric hospitals, or inpatient medical facilities, and apply the scale below. TH & TH-RRH Projects - Divide the count of households that exited to a permanent housing destination during the measurement period, excluding people who passed away, exited to foster care, nursing homes, non-psychiatric hospitals, or inpatient medical facilities, and apply the scale below. • 15 pts = 80% or higher • 7.5 pts = 74-79% • 0 pts = less than 74%	Objective Criteria APR Q 23a & b	15

Renewal Project Scoring Factors	Component and Details	Maximum Points Possible
4. Grant Spending • 10 pts = No funds available for recapture • 5 pts = Some funds available for recapture; applicant has adequately explained why funds were available for recapture and/or has adequate plans to fully spend down grant funds in the current year • 0 pts = Funds available for recapture; applicant does not adequately explain why and/or does not provide an adequate plan	Subjective Criteria *(unless no funds available for recapture)* Local Application and Project Spending Data	10
5. Audits/Monitoring • 10 pts = Project has no unresolved audit or monitoring findings • 5 pts = Project has unresolved audit or monitoring findings, but has adequately explained why findings remain unresolved • 0 pts = Project has unresolved audit or monitoring findings that are not adequately explained	Subjective Criteria *(unless no findings)* Local Application	10
6. Supportive Service Requirements • 10 pts = Project requires or will require participation in services and provides a participation agreement to demonstrate the services are required • 0 pts = Project does not and will not require participation in services **Note: Assistance may not be denied on the basis of or as a direct result of the act that a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.*	Objective Criteria Local Application	10
7. On-Site Substance Use Treatment • 5 pts = Project provides or will provide on-site substance use treatment services • 0 pts = Project does not and will not provide on-site substance use treatment services	Objective Criteria Local Application	5

Renewal Project Scoring Factors	Component and Details	Maximum Points Possible
8. Funding for Supportive Services • 5 pts = The project's CoC budget includes funds in the supportive services line • 5 pts = The project's required match is for supportive services and/or the project has leveraged other funds for supportive services committed to this project • 0 pts = The project does not have funds in the CoC budget, match, or other leverage for supportive services	Objective Criteria Local Application	10
9. Strategies to Support Self-Sufficiency Up to 10 pts will be provided to projects that adequately explain the strategies they will use to support participants' self-sufficiency. Stronger strategies and explanations will receive higher points. No strategies or explanation will receive 0 points.	Subjective Criteria Local Application	10
10. Strategies to Access Mainstream Benefits Evaluation of core strategies to support households with accessing mainstream benefits: • 1 point = Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs • 1 point = At least annual follow-up with participants to ensure mainstream benefits are received and renewed • 1 point = Project participants have access to SSI/SSDI technical assistance provided by the applicant, a sub-recipient, or partner agency • 1 point = The staff person providing the technical assistance completed SOAR training • 5 points: If all of the above strategies are used • 0 points = None of the above strategies are used	Objective Criteria Local Application	5

Renewal Project Scoring Factors	Component and Details	Maximum Points Possible
11. Project Type and Local Priorities (PSH Only) 10 points for projects aligning with local priorities, including providing Permanent Supportive Housing (PSH) to chronically homeless households.	Objective Criteria Local Application	10
Maximum Score Possible		**100**

ATTACHMENT C – 2026 NEW PROJECT SCORING CRITERIA

New Project applications will be reviewed and scored based on the following scoring criteria. The Rating Panel may review all parts of the project application to gain an understanding of the program model and approach. The tables below outline the selected factors, sections, and questions of the scoring of the local applications for funding. If an application or applicant does not meet any of the required threshold criteria, the application will not be considered for funding.

The following threshold criteria apply to all new projects:

- The applicant must be eligible to receive CoC funds and be applying for an eligible project type, including Transitional Housing (TH), Supportive Services Only – Standalone (SSO), and Supportive Services Only – Street Outreach (SSO-SO)
- The project must serve eligible households and an eligible population
- The applicant must be willing to participant in the Coordinated Access System and HMIS (or, for providers serving domestic violence survivors, use a comparable data system)
- The applicant must commit to the following (which will be required by HUD at submission in eSnaps)
    - The project applicant will not engage in illegal racial discrimination, consistent with the requirements of 2 CFR 200.300(a).
    - The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.

