# Before Starting the CoC Application

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

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

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

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

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

# 1A. Continuum of Care (CoC) Identification

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

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

**1A-1. CoC Name and Number:** CA-531 - Nevada County CoC

**1A-2. Collaborative Applicant Name:** Homeless Resource Council of the Sierras

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Homeless Resource Council of the Sierras

# 1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

| 1B-1. | Accountable Structure and Participation. | |
|---|---|---|

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

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

| | Entity | Participated in CoC Meetings | Number of Board Members |
|---|---|---|---|
| 1. | Affordable Housing Developer(s) | Yes | 2 |
| 2. | CDBG/HOME/ESG Entitlement Jurisdiction(s) | Yes | 0 |
| 3. | Certified Community Behavioral Health Clinic (CCBHC) | Yes | 1 |
| 4. | Community Mental Health Center (CMHC) | Yes | 1 |
| 5. | Disability Advocate(s) | Yes | 1 |
| 6. | Disability Service Organization(s) | Yes | 2 |
| 7. | Emergency Medical Services (EMS)/Crisis Response Team(s) | Yes | 1 |
| 8. | Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center) | Yes | 1 |
| 9. | Faith-based Organzation(s) | Yes | 1 |
| 10. | Homeless or Formerly Homeless Person(s) | Yes | 3 |
| 11. | Hospital(s) | Yes | 1 |
| 12. | Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless) | Yes | 1 |
| 13. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | Yes | 1 |
| 14. | Law Enforcement | Yes | 5 |
| 15. | Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court) | Yes | 1 |
| 16. | Local Government Staff/Official(s) | Yes | 10 |

| | | | |
|---|---|---|---|
| 17. | State Government Staff/Official(s) | No | |
| 18. | State or Local Elected Public Official(s) | No | |
| 19. | Local Jail(s) | Yes | |
| 20. | Mental Health Service Organization(s) | Yes | 3 |
| 21. | Mental Illness Advocate(s) | Yes | 5 |
| 22. | Organization(s) led by and serving people with disabilities | Yes | 2 |
| 23. | Other homeless subpopulation advocate(s) | Yes | 5 |
| 24. | Other nonprofit homeless assistance provider(s) | Yes | 5 |
| 25. | Other social service provider(s) | Yes | 3 |
| 26. | Public Housing Agencies | Yes | |
| 27. | Recovery Housing or Sober Living Provider(s) | Yes | 3 |
| 28. | School Administrators/Homeless Liaison(s) | Yes | 17 |
| 29. | School District(s) | Yes | |
| 30. | Street Outreach Team(s) | Yes | 3 |
| 31. | Substance Abuse Advocate(s) | Yes | 5 |
| 32. | Substance Abuse Service Organization(s) | Yes | 5 |
| 33. | Universities | Nonexistent | |
| 34. | Veteran Serving Organization(s) | Yes | 3 |
| 35. | Agencies Serving Survivors of Human Trafficking | Yes | 1 |
| 36. | Victim Service Provider(s) | Yes | 2 |
| 37. | Domestic Violence Advocate(s) | Yes | 2 |
| 38. | Other Victim Service Organization(s) | Yes | 1 |
| 39. | State Domestic Violence Coalition | Yes | 1 |
| 40. | State Sexual Assault Coalition | Yes | 1 |
| 41. | Youth Advocate(s) | Yes | 15 |
| 42. | Youth Homeless Organization(s) | Yes | 15 |
| 43. | Youth Service Provider(s) | Yes | 15 |
| 44. | Other Homeless Assistance Provider(s) | Yes | 5 |
| 45. | Local Business or Chamber of Commerce or a Member of a Business Improvement District | Yes | 2 |
| | Other: (limit 50 characters) | | |
| 46. | | | |
| 47. | | | |

| | | |
|---|---|---|
| 1B-2. | Open Invitation for New Members. | |

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

(limit 2,500 characters)

CA-531 solicits new members by identifying a gap in representation and approaches agencies or individuals who are willing to fill the need. CA-531 is still a relatively new continuum of care, and meetings are posted on the Homeless Resource Council of the Sierras' website, as well as through the CoC email list. Meeting packets are emailed five (5) days before the scheduled meeting, and all minutes are posted on the HRCS website. The meeting is always open to the public, and a special community-focused meeting is held on a quarterly basis. Nevada County's outreach team, comprised of staff from the local emergency shelter and the Behavioral Health Department, encourages homeless individuals to participate in the CoC. The CoC acknowledges that additional outreach is needed to invite organizations serving culturally specific communities experiencing homelessness.to invite new members to join the CoC at least annually.

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

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

(limit 2,500 characters)

The CoC has a committee structure in place addressing all major needs the CoC has identified. The committees are aligned with HUD-funded activities and system performance tracking in HMIS. The four committees are: 1) Prevention and Youth, 2) Shelter, 3) Housing, and 4) Best Practices - Evidence Based Practices/HMIS/Coordinated Entry. These committees draw membership from service providers and advocates, with any interest party being able to join. Each committee has a one-year work plan decided upon by the respective committee. The committees present its recommendations related to service needs, gaps and funding suggestions to the CoC's governing board. The feedback gathered during these committee meetings help the CoC identify funding priorities and begin discussions on how to improve the homeless response system. Additionally, the CoC regularly communicates with CoC members, advocates and community leaders providing information about upcoming funding, CoC goals and objectives, as well as opportunities to participate in collaborative efforts to meet the needs of people experiencing homelessness. CoC leadership presents annually to the county Board of Supervisors and also presents as needed to local city councils. The CoC works closely with the County of Nevada to solicit public input on housing needs, service gaps, and funding opportunities.

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

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

(limit 2,500 characters)

The Nevada County CoC CA-531 maintains a transparent and equitable process for soliciting and evaluating project applications from all eligible organizations, including agencies that have not previously received CoC Program funding and faith-based organizations. The 2024-2025 CoC Program Competition Notice was distributed community-wide on August 14, 2024, and provided information regarding funding opportunities, eligible project types, application requirements, competition timelines, and evaluation criteria.
To support broad participation, the CoC conducted an “Introduction to the CoC Competition” webinar on August 21, 2024, which was open to all interested applicants. The webinar included instruction on HUD CoC Program requirements, eSNAPS registration, application procedures, eligible activities, and competition deadlines. Technical assistance and opportunities for questions were available throughout the competition period.
Published scoring and review criteria were made available to all applicants in advance of submission deadlines. All applications, including those submitted by new and faith-based organizations, were evaluated using the same objective criteria and review standards. Through open outreach, publicly available competition materials, technical assistance, and a consistent review process, the CoC ensures that all eligible organizations have an equal opportunity to compete for CoC Program funding.

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

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

(limit 2,500 characters)

CA-531 CoC's Strategic Regional Plan focuses achieving measurable reductions in homelessness through coordinated, data-driven strategies improve housing stability, increase exits to permanent housing, reduce returns to homelessness, and strengthen system performance. These efforts contributed to a reduction in the Point-in-Time Count from 466 persons experiencing homelessness in 2025 to 394 in 2026, a 15.4 percent decrease. The CoC prioritizes cross-system coordination by integrating criminal justice partners with HMIS, Coordinated Entry, and Housing Resource Team (HRT) case conferencing to improve diversion, referral, and housing outcomes for individuals experiencing homelessness in justice settings. The Plan expands housing stabilization services through CalAIM Enhanced Care Management, Full-Service Partnership services, peer support programs, and the Housing Support Team to improve housing retention and reduce returns to homelessness for households with complex service needs. Critical Time Intervention practices and coordinated housing navigation further support successful transitions to permanent housing. CA-531 CoC will maintain existing emergency shelter capacity while expanding supportive housing opportunities, family and youth housing resources, and housing options in Eastern County. The CoC is working with shelter providers to reduce lengths of stay by increasing transitions to non-congregate and permanent housing, improving system flow and emergency bed availability. Seasonal shelter operations continue to address needs during severe weather and PSPS events. Through coordinated HRT case conferencing, strengthened By-Name List management, participation in Build for Zero, and increased involvement of behavioral health providers, the CoC is targeting reductions in chronic, veteran, family, and youth homelessness. The Plan also includes targeted behavioral health interventions for foster youth, youth at risk of homelessness, and individuals experiencing serious mental illness or substance use disorders. Progress monitored through HMIS, Coordinated Entry, By-Name List data, Build for Zero metrics, HUD System Performance Measures, including reductions in length and frequency of homelessness, decreases in returns to homelessness, increased exits to permanent housing, improved housing retention outcomes, improved data quality and timeliness, and stronger system coordination. These strategies advance CoC goals to prevent, reduce, resolve homelessness.

| 1B-5a | Confirmation of Plan Coverage. |
|---|---|

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

| | |
|---|---|
| 1. Identifies the gap, using data or stakeholder feedback | Yes |
| 2. The strategy to address the needs of all relevant subpopulations | Yes |
| 3. Sets quantifiable performance measures | Yes |
| 4. Identifies timelines for the completion of specific tasks | Yes |
| 5. Identifies specific funding sources for planned activities | Yes |
| 6. An individual or body responsible for overseeing implementation of specific strategies | Yes |

# 1C. Coordination and Engagement

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- Frequently Asked Questions

| | | |
|---|---|---|
| 1C-1. | **Treatment and Recovery Services—On-site Substance Use Treatment Availability.** | |
| | **You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.** | |
| | **What percent of your TH/RRH/PSH projects have substance use treatment available on site?** | 0% |

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

### (limit 2,500 characters)

Substance use services are coordinated by the County Behavioral Health Department, Nevada County Behavioral Health (NCBH). NCBH contracts with three inpatient treatment providers, Granite Wellness, Common Purpose and Pathways all of whom operate in patient programs locally. Households experiencing homelessness can receive referrals to inpatient treatment by calling the Access Line (24/7), coming to the NCBH offices during drop in hours, or through a referral by case managers who work directly with clients to access services. The County also runs a robust diversion court program that assists incarcerated clients experiencing homelessness in accessing SUD treatment using a “Door-to-Door” approach so that clients are released directly to treatment in patient treatment programs. The County also provides access to Medication Assisted Treatment (MAT), on-site, at the local Homeless Day Center. This operation provides basic services to homeless households coupled with case management. Case Managers assist clients in accessing MAT services on site or by assisting them in connecting to Aegis, the local methadone and MAT treatment clinic. NCBH also manages the Behavioral Health Mobile Access Team that can be dispatched to people seeking services in the field. This team receives calls from law enforcement, hospitals, community members and other providers and responds directly by engaging people where they are to complete assessments and navigate them into SUD and MH services.

