

Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

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

(limit 2,500 characters)

The HHA has a strong track record in meeting the needs of underserved communities, particularly Black and Brown populations, who are overrepresented in the homeless demographic. The HHA has implemented a focused approach that incorporates strategies centered on community engagement, culturally sensitive services, collaborative partnerships, and advocacy for systemic reform. Through various outreach initiatives, the HHA targets areas with significant Black and Brown populations, organizing community events that help build relationships and trust. The Collaborative Applicant routinely hosts forums that give community members the opportunity to express their concerns and needs, which directly influences service delivery. The outreach teams work in conjunction with local organizations and municipalities to ensure that all services provided are culturally appropriate and easily accessible. The HHA employs a Housing First model, which removes obstacles that typically hinder marginalized individuals from obtaining permanent housing. Additionally, services are offered in multiple languages to better assist non-English speakers in accessing support. The HHA also facilitates legal assistance for eviction prevention and housing rights, empowering individuals to navigate their challenges more effectively. The Continuum advocates for policies addressing the root causes of homelessness, such as affordable housing initiatives and anti-discrimination laws, with an emphasis on equity. Data on homelessness within Black and Brown communities informs the HHA’s advocacy efforts. The targeted programs have resulted in substantial increases in housing stability for Black and Brown clients, many of whom have transitioned successfully into permanent housing. The partnerships established have strengthened service capacity, enabling the HHA to deliver comprehensive support tailored to the specific needs of underserved groups. Regular cultural competence training for HHA members is essential for ensuring effective service delivery. Ongoing evaluation of programs will help them adapt to the changing needs of the communities we serve. The CoC is dedicated to addressing homelessness in Black and Brown communities through a blend of engagement, culturally responsive services, and advocacy for systemic change. By fostering collaboration, we aim to create a more equitable and supportive environment for all individuals experiencing homelessness.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC’s website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC’s geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1 The Homeless and Housing Alliance (HHA), the Continuum of Care (CoC) for Palm Beach County (PBC), communicates a transparent invitation process using a variety of techniques to solicit new members, such as public postings on the HHA website. There are membership applications and an invitation for people with lived experience, businesses and organizations to join at every HHA meeting. The HHA actively seeks out engagement from leaders of established systems who have knowledge in particular facets of homelessness, particularly those who speak for underrepresented groups. By getting in touch with prospective members directly and explaining what's involved and how much time is needed, the HHA is transparent in its approach. The HHA is able to demonstrate the mutual benefits attained through collaboration and pinpoint strengths within particular fields of expertise. 2 The HHA ensures that communication with people with disabilities is just as successful as communication with people without disabilities and is in compliance with the ADA. In addition to a formal public invitation that is regularly sent to the county listserv, the HHA offers an online invitation for membership on its website. Additionally, invitations are extended at all Project Connects and open-to-the-public HHA events. Regardless of a person's physical, sensory, or cognitive limitations, all HHA messages are available in a range of digital formats, along with auxiliary support. Website documents and email attachments can both be in PDF format. Zoom is used to host virtual meetings and offers a number of closed captioning alternatives. On demand, additional accessibility alternatives, such as reading services, ASL, large print, or meeting transcripts, are available. 3 The HHA has organized a number of on-going, in-person Community Homeless Summits to facilitate dialogue with members of marginalized communities and their organizations. The HHA wants to promote intercultural communication within the framework of the homeless services system in order to maintain relationships and distribute power in relationships with culturally distinct communities in a fair and effective manner. Strategic planning, street outreach, and gap analyses are all tools the HHA uses to promote equitable representation as it works to contact, engage, and support vulnerable people.

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

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

(limit 2,500 characters)

1 The HHA solicits a broad array of stakeholders knowledgeable about homelessness. The HHA's technique for obtaining various viewpoints and ideas begins with its membership. The HHA actively recruits community members, those with lived experience, and cross-system partners. The Collaborative Applicant (CA) meets frequently with public housing authorities, local municipalities, and healthcare organizations to exchange information and devise solutions. The HHA created six committees that meet monthly to discuss innovative concepts related to ending homelessness as outlined in Leading the Way Home, PBC's plan to end homelessness. 2 All HHA meetings are public, and all meeting information is provided via email and posted on the HHA website. All meetings are open to non-members, and information about them is announced via listserv. An annual calendar of HHA meetings and trainings is distributed at the beginning of the year. HHA meeting minutes and training materials are posted in video format and PDF and sent out electronically to the listserv. 3 The HHA ensures that all can physically access meetings to provide feedback on homelessness, no matter their ability. A public summit was established to gain feedback when considering the development of new policies or changes to existing standards, and public comment is welcomed. Other opportunities include in-person public input, including the monthly HHA General Membership Meeting, which has a standing agenda item for public comment. The meetings are held virtually and in-person to accommodate differently abled persons and also include closed captioning. The HHA utilizes the following to guarantee effective communication with people with disabilities: TTY phone lines, large print materials, access to interpreter services, and electronic documents. 4 The HHA has held summits attended by individuals who are currently homeless, local municipalities, service providers, healthcare providers, public housing authorities, law enforcement agencies, DV shelters, the VA, education providers, and many other organizations. Numerous areas of concern, as well as recommendations and proposals for system reform, were revealed. There have been meetings created solely for those currently experiencing homelessness to provide feedback about specific issues. To address issues and offer solutions, this information is documented and shared with the various HHA Committees to begin working on.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1 The CA met with organizations that had not previously received CoC funding and encouraged them to apply, particularly those serving populations identified as HHA priorities. An email was sent to the entire PBC Community Services Department (CSD) listserv urging new agencies to apply. At monthly HHA meetings, prospective candidates were invited to participate in a technical assistance (TA) workshop, which included an overview of the process and a town hall-style Q&A session. Information about the CoC New Competition, including resource links for applications, was provided on the PBC CSD website and shared via the county's social media pages. All NOFOs are published in the Vendor Self-Service (VSS) system of PBC, which automatically disseminates them in the Palm Beach Post, reaching a wide audience across PBC. 2 Various methods are employed to inform new project candidates about the application submission process. A TA workshop is offered to explain the procedure, followed by a Q&A session. Detailed information on the application process is available on the HHA and CSD websites. CA staff are available to answer applicants' inquiries about the process and provide a unique email address for submitting questions. To ensure equal access to information, all queries and responses are made publicly available on the HHA website. 3 The CA staff evaluates each proposal to confirm it meets threshold requirements. During a public meeting, the Non-Conflict Grant Review Committee (NCGRC) reviews, assesses, scores, and ranks applications based on HHA priorities. Recommendations are sent to the HHA Governance Board for evaluation and approval before submission to HUD. Along with an email informing the HHA membership of the outcomes, this information is publicly accessible on the HHA and county websites. The HHA employs various techniques to ensure that everyone, including individuals with disabilities, can access information on applying for CoC funding if they had not been previously funded. Monthly HHA meetings and TA workshops are available both in person and virtually, with closed captioning provided. Additionally, to facilitate effective communication with people with disabilities, the HHA utilizes TTY phone lines, large print publications, interpretation services, and electronic documents in formats such as PDF and email.

