

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-530 - Alpine, Inyo, Mono Counties CoC

1A-2. Collaborative Applicant Name: County of Inyo

1A-3. CoC Designation: CA

1A-4. HMIS Lead: County of Inyo

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	No	0
11.	Hospital(s)	No	
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	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	0

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

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Eastern Sierra CoC maintains open membership for stakeholders throughout Inyo, Mono, and Alpine Counties. At least annually, the CoC issues a public invitation for interested persons within the CoC service area to become members. The invitation is distributed to relevant organizations throughout the three-county region and published in newspapers with broad circulation in the Eastern Sierra. In addition to the annual public invitation, interested individuals may join the CoC at any time during the year by providing their name, contact information, and relevant organizational affiliation.

Membership is open to a broad range of stakeholders, including nonprofit homeless assistance and victim service providers, faith-based organizations, local governments, businesses, advocates, public housing agencies, school districts, social service and mental health agencies, hospitals, affordable housing developers, law enforcement, veteran-serving organizations, and individuals with lived experience of homelessness.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Eastern Sierra CoC solicits and considers input from a broad range of stakeholders throughout Inyo, Mono, and Alpine Counties through its open membership structure, public meetings, committees, and working groups. CoC membership is open to organizations and individuals with knowledge of or an interest in preventing and ending homelessness, including homeless assistance providers, local governments, advocates, healthcare and behavioral health providers, schools, law enforcement, businesses, faith-based organizations, veteran-serving organizations, and people with lived experience of homelessness.

The full CoC membership meets at least semi-annually to receive information regarding CoC activities, funding, and progress toward its goals. The CoC Board also meets at least quarterly, and all Board meetings are open to the public.

Stakeholder input is also incorporated through CoC committees and working groups. The Performance and Outcomes Committee reviews data and gaps, develops recommendations regarding CoC funding priorities, evaluates program and system performance, and consults with government agencies, homeless service providers, private funders, and other relevant organizations regarding available resources and strategies for addressing homelessness. CoC members may also participate in committees and working groups that inform policies and recommendations presented to the Board for consideration and approval.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
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(limit 2,500 characters)

The Eastern Sierra CoC has historically had limited CoC Program funding and has not routinely conducted a local competition involving multiple project applicants. However, the CoC maintains an open and inclusive process for considering proposals from eligible organizations, including organizations that have not previously received CoC Program funding and faith-based organizations.

When competitive CoC Program funding is available, the CoC will publicly announce the funding opportunity and eligibility requirements and invite proposals from eligible organizations throughout Inyo, Mono, and Alpine Counties. Outreach will include the CoC's membership and stakeholder distribution networks and other public communication channels available to the CoC. The opportunity will be open to new applicants, including nonprofit and faith-based organizations, consistent with HUD eligibility requirements.

All proposals received will be evaluated through the same established local competition process using published requirements and objective review criteria. The CoC Application Committee will support the Collaborative Applicant in administering the competition and reviewing applications, with funding recommendations presented to the CoC Board for consideration and approval. Organizations will not be excluded or disadvantaged because they have not previously received CoC Program funding.

The CoC's Governance Charter supports this inclusive approach by establishing open membership to a broad range of community stakeholders, expressly including faith-based organizations, and assigning the CoC Application Committee responsibility for implementing a collaborative application process and reviewing applications for new programs or projects.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The Eastern Sierra CoC's 2026 Strategic Plan establishes a comprehensive, multi-year strategy to reduce homelessness across Alpine, Inyo, and Mono Counties. Through stakeholder surveys and meetings, the CoC identified significant gaps including insufficient permanent supportive and affordable rental housing, the absence of geographically distributed low-barrier emergency shelter, limited behavioral health and co-located services, transportation barriers, and challenges coordinating services across the rural three-county region.

To address these gaps, the CoC will expand the continuum of housing and services, including identifying sites for small-scale permanent supportive and modular housing; partnering with affordable housing developers to establish units for households experiencing homelessness; increasing utilization of housing vouchers; and exploring adaptive reuse of motels, commercial spaces, and publicly owned buildings. Initial site assessments and development partnerships are targeted for Year 1, with housing units targeted to become operational within 2–4 years. Potential resources include HUD CoC Program, HHAP, PLHA, HOME-ARP, NPLH, and LIHTC.