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

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

(limit 2,500 characters)

Nevada County contracts with two providers for Outpatient for the SUD population, Common Purpose and Granite Wellness. These providers offer a number of groups and individual SUD therapy services and provide connection to volunteer opportunities and workforce development. A major focus for these partners for SUD clients is to provide connections to mentors in long term recovery who can work with clients to shift relationships, patterns and behaviors that lead to relapse.
Nevada County also provides direct case management to outpatient treatment participants assisting them in connecting to primary care, mainstream benefits, job centers, and supporting them in connecting to in person support groups both at contracted providers office settings and at a host of community based 12-step locations. Case managers assist clients to attend BH appointments and often provide delivery of medications.

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

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

(limit 2,500 characters)

Nevada County offers peer recovery and peer mental health services through contracted embedded mediCAL certified peer support staff. These staff members work alongside case managers to provide added support, interventions and groups to NCBH clients experiencing homelessness. The County has embedded peer support at various levels of care including peers that assist recently housed households, peers in the crisis system of care, peers working as part of the Full-Service Partnership programs and live-in peers at a variety of county funded transitional housing programs. This included the Insite respite program that offers peer led, short term, post hospitalization housing and the Orchard Program that provided transitional housing to homeless households that are involved on the alternative court programs. The County also runs a homeless day service center that is operated by SPIRIT Peer Empowerment, a nonprofit organization whose staff are all peers. The center operated Monday thru Saturday 8:30am to 4pm and is open to all people experiencing homelessness and provides peer led recovery groups, basic services such as showers and laundry, and peer led post housing supports to households that escape homelessness and need assistance adjusting to living inside.

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

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

(limit 2,500 characters)

Nevada County employs dedicated staff that serve the homeless population. The Homeless Outreach and Medical Engagement (HOME) team is composed of 3 case managers, a peer support specialist, a registered nurse, a licensed clinical supervisor and a Medication Assisted Treatment specialist. This team coordinates with the day center and the local shelter to provide assessments, case management and service navigation across all agencies in the CoC. The HOME team operates as a street outreach team and as an intensive case management team for homeless households experiencing severe mental illness. The team also included post housing specialists who assist households in moving into Permanent Supportive Housing and continue to provide post housing services to promote stability over the first year of the household's tenancy in the program. The HOME team are all co-located in the same building as the SPIRIT day center which is located on the same block as the local emergency shelter and the county's contracted Housing Navigation team. allowing for daily direct, in person coordination between these vital teams. This supports efficient and effective care coordination and helps the teams focus on each team's respective role in the CoC. Nevada County also contracts for Full Service Partnership (FSP) services that offer high fidelity ACT treatment to eligible clients experiencing homelessness. FSP clients are often clients who require conservatorship level of services but not all. FSP clients are often dually connected to the HOME team for on the ground support and FSP for mental health and housing support.

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

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

(limit 500 characters)

Active CoC Board Member, NCBH, operates a robust specialty court program. The program identifies households experiencing homelessness who are incarcerated with high recidivism rates and coordinates with the courts to develop court-ordered diversion plans that require treatment and services. These court plans pull in a variety of providers including Probation, Full Service Partnership-AOT and the Adult Protective Services to develop multifaceted plans addressing the needs of the participants.

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

(limit 2,500 characters)

As part of the Specialty Court system, NCBH invested in a housing program that exclusively serves the specialty court population. This means that, in addition to required treatment, participants have access to a shared living transitional (up to 2 years) location specifically designed to meet the needs of people exiting incarceration, participating in the court program and who have had a history of homelessness, SUD and untreated mental health issues. This house is overseen by peer support, coupled by clinical support from the county's Full Service Partnership provider. As clients enter deeper recovery as part of the Orchard House program, they are connected to Housing Navigation supporters who assist them in looking for independent housing. In many cases, these participants are eligible for County run PSH projects and PSH is a primary referral coming out of the Orchard Program serving to reduce the incidents of participants returning to homelessness.

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

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

(limit 500 characters)

Nevada County supports the 24/7 Crisis Stabilization Unit (CSU), located next to the hospital ED. The CSU stabilizes individuals in psychiatric crisis, provides up to 48 hours of shelter post-stabilization, and assists law enforcement with 5150 holds so officers can quickly return to patrol. The County also operates a Mobile Crisis team paired with law enforcement to respond directly to mental health and substance use emergencies via 911 dispatch or direct community contact.

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

| Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75. | 0 |
|---|---|

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

| Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC? | No |
|---|---|

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

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

(limit 500 characters)

NCBH is a voting board member of the CoC and operates a drop in clinic and a 16 bed inpatient CMHC located in Nevada City. NCBH is also the recipient of SAMHSA PATH funding that supports a Street Outreach team located at the CoC partner shelter, Hospitality House. NCBH worked with the same provider to create the HOME team utilizing SAMHSA GBHI and MHSA funding from 2017-2022. Both the PATH Street and the GBHI Outreach teams provide direct referral and navigation through CoCs providers network.

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

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

(limit 500 characters)

NCBH receives CoC funding for PSH. While CA-531 gets no HUD Transitional Housing funds, NCBH operates 80+ sober living beds across recovery residences for people in recovery or exiting residential treatment—most homeless prior to entry. These residences are paired with housing navigation teams that meet participants on-site to build housing plans, providing a vital bridge that prevents individuals from returning to homelessness after completing treatment.

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

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

(limit 2,500 characters)

We receive priority by name list through the CE and HMIS system that indicates identified treatment service recipients. The CoC uses monthly case conferencing meetings to review participant needs, identify housing opportunities, and determine the most appropriate provider for service connection. Through coordinated collaboration, partners facilitate warm handoffs to housing and supportive service agencies, ensuring participants receive timely, person-centered assistance and continuity of care.

| 1C-2. | Supportive Services Investment. | |
|---|---|---|

| | Number |
|---|---|
| 1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD). | $230,820 |
| 2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items. | $92,340 |
| 3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above). | 40% |
| 4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD. | $57,705 |
| 5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above). | 65% |

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

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

## 1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

CA-531 actively consults with the State of California Department of Housing and Community Development (HCD)—the primary recipient of State Emergency Solutions Grants (ESG) for our non-entitlement jurisdiction—to align the planning, allocation, and administration of ESG funds with local system needs.
Determining Local Funding Priorities: The CoC conducts continuous system-level needs assessments utilizing HMIS performance data, PIT count figures, HIC capacity, and CES unmet demand. Through its governing board and committee meetings, CA-531 identifies critical system gaps, specifically balancing the immediate operational and essential service needs of emergency shelters with RRH rental subsidies, homelessness prevention, and street outreach capacity.
CoC Allocation & Recommendation Process: When State ESG funding NOFAs are released by California HCD, the CoC acts as the regional coordinating and recommending body. CA-531 facilitates the local application, rating, and ranking process. The CoC evaluates provider proposals based on past project performance, bed utilization, data quality, expenditure rates, and alignment with local written standards. Based on this objective review, the CoC establishes its funding recommendations to determine which local agencies receive allocations and for which eligible components.
State Coordination & Awarding: CA-531 formally submits these allocation determinations and project priority listings directly to California HCD. The State relies on the CoC's local vetting and recommendations to contract and award ESG funding directly to the selected subrecipient agencies, ensuring state resources address our community's most pressing operational realities.
Ongoing Consultation & Performance Evaluation: The CoC continues its consultation with the State and ESG subrecipients throughout the grant cycle. CA-531 monitors subrecipient outcomes against HUD System Performance Measures (e.g., reductions in length of time homeless, successful exits to permanent housing, and returns to homelessness). ESG providers are integrated into CES and HMIS governance, ensuring shared accountability. The CoC also provides regular feedback to HCD on state ESG guidelines, funding caps, and reporting workflows to inform future annual allocation cycles.

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

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

(limit 2,500 characters)

CA-531 coordinates closely with emergency shelter and transitional housing providers through the Homeless Resource Council of the Sierras (HRCS) and the Coordinated Entry System (CES) to connect individuals and families to permanent housing and supportive services.
Standardized Intake & Assessment: All emergency shelters (including Hospitality House and community partners) utilize standardized Coordinated Entry intake workflows and vulnerability assessments entered directly into the shared Homeless Management Information System (HMIS). Shelter case managers are trained CE assessors who conduct initial screenings, enroll participants in HMIS upon entry, and update participant records to ensure real-time visibility across the system.
Centralized By-Name List & Prioritization: Through the 211 Connecting Point access hub and HMIS, shelter residents are integrated into the community's prioritized By-Name / Master List. Prioritization policies ensure that chronically homeless households, high-vulnerability families, and individuals with disabling conditions residing in emergency shelters are matched to intensive CoC resources, such as Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH).
Bi-Weekly Case Conferencing & System Navigation: Shelter staff actively participate in regular CoC case conferencing and housing coordination meetings. These sessions review high-acuity shelter participants, resolve documentation barriers (such as disability verifications, vital records, and homeless verifications), and coordinate direct warm handoffs to CoC-funded housing navigators and service providers.
Warm Handoffs and Diversion/Problem-Solving: When individuals or families present at shelter facilities, staff first deploy problem-solving and diversion strategies to preserve safe housing alternatives whenever possible. For those entering shelter, on-site housing navigators immediately begin housing stability plans, connecting households to mainstream benefits (Medi-Cal, CalFresh, SSI/SSDI), domestic violence resources, and CoC project openings to minimize shelter length of stay.