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:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

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

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

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

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

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	No
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

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

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

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

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

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

(limit 2,500 characters)

To ensure that school-aged children and their families who are experiencing homelessness receive equal help as others without housing insecurity and may access educational programs, events, and services throughout PBC, the HHA is involved in a number of formal agreements with youth education providers, local education agencies (LEAs), and the local school district. The HHA Governance Charter specifies a reserved seat for a member of the PBC School District, which has been held by our local McKinney-Vento Liaison for the past several years. In order to share data and pertinent information on all homeless students and their families, the PBC CSD, the CA and the HHA have entered into a formal partnership. Data on students experiencing homelessness can be entered into HMIS, and local outreach staff can get in touch with the families to assess their needs, offer resources for connecting to housing and related services, and guide families through the programs. A member of the PBC School Board sits on the Board of County Commissioner appointed Homeless Advisory Board (HAB) and, together with the HHA, they have formalized the relationship between the organizations so that all systems can work collaboratively instead of individually. Both parties have benefited from the strengthened collaboration with the PBC School Board and the McKinney-Vento Liaisons. The enhanced partnership with the PBC School Board has been mutually beneficial. The HHA is strengthening and formalizing partnerships with post-secondary institutions to expand the services and resources available to young people on campus who may be facing homelessness. The HHA and the CA also collaborate closely with the homeless liaisons in the school districts to identify homeless children and families across PBC. During CE, housing service providers ensure that every family with children ages 0-7 are connected with the Early Learning Coalition and they are able to obtain quick access to services. Additionally, they make sure that every student has completed the McKinney Vento Program referral and is connected with their liaison. The HHA is constantly looking for LEAs and youth education organizations to partner to help better coordinate services for the families experiencing homelessness or at risk of homelessness. The HHA is dependent on both of these partnerships in order to end youth homelessness.

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

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

(limit 2,500 characters)

The HHA has adopted a policy and set of procedures requiring programs to inform individuals and families who become homeless of their eligibility for education services, regardless of funding. During Coordinated Entry, the HHA ensures that all programs within the continuum provides children and adults information on the availability of educational resources and refers clients through its assessment process when appropriate. In particular, agency staff serving households with school-aged children and youth are required to adhere to the following education assurances: First, they must establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the McKinney-Vento Act's education subtitle, and other laws relating to the provision of education and related services to individuals and families experiencing homelessness; and second, they must designate a staff member to make sure that kids are connected to the right community resources, including early childhood initiatives like Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services, and that they are enrolled in school. To ensure that all providers and school personnel are familiar with these procedures, CSD and the CA train school board staff on resources available throughout the CoC and how to refer families for assistance. The Mckinney-Vento Liaisons in turn educates all homeless providers about eligibility for youth and families for educational services.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

Organizations		
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
Other Organizations that Help this Population (limit 500 characters)		
4.		

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

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

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

(limit 2,500 characters)

1 The CoC-wide policies and procedures for survivors of domestic violence (DV) are currently being updated by a workgroup within the HHA Support Services Committee to include safety planning, CE access points, and the process for referrals. These policies include input from victim service providers, state DV coalitions, and state sexual assault coalitions. The main objective is to offer fair and equal access to resources and services when a person enters the homeless system based on their unique needs and preferences. The most recent HMIS standards stipulate that victim service providers are not allowed to reveal identifying information. The HHA includes system-wide coordination requirements in the standards updates every year to ensure integration with programs primarily supporting DV survivors. According to the HMIS Standards, entering protected personal data about survivors is prohibited. 2 To best meet the safety needs of DV survivors, those who have experienced dating violence, sexual assault, stalking, and trafficking, the HHA, DV service providers, and PBC Victim Services (VS) are working to develop guidelines. The HHA sponsors annual training on HHA standards, rules, and procedures as well as new HUD mandates and best practices. Trainings offered regularly each year include those on trauma-informed care, client-centered care, and DV. The HHA collaborates with experts in DV, PBC VS, law enforcement, and other fields whose organizations have incorporated some of these best practices. All HUD funded organizations and other HHA members are required to adhere to the HHA standards, regulations, and procedures, which also include safety and planning measures. This year the HHA offered trainings in Harm Reduction and Cultural Competency. The HHA is working on making training available through the HHA website and offering it throughout the year to new hires. The CA oversees all CoC and ESG-funded initiatives to guarantee that all service providers deal with DV survivors in accordance with trauma-informed standards. The two domestic violence organizations within the HHA have been available to train all service providers on how to conduct evaluations and referrals for families affected by DV as one of their top goals for the coming year. Through this training, families are less likely to experience new trauma while they get treatment.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:		
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1 Safety planning is integral to the CE system, prioritizing survivor and staff well-being. The HHA partners with VS agencies to ensure that the CE system includes the necessary protocols and includes a client-centered approach. The first step is to conduct a comprehensive assessment which evaluates vulnerability, including DV, substance use and mental health concerns, or other risks. Trained staff identify safety concerns through targeted questions. If safety concerns are identified, the next step is to create a safety plan. Safety plans are tailored to address immediate threats, connect participants with resources and provide emergency contacts in case of crisis. In the event of urgent safety situations, there are also crisis response protocols in place to address safety situations promptly. The CE system continuously monitors and evaluates the effectiveness of their safety planning protocols. The CE system prioritizes confidentiality with stringent protocols to ensure the privacy and security of client information. 2 Upon entering the CE system, survivors are informed about confidentiality policies and practices. Participants are required to provide informed consent for the collection, sharing and use of their personal information and withdrawal of consent. Access to information is restricted to authorized personnel, ensuring privacy. CE staff and partner agencies involved in CE receive training on confidentiality regulations and protocols. This training emphasizes the importance of safeguarding client information, defines what constitutes confidential data, and outlines the consequences of breaches. CE staff adheres to protocols outlined in the VAWA notification, including posting VAWA information, making it readily available to anyone who requests it and providing it to all participants. CE staff are also trained to provide disclosures to participants to maintain autonomy when providing personal information. CE staff adheres to VAWA confidentiality guidelines, including notifying applicants and participants about their rights to confidentiality under VAWA and the obligation to keep confidential any information from a victim unless the disclosure is requested or consented to by the individual in writing. Data is stored securely with encryption and password protection. For reporting, de-identified data is used to protect privacy. Regular audits and reviews ensure strict adherence to protocols, with incident response plans in place.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:		

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

** **

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

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

(limit 2,500 characters)

1 The HHA has written policies and procedures that include an emergency transfer plan, aligned with the VAWA guidelines, enabling DV survivors to request a transfer to a safer location. This information is shared during CE through written guidelines and support at intake. Our CES, trained in safety planning and emergency relocation, educates DV survivors about VAWA and transfer procedures. Case managers further discuss these transfers during housing enrollment, assisting participants with safety planning, housing choices, paperwork, and logistics. The HHA works closely with participants to offer various safe service options for DV survivors and homeless families. 2 Our CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer under VAWA through several steps. Upon program entry, participants receive written information about emergency transfers, including eligibility criteria and process details. Staff provide a copy of the VAWA Notice of Occupancy Rights, outlining protections from eviction or termination and instructions for requesting a transfer. Participants are also reminded of these rights during recertifications and significant interactions. Confidentiality is maintained throughout, ensuring that personal information is protected. 3 To request an emergency transfer, households must submit a written request to their housing provider, detailing the need for the transfer due to safety concerns related to domestic violence, dating violence, sexual assault, or stalking, as defined by VAWA. The request should include a statement affirming the household is in danger and may require supporting documentation, such as a police report, court order, or service provider statement. The HHA ensures confidentiality during the entire process, handling requests promptly to prioritize safety. 4 When a household requests an emergency transfer, our CoC takes swift action to prioritize their safety. The housing provider reviews the request, ensuring it meets VAWA criteria. If necessary, additional documentation may be requested. Once verified, the CoC facilitates a confidential and safe transfer within the current program or identifies alternative housing options. Throughout the process, personal information is securely safeguarded, ensuring confidentiality and the protection of the household's safety.