New Project Rating Factor	Points
1. System Performance and Objectives *Up to 13 points* – Project identifies performance targets and explains who they plan to achieve them, including: • Successful exits from assistance • Reducing returns to homelessness • Increasing employment income for participants • Reducing the length of time homeless *Up to 13 points* – Project identifies how it will fill a need in the community and advance system performance and objectives, including: • Reducing the number of homeless individuals and families • Reducing encampments • Reducing first time homelessness • Reducing length of time people remain homeless	26

New Project Rating Factor	Points
2. Applicant Experience Up to 10 points – Applicant (and subrecipient, if applicable) demonstrates relevant experience in providing housing or services to people experiencing homelessness. • *TH Only* – The applicant must demonstrate it has: (1) prior experience operating transitional housing, or other projects that have helped people exit homelessness within 24 months, and has a plan to ensure households will exit within 24 months, and (2) has operated or currently operates TH or another project or has a plan to ensure that at least 50% of households exit to a positive destination within 24 months, and at least 50% of households exit with employment income. • *SSO-SO Only* – The applicant must demonstrate it has: (1) a history of, or a plan for, partnering with and assisting first responders and law enforcement to engage unsheltered people to access programs and will cooperate, and not interfere or impede with the enforcement of local laws around public camping and drug use, and (2) experience providing outreach or a plan for providing outreach services consistent with the activity description and has a plan for or demonstrated effectiveness at helping people successfully exit unsheltered homelessness. *Note: If the applicant does not have a recent or current CoC project in the CoC, the applicant must submit supporting documentation reflecting project information and outcomes.*	10
3. Supportive Services *Up to 5 points* – Program description clearly articulates how participants are assisted to access and retain permanent housing, secure mainstream benefits, and employment assistance to increase their incomes. *10 points* – The project seeking CoC funding in its application or includes match or other leverage to provide supportive services to households. 0 points if no supportive service funding in project budget and no match or other leverage. *10 points* – The project includes on-site substance use treatment services. 0 points if no on-site substance use treatment services. *10 points* – The project has service participation requirements. 0 points if no service participation requirements. **Note: Assistance may not be denied on the basis or as a direct result of the act that a participant is or has been a victim of domestic violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.*	35

New Project Rating Factor	Points
4. Applicant Capacity *Up to 5 points* – The applicant (and subrecipient, if applicable) demonstrates sufficient organizational and financial capacity to track funds and meet all of HUD's requirements. *10 points* – The applicant has no outstanding monitoring or audit issues. 2 points if the applicant has outstanding monitoring or audit issues but provides sufficient explanation of the reason and plan to comply.	15
5. Timing and Budget Feasibility *4 points* – The applicant shares a clear plan for beginning operation of the project within 6 months of when the contract is executed. 2 points will be awarded if within one year. *5 points* – The project budget appears adequate and reasonable to support the proposed program. *5 points* – Required match is provided and additional resources are leveraged.	14
Maximum Score Possible	100

Monterey and San Benito Counties CoC
Local Competition Selection Results
As Posted 7/31/2026