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

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

(limit 2,500 characters)

The CA-531 Nevada County Continuum of Care (CoC) uses and shares homelessness data with state and local government partners, in accordance with applicable laws, to support coordinated planning, resource allocation, performance monitoring, and continuous system improvement. The CoC analyzes HMIS data, Point-in-Time (PIT) Counts, Housing Inventory Counts (HIC), and System Performance Measures (SPMs) to identify trends, assess unmet needs, evaluate system effectiveness, and guide funding and programmatic decisions.

Data are shared in aggregate and de-identified formats, consistent with privacy and confidentiality requirements. PIT and HIC results provide government agencies and community stakeholders with critical information regarding the prevalence and characteristics of homelessness, as well as the capacity and utilization of housing and service resources. SPMs evaluate key outcomes, including length of time homeless, exits to permanent housing, returns to homelessness, and overall system efficiency.

The CoC collaborates closely with local governments, service providers, and community stakeholders to interpret data, identify service and housing gaps, establish strategic priorities, and coordinate resources, ensuring decisions align with community needs.

Homelessness data are regularly disseminated to local decision-makers and community partners. For example, 2026 Point-in-Time Count results were presented to the Nevada County Board of Supervisors to inform policy, planning, and resource investments. In the eastern region, the Truckee Tahoe Homeless Action Coalition (TTHAC) uses data to guide collaboration among local governments, nonprofits, healthcare providers, faith and business communities, philanthropic partners, and residents addressing homelessness and housing instability.

To support statewide planning and accountability, the CoC submits quarterly HMIS data to California's Homeless Data Integration System (HDIS). California System Performance Measures are reviewed quarterly to benchmark local outcomes against statewide goals. Together, these data-sharing practices strengthen regional coordination, support evidence-based decision-making, and ensure resources are deployed effectively to prevent and end homelessness.

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

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

(limit 2,500 characters)

The CoC and its partner providers have a host of data tools used to analyze data to identify gaps and improve outcomes. The County partners utilize EHR data to coordinate care with medical and mental health providers including local FQHCs. NCBH tracks data related to Transitional Housing utilization by people experiencing homelessness as a means to coordinate housing based services inside of T housing locations to improve placements rates into permanent housing coming out of treatment and recovery programs. Court diversion programs utilize jail and court data to identify individuals with high recidivism rates, cross referencing that data with EHR information to better understand how mental health and SUD services are engaging with individuals in custody and to inform post-release service coordination. Street Outreach team utilize call-for-services data to better understand what geographic areas have the highest calls for services to law enforcement, what types of crimes and response calls are being created in those areas and which individuals are driving them. This data is then used to coordinate outreach efforts to these areas.

## 1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

Nevada County CoC collaborates with workforce development partners, including the Alliance for Workforce Development (America's Job Center of California), Connecting Point, Nevada County Employment Services, Sierra College, and FREED Center for Independent Living, to connect participants to employment, education, vocational training, benefits, and income growth opportunities. Through Coordinated Entry, case conferencing, and individualized service planning, participants receive referrals that support economic mobility and long-term housing stability.

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

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

(limit 2,500 characters)

The PATH funded Street Outreach provider and the County's HOME team meet weekly with Law Enforcement to share information related to call for services for homeless issues. The teams utilizes an online dashboard created to track specific dispatch information under the "98-T" (transient) dispatch code. This allows for Law Enforcement and the teams to see what individuals are driving the most calls for services. Outreach teams then work with law enforcement to find these individuals and get them connected to services. Grass Valley Police have a specific officer assigned to homelessness who often accompanies the teams during outreach efforts as a way for Law enforcement and street outreach to build relationships with high needs clients who often end up in custody. Within this framework, Street Outreach providers and Law Enforcement use data to analyze month or month and year over year calls for service related to homelessness with the goal of driving down call for service by identifying areas most impacted and specific individuals that drive the most calls.

## 1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

Nevada County assists reunite families by funding travel and assisting individuals in connecting to case management and services in their new location. Nevada County has a strict policy of only funding these items when direct verified contact with a family member living in that area is made and there is a guarantee that that the individual will be accommodated in the new location. While this is not a common occurrence in the CoC region, it is important for the CoC to ensure that it is not sending someone to a different location only to continue to be homeless in that area.

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

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

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

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

(limit 2,500 characters)

The CoC has had a long standing relationship with law enforcement through a dedicated board position held by local law enforcement. This is a voting member of the CoC board. CoC partners, especially street outreach providers have maintained a weekly Homeless Outreach Team (HOT) meeting to review calls for services and to find out from Law Enforcement which homeless households drive those calls and what areas are seeing the most impact from illegal camping.

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

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

(limit 2,500 characters)

The CoC and its provider network collaborated with Law Enforcement to develop an Encampment Resolution Strategy (ERS). As a small rural community, Nevada County historically has not experienced the massive, visible encampments common in metropolitan centers or highway corridors. However, dispersed camping in a roughly two-square-mile area known as the Brunswick Basin led the County to designate it as an Encampment Zone of Impact, where unsheltered activity is most concentrated.

Under the ERS framework, when Street Outreach teams and Law Enforcement identify a cluster of small camps, a multi-agency Command Team mobilizes a coordinated, 30-day (four-week) response. This team aligns service providers and municipal staff into four specialized, time-bound operational units:

Site-Based Engagement Team: Develops a by-name roster of all encampment residents, conducts individual service and vulnerability assessments, and matches participants to available shelter or program beds.

Unit Acquisition Team: Spearheads vital document collection and identifies permanent housing and transitional units suitable for direct placement.

Moving In/Moving On Team: Assesses and fulfills practical transition needs to ensure smooth moves into permanent homes or interim residential settings.

Closure Maintenance Team: Led by local municipal jurisdictions, this unit handles site cleanup, debris removal, and environmental modifications to prevent repopulation.

Throughout the 30-day mobilization, the Command Team tracks progress across all four units. The overarching objective is to resolve and secure the site within 30 days while ensuring every resident is sheltered, connected to treatment, or placed in transitional or permanent supportive housing. Crucially, while an ERS operation is active, local law enforcement pauses enforcement and citations, giving outreach and housing navigators the space needed to build rapport and facilitate successful placements.

Primary operational challenges involve jurisdictional variation and property ownership. Local ordinances and agency buy-in differ across the county; for instance, Grass Valley Police Department is an active, collaborative ERS partner, whereas Nevada City Police Department has engaged less frequently. Furthermore, encampments located on private land introduce complex legal hurdles, requiring outreach staff to negotiate site access, address landowner liability concerns, and build private property owner cooperation.

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

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

(limit 2,500 characters)

The CoC area is a small rural county. There are no known large scale encampments in the area. Instead, there are certain geographic zones where camping is known to occur more often than others. These zones are mapped and the subject of weekly meetings between Law Enforcement and Street Outreach teams. Camp sizes within these zones vary from 1 of 2 tent sites to 6-7 tent sites. In some cases two or three camps might be close enough together to consider them one site, even if the campers themselves do not interact or have any connection. The CoC and its partners utilize and coordinated Encampment Resolution Strategy (ERS) when it is determined that an area has enough activity that the ERS needs to be enacted. This sets the ball rolling for a 30 day encampment resolution action that combines services and law enforcement to engage campers in services and remove the encampment.

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

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

(limit 2,500 characters)

The CoC region does not have any local safe injection sites or public sites where enforcement of illegal substance use is curtailed or otherwise not allowed. No current policies or laws prohibit law enforcement from addressing public use of illegal substances. The CoC area does have collaborative court systems that assist individuals who are repeatedly cited or arrested for public use of drugs or intoxication in accessing services. In some cases this means mandatory treatment. The CoC leverages its relationship with Law Enforcement to ensure that service providers within the CoC are actively working to connect individuals with treatment and services aimed at ending illegal drug use. Street Outreach team meet with Law Enforcement weekly to review calls for service and coordinate services to individuals who are known to use drugs in public and/or arrested for intoxication regularly. The CoC area has a central homeless day service program that homeless households can come to access case management services including SUD services and Medication Assisted Treatment (MAT) programs.

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

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

(limit 2,500 characters)

Nevada County continues to address the intersection of substance use, homelessness, and public safety, particularly in areas where individuals experiencing unsheltered homelessness congregate.Nevada County continues to address these concerns through collaboration among behavioral health, public health, homeless services, emergency response personnel, and community-based providers. Efforts include connecting individuals to substance use disorder treatment, housing resources, and ongoing recovery support. While overdose and illicit drug use remain public safety and public health concerns, continued coordination among service providers and community partners is showing success in reducing overdoses in public spaces. Local death data for people experiencing homelessness show 50 overdose deaths in 2023, 33 in 2024 and 28 in 2025. Data shows a 44% decrease over two years. The decline has continued into 2026. From January through August 2026 there were 12 overdose deaths, compared with 21 in the same months of 2025, a 43% decrease.