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

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

(limit 2,500 characters)

Our CoC takes a trauma-informed and safety-focused approach to ensure households fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to housing and services throughout the CoC’s geographic area. Through multiple entry points to the CES that are accessible and confidential, survivors can engage with the system through phone, virtual appointments, or in-person meetings at safe locations, such as domestic violence shelters or service providers. This ensures that survivors can safely access the support they need without exposing their location or identity. The HHA collaborates closely with DV shelters, sexual assault response agencies, and other victim service organizations to ensure survivors are connected to specialized services. These partnerships allow for immediate referrals to emergency shelters, counseling, legal assistance, and advocacy services that prioritize survivor safety. All CES staff and service providers are trained in trauma-informed care, ensuring that interactions are sensitive to the experiences of survivors. Staff also receive specialized training in safety planning to help survivors make informed choices about their housing options while prioritizing their safety and well-being. The CoC prioritizes providing emergency housing for survivors. This includes access to confidential, safe housing options such as domestic violence shelters and hotels, which can be used as temporary safe havens while longer-term housing is arranged. Survivors are also prioritized for rapid rehousing and permanent supportive housing programs. In compliance with VAWA, survivors are informed of their rights to request emergency transfers if they are in danger in their current housing. This ensures that survivors can move to safer housing within the CoC without the fear of losing housing support. The CoC prioritizes confidentiality throughout the CE process. Survivors’ personal information is safeguarded, and their participation in the system does not jeopardize their safety. Data about survivors is stored securely, and only authorized personnel have access to it, with de-identified data used for reporting when necessary. By integrating these measures, our CoC ensures that households experiencing trauma or a lack of safety can safely access housing and services, receive ongoing support, and be connected to resources that protect their confidentiality and security.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

1 The HHA employs a multifaceted strategy to ensure that survivors of domestic violence, dating violence, sexual assault, and stalking receive safe housing and services by identifying and addressing specific barriers they face. Many survivors fear retaliation from their abuser, which can hinder their access to housing. To counter this, the CoC prioritizes creating a safe and confidential environment where survivors feel supported. Recognizing that survivors often lack information about available resources, the CoC disseminates accessible information through community outreach and other channels to empower them. Financial instability can limit survivors' housing options, so the HHA provides financial assistance programs and literacy workshops to help them achieve independence. Additionally, survivors may encounter legal issues or lack documentation, prompting the CoC to partner with legal aid organizations to offer essential support and guidance. Transportation can also pose challenges, especially in rural areas, leading the HHA to collaborate with local transit services to provide vouchers and arrange rides for survivors. 2 To further remove barriers, the CoC implements a coordinated approach that includes creating discreet service locations and training staff to ensure confidentiality, educating the community through outreach and workshops that raise awareness about available resources, providing emergency financial assistance and financial literacy programs, and helping survivors navigate housing applications and gather necessary documentation. The CoC also emphasizes training staff in trauma-informed care and crisis intervention while conducting regular assessments and seeking survivor feedback to enhance services. Additionally, it advocates for systemic change through public awareness campaigns and legislative efforts, fostering strong community partnerships to create a collaborative support network. By implementing these targeted strategies, the CoC effectively ensures that survivors have safe access to housing and support, empowering them to rebuild their lives with dignity.

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

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

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

Describe in the field below:

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

3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1 The HHA maintains ongoing collaboration with LGBTQ+ organizations to update their anti-discrimination policy. They prioritize regular dialogue to ensure housing and services are trauma-informed and inclusive. This collaboration informs policy adjustments that promote safety and respect for LGBTQ+ individuals and families, fostering a supportive environment within the HHA. The HHA actively supports housing and service providers in developing project-level anti-discrimination policies aligned with our CoC-wide policy. The HHA Race and Equity Committee analyzes all updates to ensure an equity lens has been incorporated. 2 The CA provides guidance, resources, and training to ensure consistency. By fostering a collaborative approach, help is available so providers can create inclusive policies that uphold the HHA's commitment to non-discrimination, making sure all individuals and families are treated with respect and fairness. 3 The HHA employs a rigorous compliance evaluation process. They conduct regular reviews, audits, and assessments of housing and service providers to ensure adherence to the anti-discrimination policies. This includes site visits, data analysis, and feedback mechanisms. The CA conducts annual monitoring where reviews of reports, and evaluations of grievance complaint rulings, can verify compliance with fair housing and non-discrimination regulations. Non-compliance issues are addressed through corrective actions and continuous monitoring to guarantee that all policies are consistently followed. 4 The HHA has a structured process for addressing noncompliance with anti-discrimination policies. It begins with documented reports or observations of noncompliance. An investigation is conducted, and corrective actions are outlined. Providers are given an opportunity to rectify issues, and if noncompliance persists, sanctions may be imposed, including funding adjustments or termination of participation. Continuous monitoring ensures long-term compliance. Technical assistance will be provided to all agencies that are found to be noncompliant. The CA may also mediate grievances with all parties until a resolution is reached.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
West Palm Beach Public Housing Authority	20%	Yes-Both	No

Palm Beach County Public Housing Authority	22%	Yes-Both	No
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1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

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

(limit 2,500 characters)

PBC has six Public Housing Authorities (PHA), with the two largest being West Palm Beach (WPBPHA) and PBC PHA totaling 6,500 units. The HHA collaborates with all PHAs, particularly the largest two. Since the approval of the PBC Ten Year Plan to End Homelessness in 2008, HHA has been working with each PHA to incorporate a Homeless Preference into their charters and policies. After several meetings, WPBPHA has successfully added a Homeless Preference to its policies. In 2020, WPBPHA, HHA, and PBCPHA partnered to begin construction on 17 housing units for homeless families with children under 18. WPBPHA also acted as a housing developer and secured funding from PBC's sales tax proceeds dedicated to homelessness. HHA will oversee the project, PBC will provide the land and funding, and WPBPHA will manage and develop the housing. This project is the first of its kind in PBC and serves as a model for very low-income multifamily housing with a small urban footprint. The partnership with PBC PHA continues to yield positive outcomes. Future projects include adding mainstream vouchers for HHA, securing Emergency Housing Vouchers (EHV) for the homeless, collaborating with other housing authorities like Pahokee PHA, and involving PHAs in real estate development decisions. PBC PHA also has representation on the HHA and a seat at the development table, appointed by the Board of County Commissioners. By taking these steps in collaboration with the two largest PHAs within our geographic area, we have successfully adopted a homeless admission preference that enhances access to housing for individuals experiencing homelessness. This proactive approach aligns with the HHA's commitment to addressing homelessness and ensuring housing opportunities for those in need.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes

	Other (limit 150 characters)	
5.		