The strategy also addresses the needs of specific and vulnerable populations. Prevention efforts target youth exiting foster care, people leaving institutions, and survivors of domestic violence. The CoC will expand mobile outreach, behavioral health and medical connections, transportation assistance, coordinated entry access in Tribal and underserved rural communities, and targeted services for Tribal members, seniors, youth, people with disabilities, and survivors of domestic violence.

Within 90 days of Strategic Plan adoption, the ESCoC Governing Board will develop a Year 1 Work Plan assigning lead partners, measurable targets and performance indicators, funding needs, and quarterly milestones. Progress will be reviewed annually using HMIS and other system data, including housing placements, length of homelessness, and returns to homelessness, with results reported to CoC membership and the public.

1B-5a	Confirmation of Plan Coverage.
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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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	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)

The Eastern Sierra CoC is a rural, three-county Continuum covering Alpine, Inyo, and Mono Counties. Substance use disorder (SUD) treatment is available through the counties' behavioral health systems and contracted providers, although the region's geography and limited availability of co-located services can create access challenges for people experiencing homelessness. Inyo County Behavioral Health provides SUD treatment services, including education and treatment for alcohol and drug use. Services are available regardless of ability to pay, with a sliding fee scale for individuals without insurance or Medi-Cal, and individuals can access services through the County's 24/7 access line or directly through its behavioral health program in Bishop.

Mono County Behavioral Health provides outpatient SUD treatment, including assessment, individual and group counseling, medication services, care coordination, patient education, and crisis intervention. The County also coordinates access to higher levels of care, including intensive outpatient treatment, medications for addiction treatment, residential treatment, and withdrawal management. Services may be initiated through the County's Behavioral Health office or access line.

Alpine County Behavioral Health provides outpatient SUD services and contracts with providers in California and Nevada for additional levels of care, including intensive outpatient services, medication-assisted treatment, withdrawal management, residential treatment, and recovery residences.

The Eastern Sierra CoC's 2026 Strategic Plan identifies access to behavioral health and SUD services as a system gap, particularly given the region's rural geography and transportation barriers. Strategies include expanding mobile outreach with integrated behavioral health and medical support, strengthening partnerships with CalAIM providers, and improving transportation and service coordination across the region.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC coordinates with the behavioral health systems serving Alpine, Inyo, and Mono Counties to connect people experiencing homelessness with outpatient mental health and substance use disorder treatment appropriate to their assessed needs. Across the rural region, available services include assessment, individual and group therapy, substance use disorder counseling, psychiatric and medication services, case management, crisis intervention, medication-assisted treatment, and referral or coordination to higher levels of care when clinically indicated.

Inyo County Behavioral Health provides specialty mental health and substance use disorder services based on individual assessment and need. Available mental health services include individual, group, and family treatment, case management, psychiatric medication evaluation and medication support, including through telehealth. Its Drug Medi-Cal services include outpatient and intensive outpatient SUD treatment, assessment, counseling, patient education, medication services, medication-assisted treatment, and SUD crisis intervention. The County also maintains a 24/7 behavioral health access line and connects individuals experiencing a mental health crisis with 988.

Mono County Behavioral Health provides therapy, case management, telepsychiatry, SUD counseling, crisis intervention and assessment, medication-assisted treatment, and connections to other health and social services.

Services are available through its main clinic and satellite locations serving rural communities, and the County offers intake on demand to help individuals engage with appropriate services.

Alpine County Behavioral Health provides outpatient individual, family, and group counseling; SUD treatment; psychiatric consultation and medication management, including telepsychiatry; case management; crisis intervention; and coordination with inpatient and detoxification services when a higher level of care is needed. Services may also be provided outside the office based on client needs.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC works within the behavioral health and substance use disorder service systems of Inyo, Mono, and Alpine Counties to connect individuals experiencing homelessness with recovery-oriented supports, including peer support, care coordination, and navigation to behavioral health and community resources.