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

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

(limit 2,500 characters)

The CoC area utilizes standards to address danger to self danger to others. Nevada County has established policies and formal relationships with providers to assist and complete 5150 and 5250 evaluations and maintains formal relationships with Psychiatric Health facilities for involuntary commitments of people who are deemed 5150 or 5250. IN the past, the biggest barrier to completing these assessments and placing someone on a psychiatric hold was the time it took for law enforcement to work through the system at the hospital. Nevada County addressed this by establishing a Crisis Stabilization Unit (CSU) at the local hospital where LE can get immediate assistance in writing the hold and getting a person into the ED for placement. Nevada County also established a Co-response team that has LE and LSCWs respond to calls for services related to mental health emergencies. This Mobile response team can evaluate and place holds on people in the community who are a danger to self or others. Finally, Nevada County was the first rural county to complete implementation of the California Care Court process that lowers barriers and requirements to requiring treatment and services for severe and persistent mental illness that poses a danger to themselves or others.

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

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

(limit 2,500 characters)

Nevada County's ability to maintain and verify sex-offender registration and location information is supported by California Penal Code § 290, the California Sex and Arson Registry (CSAR), and coordination among law enforcement, Probation, Parole, and, when needed, homeless-service partners including the Homeless Liaison Team (HLT), shelters, housing providers, and behavioral health partners. CSAR is California's law-enforcement repository for sex-offender registration information. Individuals subject to California registration requirements must comply with applicable registration and address-update requirements, including requirements for individuals who are transient. Registration information may be shared with authorized agencies as permitted by law. Shelter and housing providers may also use California's publicly available Megan's Law website to verify public registration information and inform shelter and housing decisions. CSAR is a law-enforcement registration system, while Megan's Law provides designated registration information to the public.
California's implementation of SORNA is currently subject to federal litigation. In April 2026, a federal court issued a permanent injunction limiting SORNA prosecutions of California residents where federal requirements conflict with California registration law. The federal government has appealed, and the matter remains under judicial review.
A local barrier is that some shelters restrict admission based on sex-offender registration status. Nevada County has a low-barrier shelter that can serve individuals subject to Penal Code § 290 requirements; however, other shelters serving families and children may restrict admission of registrants due to safety considerations in congregate settings. These restrictions can limit shelter options and increase the risk of unsheltered homelessness in this population. The CoC mitigates these barriers through coordination with law enforcement, Probation, Parole, HLT, shelters, housing providers, and behavioral health partners to identify legally permissible placements; referral pathways to the appropriate registering agency; distinction between legally required restrictions and discretionary policies; and identification of alternatives when admission is restricted. We monitor legal developments and limits disclosure of registration information to what is legally authorized and necessary, supporting public safety while reducing unnecessary barriers to shelter and housing

## 1C-11. Outreach Strategy.

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

(limit 2,500 characters)

Nevada County and the CoC-CA531 provide outreach to homeless residents Monday thru Friday 8am-5pm. Specialized veterans outreach occurs weekly through partner organizations. Outreach is coordinated throughout the county including the Truckee/Tahoe region. The County outreach team maintains an email and phone number for direct contact that is shares with community locations and partners who can call/email the team during business hours for same day outreach.
Weekly outreach is conducted at a variety of community locations where people experiencing homelessness are known to gather, receive services or otherwise reside.
Outreach workers are also called to engage people by community partners ad hoc in other locations as needed.
The County and CoC also coordinate weekly case conferences for various subpopulations of people experiencing homelessness. These meetings include outreach workers. The case conferencing meetings utilize the Coordinated Entry System By Name list (BNL), filtered by population characteristics, to identify people in the system in need of outreach. The BNL includes demographic information and contact information which case managers use to assist in making contact with people on the list. Regular use of the BNL allows for the outreach teams to find individuals in need of services who may not be visible, on the street, or in service settings visited by the team.
When individuals are identified by outreach the contact is logged as a services note in the HMIS system. Outreach workers also verify that the person is in coordinated entry and assist clients in getting added to the CES BNL if they are not.
When clients are identified through outreach they are entered into an Street Outreach (SO) project in HMIS. Their projects are used to track service engagement and coordinated referral and linkage efforts. All outreach workers have access to HMIS and can view updated information on client services, locations, and changes in status based on case management activities.
For Clients receiving services through outreach programs, in person contact is made at-least monthly with clients in the field or at service setting of the client's choice.

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

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

| | | Written Agreement |
|---|---|---|
| 1. | Child Care (including Child Care and Development Fund) | Yes |
| 2. | Early Childhood Providers | Yes |
| 3. | Early Head Start | Yes |
| 4. | Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) | Yes |
| 5. | Head Start | Yes |
| 6. | Healthy Start | Yes |
| 7. | Public Pre-K | Yes |

| | | |
|---|---|---|
| 8. | Tribal Home Visiting Program | Yes |
| | Other (limit 150 characters) | |
| 9. | | |

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

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

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

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

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

(limit 2,500 characters)

Nevada County coordinates homeless education and housing support through robust multi-agency collaboration and cross-system partnerships. While the Continuum of Care (CoC) relies on integrated operational practices rather than a single-source policy document, the Nevada County Superintendent of Schools (NCSOS) and local Educational Agencies (LEAs)—encompassing 9 school districts, 30+ public schools, charter institutions, early childhood programs (including county Infant and Toddler programs), and alternative education options like Earle Jameson Educational Options—maintain formal procedures that strictly fulfill federal and state mandates (McKinney-Vento Act, 42 U.S.C. § 11431 et seq.; Cal. Ed. Code § 48850 et seq.).
Identification, Enrollment, and Rights Outreach
Immediate School Enrollment: In compliance with California Education Code Section 48850 and federal law, Nevada County school districts immediately enroll children and youth experiencing homelessness without requiring typical documentation, proof of residency, immunization or medical records, academic transcripts, or guardianship papers.
Informational Dissemination: Designated Homeless Education Liaisons across all county school districts, charter schools, and early learning/alternative programs actively distribute information regarding student rights, school-of-origin stability, partial credit accrual provisions (Cal. Ed. Code §§ 51225.1, 51225.2), and free meal access through direct family outreach, local Family Resource Centers (FRCs), and regional referral networks such as 2-1-1 Connecting Point.
Interagency Collaboration & Service Delivery
Student Multidisciplinary Advisory Resource Team (SMART): Nevada County Homeless Education personnel actively participate in weekly SMART case management meetings alongside Behavioral Health, Child Welfare, Public Health, Stanford Sierra Youth and Families (SSYF), Victor Community Support Services, and County Probation. This cross-system team systematically identifies barriers facing housing-insecure families and delivers expedited interagency interventions across all educational levels.
Trauma-Informed Practice & Capacity Building
Provider Training & System Navigation: Educational staff regularly conduct trauma-informed care instruction and McKinney-Vento compliance training for community service providers, district personnel, early education providers, and partner organizations across Nevada County to ensure seamless, sensitive service delivery.

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

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

(limit 2,500 characters)

The Nevada County Continuum of Care (CoC) maintains a robust, cross-system framework designed to support youth transitioning out of public systems of care. This coordination is anchored by the Nevada County Superintendent of Schools (NCSOS), which operates under a comprehensive, countywide Memorandum of Understanding (MOU) alongside Child Welfare, Probation, Children's Behavioral Health, and Alta Regional. This multi-agency partnership ensures that trauma-impacted foster children and youth receive timely, synchronized, and trauma-informed care.

To directly target youth exiting public systems, NCSOS administers dedicated programs, grants, and operational MOUs in close alignment with Child Welfare and Probation:

Independent Living Program (ILP): Provides specialized support and goal-setting assistance for current and former foster youth ages 16–21 to facilitate a successful transition to self-sufficiency.

Transitional Housing Program-Plus (THP+): Offers comprehensive case management and direct housing support for former foster youth ages 18–25. To ensure seamless housing system integration, THP+ maintains active HMIS licensing and directly manages Department of Housing and Community Development (HCD) funding.

Foster Youth Services Coordinating Program (FYSCP): is a grant that operates in conjunction with a Title IV-E MOU with Child Welfare to deliver structured educational and personal development support. The program focuses on enhancing educational stability, academic performance, and overall personal achievement for youth actively in care.

Through these combined interagency agreements and specialized programs, our Nevada County CoC ensures continuity of care, housing stability, and tailored educational and life-skills support for transitioning youth.

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

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

(limit 2,500 characters)

At this time our CoC does not directly collaborate, since there are no RHY funded providers. While we don't have a RHY funded organization, RHY youth services providers receive state funds to provide similar services and these organizations participate in our CoCs HMIS system.

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

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

(limit 500 characters)

The Nevada County CoC has no HUD funded project that provides TH or RRH services to families with children. As a partner to the CoC, Nevada Counties Department of Social Services oversees state funding through the CalWORKS program that provides rental assistance and connection to family emergency shelter along with dedicated case management through its Housing Support Program (HSP).

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

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

(limit 2,500 characters)

One of our partner non-profits, FREED along with several other local non-profits provide extensive job readiness, job training, life skills, budgeting, and other support services to increase the income of families with children leading towards stability and self sufficiency.

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

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

(limit 2,500 characters)

CA-531 works with local mainstream family service systems to connect families experiencing or at risk of homelessness with available benefits and supportive services. Projects serving families coordinate with County and community partners to identify eligible households and assist them in accessing mainstream resources, including Temporary Assistance for Needy Families (TANF), CalWORKs, CalFresh, Medi-Cal, child care assistance, and other family-support programs.
Through coordinated entry, case management, referrals, and ongoing collaboration with local service providers, families are connected to mainstream benefits that can supplement housing assistance and help address barriers to housing stability. When eligible, project participants are assisted with applications, referrals, and follow-up to help them obtain and maintain these benefits.
These mainstream resources leverage the CoC's housing assistance by providing income support, food assistance, health care, child care, and other services that reduce household financial pressures and support housing stability. The CoC will continue strengthening partnerships with mainstream family service systems and coordinating referrals and services to maximize available resources for families with children experiencing homelessness.