Rank	Agency Name	Project Name	Project Type	Application Type	Project Score	Status	Amount Requested	Amount Approved	Reallocated Funds	Tier
1	Interim Inc	Sandy Shores PSH	PSH	Renewal	83.97	Accepted	$ 187,939	$ 187,939	$ -	1
2	County of San Benito	Helping Hands PSH	PSH	Renewal	83.33	Accepted	$ 576,253	$ 576,253	$ -	1
3	Veterans Transition Center	(Hayes Circle) Lightfighter Village PSH	PSH	Renewal	82.88	Accepted	$ 126,255	$ 126,255	$ -	1
4	Step Up	King City/South County PSH	PSH	Renewal	82.07	Accepted	$ 474,565	$ 474,565	$ -	1
5	Franciscan Workers/ Dorothy's Place	House of Peace	PSH	Renewal	81.3	Accepted	$ 717,038	$ 717,038	$ -	1
6	Interim Inc	McHope PSH	PSH	Renewal	78.3	Accepted	$ 212,590	$ 212,590	$ -	1
7	MidPen	Moon Gate Plaza PSH	PSH	Renewal	77.43	Accepted	$ 356,723	$ 356,723	$ -	1
8	Step Up	Salinas Rental Assistance PSH	PSH	Renewal	74.14	Accepted	$ 412,543	$ 412,543	$ -	1
9	Interim Inc	Shelter + Care PSH	PSH	Renewal	71.67	Accepted	$ 287,501	$ 287,501	$ -	1
10	Community Homeless Solutions	2026 DV RRH	RRH	DV Renewal	77.79	Accepted	$ 508,194	$ 508,194	$ -	1
11	Community Homeless Solutions	2026 YHDP Project	TH	YHDP Renewal	77.37	Accepted	$ 363,383	$ 363,383	$ -	1
12	Community Human Services	YHDP Street Outreach	SSO-SO	YHDP Renewal	72.88	Accepted	$ 319,590	$ 319,590	$ -	1
13	City of Soledad	Soledad SSO*	SSO	YHDP Renewal	71.75	Accepted	$ 266,546	$ 266,546	$ -	1
14	Youth Alliance	Avenida Street Outreach	SSO-SO	YHDP Renewal	69.21	Accepted	$ 311,225	$ 311,225	$ -	Straddling Tier 1 & 2
15	Coalition of Homeless Services Providers	Youth Coordinated Assessment and Referral System	SSO	YHDP Renewal	N/A	Accepted	$ 169,779	$ 169,779	$ -	2
16	Community Human Services	Casa de Noche Buena TH	TH	New	96.67	Accepted	$ 751,383	$ 550,000	$ 466,396	2
17	Community Human Services	YHDP Transitional Housing	TH	YHDP Replacement	95.1	Accepted	$ 106,833	$ 106,833	$ 106,833	2
18	Step Up	Monterey County Outreach	SSO-SO	New	94.93	Accepted	$ 462,330	$ 462,330	$ -	2

19	Sun Street	Sober Living Environments TH	TH	New	94.73	Accepted	$ 125,000	$ 125,000	$ -	2
20	Franciscan Workers/ Dorothy's Place	Streets to Homes	SSO-SO	New	92.15	Accepted	$ 449,338	$ 449,338	$ -	2
21	City of Soledad	Sendero TH	TH	New	86.53	Accepted	$ 504,350	$ 414,638	$ -	2
22	YWCA Monterey	HUD/CoC DV Housing First	TH (Transition)	DV Renewal	71.02	Accepted	$ 677,771	$ 677,771	$ -	2
23	Epicenter	Mutual Aid Youth Leaders Street Outreach	SSO-SO	YHDP Renewal	66.29	Accepted	$ 199,184	$ 199,184	$ -	2
24	City of Soledad	Soledad RRH*	TH (Transition)	YHDP Renewal	60.42	Accepted	$ 1,352,239	#########	$ -	2
N/A	Coalition of Homeless Services Providers	CoC Planning	Planning	Planning	N/A	Accepted	$ 418,585	$ 418,585	$ -	Not Ranked
N/A	Community Human Services	Safe Passage Transitional Housing	TH	Renewal	58.4	Fully Reallocated	$ 137,454	$ -	$ (137,454)	Not Ranked
N/A	Gathering for Women	Homeless to Housed	RRH	Renewal	59.19	Fully Reallocated	$ 328,942	$ -	$ (328,942)	Not Ranked
N/A	City of Salinas	Outreach & Response Team & Connections Program	SSO-SO	New	82.33	Rejected	$ 731,500	$ -	$ -	Not Ranked
N/A	Gathering for Women	Transitioning from Homeless to Housed Street Outreach	SSO-SO	New	73.52	Rejected	$ 102,164	$ -	$ -	Not Ranked
N/A	Coalition of Homeless Services Providers	YHDP Transitional Housing	TH	YHDP Renewal	N/A	Fully Reallocated	$ 106,833	$ -	$ (106,833)	Not Ranked