Inyo County Health and Human Services Behavioral Health utilizes Peer Support Specialists to provide peer-to-peer support and help individuals access and navigate behavioral health services. Peer services are recovery-oriented, resiliency-focused, culturally appropriate, and trauma-informed and may include coaching, mentoring, education, identification of individual strengths, development of natural supports, and assistance locating and accessing community resources and services. Inyo County also provides mental health and SUD services through its Behavioral Health Division, including a 24/7 access line for connection to services.

Mono County Behavioral Health provides SUD care coordination designed to help participants navigate the continuum of care and access medical, social, educational, vocational, rehabilitative, and other community resources. SUD counselors and clinicians assist individuals with transitions between levels of care and provide recovery-oriented interventions intended to support long-term stability.

Alpine County Behavioral Health provides SUD treatment and recovery resources through County services and contracted community-based providers. Available services span outpatient and intensive outpatient treatment, medication-assisted treatment, withdrawal management, residential treatment, and recovery residences.

These services complement the Eastern Sierra CoC Strategic Plan's emphasis on expanding integrated behavioral health outreach, strengthening connections with behavioral health and CalAIM providers, and improving access to services for people experiencing homelessness across the region's geographically dispersed rural communities.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC works with the public behavioral health systems in Inyo, Mono, and Alpine Counties to identify and connect individuals experiencing serious mental illness (SMI) with appropriate behavioral health treatment, intensive case management, crisis services, housing supports, and other services necessary to promote stability. Individuals may be identified through outreach, Coordinated Entry and homeless service providers, County Behavioral Health assessment, crisis response, or referrals from other community systems.

Inyo County Behavioral Health operates Full Service Partnership (FSP) services for individuals with significant behavioral health needs. The FSP model includes comprehensive behavioral health and substance use assessments, wellness and recovery planning, case management, individual and group mental health services, crisis services, peer support, linkage to primary care, and housing support. Inyo County also provides medication evaluation and psychiatric services and assigns case managers to work in partnership with clinicians to coordinate ongoing supports.

Mono County Behavioral Health similarly operates an FSP model providing intensive, individualized services. FSP participants receive a designated case manager who serves as a primary point of responsibility and coordinates treatment planning and connections to housing, transportation, healthcare, social services, and other supports. specifically identifies individuals experiencing homelessness as a population targeted through its outreach and engagement activities and provides low-barrier pathways into behavioral health services.

Alpine County Behavioral Health provides specialty mental health services, crisis services, an Adult System of Care, and Assisted Outpatient Treatment, with services available in community settings outside the behavioral health office when needed.

These services align with the Eastern Sierra CoC Strategic Plan's strategy to expand mobile outreach with integrated behavioral health and medical support and strengthen cross-system coordination among housing, healthcare, behavioral health, Tribal governments, and other partners.

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

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

(limit 500 characters)

The Eastern Sierra CoC coordinates with county behavioral health and justice-system partners serving the region. Mono County Drug Court is a collaborative partnership involving Mono County Behavioral Health, Probation, Superior Court, District Attorney, and Public Defender to connect individuals whose justice involvement is related to substance use disorders with community-based treatment and supports.

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

(limit 2,500 characters)

The Eastern Sierra CoC's cross-system approach includes coordination among housing and homeless services, behavioral health, and criminal justice partners to connect individuals with treatment, housing, and supportive services that promote long-term stability. Mono County Drug Court provides a formal collaborative structure involving Mono County Behavioral Health, Probation, Superior Court, District Attorney, and Public Defender. The program connects eligible defendants with substance use disorders to treatment in the community as an alternative approach to traditional criminal justice dispositions. Mono County Behavioral Health provides outpatient SUD treatment, assessment, individual and group counseling, medication services, crisis intervention, and care coordination that connects participants with medical, social, vocational, rehabilitative, and other community resources. Mono County also operates CARE Court, a civil court process through which eligible individuals with specified serious mental health diagnoses may be connected to County Behavioral Health services under judicial oversight. The process can include an individualized treatment plan, supportive services, and a dedicated team, providing another mechanism for coordinating behavioral health treatment and supports that contribute to stability.

These partnerships align with the Eastern Sierra CoC Strategic Plan, which calls for stronger coordination among housing, behavioral health, healthcare, Tribal governments, and criminal justice systems and specifically identifies development of joint protocols with criminal justice agencies to prevent homelessness upon reentry.