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

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

(limit 2,500 characters)

We have several funding streams that provide assistance to families with children that combine housing assistance with parental support. These programs include but are not limited to CalWORKs/TANF, WIC, CalFresh, and the state funded Housing Support Program, most of these services are provided by the County and other local non-profit partners.

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

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

(limit 500 characters)

Since 2020, the CoC's campaign to end veteran homelessness has united street outreach, housing navigation, SSVF, the VA, and HUD-VASH via bi-monthly case conferencing. This partnership housed 75+ veterans, maintains ~100% VASH utilization, merges data to track all unhoused veterans, and leverages private funds for flexible housing subsidies. These efforts reduced the active list to 12 veterans. A newly funded, first-of-its-kind County development will house 10 more veterans when opened in 2027.

 

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

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

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

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

(limit 500 characters)

Since 1978, Community Beyond Violence (CBV) has served as the primary provider of domestic violence and sexual assault services in Western Nevada County. CBV has maintained active membership in CoC-531 for more than 10 years. Services include emergency shelter, housing case management, crisis intervention, legal advocacy, and supportive services for individuals and families experiencing domestic violence and sexual assault.

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

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

(limit 500 characters)

The Regional CoCs shelter provider, Hospitality House operates and Adult Reentry Grant Program (ARGP). This program provides housing focused case management services to people exiting state prison. For people exiting County Jail and engaged in a Collaborative Court program, the County operates a transitional living program that provides up to two years of housing to participants who are in good standing with the court ordered terms of release.

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

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

(limit 500 characters)

The CoC has worked closely with managed care plans to expand CalAIM funded Enhanced Care Management services in the CoC area. These programs exist at numerous CoC partner agencies and are geared specifically towards assisting Homeless households in connecting to Primary, preventative Care as opposed to high cost emergency care.

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

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

(limit 500 characters)

The Nevada County CoC includes Adult Protective Services (APS) and voting board member FREED Center for Independent Living. APS runs the HomeSafe program—providing case management, financial aid, and referrals for homeless seniors—and convenes monthly care coordination with FQHCs, outreach teams, and law enforcement. FREED coordinates aging and disability services, offering rental assistance, benefits counseling, mobility equipment, and home modifications like ramps and grab bars.

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

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

(limit 500 characters)

Since 2011, Nevada County has operated 23 beds of HUD funded PSH housing that prioritizes chronically homeless households. They are Home Anew and Wintershaven. All told, through partnership with the Housing Authority, private and nonprofit develops and by leveraging state funding, the County will operate 130 units it PSH housing by the end of 2027.

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

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

(limit 2,500 characters)

The PSH programs provide mental health care on-site for all HUD funded units. Case managers and provide services such as medication delivery to participants and assist individuals in the program with assessing therapy, psychiatry, primary care and outpatient SUD services. Each location has a live-in Peer Support specialist who works with tenants directly to support them in recovery from long term homelessness. The County also deploys post-housing case managers who are specifically tasked with working with clients to achieve stability goals, comply with lease terms and learn skills of daily living that allow for tenant clients to maintain housing and not return homelessness. It is through a network or layers services that Nevada County achieves a high level of people remaining in PSH programs past 24 months. Data shows that 95% of program participants remain in the program past 12 months.

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

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

(limit 2,500 characters)

PSH programs involve county level staff level staff who deliver direct services and contract property management who oversee the lease agreements and manage the properties. Contracted staff work very closely with case manager through weekly care coordination meetings. These meetings allow for property managers to provide information about how tenants are doing and raise concerns to case managers related to any tenants ability to live in the unit and/or comply with standard lease terms. Nevada County uses this communication strategy to identify, up stream, issues that tenants may be facing and case managers work directly with the tenants to address these issues. The Counties policy requires that case managers complete a yearly assessment with each tenant in the program to assess ADL tasks, compliance with treatment goals and to review any behavioral write ups and/or lease violation that may have occurred to assess if the tenant is able to move forward in the unit. At any time, concerns brought to case managers regarding tenants relapse or SUD use violations, the case manager is to immediately work with property managers to intervene and offer residential treatment. It is the policy of the BHD to prioritize PSH participants into vacant treatment beds and offer these beds as quickly as possible.

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

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

(limit 2,500 characters)

Nevada County utilizes an annual assessment and program recertification process to identify signs of a tenants ability to move on to more independent living. To better accommodate this, the County worked with the Regional Housing Authority to implement a “Moving On” preference point for HCV and PBV projects in its jurisdiction. This allows for tenants in PSH, no matter how long they have been housed in the program, to utilize the moving on point in applying for HCVs or a PBV unit. Nevada County PSH tenants have successfully utilized this process to both move on from PSH to independent living and to gain HCV vouchers that allow for them to move off of a HUD funded PSH voucher and onto an HCV. This has provided an opportunity to the County to then re-deploy the PSH voucher to a new household and expand the program's reach without expanding the amount of PSH funding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| 1. | Did your CoC reject or reduce any project application(s) submitted for funding during its local competition? | No |

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

| | | |
|---|---|---|
| | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 09/22/2026 |

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

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

(limit 2,500 characters)

1. Reallocation Process & Determination of Candidates: CA-531 utilizes an objective, performance-based review and reallocation policy approved by the CoC Board to evaluate all renewal projects during the annual competition. The CoC reviews projects against HUD System Performance Measures, HMIS data quality, bed utilization rates, grant expenditure and recapture history, compliance with Coordinated Entry System (CES) prioritization, and alignment with federal policy priorities. Projects are identified as candidates for reallocation if they demonstrate chronic underperformance, severe underspending, low utilization, or if their project model no longer aligns with current community need or HUD's strategic funding priorities.
2. Identification of Low-Performing or Less-Needed Projects: During this year's local competition, the CoC reviewed all eligible renewal projects using the local scoring tool and identified projects that were less aligned with updated HUD priorities or demonstrated less comparative impact relative to emerging system needs. Specifically, the CoC evaluated existing projects to assess whether grant funds could be more effectively utilized to address urgent local shelter and service gaps.
3. Reallocation During This Year's Local Competition: Yes, the CoC reallocated funds during this year's local competition. The decision to reallocate was driven by strategic alignment and compatibility with HUD priorities. The CoC determined that existing renewal funding would be reduced/eliminated so that CoC Annual Renewal Demand (ARD) funds could be strategically redirected toward higher-priority project types. Specifically, the CoC shifted these resources toward Transitional Housing (TH), Supportive Services Only (SSO), and temporary housing models that provide immediate stabilization, wrap-around navigation, and bridge support to address critical gaps in the regional inventory.
4. Explanation If Not Reallocated: Not applicable, as the CoC actively executed reallocation during this year's local competition.

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

| | | |
|---|---|---|
| | **Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?** | No |

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

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

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

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

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

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

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

| | | |
|---|---|---|
| 2A-3. | PIT Count–Methodology Change. | |

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

(limit 2,500 characters)

We did not make any changes to our PIT count methodology or data quality between 2025 and 2026.

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

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

(limit 2,500 characters)

Nevada County deploys an Encampment Resolution Strategy (ERS) that brings together a command team comprised of Supervisors of Street Outreach, Housing Navigation and Peer Support teams alongside a designated law enforcement officer, empowering the command team to organize and deploy front line staff to engage and, ultimately, remove encampments. During this performance period, the ERS was enacted one time to address an area known as Springhill. Street Outreach identified 34 campers in a two square mile area and began the 30-day resolution project. This brought street outreach, Behavioral Health, shelter staff and Housing navigators together for daily work over 30 days to form shelter and housing plans for everyone camping in the area. This effort led to 17 of the campers relocating to shelter and permanent housing. The camp area was then closed and the closure maintenance team worked with the City to masticate brush and trees that made the area attractive to camping. The area remains closed and no new camp has started in the area.

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

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

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

| | |
|---|---|
| 1. Enter the estimated number of people in encampments in the beginning of your evaluation period. | 34 |
| 2. Enter the reduction in the number of people in encampments during your evaluation period. | 0 |

 

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

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

Nevada County CoC's Strategic Regional Plan reduces first-time homelessness through targeted prevention, diversion, housing stabilization, and cross-system coordination. The CoC collaborates across behavioral health, healthcare, child welfare, criminal justice, and homeless service providers to identify at-risk households and intervene before they enter the homeless response system.

Key strategies include CalAIM Enhanced Care Management, Full-Service Partnership services, peer support, and the Housing Support Team to maintain stability for households with complex needs. Integrating criminal justice partners into HMIS, Coordinated Entry, and Housing Resource Team (HRT) case conferencing expands diversion opportunities and prevents institutional discharges into homelessness.

Prevention focuses on early identification via Coordinated Entry, HRT case conferencing, By-Name List management, and healthcare/behavioral health partnerships. The CoC applies diversion and problem-solving strategies to help households retain existing housing or secure alternative arrangements whenever possible.

Youth homelessness prevention remains a central focus. Collaboration between Child Welfare Services and Behavioral Health expands mental health services for foster youth, those at risk of foster care, and youth facing family instability, offering early intervention to secure housing stability.

These coordinated efforts yield measurable progress. The 2026 Point-in-Time Count documented 394 people experiencing homelessness—a 15.4% drop from 466 in 2025. Priority populations also saw notable decreases, including unaccompanied youth (20 to 12), veterans (13 to 8), and families with children (23 to 22).

System performance is tracked via HMIS, Coordinated Entry, By-Name List data, Built for Zero metrics, and HUD System Performance Measures. Key benchmarks include reduced first-time homelessness, decreased system inflow, increased diversion, improved retention, and long-term stability for vulnerable households, advancing the CoC's goal of preventing homelessness across the region.