	1C-7c. Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section V.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

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

	1C-7d. Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream, EHV, Non-disabled, elderly family reunification

	1C-7e. Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	21
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	21
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
 Describe in the field below:

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

(limit 2,500 characters)

1 The HHA implements Housing First strategies across its homeless services, operating low-barrier shelters and regularly assessing procedures to eliminate obstacles to access. Daily meetings and case conferencing with housing providers prioritize placements based on acuity lists, the primary tool for housing eligibility. 2 The HHA emphasizes permanent housing as the main goal, allowing participants to receive housing without engaging in services or meeting preconditions. It prioritizes individualized wrap-around services that focus on client choice and autonomy. The CA evaluates adherence to Housing First practices through ongoing program monitoring, utilizing objective measures to assess the application of these principles. Accessibility is not contingent on sobriety, income, or criminal history, except when mandated by state regulations, ensuring equitable access for all participants. Evaluation criteria for rapid placement and stabilization include necessary housing supports, absence of entry preconditions, average time to housing initiation, and successful transitions to permanent housing. 3 The HHA regularly evaluates projects for alignment with Housing First principles using a new monitoring tool that reviews CE assessments, referral determinations, enrollment policies, and case notes. An annual administrative review is conducted for all projects funded by the CoC and Emergency Solutions Grant (ESG) programs. When concerns arise, the CA issues written reports to the relevant agencies, offering guidance for necessary corrections. This approach helps identify barriers while providing technical assistance to ensure compliance with Housing First principles. 4 To improve fidelity to Housing First, the HHA has implemented comprehensive staff training focused on Housing First principles and trauma-informed care. The CoC has developed individualized service plans that cater to each participant's unique needs while ensuring flexible support options. The HHA has implemented data-driven practices to track progress and outcomes effectively, fostering accountability and continuous improvement. The HHA has enhanced access to supportive resources, including mental health and substance use services, and promoted community collaboration to build a network of resources. Finally, the HHA has conducted regular evaluations to assess program effectiveness and adapt strategies as needed to ensure alignment with Housing First principles.

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

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

(limit 2,500 characters)

The HHE has implemented a tailored street outreach program called the Homeless Outreach Team (HOT) to effectively engage individuals experiencing homelessness who are least likely to request assistance, recognizing that barriers such as fear, mistrust, and past negative experiences often hinder access to traditional services. The HOT team prioritizes building trusting relationships, employing trauma-informed care and active listening to approach individuals with empathy and understanding. This consistent engagement helps create rapport over time, encouraging individuals to consider available services. The team utilizes data to identify hotspots with high concentrations of unsheltered individuals, regularly visiting these areas and collaborating with local organizations to better understand the population's needs. The HOT team provide customized resources, including food, clothing, hygiene kits, and information on mental health support and addiction recovery programs, thereby meeting basic needs and increasing the likelihood of individuals seeking further assistance. The HOT team uses a non-coercive approach with an emphasis on providing information about options while allowing individuals to make informed choices, fostering autonomy for those who may feel disenfranchised. The HOT team maintains strong partnerships with local shelters, healthcare providers, and mental health services to facilitate seamless connections for individuals ready to seek assistance, enabling on-the-spot referrals. Continuous evaluation through surveys and feedback allows the HOT team to adapt their strategies to the changing needs of the population. Their tailored outreach efforts also focus on vulnerable groups, including LGBTQ+ individuals, mentally ill youth, and families, and new outreach teams composed of peer specialists target those most resistant to engagement. Additionally, the HOT team is equipped to serve individuals with limited English proficiency, as team members are proficient in multiple languages. They ensure effective communication for persons with disabilities by providing materials in large print, Braille, and other accessible formats, allowing them to engage individuals facing various challenges effectively. Through these comprehensive outreach strategies, the HHA successfully connects individuals experiencing homelessness with the resources they need to begin their journey toward stability and housing.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes

4.	Other:(limit 500 characters)		
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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	635	582

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

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

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

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and |
| 2. | promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1 The HHA collaborates with various healthcare organizations, hospitals, crisis stabilization units, and treatment facilities throughout the county. The HHA facilitates connections between housing providers and healthcare organizations to assist participants in accessing primary care, substance abuse treatment, and mental health services. Furthermore, the HHA works in coordination with the PBC Health Department to provide current resources and information. Individuals experiencing homelessness and those in homeless prevention programs are encouraged to apply for Medicaid and the PBC Health Care District, which delivers comprehensive medical, dental, primary, and preventive healthcare services to homeless individuals and families in PBC. The HHA Healthcare Pillar is actively engaged in enhancing coordination with healthcare entities. 2 The HHA actively promotes the attainment of SOAR (SSI/SSDI Outreach, Access, and Recovery) certification during annual training initiatives. It leverages the expertise of SOAR-certified staff members who participate in HHA meetings. Furthermore, SSI/SSDI outreach efforts are ongoing and conducted by agencies that are crucial partners and members of the HHA. Facilitating access to SSI/SSDI benefits is a core strategy aimed at reducing barriers for program participants. The HHA provides information about SOAR training opportunities to its members. Completion of SOAR training is one of the factors considered when rating applications for CoC Program funding. Renewal applications are evaluated based on performance in increasing participants' income.

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

(limit 2,500 characters)

1 The CoC collaborates closely with state and local public health agencies to develop policies and procedures that prevent infectious disease outbreaks among people experiencing homelessness. Through ongoing coordination, our strategies are aligned with public health guidelines, focusing on prevention, education, and resource distribution. Together, we implement infection control measures in shelters, including hygiene promotion, enhanced sanitation, and the provision of personal protective equipment (PPE). 2 The CoC also works with health agencies to offer regular health screenings, vaccinations, and preventive care, particularly targeting high-risk individuals. Joint training ensures staff are equipped with infection prevention and response skills. Additionally, we share data with health departments to track emerging risks and update protocols as needed. These strong partnerships allow the CoC to take a proactive, comprehensive approach to protecting the homeless population from infectious diseases.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1 The HHA effectively equipped homeless service providers with information to prevent infectious diseases, offering training to both providers and program participants. Throughout the COVID-19 pandemic, there was improved communication and coordination among the HHA, public health authorities, HOT team staff, County Administration, and the CA. The shared information remained consistent and followed best practices, covering topics such as social distancing, testing and vaccination resources, and the proper use of personal protective equipment (PPE). This information dissemination occurred regularly during monthly HHA meetings, through email alerts, and via television broadcasts. County Administration and public health officials provided daily reports on the pandemic, continually monitoring new local and national developments. These reports also included details about safety precautions and measures to prevent infectious diseases. This information was widely circulated within the HHA through various channels. 2 The CoC collaborates closely with state and local public health agencies to develop policies and procedures that prevent infectious disease outbreaks among people experiencing homelessness. Through ongoing coordination, strategies are aligned with public health guidelines, focusing on prevention, education, and resource distribution. Together, infection control measures are implemented in shelters, including hygiene promotion, enhanced sanitation, and the provision of personal protective equipment (PPE). The HHA also works with health agencies to offer regular health screenings, vaccinations, and preventive care, particularly targeting high-risk individuals. Joint training ensures staff are equipped with infection prevention and response skills. Additionally, data is shared with health departments to track emerging risks and update protocols as needed. These strong partnerships allow the HHA to take a proactive, comprehensive approach to protecting the homeless population from infectious diseases.