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

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

(limit 500 characters)

The Eastern Sierra CoC partners with Inyo County Health & Human Services—Behavioral Health, part of the region's crisis system of care. Inyo Behavioral Health provides 24/7 crisis access through 988 and its local 24/7 Access Line, connecting individuals experiencing behavioral health crises with crisis intervention, assessment, treatment, and other appropriate behavioral health services.

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
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	No
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

The Eastern Sierra CoC maintains formal partnerships with county behavioral health systems across the region. Mono County Behavioral Health participates through a Coordinated Entry agreement and CoC Board representation, and Alpine County Behavioral Health & Health and Human Services is represented on the CoC Board. These partners provide behavioral health services and coordinate access to care for people experiencing homelessness.

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)

N/A – The Eastern Sierra CoC does not currently have a CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

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

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

(limit 2,500 characters)

The Eastern Sierra CoC coordinates with county behavioral health, substance use disorder treatment, crisis response, and other community partners to connect individuals experiencing or at risk of homelessness with housing and supportive services. Because the CoC covers a large rural three-county region, coordination focuses on connecting individuals across systems and reducing barriers created by geography, transportation, and limited-service availability. Individuals identified through behavioral health treatment, crisis response, outreach, or other partner systems may be connected to homeless services and housing resources through referrals and coordination with local housing and service providers. Conversely, individuals engaged through homeless outreach and Coordinated Entry who demonstrate behavioral health or substance use treatment needs can be connected to the appropriate County Behavioral Health system for assessment, treatment, crisis intervention, medication services, care coordination, and recovery supports.

The CoC's 2026 Strategic Plan strengthens this approach by calling for expanded mobile outreach with integrated behavioral health and medical support; increased coordination with CalAIM providers and Managed Care Plans for housing navigation, tenancy supports, and health-related services; and a regional transportation strategy to help individuals reach shelter, treatment, medical care, and other services.

The Strategic Plan also calls for stronger coordination among housing, healthcare, behavioral health, Tribal governments, criminal justice, and education systems. This includes developing joint protocols with criminal justice agencies to prevent homelessness upon reentry and targeted prevention for youth exiting foster care, people leaving institutions, and survivors of domestic violence. These strategies are intended to improve transitions between treatment, institutional settings, crisis services, and stable housing and reduce the likelihood that individuals enter or return to homelessness.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$0
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.	\$299,998
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
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.	\$250,138
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).	0%

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)?	0.00%
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1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The Eastern Sierra CoC consults with Eastern Sierra Community Housing (ESCH), the ESG recipient serving Alpine, Inyo, and Mono Counties, through its active participation in the CoC's regional planning and coordination activities. ESCH has also historically participated on the CoC's Finance Subcommittee, providing a mechanism for coordination regarding funding and regional resource needs.

Consistent with its Governance Charter, the CoC consults with ESG recipients regarding ESG funding allocation, evaluation and reporting of ESG-funded program performance, operation of the Coordinated Entry System, and development of written standards for homelessness assistance. This coordination helps align ESG resources with identified regional needs, system performance, and CoC priorities.

The CoC will continue working with ESCH through the CoC's planning and performance structure to identify service gaps, coordinate resources, review system needs and performance, and align ESG-funded activities with regional priorities, including homelessness prevention, housing stability, outreach, and access to services.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC serves a large, geographically dispersed rural region that currently lacks a year-round, low-barrier, geographically distributed emergency shelter system. The CoC's 2026 Strategic Plan identified the absence of this shelter capacity as a key gap in the regional homelessness response system, along with transportation barriers and challenges accessing services across Alpine, Inyo, and Mono Counties.

Because the region does not have a traditional network of emergency shelter providers, the CoC coordinates through outreach, Coordinated Entry, county social services, behavioral health, nonprofit providers, and other community partners to identify individuals and families experiencing homelessness and connect them with available housing and supportive-service resources. The CoC's governance structure includes collaborative service committees that bring together outreach, housing, shelter, and service providers for coordinated triage and placement, including subregional efforts designed to connect individuals with available resources.

The CoC's Strategic Plan establishes strategies to strengthen this system, including expanded mobile outreach in remote areas, a regional transportation voucher system to improve access to shelter and services, stronger housing navigation and tenancy supports through CalAIM partnerships, and improved coordination across the three counties. The CoC will continue to assess shelter and interim housing needs while connecting people experiencing unsheltered homelessness to available housing and services and pursuing strategies that address the region's identified shelter gap.