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

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

(limit 2,500 characters)

Nevada County CoC's Strategic Regional Plan seeks to reduce the length of time individuals and families experience homelessness through coordinated housing navigation, case conferencing, system integration, and data-driven performance management. The CoC utilizes Coordinated Entry, Housing Resource Team (HRT) case conferencing, By-Name List management, Critical Time Intervention practices, and Build for Zero methodologies to prioritize households with the greatest needs and accelerate connections to permanent housing.
Key strategies include expansion of housing stabilization services through CalAIM Enhanced Care Management, Full-Service Partnership services, peer support programs, and the Housing Support Team to improve housing placement and retention outcomes. The CoC is strengthening coordination among behavioral health, healthcare, criminal justice, and homeless service providers to reduce barriers to housing and improve system flow.
Nevada County CoC maintains emergency shelter capacity while working to reduce prolonged shelter stays by increasing transitions to rapid rehousing, permanent supportive housing, and other permanent housing destinations. Coordinated housing navigation and post-housing stabilization services help households quickly secure and maintain permanent housing.
To strengthen accountability and improve outcomes related to length of time homeless, the CoC established the Data Systems Quality Evaluation and Strategies Committee. The committee reviews HMIS, Coordinated Entry, By-Name List, and system performance data; identifies barriers contributing to extended episodes of homelessness; evaluates program performance; and recommends strategies to improve housing placement timelines, data quality, and overall system effectiveness.
Progress is monitored through HMIS, Coordinated Entry data, Build for Zero metrics, and HUD System Performance Measures. Nevada County's current average length of time homeless is 127 days, a reduction from 168 days in 2022, demonstrating progress toward shortening homelessness experiences through housing-focused interventions. The CoC will utilize the newly established Data Systems Quality Evaluation and Strategies Committee to further analyze system bottlenecks, improve housing placement rates, and continue reducing the average length of time persons remain homeless.
https://files.hudexchange.info/reports/published/CoC_Perf_CoC_CA-531-2024_CA_2024.pdf

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

| | |
|---|---|
| **Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?** | 42.00% |

### Describe how you calculated the data for this response.

### (limit 2,500 characters)

A report was run for the time-period of 06/01/2025 - 05/31/2026. The report includes exits from TH/RRH/PSH to unsubsidized housing destinations and divides that by all TH/RRH/PSH exits. The report has been deduplicated.

| 2A-8. | Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date. | |
|---|---|---|
| | Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count. | 01/27/2026 |

| 2A-8a. | HIC and PIT Count Data–HDX 2.0 Submission Date. | |
|---|---|---|
| | Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT? | Yes |

| 2A-8b. | Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date. | |
|---|---|---|
| | You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen. | |
| | Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST? | Yes |

| 2A-8c. | System Performance Measures (SPM) Data–HDX 2.0 Submission Date. | |
|---|---|---|
| | Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT? | Yes |

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

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

| Project Type | Adjusted Total Year-Round, Current Non-VSP Beds | Adjusted Total Year-Round, Current VSP Beds | Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database | HMIS and Comparable Database Coverage Rate |
|---|---|---|---|---|
| 1. Emergency Shelter (ES) beds | 124 | 15 | 139 | 100.00% |
| 2. Safe Haven (SH) beds | 0 | 0 | 0 | 0.00% |
| 3. Transitional Housing (TH) beds | 41 | 34 | 65 | 86.67% |
| 4. Rapid Re-Housing (RRH) beds | 9 | 0 | 9 | 100.00% |
| 5. Permanent Supportive Housing (PSH) beds | 67 | 0 | 67 | 100.00% |
| 6. Other Permanent Housing (OPH) beds | 0 | 0 | 0 | 0.00% |

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

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

(limit 2,500 characters)

NA - The single encampment issue has been resolved.

# 3A. Policy Initiatives

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

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

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

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

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

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

# 4A. Attachments Screen For All Application Questions

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

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

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

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

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment | Yes | List of TH/RRH/PS... | 09/29/2026 |
| 02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment | Yes | Projects and Unit... | 09/29/2026 |
| 03. 1C-3. Language from Project Supportive Service Agreements | Yes | Intake Packet | 09/30/2026 |
| 04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety | Yes | NCSO | 09/30/2026 |
| 05. 1D-1. Local Competition Scoring Tool | Yes | Renewal Project S... | 09/29/2026 |

| | | | |
|---|---|---|---|
| 06. 1D-2c. Local Competition Selection Results | Yes | Competition Selec... | 09/29/2026 |
| 07. 2A-8b. FY 2026 HDX Competition Report | Yes | FY 2026 HDX Compe... | 09/23/2026 |
| 08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points | No | | |
| 09. 3A-2a. Project List for Other Federal Statutes | No | | |
| 10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery | No | | |
| 11. Other | No | | |

# Attachment Details

**Document Description:** List of TH/RRH/PSH Projects

# Attachment Details

**Document Description:** Projects and Units Requiring Substance Use Treatment

# Attachment Details

**Document Description:** Intake Packet

# Attachment Details

**Document Description:** NCSO

# Attachment Details

**Document Description:** Renewal Project Scoring Tool

# Attachment Details

**Document Description:** Competition Selection Results

# Attachment Details

**Document Description:** FY 2026 HDX Competition Report

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** Renewal Project Scoring Tool

# Submission Summary

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

| Page | Last Updated |
|---|---|
| 1A. CoC Identification | 09/25/2026 |
| 1B. Coordination and Engagement–Accountable Structure and Participation | 09/28/2026 |
| 1C. Coordination and Engagement | 09/29/2026 |
| 1D. Project Review/Ranking | 09/29/2026 |
| 2A. HMIS Implementation | 09/29/2026 |
| 3A. Policy Initiatives | 09/29/2026 |
| 4A. Attachments Screen | 09/30/2026 |
| Submission Summary | No Input Required |

# List of TH/RRH/PSH Projects 1C-1

1. **Home Anew Consolidated Project 2026**
    a. Agency: County of Nevada
    b. Type: PSH

2. **Orchard House Transitional**
    a. Agency: County
    b. Type: TH

HOMELESS RESOURCE COUNCIL OF THE SIERRAS

Currently, no Continuum of Care (CoC) program projects within the CA-515 Roseville, Rocklin/Placer County CoC require participants to undergo or participate in substance use treatment as a mandatory condition of housing or program entry/occupancy. All existing projects adhere to low-barrier, Housing First principles.

However, should the project applications submitted under the FY 2026 CoC Competition receive award funding, all awarded housing program projects will adhere to applicable program guidelines and established local standards regarding access to and requirements for substance use disorder (SUD) treatment and supportive services across all HUD units.

# Nevada County Behavioral Health
# Permanent Supportive Housing Program:

Welcome!

Enclosed are the materials needed for you to begin the process of applying for the Behavioral Health Supportive Housing Programs. Your application will be reviewed to determine if you meet the eligibility criteria. Contact your Case Manager with any questions regarding the process.

Instructions:

1. Complete Housing Intake Checklist Form.
2. You will be assigned an individual appointment time with your Case Manager to review your application and to do an interactive Housing Services Assessment.
3. Obtain all items listed on the Housing Intake Checklist.
4. Attend your individual appointment with your Case Manager with all completed items.
5. Only complete application packets will be accepted, all others will be denied.
6. Should you not arrive for your housing application submission appointment your application will be denied.

***Please be advised that we are requesting truthful answers. Should you report false information your application will be denied and/or your enrollment terminated.

Applicant Name: _____ Application Request Date: _____

# Nevada County Behavioral Health
# Supportive Housing Programs:
# Housing Intake Checklist

To complete the Housing Program application process the below checked items are required. **Only complete applications will be accepted and processed** all others will be denied. Your Service Coordinator can help you complete the application process.

☒ A Personal Statement explaining your past and current housing situation: **Form A**

- A statement written in your own words about your current living situation and the history of your homelessness starting with your first occurrence of homelessness.

☒ Homeless Verification: **Form B**

- Signed form and supporting documentation from an emergency shelter (i.e., Hospitality House) or from a community agency that can verify your current and past housing situation/homelessness.
- Supporting Documentation Attached.

☒ Disability Verification: **Form C**

- Applicants must be currently enrolled in one of the following Full-Service Partnership Programs or eligible to be enrolled: Turning Point Providence Center, New Directions, or Victor Community Support Services
- Letter from a qualified health care professional
- If you have been approved for SSI a copy of your award letter.

☒ Intake Form: **Form D**

☐ Explanation of criminal charges and or verification of anger management or treatment: **Form E**

☒ Income Verification (i.e., statements from SSI/SSDI/SDI, GR, Food Stamps, work income, etc.)

☒ Resource Verification (i.e., bank accounts, retirement accounts, stocks/bonds, etc)

☒ Complete all Authorization for Use or Disclosure of Health Information Form

☒ Complete a Diagnosis Eligibility Information Form: **FORM F**

Appointment Date and Time: _____

Appointment with:_____ Phone Number: _____

Applicant Name: _____ Date: _____

## Supportive Housing Program:
## Past and Current Housing Situation Personal Statement
## Form A

**Please write a statement in your own words about your history of homelessness and/or information about why you are about to be homeless.**

---

**Date Start (Month/Year):_____ End Date (Month/Year):_____**
**Location: City, State: _____**
**Reason Homeless:**

_____

_____

**Date Start (Month/Year):_____ End Date (Month/Year):_____**
**Location: City, State: _____**
**Reason Homeless:**

_____

_____

**Date Start (Month/Year):_____ End Date (Month/Year):_____**
**Location: City,**
**State:_____**
**Reason Homeless:**

_____

_____

**Date Start (Month/Year):_____ End Date (Month/Year):_____**
**Location: City, State: _____**
**Reason Homeless:**

_____

_____

***Use the back of the form if more room is needed to provide additional information**

Applicant Name: _____ Date: _____

# Supportive Housing Program:
# Homelessness Status Verification
# Form B

***Part One: Homeless Status:*** The Housing Program requires written documentation of homeless status for all participants. **This form is provided to all applicants and is the responsibility of the applicant to have the form completed by an organization that can verify his or her homeless status, past and present. Please attach the supporting documentation to this form.**

Please provide the requested certification of homelessness by completing the following form.