**This project was previously operated by BACS; a grantee change amendment has been in progress with HUD and has not been finalized as of the time of this listing.*

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, https://www.hudexchange.info/program-support/my-question/ and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

CA-506 - Salinas/Monterey, San Benito Counties CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2026 Competition Report - LSA Summary & Usability Status

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☑	☑	☑	☑	☑	☑	☑	N/A	☑
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,114	149.3	90.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,442	189.3	124.0

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	1,436	1,295.1	584.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	1,752	1,206.8	523.0

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	**Count**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**
Exit was from SO	63	4	6.4%	2	3.2%	2	3.2%	8	12.7%
Exit was from ES	284	25	8.8%	8	2.8%	23	8.1%	56	19.7%
Exit was from TH	159	2	1.3%	3	1.9%	4	2.5%	9	5.7%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	339	10	3.0%	30	8.9%	16	4.7%	56	16.5%
TOTAL Returns to Homelessness	845	41	4.9%	43	5.1%	45	5.3%	129	15.3%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,458
Emergency Shelter Total	1,125
Safe Haven Total	0
Transitional Housing Total	405

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	56
Number of adults with increased earned income	1
Percentage of adults who increased earned income	1.8%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	56
Number of adults with increased non-employment cash income	28
Percentage of adults who increased non-employment cash income	50.0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	56
Number of adults with increased total income	29
Percentage of adults who increased total income	51.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	84
Number of adults who exited with increased earned income	5
Percentage of adults who increased earned income	6.0%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	84
Number of adults who exited with increased non-employment cash income	12
Percentage of adults who increased non-employment cash income	14.3%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	84
Number of adults who exited with increased total income	16
Percentage of adults who increased total income	19.1%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,111
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	327
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	784

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,866
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	484
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,382

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	412
Of persons above, those who exited to temporary & some institutional destinations	66
Of the persons above, those who exited to permanent housing destinations	92
% Successful exits	38.4%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,356
Of the persons above, those who exited to permanent housing destinations	703
% Successful exits	51.8%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	325
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	308
% Successful exits/retention	94.8%

2026 Competition Report - SPM Data

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,127	405	446	1,073	421
Total Leavers (HMIS)	805	168	82	696	243
Destination of Don't Know, Refused, or Missing (HMIS)	28	13	1	8	15
Destination Error Rate (Calculated)	3.5%	7.7%	1.2%	1.2%	6.2%

2026 Competition Report - SPM Notes

CA-506 - Salinas/Monterey, San Benito Counties CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2026 Competition Report - HIC Summary

CA-506 - Salinas/Monterey, San Benito Counties CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	539	429	506	0	506	84.8%
SH	0	0	0	0	0	NA
TH	336	284	324	0	324	87.7%
RRH	286	286	286	0	286	100.0%
PSH	367	360	367	0	367	98.1%
OPH	40	40	40	0	40	100.0%
Total	**1,568**	**1,399**	**1,523**	**0**	**1,523**	**91.9%**

2026 Competition Report

CA-506 - Salinas/Monterey, Sa

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	539	33	33	0	33	100.00%
SH	0	0	0	0	0	NA
TH	336	12	12	0	12	100.00%
RRH	286	0	0	0	0	NA
PSH	367	0	0	0	0	NA
OPH	40	0	0	0	0	NA
Total	**1,568**	**45**	**45**	**0**	**45**	**100.00%**

2026 Competition Report

CA-506 - Salinas/Monterey, Sa

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	539	462	539	85.71%
SH	0	0	0	NA
TH	336	296	336	88.10%
RRH	286	286	286	100.00%
PSH	367	360	367	98.09%
OPH	40	40	40	100.00%
Total	**1,568**	**1,444**	**1,568**	**92.09%**

2026 Competition Report - HIC Summary

CA-506 - Salinas/Monterey, San Benito Counties CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary

CA-506 - Salinas/Monterey, San Benito Counties CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/29/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	533	453	405
Safe Haven Total	0	0	0
Transitional Housing Total	145	215	278
Total Sheltered Count	678	668	683
Total Unsheltered Count	2,379	NA	1,657
Total Sheltered and Unsheltered Count*	3,057	668	2,340

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Total Sheltered Count	252	37	153
Total Unsheltered Count	847	0	396
Total	1,099	37	549

Attachment 3A-DP CoC Policy or Statement to Advance Recovery

The following is an excerpt from the **CA-506 Monterey/San Benito Continuum of Care 2026 Local CoC and YHDP Competition Policies**, approved by the Leadership Council's Ad Hoc NOFO Committee on June 8, 2026. CA-506 CoC NOFO Local Competiti...

The excerpt includes the CoC's **Advancing Recovery and Prohibiting Illicit Drug Enablement Policy**, which establishes the CoC's commitment to supporting housing stability, treatment, recovery, self-sufficiency, and participant well-being through connection to and provision of supportive services. CA-506 CoC NOFO Local Competiti...

Source: *CA-506 – 2026 Local CoC and YHDP Competition Policies, Attachment D: Advancing Recovery and Prohibiting Illicit Drug Enablement Policy.*

ATTACHMENT D: MONTEREY AND SAN BENITO COUNTY COC (CA-506) ADVANCING RECOVERY AND PROHIBITING ILLICIT DRUG ENABLEMENT POLICY

Consistent with the federal requirements and priorities established in the FY2026 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO), the Monterey and San Benito County, Lead me Home, CoC encourages project models that support housing stability, treatment, recovery, self-sufficiency, and participant well-being through connection to and provision of supportive services.

This policy establishes a requirement that all housing projects submitted by the CoC for funding consideration, including renewal projects, align with the 2026 CoC NOFO requirements and priorities.

A. POLICY STATEMENT

All CoC-funded housing projects operating within the Monterey and San Benito County CoC shall comply with all applicable federal, state, and local laws. CoC-funded housing projects will not:

1. Operate drug injection sites, supervised consumption sites, or "safe consumption sites,";
2. Knowingly distribute drug paraphernalia on or off property under the project's ownership, lease, management, or control;
3. Knowingly permit the use, possession, or distribution of illicit drugs on property under the project's ownership, lease, management, or control; or
4. Conduct, permit, encourage, or allow any of the above activities under the pretext of harm reduction or any other programmatic approach.

Important Notes:

- *Nothing in this policy shall be interpreted as requiring sobriety as a condition of receiving housing or assistance, requiring participation in treatment as a condition of receiving assistance, or requiring immediate eviction or termination from assistance for a violation of a drug-related program policy or lease provision.*
- *Nothing in this policy shall be interpreted as prohibiting projects from providing participant-centered services, overdose prevention education, substance use disorder screening, referrals to treatment, recovery planning, or other lawful activities intended to support participant health, safety, recovery, and housing stability.*
- *Nothing in this policy restricts or prohibits projects that require program participants to be sober or to participate in treatment as a condition of assistance.*

B. COC PROJECT REQUIREMENTS AND COMPLIANCE

Through the local competition process, all project applicants must certify compliance with this policy and any related certifications required by HUD through the 2026 CoC NOFO. Upon request

by the CoC Lead Agency, CHSP, applicants must describe any relevant program policies, participant expectations, and operational practices in accordance with this policy.

The CoC reserves the right to review information obtained through project monitoring activities, HUD monitoring findings, participant complaints, audits, corrective action plans, site visits, or other credible sources to assess compliance with this policy.