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 Eastern Sierra CoC collects, analyzes, and shares PIT, HIC, HMIS, and System Performance data, as permitted by applicable privacy and confidentiality requirements, to inform regional and local planning across Alpine, Inyo, and Mono Counties. The CoC's HMIS/Data Committee works with the HMIS Lead to oversee HMIS data collection, data quality, and production of required HUD reports, including the Point-in-Time Count and Housing Inventory Count.

CoC data are used with state and local government partners to assess the scope and characteristics of homelessness, identify gaps in housing and services, establish funding and program priorities, and evaluate system performance. The CoC's governance structure requires an annual analysis of homelessness needs and services, and the provision of information needed to support local Consolidated Plan processes. The Performance and Outcomes Committee also works with state and local government agencies, homeless service providers, and other partners to review data, conduct gaps analyses, establish performance measures, and evaluate outcomes.

This data-driven approach is incorporated into the Eastern Sierra CoC's 2026 Strategic Plan. The CoC will monitor implementation using measurable targets and performance indicators and conduct annual reviews of progress. Key measures, including housing placements, length of time homelessness, and returns to homelessness, will be tracked through HMIS and reported to the full CoC membership and the public on a regular basis. Findings will be used to update strategies based on system performance, community input, and changing regional needs.

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 Eastern Sierra CoC supplements HMIS data with information from partner systems and regional planning documents to develop a more comprehensive understanding of homelessness, housing instability, behavioral health needs, and service gaps across Alpine, Inyo, and Mono Counties. This includes Community Health Assessments and Community Health Improvement Plans, such as Northern Inyo Healthcare District's Community Health Needs Assessment, as well as county Behavioral Health Services Act (BHSA) plans that address housing and homelessness-related needs.

The CoC uses these sources alongside HMIS and PIT data to identify areas where housing instability intersects with healthcare, behavioral health, and other community needs; assess gaps in services; and inform regional planning and resource allocation. This cross-system information is particularly important in the Eastern Sierra's rural environment, where needs and service utilization may not be fully captured through HMIS alone.

The CoC's 2026 Strategic Plan further prioritizes strengthening cross-system coordination and formalizing data-sharing relationships among CoC partners, Tribal governments, healthcare, behavioral health, criminal justice, and other service systems, with appropriate privacy and confidentiality protections. As these partnerships develop, the CoC will continue expanding its use of partner-system information to support coordinated planning, referrals, and improved housing and service outcomes.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The Eastern Sierra CoC coordinates with regional employment and workforce development resources, including The Job Spot, operated by the Inyo County Office of Education Adult Education Program. The Job Spot provides adult education and workforce preparation services, including GED and high school diploma preparation, English language instruction, computer literacy, basic education, job readiness, and connections to postsecondary education and employment resources.

The region also has access to America's Job Center of California (AJCC) workforce services serving Inyo and Mono Counties, including career counseling, job-search assistance, training, and employment services. CoC and partner agencies connect individuals experiencing or at risk of homelessness with employment, education, and workforce resources based on individual needs and goals. Inyo County service systems have established referral pathways to The Job Spot for individuals needing employment assistance and to Cerro Coso Community College for education and training opportunities. The CoC will continue strengthening coordination with workforce and adult education partners to connect people engaged through outreach, Coordinated Entry, housing, behavioral health, and supportive services with opportunities to build skills, increase income, and improve 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 Eastern Sierra CoC does not currently operate a formal street outreach or co-response team. Instead, the region relies on established relationships among first responders, law enforcement, behavioral health, County Health and Human Services, and community service providers to identify and connect individuals experiencing homelessness with available services.

The Wellness Center and its staff serve as a primary outreach and engagement resource for individuals experiencing homelessness and provide a point of entry into the broader service system. Local law enforcement and first responders are familiar with the Wellness Center and can direct or connect individuals encountered in the community to services. The region's relatively small, rural service network also allows partners to leverage established working relationships and familiarity among agencies to coordinate referrals and respond to individual needs.