Name of Applicant:_____

1. **Homeless Status** (please check only one box)

The person named above is currently homeless because he or she is:

☐ a. Sleeping in places not meant for human habitation (such as cars, parks, sidewalks, etc.); living at a publicly or privately operated shelter designated to provide temporary living arrangements; or is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution (MHSA, SHP, HA and S+C eligible)

☐ b. Will imminently lose their primary nighttime residence provided that the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; **and** no subsequent residence has been identified; **and** the individual lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing (only MHSA)

☐ c. Is an unaccompanied youth under 25 years of age who do not otherwise qualify as homeless under this definition, but are defined as homeless under another federal program (see instructions); have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; has experienced persistent instability as measured by two movers or more during the 60 day period immediately preceding the date of applying for homeless assistance; **and** can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; history of domestic violence or childhood abuse; two or more barriers to employment (lack of high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment) (only MHSA)

☐ d. Is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual that has either taken place within the individuals primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and** they have no other residence **and** lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain permanent housing (only MHSA)

Applicant Name: _____ Date: _____

2. **Chronically Homeless Status**:
   a. A "homeless individual with a disability:
      i. ☐ Lives in a place not meant for human habitation, a safe haven, or an emergency shelter; and
      ii. ☐ Has been homeless and living as described in (1.)(a) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1.)(a). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility
   b. ☐ An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph (2) of this definition, before entering that facility;
   c. ☐ A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph 2 or 3 of this definition, including a family whose composition has fluctuated while the head of household has been homeless

3. ☐ Supporting Documentation Attached (see instructions)

4. Signature (see instructions for list of individuals who may sign this form)

   ☐ I certify that the above information is correct to the best of my knowledge.

   _____
   Name of Organization

   _____
   Printed Name and Title

   _____ _____
   Signature Date

   Contact Information _____

We appreciate your time in completing this form. Should you have any questions please call your Service Coordinator.

## Part 2: Housing History

| | Month #1 | Month #2 | Month #3 | Month #4 | Month #5 | Month #6 | Month #7 | Month #8 | Month #9 | Month #10 | Month #11 | Month #12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mo./Yr. | (Current Month) | | | | | | | | | | | |
| Location<br>*Check all that Apply* | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) | ☐ Streets<br>☐ Shelter<br>☐ Safe Haven<br>☐ Inst. (<90 days) |
| Doc. Type<br>*Check One*<br>*(Except Self-Cert. select both)* | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence | ☐ HMIS<br>☐ Obsv. By Outreach<br>☐ Comp. Database<br>☐ Discharge Paperwork<br>☐ Referral<br>☐ Self-Cert.<br>☐ Staff Doc. of Situation<br>☐ Doc. of steps to obtain evidence |
| Doc. Att. | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No | ☐Yes ☐No |

| | |
|---|---|
| Break Mo./Yr. & Descr.<br>or N/A | Break 1:<br>Break 2:<br>Break 3:<br>If there are additional breaks please detail and attach. |
| Notes | |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? * ☐ Yes ☐ No<br>** Please be advised that if you answered **YES**, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. **Please check with you project administrator to ensure your project has not exceeded its self-certification cap.*** |
| *Key* | *Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description* |

# Homelessness Certification Instructions

This certification should be completed and signed by an individual that has direct knowledge of where the person experiencing homelessness named in the certification is currently living (e.g. outreach worker, emergency shelter staff person, etc.) now and in the past three years. Case manager may need to coordinate and collaborate with multiple third-party agencies to complete their Homelessness History form and secure all of the required supporting documents.

For unhoused individuals living in the streets who have had no contact with the social service system, an Outreach Worker will complete the form and attach a signed statement from the unhoused person attesting to his/her/their homeless status and history.

The required forms of supporting documentation and type of staff person who may sign the certification are summarized below. You may need to get verification from more than one service provider.

| Homeless Status | Person Who May Sign Certification | Supporting Documentation Required |
|---|---|---|
| 1) Individual who lack a fixed, regular, and adequate nighttime residence and includes a subset for:<br>a) Individuals living in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground | *Staff from social service organization, CBO, housing organization, outreach worker, housing or service provider that has assisted the homeless person<br>*If none of the above, a certification (written statement) by the individual seeking assistance | HMIS record or record from a comparable database; brief statement describing where the person is currently living, any assistance the organization has provided to this person and any other pertinent information about the person's activities that helps to document his or her homeless status (e.g. has been showering at the drop-in center). |
| b) Individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals | Staff from shelter organization in which the homeless person is receiving services from | HMIS record; brief statement attesting that the person is currently staying or in the past stayed at the shelter and indicating how long person has/had been there. |
| c) Individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution | *Individuals from above **and** staff from institution in which the homeless person is staying<br>*Discharge paperwork or a written or oral referral from a social worker, case manager or other appropriate official of the institution. | Brief statement attesting that the person is currently residing in the institution, has been there for less than 90 days, and was homeless upon entry. Statement must specify the person's housing situation upon entry (i.e. living in streets, shelter, etc.) |
| 2) An Individual who will imminently lose their primary nighttime residence, provided that:<br>a) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;<br>b) No subsequent residence has been identified; **and**<br>c) The individual lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain permanent housing | *Landlord<br>*Intake worker<br>*Oral and written statement by the individual | A court order resulting from an eviction action; or equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law; individuals staying in a hotel or motel with their own funds must provide evidence that they lack resources necessary to reside there for more than 14 days; or an oral statement by the individual that the owner/landlord is evicting within 14 days and the intake worker must record the oral statement **and** certify that it was found credible |

| | | |
|---|---|---|
| 3)Unaccompanied youth under 25 years of age who do not otherwise qualify as homeless under this definition, but who:<br>a) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C 5732a), section 637 of the Head Start Act (42 U.S.C. 9832, section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2, section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012, section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a); have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; **and** can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, **and** a history of unstable employment | *Local private nonprofit organization or state or local governmental entity responsible for implementing federal program youth qualifies under<br>*Intake worker<br>*Oral and written statement by the individual | Multiple documentations will be needed for this category, only some are listed:<br>Referral by a housing or service provider, written observation by an outreach worker, or certification by homeless individual seeking assistance; documentation from owner/renter of housing, provider of shelter or housing, or social worker, case worker, or other appropriate official of a hospital or institution in which the individual resided; or where statements or records are unobtainable, a written record of the intake workers due diligence in attempting to obtain these statements or records; to obtain written diagnosis from a professional who is licensed by the state to diagnose and treat that condition; employment records; department of corrections records; literacy, English proficiency tests; |
| 4) Individual who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual that has either taken place within the individual's primary nighttime residence or has made the individual afraid to return to the primary nighttime residence; has no other residence; **and** lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain permanent housing | *Victim service provider, as defined in section 401(32) of the McKinney-Vinto Homeless Assistance Act<br>*Housing services provider, social worker, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization whom the individual has sought domestic violence service through<br>*Oral statement from the individual | Oral statement by the individual with documentation or certified by the intake worker; oral statement from the individual that is certified by a written observation by the intake worker or a written referral for a service organization. The written referral or observation need only include the minimum amount of information necessary to document the individual is fleeing domestic violence |

**Note:** A third-party documentation of a single encounter with a homeless service provider on a single day within 1 month is sufficient to consider an individual as homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter for the entire calendar month, unless there is evidence that there have been at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter during that month.

**Note:** Each break in homelessness of at least 7 consecutive nights not living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter between separate occasions must be documented.

**Note:** Evidence of stays in institutional care facilitates fewer than 90 days included in the total of at least 12 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter must include documentation.

**Note:** For at least 75 percent of the chronically homeless individuals and families assisted by a project during an operating year, no more than 3 months of living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter may be documented using program participant statements.

**Note: T**he priority of obtaining evidence as third-party documentation first, intake worker observations second and certification from the person seeking assistance third. Records contained in an HMIS, or comparable database used by victim service or legal service providers, are acceptable evidence of third-party documentation and intake worker observations if the HMIS, or comparable data base, retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.

# Supportive Housing Program:
# Disability Verification
# Form C

Applicant's Name_____

You are being asked to complete this form because he/she has applied for housing assistance with Nevada County Adult Behavioral Health. The program requires that the applicant have at least one of the targeted disabilities established by HUD for this program AND must meet HUD's definition of disability. **This form is provided to all applicants and is the responsibility of the applicant to have the form completed by a qualified health care professional trained to make such a determination (i.e. physician, psychiatrist, certified substance abuse counselor, etc.)**

Please verify that the person named above meets these requirements by completing **Sections I and II**.

## I. Targeted Disabilities

The applicant has one or more of the following targeted disabilities

**Please mark all that apply.**

- ☐ Physical Disability
- ☐ **SMI**- Serious Mental Illness
- ☐ **CSA**-Chronic Substance Abuse
- ☐ SMI and CSA
- ☐ Developmental Disability
- ☐ **PWA**-AIDS or related condition

## II. Verification of Disability

**I have verified that the applicant is disabled by determining that: (please check only one box)**

☐ a. The applicant <u>is eligible to receive</u> Supplemental Security Income (SSI) benefits for the targeted disability or disabilities checked above.
***If you checked box (a), a copy of the applicant's SSI determination letter must be attached.**

☐ b. The applicant is not receiving SSI benefits, but has one or more of the targeted disabilities checked above **<u>AND</u>** meets the following definition of disability:

**"Has a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that such ability could be improved by more suitable housing conditions."**

☐ c. The applicant is under my care but they **<u>Do Not</u>** meet the above qualifications.