If the CoC determines that a project may be operating in violation of this policy, it may request additional information from the recipient and conduct a deeper review. If it is determined that a project is operating in violation of this policy, the CoC may take one or more of the following actions, as appropriate and depending on the specific violation, recipient's response, and federal requirements:

- Require the recipient to submit and implement a corrective action plan;
- Require additional monitoring, reporting, or technical assistance;
- Consider the violation during the local competition process;
- Determining that the project is not aligned with local and federal funding priorities;
- Recommend partial or full reallocation of the project's funding during a future competition cycle, consistent with HUD regulations and local competition policies; and/or
- Take any other action permitted under applicable HUD regulations, grant agreements, or local practices.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: CA-506 Salinas/Monterey, San Benito Counties CoC

Project Name: See attached project list

Location of the Project: See attached project list

Name of the Federal Program to which the applicant is applying:

HUD CoC NOFO FY 2026

Name of Certifying Jurisdiction: City of Seaside

Certifying Official of the Jurisdiction Name: Haroon Noori

Title: Administrative Analyst II

Signature: Haroon Noori Digitally signed by Haroon Noori
DN: cn=Haroon Noori, c=US, o=City of Seaside, ou=Community Development Department, email=HNoori@SeasideCA.gov
Date: 2026.09.25 06:14:14 -07'00'

Date: 9/25/26

FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

City of Seaside

#	Agency	Project Name	Project Location / Address
1	Community Human Services	Casa de Noche Buena TH	1292 Olympia Ave Seaside, CA 93955

Docusign Envelope ID: 152BE3EC-9F75-8C62-8221-4903469C985D

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Salinas/Monterey, San Benito Counties CoC CA-506

Project Name: See Attached Project List

Location of the Project: See Attached Project List

Name of the Federal Program to which the applicant is applying:

HUD CoC NOFO FY2026

Name of Certifying Jurisdiction: City of Salinas

Certifying Official of the Jurisdiction
Name: [redacted]

Title: Mayor

Signature: Signed by: F6721E7437E946B... Date: 9/24/2026 | 11:22 AM PDT

Docusign Envelope ID: 152BE3EC-9F75-8C62-8221-4903469C985D

FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

City of Salinas

#	Agency	Project Name	Project Location / Address
1	Franciscan Workers/Dorothy's Place	House of Peace	30 Soledad St. Salinas, CA 93901
2	MidPen Housing	Moon Gate Plaza PSH	21 Soledad St. Salinas, CA 93901
3	Step Up	Salinas Rental Assistance PSH	234 Capitol St. Suite C Salinas, CA 93901

U.S. Department of Housing and Urban Development

Certification of Consistency Plan with the Consolidated Plan for the Continuum of Care Program Competition

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.).

HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

Instructions for completing the HUD-2991, Certification of Consistency with the Consolidated Plan

The following information must be completed by the Continuum of Care's designated Collaborative Applicant. If the CoC has multiple projects, it may complete a single HUD-2991 for the jurisdiction provided the Collaborative Applicant includes a list of all projects with applicant names, project names, and locations that will be submitted to HUD with the form when forwarding to the jurisdiction for signature. If there are multiple jurisdictions located within a CoC's geographic area, it must obtain a signed HUD-2991 for each jurisdiction where projects are located.

Completed by the CoC's Collaborative Applicant:

Applicant Name. Enter the name of the project applicant's organization.

Project Name. Enter the name of the project application that will be submitted to HUD in the Continuum of Care Program Competition.

Location of the Project. Enter the physical address of the project; however, if the project is designated as a domestic violence project, enter a P.O. Box or address of the main administrative office provided it is not the same address as the project.

Name of Certifying Jurisdiction. Enter the name of jurisdiction that will review the project information and certify consistency with the Consolidated Plan (e.g., City of…, County, State).

Must be completed by the certifying jurisdiction.

Certifying Official of the Jurisdiction. Enter the name of the official who will sign the form.

Title. Enter the official title of the certifying official (e.g., mayor, county judge, state official).

Signature. The certifying official is to sign the form.

Date. Enter the date the certifying official signs the form.

FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

County of Monterey

#	Agency	Project Name	Project Location / Address
1	Interim, Inc.	Sandy Shores PSH	2972-2994 Bayonet Ct. Marina, CA 93933
2	Veterans Transition Center	Lightfighter Village PSH	229 Hayes Circle Marina, CA 93933
3	Step Up	King City/South County PSH – Scattered Sites	234 Capitol St, suite C Salinas, CA 93901
4	Interim, Inc.	MCHOPE PSH	21 Soledad St. Salinas, CA 93901
5	Interim, Inc.	Shelter + Care PSH	29 Sun Street Salinas, CA 93901
6	Community Homeless Solutions	2026 DV RRH	3087 Wittenmyer Ct. Marina, CA 93933
7	Community Homeless Solutions	2026 YHDP Project	2421 Lexington Ct. Marina, CA 93933
8	Community Human Services	YHDP Street Outreach	2511 Garden Rd. Suite 1-160 Monterey, CA 93940
9	City of Soledad	Soledad YHDP SSO	248 Main St Soledad, CA 93960
10	Coalition of Homeless Services Providers	Youth Coordinated Assessment and Referral System (YCARS)	1123 Fremont Blvd. Suite D Seaside, CA 93955

11	Step Up	Monterey County Outreach	1328 Second St. Santa Monica, CA 90401
12	Sun Street	Sober Living Environments TH	284 Calle Cebu Salinas, CA 93901
13	Franciscan Workers/Dorothy's Place	Streets to Homes	30 Soledad St. Salinas, CA 93901
14	City of Soledad	Sendero TH	990 Los Coches Dr. Soledad, CA 93960
15	YWCA Monterey	HUD/CoC DV Transitional Housing	635 South Sanborn Pl. Suite 006 & 008 Salinas, CA 93901
16	Epicenter	Mutual Aid Youth Leaders Street Outreach	10 Katherine Ave. Salinas, CA 93901
17	City of Soledad	Soledad YHDP TH	248 Main St Soledad, CA 93960

FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

San Benito County

#	Agency	Project Name	Project Location / Address
1	County of San Benito	Helping Hands PSH	568 B Street #A, #B, and #C Hollister, CA 95023
2	Youth Alliance	Avenida Street Outreach	310 Fourth St. Suite 101 Hollister, CA 95023

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Community Human Services

Project Name: YHDP Transitional Housing

Location of the Project: 544 Pearl St. Monterey, CA 93940

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program

Name of Certifying Jurisdiction: City of Monterey

Certifying Official of the Jurisdiction
Name: Dante Hall

Title: City Manager

Signature: Signed by: Dante Hall 4B7B444E9C6B4FB...

Date: 9/26/2026 | 5:39 PM PDT

form **HUD-2991**

CAO RISK

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FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

City of Monterey

#	Agency	Project Name	Project Location / Address
1	Community Human Services	YHDP Transitional Housing	544 Pearl St. Monterey, CA 93940

CAO RISK

Docusign Envelope ID: 4455EECC-466D-8D89-83E9-7003ADB0DB5B

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Monterey/Salinas, San Benito Counties CoC CA-506

Project Name: See attached project list

Location of the Project: See attached project list

Name of the Federal Program to which the applicant is applying:

HUD CoC Program NOFO FY 2026

Name of Certifying Jurisdiction: County of Monterey

Certifying Official of the Jurisdiction
Name: Darby Marshall

Title: Housing Program Manager

Signature: DocuSigned by: Darby Marshall FD3F70049EC94E7... Date: 9/22/26

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FY2026 CoC NOFO
HUD-2991 Project Lists
CA-506

County of Monterey

#	Agency	Project Name	Project Location / Address
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2	Veterans Transition Center	Lightfighter Village PSH	229 Hayes Circle Marina, CA 93933
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4	Interim, Inc.	MCHOPE PSH	21 Soledad St. Salinas, CA 93901
5	Interim, Inc.	Shelter + Care PSH	29 Sun Street Salinas, CA 93901
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9	City of Soledad	Soledad YHDP SSO	248 Main St Soledad, CA 93960
10	Coalition of Homeless Services Providers	Youth Coordinated Assessment and Referral System (YCARS)	1123 Fremont Blvd. Suite D Seaside, CA 93955

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11	Step Up	Monterey County Outreach	1328 Second St. Santa Monica, CA 90401
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