Through these connections, individuals can be linked to behavioral health services, housing and homelessness resources, Coordinated Entry, and other appropriate supports. The CoC's 2026 Strategic Plan also prioritizes strengthening mobile outreach in remote areas and improving coordination among housing, behavioral health, healthcare, and other service systems. These efforts are intended to build upon existing relationships with first responders and improve pathways from community encounters to housing and service engagement.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The Eastern Sierra CoC and its partners support family and other natural support-network reunification when it is appropriate, safe, and consistent with the individual's housing goals. Through case management and service coordination, providers work with individuals experiencing homelessness to identify family members, friends, or other supportive connections who may be able to provide housing, transportation, or ongoing support. When a viable reunification option is identified, providers assist participants with planning and coordination, including contacting family or support persons, confirming that the placement is appropriate, coordinating transportation, and connecting individuals with services or resources in the destination community when needed. Reunification may include assistance with travel outside the Eastern Sierra when a safe and stable housing option is available in another geographic area. Because the Eastern Sierra is a geographically isolated rural region with limited housing and service resources, reconnecting individuals with safe and appropriate natural supports can be an important component of housing stabilization. Reunification is pursued as an individualized housing option and is not used as a substitute for providing access to Coordinated Entry, housing assistance, or other services for which an individual is eligible.

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

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

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

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

(limit 2,500 characters)

The Eastern Sierra CoC cooperates with local law enforcement and first responders through established cross-system relationships designed to connect individuals experiencing homelessness with appropriate services while respecting the distinct public-safety responsibilities of local jurisdictions. The Crisis Response Unit works closely with Sheriff's Offices and local Police Departments through mutual response and referral pathways. These relationships allow law enforcement and behavioral health partners to coordinate when individuals encountered in the community may benefit from crisis intervention, behavioral health treatment, housing resources, or other supportive services.

The CoC and its partners assist first responders by providing pathways to behavioral health and homelessness services, including connections to Coordinated Entry and other community resources. Law enforcement and first responders maintain their respective authority and responsibility for public safety, while CoC and service-system partners focus on engagement, assessment, treatment, housing, and supportive-service connections. CoC activities do not interfere with or impede lawful local public-safety activities. The CoC's 2026 Strategic Plan further supports this coordination by identifying Sheriff's Offices and Probation Departments as partners in strengthening connections between the homelessness response and criminal justice systems. Planned strategies include developing joint protocols to prevent homelessness upon reentry and strengthening coordination among housing, behavioral health, healthcare, criminal justice, and other public systems.

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 Eastern Sierra CoC serves a large, rural region where unsheltered homelessness generally does not take the form of large, concentrated encampments. Individuals experiencing unsheltered homelessness are often dispersed across remote areas, public lands, or living in vehicles. More than 90 percent of land in the region is federally owned, creating additional jurisdictional complexity because public lands are managed by multiple federal, state, and local entities.

Local jurisdictions and land-management agencies retain responsibility for enforcing applicable laws and policies regarding camping, tents, and use of public property. The CoC does not impede these activities and instead works with law enforcement, first responders, behavioral health, and service providers to help connect affected individuals with appropriate services. Existing relationships include coordination between the Crisis Response Unit, Sheriff's Offices, and local Police Departments through mutual response and referral pathways.

When individuals experiencing homelessness are identified through these encounters, CoC and community partners can provide connections to behavioral health services, Coordinated Entry, housing resources, and other supports. The CoC will continue to leverage these established relationships to improve coordination between public-safety activities and service engagement. The CoC's 2026 Strategic Plan also identifies expansion of mobile outreach in remote areas and stronger coordination among housing, behavioral health, healthcare, and criminal justice partners as priorities. These strategies are intended to mitigate challenges created by the region's geography, multiple land-management jurisdictions, limited transportation, and limited housing and shelter resources by improving the ability to engage individuals and connect them with services when tents or encampments are identified.