**This certification MUST be signed by a qualified health profession trained to make such a determination (i.e., Physician or licensed professional CADCA).**

Signature _____ Date _____
(Qualified Health Profession Signature)

License # _____

Printed Name and Title:_____

We appreciate your time in completing this form.

# Supportive Housing Program:
# Intake Information
# Form D



**Name**: _____ **Date:**_____

**SSN** _____ **D.O.B.**: _____ **Age**:_____ **Place of Birth (state)** _____

**Phone numbers**:_____

**Address**: _____

**Emergency Contact**: (EC) _____ **Relationship**: _____

**EC Address**: _____ EC **Phone #**: _____

**Do you have family members or others who will reside with you? Yes No**

**Gender**: M F T Other Refused **DISABLED:** Y N **Sex Offender:** Y N

**Have you ever served in the military?** Y N

**Race** (Mark **ALL** that apply):

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Latine/Hispanic
- ☐ Other _____
- ☐ Native Hawaiian/ Pacific Islander
- ☐ White
- ☐ Asian
- ☐ Refused to answer

**Special Needs** (Mark **ALL** that apply):

- ☐ Mental Illness
- ☐ Developmental disability
- ☐ Domestic Violence
- ☐ Alcohol Abuse
- ☐ Physical Disability
- ☐ Drug Abuse
- ☐ HIV/ AIDS
- ☐ Chronic Health Condition
- ☐ Other _____
- ☐ Refused to answer

**Sources of Income during past 30 days** (Mark **ALL** that apply): **Provide verification of all income received**

- ☐ SSI ~ $_____ per month
- ☐ Social Security ~ $_____ per month
- ☐ GA ~ $ _____ per month
- ☐ TANF $ _____ per month
- ☐ Vet's Pension ~ $ _____ per month
- ☐ Vet's Disability ~ $_____ per month
- ☐ Self Employment ~ $ _____per month
- ☐ SSDI ~ $_____ per month
- ☐ Unemployment ~ $ _____ per week
- ☐ Child Support ~ $ _____ per _____
- ☐ Worker's comp ~ $ _____ per month
- ☐ Employment ~ $ _____ per week
- ☐ Alimony ~ $ _____ per month
- ☐ Other ~ $ _____ from _____

**Total Income $ _____ per month**

**Non Cash Assistance** (Mark **ALL** that apply):

- ☐ Temporary Housing Assistance
- ☐ Section 8
- ☐ Veteran's Services
- ☐ Food Stamps
- ☐ TANF childcare
- ☐ TANF transportation
- ☐ TANF other _____
- ☐ Healthy Families
- ☐ Private insurance
- ☐ Medi-Cal
- ☐ Medicare
- ☐ CMSP

**Resources: Provide verification of all resources**

- ☐ Checking Accounts
- ☐ 401k or other retirement accounts
- ☐ Notes Receivable
- ☐ Savings Accounts
- ☐ Trust Deeds
- ☐ Stocks/Bonds/CD
- ☐ Credit Union Accounts
- ☐ Uncashed checks/money orders
- ☐ Cash

**Where did you sleep the *LAST 7 DAYS?*** (Choose **ONLY ONE**):

- ☐ Jail or Prison
- ☐ Hotel or motel
- ☐ Non-housing (street, park, car, bus station, etc.)
- ☐ Transitional housing for homeless persons
- ☐ Substance Abuse Treatment Facility
- ☐ Domestic Violence Shelter
- ☐ With Relatives or Friends (circle one)
- ☐ Refuse to answer
- ☐ Foster home
- ☐ Owned a home
- ☐ Emergency Shelter (Hospitality House or other)
- ☐ Psychiatric Facility
- ☐ Hospital (for medical condition)
- ☐ Rental Housing with a subsidy
- ☐ Rental Housing without a subsidy
- ☐ Other _____

**How long did you stay in the above identified location?**

☐ one week or less ☐ 7 to 30 days ☐ 1 to 3 months ☐ 3 to 12 months ☐ one year or more

**Zip code of last permanent address** _____

**Are you currently** ☐ Homeless ☐ Imminently losing housing ☐ in unstable housing ☐ in stable housing

**IF YOU ARE HOMELESS**, mark all that apply

☐ I have been continuously homeless for more than one year

☐ I have had at least 4 episodes of homelessness in the past 3 years? How many months in those 3 years were you homeless? _____

*an episode is defined as living on the streets or in an emergency shelter

☐ Neither of the above

1. Where have you been staying for the last 12 months? (*indicate months and where)*

_____

_____

_____

_____

2. What steps have you taken to find housing?

_____

_____

_____

If none, why not? _____

_____

If you are having difficulty finding housing, why? _____

_____

3. Have you ever been diagnosed with a severe and persistent mental illness? YES NO

If yes, what is or was your diagnosis? _____

Are you currently receiving mental health services? YES NO

If yes, who is providing services? _____

4. What support services are you currently receiving? (i.e., case management, groups, support services)

_____

_____

If none, why not? _____

_____

What services are you looking for, or would like to engage in, if any? _____

_____

_____

5. Do you have a history of domestic violence, drugs offenses, sex offense, or criminal activity?

If yes, please explain: _____

_____

_____

_____

Mark those that apply and indicate your Probation or Parole officer's name and contact information:

☐ Informal Probation ☐ Formal Probation ☐ Parole ☐ 290 Registrant

_____ _____

Name of Probation and Parole Officer Phone Number

***I hereby certify that I have answered all questions truthfully and have reviewed the answers for accuracy. If I knowingly report false information, my application will be denied and/or enrollment terminated.***

_____ _____

Applicant's Signature Date

**********

## To be completed by Staff

**Date of First Contact: _____ Date of Appointment Attended: _____ Date Application Submitted: _____**

**Date Application Completed _____**

**Documents received:**

- ☐ **Homeless Certification**
- ☐ **Disability Verification**
- ☐ **Diagnosis Eligibility Info**
- ☐ **Other: _____**
- ☐ **Income Verification**
- ☐ **Resources Verification**
- ☐ **Release of Information Form Received**

**Date Assessed: _____ Enrollment: ☐ FSP ☐ WH ☐ SH ☐ Home Anew ☐ MHSA**
**FSP Enrollment Date: _____**

**Client ID # _____** **Staff initials _____**

## Notes:

_____

_____

_____

_____

_____

Applicant Name: _____ Date: _____

# Supportive Housing Program:
# Explanation of Criminal Charges
# Form E

**Approximate Date _____**
**Describe Charges**

_____

_____

_____

_____

_____

**Convicted**
☐ **Yes** ☐ **No**

**Approximate Date _____**
**Describe Charges**

_____

_____

_____

_____

_____

**Convicted**
☐ **Yes** ☐ **No**

***Use back of the form if more room is needed to provide additional information**

Applicant Name: _____ Date: _____

# Supportive Housing Program:
# Diagnosis Eligibility Information
# Form F

The MHSA Housing Program provides a permanent housing opportunity that is designed to assist homeless persons who have a mental health disability. To be an eligible participate you must have at least one of the following diagnoses:

i. Schizophrenia
ii. Schizoaffective Disorder
iii. Bipolar Disorders
iv. Major Depression
v. Delusional Disorder
vi. Psychotic Disorders
vii. Co-occurring Disorders (mental illness of i-vii above and substance abuse or mental illness of i-vii above and a developmental disability).

**AND**

a. Adults must also meet at least one of the following criteria:
   i. Functional impairments due to an untreated or under-treated mental illness that prevents engagement in meaningful activities and inability to remain in housing.
   ii. Frequent incarceration or psychiatric hospitalizations due to untreated or under-treated illness.

Participant name _____

Please put a check mark next to the circumstance that applies to you. Documentation under each category needs to be provided.

____ **I am currently enrolled in an FSP.** In this case no other documentation is needed.

**____ I will sign a Release of Information Form to allow County staff or its designee to review any mental health records verifying my diagnosis from other mental health programs or other referral sources. I understand that no certification of eligibility can occur until the records are received.**

**____ I will agree to an assessment for the purpose of establishing a diagnosis by a licensed mental health clinician through Nevada County.**

Signed _____ Dated _____

NEVADA COUNTY
SHERIFF'S OFFICE

SHANNAN MOON
SHERIFF/CORONER
PUBLIC ADMINISTRATOR

September 30, 2026

To Whom It May Concern:

This letter attests that The Nevada County Sheriff's Office is not aware of any attempts by Nevada County Behavioral Health Department or nonprofit homeless service providers to interfere with the Sheriff's Office's commitment to upholding public safety and enforcement of the law when addressing issues of homelessness. The Sheriff's Office has a long-standing working relationship with Behavioral Health on issues of criminal justice and recidivism pertaining to people who are homeless in our community and who have high recidivism in the jail system. This relationship is aimed at reducing recidivism and allows for better coordination but does not constitute interference in our office's duty to uphold the law.

Sincerely,

Sam Brown
Undersheriff
Nevada County Sheriff's Office

**Competition Selection Results**

1. **Home Anew**
    a. Score: 110
    b. Rank : 1
    c. Status: Accepted
    d. Amount Requested: $138,480

2. **Orchard House**
    a. Score: 110
    b. Rank : 2
    c. Status: Accepted
    d. Amount Requested: $92,340

3. **Homeless Resource Council of the Sierras**
    a. Score: 110
    b. Rank : 3
    c. Status: Accepted
    d. Amount Requested: $100,000