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

(limit 2,500 characters)

1 The HHA’s CES ensures comprehensive service coverage for individuals, families, and youth experiencing or at risk of homelessness across 39 municipalities and unincorporated areas within the CoC. The CES prioritizes the most vulnerable populations by facilitating quick access to low-barrier housing solutions, aimed at minimizing the duration of homelessness. Outreach teams, including the HOT team and other local partners, cover the entire county to reach those not seeking assistance. These teams engage in street outreach to identify individuals in unsuitable living conditions, connecting them to services. The CA oversees these efforts, ensuring coordinated service delivery and efficient referrals, so that individuals receive timely support and access to housing, regardless of their location. 2 To prioritize assistance for those with the greatest needs, HHA uses standardized tools such as the VI-SPDAT, VI-F-SPDAT, and TAY VI-SPDAT to conduct vulnerability assessments. The highest-priority individuals are discussed in case conferences held multiple times each week. Annual SPDAT training is provided to housing providers and CE staff to ensure a comprehensive understanding of the assessment process. While participants have the autonomy to decide which information to share, incomplete answers may affect their prioritization for services. Intake staff are trained in best practices and HMIS data entry before conducting assessments. Once an individual’s preferences and needs are assessed, they are referred to suitable housing programs. 3 The CES collects personal information in a trauma-informed manner that emphasizes privacy, safety, and respect. Staff trained in trauma-informed care ask only essential questions and are sensitive to individuals’ experiences. Information is collected in private settings to maintain confidentiality, and individuals are given control over what information they provide. Consent is obtained at every step, and participants are informed of how their data will be used, fostering trust and empowerment. 4 The CES process undergoes annual updates based on feedback from both service providers and participants. Continuous improvement is achieved through routine evaluations conducted by the HHA. Any recommended changes are presented to the HHA Governance Board, which includes individuals with lived experiences, for approval. The ultimate goal is to refine the CES continuously, eliminating barriers and promoting equity for all participants.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	

(limit 2,500 characters)

1 The HHA’s CES ensures comprehensive service coverage for individuals, families, and youth experiencing or at risk of homelessness across 39 municipalities and unincorporated areas within the CoC. The CES prioritizes the most vulnerable populations by facilitating quick access to low-barrier housing solutions, aimed at minimizing the duration of homelessness. Outreach teams, including the HOT team and other local partners, cover the entire county to reach those not seeking assistance. These teams engage in street outreach to identify individuals in unsuitable living conditions, connecting them to services. The CA oversees these efforts, ensuring coordinated service delivery and efficient referrals, so that individuals receive timely support and access to housing, regardless of their location. 2 To prioritize assistance for those with the greatest needs, HHA uses standardized tools such as the VI-SPDAT, VI-F-SPDAT, and TAY VI-SPDAT to conduct vulnerability assessments. The highest-priority individuals are discussed in case conferences held multiple times each week. Annual SPDAT training is provided to housing providers and CE staff to ensure a comprehensive understanding of the assessment process. While participants have the autonomy to decide which information to share, incomplete answers may affect their prioritization for services. Intake staff are trained in best practices and HMIS data entry before conducting assessments. Once an individual's preferences and needs are assessed, they are referred to suitable housing programs. 3 The CES collects personal information in a trauma-informed manner that emphasizes privacy, safety, and respect. Staff trained in trauma-informed care ask only essential questions and are sensitive to individuals’ experiences. Information is collected in private settings to maintain confidentiality, and individuals are given control over what information they provide. Consent is obtained at every step, and participants are informed of how their data will be used, fostering trust and empowerment. 4 The CES process undergoes annual updates based on feedback from both service providers and participants. Continuous improvement is achieved through routine evaluations conducted by the HHA. Any recommended changes are presented to the HHA Governance Board, which includes individuals with lived experiences, for approval. The ultimate goal is to refine the CES continuously, eliminating barriers and promoting equity for all participants.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1 The HHA ensures that program participants are well-informed about their rights and the remedies available to them under federal, state, and local fair housing and civil rights laws through the standards that have been put in place through the CES. Housing and supportive services are marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability. The HHA notifies all participants of their fair housing and civil rights during the intake process and ongoing case management services. Various distributed material also clearly outline the fair housing and civil rights laws and protections afforded to program participants. Information about local legal resources, fair housing organizations, and legal aid services that can assist program participants if they believe their rights have been violated is also advertised in all program-related material. 2 The HHA ensures that program policies contains a section explicitly addressing fair housing and civil rights. This section details the rights of participants, the responsibilities of the program, and the procedures for addressing any fair housing or civil rights concerns. Non-Discrimination statements are prominently displayed in prominently in Emergency Shelters, offices, and on program-related documents. The statements explicitly state the commitment to adhering to fair housing and civil rights laws. 3 Information about local legal resources, fair housing organizations, and legal aid services that can assist program participants if they believe their rights have been violated are available in addition to contact information and resources for legal assistance in multiple languages. The CE staff maintain thorough documentation of any concerns related to fair housing violations, discrimination, or actions that impede fair housing choice. This documentation should include details such as dates, times, locations, individuals involved, and a description of the incident. There is also an anonymous reporting mechanism in place to encourage individuals experiencing discrimination or fair housing violations to come forward without fear of retaliation. This can be done through dedicated email addresses and phone lines. Fair housing concerns are to be reported promptly to the jurisdictions responsible for certifying consistency with the Consolidated Plan, this ensures timely intervention and resolution for participants.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	05/20/2022

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

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
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2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.
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(limit 2,500 characters)

1 The HHA uses a combination of HMIS data, Point-in-Time (PIT) count, Housing Inventory Count (HIC), and Annual Performance Report (APR) data to analyze racial disparities in the provision and outcomes of CoC Program-funded homeless assistance. Demographic data is reviewed, including race and ethnicity, at various points in the service process—such as intake, service provision, housing placements, and outcomes—to identify any discrepancies. Additionally, data from Coordinated Entry (CE) and vulnerability assessments (e.g., VI-SPDAT) are examined to ensure equitable prioritization of individuals for housing services. Racial demographics is compared of those accessing services with the overall population experiencing homelessness, as well as the general community, to identify over- or under-representation of racial groups. The CoC conducts regular equity assessments and uses feedback from focus groups and lived-experience participants to further understand disparities and improve service delivery. By consistently analyzing this data, any racial inequities are addressed and policies are adjusted to ensure fair access to resources and outcomes. 2 To determine whether racial disparities were present, we conducted several key analyses. First, a demographic analysis compared the racial composition of people receiving services with the general and homeless populations to identify over- or under-representation. In the outcome analysis, we reviewed disparities in outcomes such as housing placement speed, retention rates, and exits to permanent housing, disaggregating data by race and ethnicity to uncover patterns of inequity. Equity in prioritization was assessed by analyzing vulnerability scores among racial groups, ensuring that assessment tools were not biased and that housing prioritization was fair. Additionally, qualitative feedback from participants with lived experience contextualized the data, revealing any discrimination or barriers to access that might contribute to disparities. This comprehensive analysis informed our efforts to address gaps in equity, leading to changes in policy, training, and outreach to better serve all racial and ethnic groups within the CoC.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes

6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

The HHA has a comprehensive plan to continuously evaluate system-level processes, policies, and procedures to ensure racial equity across all programs. This plan focuses on ongoing data monitoring, analysis, and community engagement to identify and address disparities. The CoC regularly collects and disaggregates data by race and ethnicity across coordinated entry, service provision, housing placements, and outcomes, tracking patterns in service access, housing placements, and retention. This data analysis identifies disparities and ensures equitable access for all racial and ethnic groups. Annual racial equity audits evaluate the system's effectiveness in serving different groups, highlighting barriers in service delivery, such as assessment tools and referrals. Results are shared with CoC leadership and stakeholders for transparency and accountability. The CoC engages individuals with lived experience of homelessness and representatives from marginalized communities through focus groups, surveys, and advisory committees. Their feedback provides qualitative insights, complementing the data to better understand challenges faced by people of color. Ongoing racial equity training for staff and partners focuses on implicit bias, cultural competency, and anti-racist practices. This ensures staff deliver services equitably and recognize biases that may impact decision-making. Bi-annual reviews of CoC policies and procedures through a racial equity lens evaluate assessment tools and prioritization processes to prevent any disadvantage to racial or ethnic groups. When disparities are found, policies are revised to correct systemic inequities. The HHA's Race and Equity Pillar collaborates with local racial justice organizations, public health agencies, and community leaders to align strategies with broader community efforts. These partnerships help the CoC stay informed on best practices and trends in promoting equity and inclusion. Progress on racial equity initiatives is reported monthly to the CoC Governance Board and made publicly available. Key metrics, such as disparities in service access and housing placements, guide improvements and ensure accountability. Through these strategies, the CoC remains committed to improving racial equity in service delivery, ensuring fair access to assistance and housing for all racial and ethnic groups.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
	1. the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1 The HHA and CA employ various measures to track progress in preventing racial disparities in homeless assistance. They actively seek feedback from individuals with firsthand experience of homelessness and service providers, which is essential for identifying discrepancies and potential discriminatory practices. To prioritize serving culturally specific communities, the HHA's Race and Equity Committee incorporates insights from neighborhood advocates and individuals with lived experience into decision-making. Analyzing local housing-related program data helps pinpoint instances of racial inequalities, enabling the HHA to develop targeted strategies to mitigate inequities across the CoC. The Race and Equity Pillar ensures a racial equity lens is applied throughout homeless systems, involving individuals of color in planning and employing culturally sensitive service delivery approaches. Continuous evaluation of programs for racial disparities informs action plans aimed at reducing bias, with data collection guidelines adapted for diverse client populations. Through these integrated measures, the HHA and CA are committed to monitoring and addressing racial disparities in homeless assistance, fostering a more equitable system for all.

2 The HHA employs a range of tools to monitor progress in preventing and eliminating racial disparities in homeless assistance. Key strategies include robust data collection and analysis. The HHA gathers demographic information, service utilization data, and outcome data for individuals and families experiencing homelessness, primarily through the Homeless Management Information System (HMIS). This data is analyzed to uncover patterns and trends related to disparities. To evaluate the effectiveness of homeless assistance programs, the HHA utilizes System Performance Measures (SPMs). These metrics assess the overall performance of the homeless service system, helping to identify areas where disparities may exist. Additionally, the HHA employs specialized racial equity analysis tools designed to assess disparities related to race and ethnicity. These tools examine the impact of homelessness assistance programs on various racial and ethnic groups, highlighting areas that may require targeted interventions. By integrating these tools and strategies, the HHA is committed to effectively tracking and addressing racial disparities in the provision and outcomes of homeless assistance.

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

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

(limit 2,500 characters)

The HHA is committed to ensuring that individuals who are currently or have previously experienced homelessness are actively involved in its operations. Each year, the HHA actively seeks new members by inviting representation from various groups with expertise in different aspects of homelessness. To reach out to potential members with lived experiences, the HHA employs various channels, including social media, community outreach, workgroups, existing members, and partnerships. The CA and HHA prioritize creating a secure, transparent, and welcoming environment to engage these potential members. Particular attention is given to underrepresented groups, including individuals working with children, survivors of domestic and sexual abuse, and racial and ethnic minorities. Outreach staff directly engage with unsheltered homeless individuals to encourage their participation in HHA meetings, Board of County Commission meetings, or focus groups. The HHA Governance Board is led by a previously homeless individual, and it reserves five seats for individuals with lived experiences, including three for youth and young adults. In 2019, a Youth Action Board (YAB) was established, comprising young people who have experienced homelessness, contributing their insights to develop a comprehensive care system for adolescents and young adults aged 18 to 24. The HHA's approach to gathering and considering diverse perspectives and ideas begins with its membership. Community members, individuals with lived experiences, and agencies from various sectors are invited to participate in HHA deliberations and decision-making processes. This inclusive approach is evident in events like the HHA's Community Homeless Summit, where over 60% of attendees this year were either currently or previously homeless. In an effort to promote professional development opportunities, one of the largest homeless service providers prioritizes hiring individuals with lived experiences. The HHA highly values the contributions of those with lived experiences and actively encourages their participation in meetings and workgroups to discuss community needs, assess existing plans, contribute to future service plans, and directly engage with service providers, donors, and government organizations. The HHA recognizes the immense value of these perspectives in delivering high-quality services and ultimately achieving the goal of ending homelessness.

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

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	6	27
2.	Participate on CoC committees, subcommittees, or workgroups.	6	4
3.	Included in the development or revision of your CoC's local competition rating factors.	14	4
4.	Included in the development or revision of your CoC's coordinated entry process.	14	4

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

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

(limit 2,500 characters)

The HHA continually explores innovative ways to provide individuals with lived experience access to professional growth and employment prospects. Among the strategies used is the inclusion of membership organizations with social enterprise businesses, which offer an employment approach leveraging the strengths of the open market. This strategy allows employees to gain valuable real-world work experiences in a supportive workplace environment. Participating in such a supportive workplace can be instrumental in developing the skills necessary for individuals who may not yet be prepared for private sector employment or face barriers to securing jobs due to factors like prior criminal history. Moreover, it affords prospective employees the opportunity to establish a consistent work history, obtain supervisor reviews, and secure references. Employment is not only crucial for leading a healthy and fulfilling life but also vital for the overall economy. Many job seekers experiencing homelessness in our community encounter significant challenges when seeking employment in the private sector. These barriers may include a history of substance misuse, homelessness, a criminal record, disabilities, or mental health issues. For participants in homeless assistance programs, finding meaningful employment can be the final elusive hurdle to overcome on their journey to achieving independence and self-sufficiency.

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

Describe in the field below:

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

(limit 2,500 characters)

1 The HHA gathers input from individuals experiencing homelessness through focus groups, exit interviews, and surveys, ensuring clients feel empowered and included in decision-making. This feedback enhances understanding of effective supports and areas for improvement. Additionally, the HHA analyzes this data to explore correlations between experiences and factors like race, gender, and ethnicity, shedding light on how its work impacts the individuals served. 2 The CoC gathers feedback from individuals experiencing homelessness on a regular basis, typically through quarterly focus groups or surveys. These methods ensure continuous engagement and allow for timely insights into the needs and experiences of this population. Additionally, the HHA conducts outreach events to capture real-time input, especially during program changes or new service implementations. 3 Both CoC and ESG-funded agencies are required to conduct exit interviews and adapt program policies and practices. The CA evaluates these efforts during annual monitoring, with a crucial component being interviews with program participants. The insights gleaned from these interviews are incorporated to drive systemic changes within the HHA's standards. 4 The CoC gathers feedback from individuals who have received assistance through the CoC Program or ESG Program at least bi-annually. This feedback is collected through surveys, focus groups, and interviews to ensure diverse perspectives are captured. This regular feedback helps the CoC evaluate the effectiveness of its programs and make necessary adjustments to better meet the needs of those it serves. 5 Additionally, the HHA proactively addresses challenges raised by individuals with lived experience of homelessness. The CA is presently collaborating with a workgroup consisting of individuals who have lived experience to gather feedback on improving processes, making them more inclusive and accessible. This group serves as a platform for ongoing feedback and continues to address challenges identified by those with firsthand experience. The CA envisions this group evolving into a permanent committee capable of making recommendations based on their personal experiences. This commitment to involving individuals with lived experience underscores the HHA's dedication to creating effective and inclusive programs and policies