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 Eastern Sierra CoC does not experience large, concentrated tent encampments to the same extent as many urban communities. Unsheltered homelessness across Alpine, Inyo, and Mono Counties is geographically dispersed, and the region's climate, elevation, extreme winter temperatures, and remote terrain make prolonged tent camping difficult in many locations. Individuals experiencing homelessness are more commonly found living in vehicles, in remote locations, or in smaller and less visible camping situations. The 2025 Point-in-Time Count identified 124 individuals experiencing homelessness, of whom 98, or 79 percent, were unsheltered. The CoC's 2026 Strategic Plan reports that 64 percent of unsheltered individuals had slept in vehicles the prior night. This pattern is consistent with prior regional homelessness planning, which found that approximately three-quarters of the unsheltered population was living in vehicles and that extreme winter temperatures were a significant factor in Mono County. California Housing Dept. While tents and encampments do occur, they tend to be dispersed across the CoC's extensive rural geography rather than concentrated on large encampments. Individuals may be located along roadways, on public lands, in vehicles, or in remote areas that can be difficult for outreach and service providers to access. The CoC's Strategic Plan specifically recognizes homelessness in remote encampments and identifies transportation and geographic isolation as barriers to accessing services. Accordingly, the CoC's response to unsheltered homelessness must address both traditional encampments and the region's substantial vehicle-dwelling population. Continued mobile outreach, Coordinated Entry access, safe parking strategies, transportation assistance, and coordination with public agencies are important components of connecting this dispersed population with housing and supportive services.

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 Eastern Sierra CoC works within the laws and public-safety practices of Alpine, Inyo, and Mono Counties while coordinating with behavioral health, substance use disorder treatment providers, law enforcement, first responders, and other community partners to connect individuals using illicit drugs in public with appropriate treatment and supportive services. The CoC does not impede lawful public-safety responses and seeks to ensure that individuals encountered through those responses have pathways to treatment, housing, and other services.

When law enforcement encounters an individual using illicit drugs in public, the response may include detention or referral to a hospital depending on the circumstances. Individuals referred for medical care can also be assessed for behavioral health needs and connected to appropriate mental health or substance use disorder services. County behavioral health systems provide SUD treatment, crisis intervention, care coordination, and referrals to higher levels of care when needed.

The CoC will leverage these existing response and treatment pathways while strengthening coordination among behavioral health, law enforcement, first responders, homeless service providers, and Coordinated Entry so that individuals experiencing homelessness who are encountered through public-safety systems can be connected to assessment, treatment, recovery supports, housing resources, and other appropriate services.

Challenges include the region's large rural geography, transportation barriers, limited local treatment capacity, and the need to access some higher levels of care outside the region. The CoC's Strategic Plan addresses these barriers through planned expansion of mobile outreach with integrated behavioral health and medical support, improved transportation access, and stronger coordination among housing, healthcare, behavioral health, and criminal justice systems.

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

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

(limit 2,500 characters)

Overdose and illicit substance use remain public health concerns within the Eastern Sierra CoC, although available regional data do not indicate that illicit drug use is concentrated primarily in public spaces or among individuals experiencing homelessness. The CoC therefore coordinates its response within the broader substance use and overdose-prevention efforts of Alpine, Inyo, and Mono Counties.

Inyo County data demonstrates a significant overdose burden. The County's 2025–2028 Community Health Improvement Plan reports approximately 12 drug-overdose deaths per 20,000 residents compared with approximately 4 per 20,000 statewide, based on California Department of Public Health data. Inyo County's 2026–2029 Integrated Plan also identifies both all-drug overdose deaths and drug-related emergency department visits as above statewide rates. Fentanyl and opioid overdose are also recognized concerns elsewhere in the region. Mono County has reported the presence of fentanyl in the community and maintains overdose-prevention resources, including naloxone, fentanyl test strips, harm-reduction supplies, and connections to substance use disorder and mental health services. Inyo County similarly makes free naloxone available and provides overdose-response education and connections to substance use treatment resources.

Because homelessness in the Eastern Sierra is geographically dispersed, with many unsheltered individuals residing in vehicles or remote locations rather than large concentrated encampments, the CoC does not have evidence demonstrating that public illicit drug use or overdoses are concentrated in large homeless encampments. The CoC instead treats overdose risk and substance use as issues requiring coordinated outreach, behavioral health and SUD treatment access, overdose prevention, first-responder coordination, and connections to housing and supportive services throughout the three-county region.