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

(limit 2,500 characters)

Improving access to affordable permanent housing for those experiencing homelessness is one of the HHA's main objectives. The housing supply has expanded, with new units anticipated to open this year, thanks to joint applications and collaborations with regional municipalities and public housing agencies. In the most recent Action Plan for PBC, the goal is for 589 units to be constructed. The CA collaborates with housing providers, both public and private, as well as with developers, to encourage the creation and accessibility of affordable housing units. The HHA participates in the Affordable Housing Collaborative and the Housing Leadership Council. They have attended zoning meetings and met with both elected and unelected officials. The HHA General Membership is updated regularly. Leading the Way Home, PBC's strategy to end the cycle of homelessness, also outlines several tactics for securing a supply of accessible and affordable homes. The HHA launched a SMART Landlord Campaign to foster better communication with landlords. Additionally, the HHA works closely with various Housing Authorities to coordinate housing services. PBC will keep utilizing HOME and SHIP money to construct affordable housing. The HHA Engagement and Advocacy Committee has led several letter-writing efforts to our elected officials. Finally, PBC passed a vote on an infrastructure sales tax to increase the funds available to construct more affordable housing. The County has improved the process of identifying barriers and work with housing developers who are obtaining tax credits. In addition to leveraging funding commitments, the HHA has been exploring innovative approaches such as tiny homes, container homes, and hotel-to-housing conversion. The CA collaborates with various housing providers, community organizations, and county departments to update and develop county regulations that obstruct the availability of affordable housing. The creation of affordable housing is hampered by out-of-date zoning laws and other regional rules. The HHA is investigating affordable housing that is currently prohibited and is subordinate to the primary residence, including accessory dwelling units and different housing types.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/11/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/11/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	177
2.	How many renewal projects did your CoC submit?	19
3.	What renewal project type did most applicants use?	PH-PSH

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

(limit 2,500 characters)

1The HHA examines data from each renewal project that successfully placed program participants in permanent housing. The Renewal Scoring Tool evaluates the effectiveness of each project by utilizing data from HMIS and APR records for the most recent fiscal year. This tool is employed by the Non-Conflict Grant (NCG) Review Panelists to assign scores to renewal projects. These metrics encompassed factors such as the duration between the project's initiation and the date of housing placement, transitions to permanent housing, instances of returning to homelessness, increased income for participants who remained in the program, augmented non-employment income for program stayers, and enhanced income for those who left the program, along with amplified non-employment income for program leavers. 2 The HHA's tool for rating renewal projects scrutinizes the time taken by each project to secure permanent housing for program participants. The rating criteria predominantly hinge on the average duration between a project

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process. NOFO Section V.B.2.e.	
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Describe in the field below:

1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

1 The HHA utilizes input from individuals of diverse racial and ethnic backgrounds, especially those who are over-represented in the local homelessness population, to inform the rating factors employed for reviewing project applications. This input is integrated into the process through various channels within the Race and Equity Pillar. The HHA ensures that decision-making bodies, such as the rating committees, have diverse representation, including members from over-represented racial and ethnic backgrounds. This diversity ensures that rating factors are developed with a comprehensive understanding of the unique challenges and needs faced by these communities.

2 The HHA is committed to ensuring that the HHA reflects the racial, ethnic, and overall demographic composition of the community, particularly those who are disproportionately represented among the homeless population. The HHA also endeavors to establish a Non-Conflict Grant (NCG) Review Panel that is diverse and mirrors the demographics of the indiv

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

Describe in the field below:

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

(limit 2,500 characters)

1 Last year, the HHA Governance Board voted in favor of a new reallocation process. This process outlines several criteria for reallocation, including low performance based on the Scoring and Ranking Tool, failure to meet threshold criteria, outstanding obligations to HUD, overdue or unsatisfactory responses to audit findings, a history of inadequate financial management practices, evidence of untimely expenditures on prior awards, noncompliance with HUD or HHA policies, significant capacity issues affecting project operation, serving ineligible individuals, spending on ineligible costs, or failing to meet established expenditure timelines. Additionally, projects must consistently meet performance measures, score well in the evaluation process, provide required documentation, and may voluntarily request reallocation. Applications for reallocation must adhere to set deadlines. A member of the NCG Review Panel can recommend project reallocation after assessing whether low performance stems from administrative o

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

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

You must select a response for element 1 and element 2 – if you select Yes, you must enter a date in element 4 in question 1E-5.

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/28/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

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

(limit 2,500 characters)

1 Our DV housing and service providers are using an HMIS-comparable database. AVDA and YWCA are a part of our CoC and track their programs in a comparable database. DV service providers are active members of our CoC meetings to ensure they are aware of changes in our CoC. Our DV housing and service providers submit de-identified aggregated system data to the HMIS lead yearly to ensure that our DV providers are included in our System Performance Measures data. Our HMIS lead provides the DV service providers the HMIS lead with a spreadsheet to complete and submit their data HIC data. This data is monitored quarterly to ensure data quality. Our CoC's HMIS is compliant with the FY2024 HMIS Data Standards. 2 Yes, our DV service providers are utilizing a comparable database compliant with the FY2024 HMIS Data Standards.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	409	102	511	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	135	21	156	100.00%
4. Rapid Re-Housing (RRH) beds	582	0	582	100.00%
5. Permanent Supportive Housing (PSH) beds	1,053	0	1,053	100.00%
6. Other Permanent Housing (OPH) beds	119	0	119	100.00%

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

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

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

(limit 2,500 characters)

1 N/A - Bed coverage is over 84.99%. 2 N/A - Bed Coverage is over 84.99%

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

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

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

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

(limit 2,500 characters)

1 In the most recent PIT count, the CoC engaged youth-serving organizations to better capture youth homelessness. The CoC partnered with shelters, drop-in centers, and outreach programs to identify locations where youth are likely to be found. Youth with lived experience helped shape surveys and served as peer navigators to build trust. Innovative outreach, including social media and visits to parks, malls, and transit hubs, reached less visible youth. Volunteers were trained in trauma-informed care, and multiple survey methods were used. Ongoing partnerships ensure follow-up with youth for services and resources. 2 The HHA works closely with youth-serving organizations to identify locations where unaccompanied homeless youth were most likely to be found. They partnered with outreach teams to map “hot spots” where youth gather, including parks and public spaces. Input from formerly homeless youth, along with data from these agencies, helped prioritize locations. The CoC had youth-serving agencies train volunt

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

(limit 2,500 characters)

Non-Applicable. The CoC did not have any changes.

2C. System Performance

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

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

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

(limit 2,500 characters)

1. After COVID, the HHA had a significant increase in clients experiencing homelessness for the first time. This was initially identified in the 2024 PIT Count data. The CoC is increasing homeless prevention services and funding to prevent individuals and families from experiencing first-time homelessness. 2 The CoC employs several strategies to address individuals and families at risk of homelessness. These include providing rental assistance, eviction prevention programs, and connecting people to rapid rehousing services. The CoC works with local service providers to offer financial literacy training, employment support, and case management to help stabilize housing situations. Additionally, partnerships with legal aid organizations assist families facing eviction, while crisis intervention services address mental health, substance abuse, and domestic violence. Early identification through coordinated entry ensures timely support for those at imminent risk of becoming homeless. If funding is increased to assist with homeless prevention this could decrease individuals and families entering homelessness for the first time 3 The organization responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time is HHA Governance Board and the Director of PBC Division of Human Services and Community Action for the CA.

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

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

	1. natural disasters?	No
	2. having recently arrived in your CoC's geographic area?	No

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

In the field below:

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

(limit 2,500 characters)

1 The HHA's strategy to increase the rate of individuals and families in emergency shelters, safe havens, transitional housing, and rapid rehousing exiting to permanent housing destinations involves several key components. First, the CoC has established a standard requiring all homeless housing projects to provide access to case management services delivered by trained staff. Each individual or family undergoes a standardized assessment, regardless of whether they enter through a DV shelter or CES. This assessment evaluates their housing challenges and homelessness history, ensuring consistency across all entry points. The Housing First mandate is applied throughout case management, emphasizing the development and execution of a housing plan as a priority. To track progress, the duration of homelessness is monitored through HMIS, which records the client's start date of homelessness and their entry into a homeless housing project. This data informs housing referrals during case conferencing, with priority given to households experiencing homelessness for the longest time. In terms of retention and exit rates from permanent housing, the CoC ensures ongoing case management and supportive services for individuals and families residing in permanent housing projects. This includes regular monitoring of housing stability, connecting clients to necessary resources such as rental assistance, employment services, and health care, and addressing crises that might jeopardize housing retention. The CoC also works closely with landlords and service providers to mediate potential housing challenges, reducing evictions and ensuring that families exit to stable permanent housing when necessary. 2 The HHA prioritizes homeless households on the By Name List (BNL) based on a combination of vulnerability and the likelihood of resolving their homelessness independently. Vulnerability considers the potential harm due to prolonged homelessness, while self-resolution likelihood is assessed based on housing barriers. Households with higher vulnerability or more significant barriers are referred to rapid rehousing or permanent supportive housing based on their priority ranking. The oversight of HHA's strategy to reduce the length of time individuals 3 Th oversight of HHA's strategy to reduce the length of time individuals and families remain homeless is the responsibility of the HHA Governance Board and the Director of PBC Division of Human Services and Community Action for the CA.

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

(limit 2,500 characters)

1 The HHA’s strategy to increase the rate of individuals and families in emergency shelters, safe havens, transitional housing, and rapid rehousing exiting to permanent housing destinations involves several key components. First, the CoC has established a standard requiring all homeless housing projects to provide access to case management services delivered by trained staff. Each individual or family undergoes a standardized assessment, regardless of whether they enter through a DV shelter or CES. This assessment evaluates their housing challenges and homelessness history, ensuring consistency across all entry points. The Housing First mandate is applied throughout case management, emphasizing the development and execution of a housing plan as a priority. To track progress, the duration of homelessness is monitored through HMIS, which records the client’s start date of homelessness and their entry into a homeless housing project. This data informs housing referrals during case conferencing. 2 In terms of retention and exit rates from permanent housing, the CoC ensures ongoing case management and supportive services for individuals and families residing in permanent housing projects. This includes regular monitoring of housing stability, connecting clients to necessary resources such as rental assistance, employment services, and health care, and addressing crises that might jeopardize housing retention. The CoC also works closely with landlords and service providers to mediate potential housing challenges, reducing evictions and ensuring that families exit to stable permanent housing when necessary. 3The oversight of HHA's strategy to increase the rate that individuals and families exit or retain permanent housing is the responsibility of the HHA Governance Board and the Director of PBC Division of Human Services and Community Action for the CA.

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

(limit 2,500 characters)

1 The HHA employs a multifaceted strategy to identify individuals and families who return to homelessness, aiming to detect and respond to recurrences promptly. Using HMIS, providers can track prior shelter stays, outreach contacts, and engagement with CE, even if those interactions did not result in shelter enrollment. During program entry, providers inquire about past homelessness experiences and update HMIS accordingly. Additionally, housing partners are required to follow up with clients for a specified time based on program type to monitor stability post-housing. 2 To reduce the rate of return to homelessness, the HHA applies research findings that identify factors contributing to homelessness recurrence and adjusts policies and services accordingly. Homelessness returns are incorporated as a key performance metric in contracts, holding providers accountable for minimizing recurrences. The CoC's CE standards mandate prioritization of individuals with significant needs and longer homelessness durations. The CoC also provides post-placement services for individuals at higher risk of returning to homelessness, such as those with complex needs, and offers homelessness prevention assistance for individuals with a history of homelessness in precarious housing situations. Additionally, technical assistance is provided to CoC Rapid rehousing providers to redesign programs that offer extended support when needed. Landlord incentives, such as damage coverage, are also utilized to promote housing stability. Oversight of this strategy is the responsibility of the HHA Governance Board and the Director of Palm Beach County's Division of Human Services and Community Action for the Collaborative Applicant.

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

(limit 2,500 characters)

1 The HHA’s strategy to access employment cash sources prioritizes housing placement and safety, followed closely by employment support. The approach is individualized, meeting clients where they are in their employment journey. HHA members have developed comprehensive employment programs that offer job development, on-the-job coaching, job placement, and micro-enterprise opportunities. To expand access, HHA partners collaborate with CareerSource of Florida and the Vocational Rehabilitation Center to provide employment opportunities and skills training tailored to the homeless population. CareerSource also funds many HHA partners to deliver homeless-specific employment services in PBC, helping individuals achieve financial stability through employment. The HHA collaborates with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income by offering tools, certifications, and daycare assistance. In partnership with the Early Learning Coalition, the HHA provides six months of daycare to children in homeless shelters, allowing parents to seek employment without childcare barriers. The CA has also provided two projects, Parks to Work and a Culinary Program for chronically homeless individuals they find in the parks and provide training and employment opportunities along with shelter to get them off of the streets with a job and employment income. 3 The oversight of HHA’s strategy to increase income from employment is the responsibility of the HHA Governance Board and the Director of PBC Division of Human Services and Community Action for the CA.

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

(limit 2,500 characters)

1 The HHA has implemented a comprehensive strategy to enhance access to non-employment cash income for individuals experiencing homelessness in the community. Recognizing that many eligible individuals were not receiving vital benefits, the HHA prioritized applications for programs such as Social Security, food stamps, Medicaid, Medicare, Health Care District insurance, and Veteran's Benefits. Through the CE process and dedicated Street Outreach efforts, the HHA identified the need to streamline access to these resources. Outreach teams across Palm Beach County began assisting homeless individuals in completing ACCESS Florida applications for mainstream benefits. To further support this initiative, SOAR (Social Security Application Specialists) were integrated into CE sites and outreach teams, providing expert assistance in navigating the application process for Social Security benefits. Additionally, outreach teams worked closely with street homeless individuals to help them secure essential documents, such as birth certificates, which are often required for benefit applications. By addressing these barriers, the CoC is effectively facilitating access to non-employment cash income, improving financial stability for individuals experiencing homelessness, and promoting a smoother transition into permanent housing. This strategy not only aids in immediate financial relief but also contributes to long-term housing stability and self-sufficiency for the community's most vulnerable populations. 2 The oversight of HHA's strategy to increase non-employment cash income is the responsibility of the HHA Governance Board and the Director of PBC Division of Human Services and Community Action for the CA

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	
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You must select a response for question 3A-1.

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	
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You must select a response for question 3A-2.

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	
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You must select a response for question 3B-1.

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A