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 Eastern Sierra CoC operates within California's Lanterman-Petris-Short Act, including Welfare and Institutions Code § 5150, which establishes standards for involuntary assessment and evaluation when an individual, as a result of a mental health disorder, is a danger to themselves, a danger to others, or gravely disabled. Authorized professionals may initiate an involuntary evaluation when statutory criteria are met.

County behavioral health and crisis systems provide mechanisms for implementing these standards throughout the CoC region. The CoC supports these processes through coordination among behavioral health, law enforcement, first responders, healthcare, and homeless service providers and does not interfere with determinations made by authorized professionals regarding involuntary evaluation or treatment.

When an individual experiencing homelessness requires emergency psychiatric intervention, the individual is medically cleared and transferred to a crisis stabilization unit when appropriate. Because crisis stabilization services are often located outside the Eastern Sierra, regional service partners maintain contact and monitor the individual's treatment status. The receiving facility assesses the appropriate length of stay and discharge destination, which may include a higher level of care. Discharge planning includes coordination of follow-up care when the individual returns to the Eastern Sierra community, helping maintain continuity between crisis intervention and local behavioral health and supportive services.

A significant challenge is the Eastern Sierra's rural geography and limited local behavioral health infrastructure, which can require transportation to treatment facilities in other counties. The CoC will continue to mitigate these barriers by strengthening coordination among crisis services, behavioral health, first responders, healthcare, and homeless service providers; supporting continuity of care following discharge; and improving connections to housing and other appropriate services. The CoC's Strategic Plan further supports expanded mobile behavioral health and outreach capacity and stronger cross-system coordination.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC operates within California's sex-offender registration and notification framework and coordinates with local law enforcement while respecting statutory restrictions governing disclosure of registrant information. California requires individuals convicted of specified offenses to register with the local law enforcement agency having jurisdiction over their residence. Individuals who become transient or homeless must update their registration information with local law enforcement, and transient registrants are subject to recurring registration requirements. Local law enforcement agencies transmit registration information to the California Department of Justice for inclusion in the statewide registry.

The CoC does not interfere with these registration, monitoring, or notification responsibilities. When individuals experiencing homelessness are subject to sex-offender registration requirements, the CoC and its service providers will cooperate with authorized law enforcement agencies consistent with applicable federal and state law while continuing to connect eligible individuals with appropriate housing and supportive services.

California law establishes limits on the location and other information that may be publicly disclosed. Depending upon the registrant's statutory classification, the California Megan's Law website may disclose a full address, ZIP code/city/county, or no location information publicly. The CoC will not independently disclose information that state or federal law protects from disclosure.

The CoC will leverage existing relationships with Sheriff's Offices, Probation Departments, and other criminal-justice partners to support lawful information sharing and ensure that homelessness does not prevent individuals from complying with applicable registration requirements. The CoC will address barriers created by homelessness and the region's rural geography through coordination among law enforcement, Coordinated Entry, outreach, behavioral health, and service providers while referring requests for protected registrant information to the appropriate law-enforcement authority.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Eastern Sierra CoC's outreach strategy is designed around the unique characteristics of homelessness across Alpine, Inyo, and Mono Counties, a rural region covering approximately 14,106 square miles. Individuals and families experiencing homelessness may be located in towns and business corridors, vehicles, public lands, remote encampments, or temporarily staying with others. Because homelessness is geographically dispersed and often less visible than in urban communities, the CoC uses multiple access points and partnerships to identify and engage individuals and families throughout the region.

The CoC maintains a Coordinated Entry System (CES) with both in-person and remote assessment capabilities to improve access across the rural geography. County social services, behavioral health providers, Tribal governments, healthcare organizations, nonprofit and community-based providers, and other partners serve as important points of connection to the homelessness response system. The Strategic Plan calls for expanding CES access within Tribal communities and underserved rural towns so that geography does not prevent households from accessing housing and services.

The CoC is also expanding mobile outreach capacity to reach individuals in remote areas, with integrated behavioral health and medical support. Planned improvements include transportation assistance for individuals who need to reach shelter, services, or medical care and stronger partnerships with CalAIM providers for housing navigation, tenancy support, and health-related services. Outreach strategies recognize populations that may be less visible or face additional barriers to accessing services, including families with children, unaccompanied youth, seniors, Tribal members, people with disabilities, and survivors of domestic violence. The Strategic Plan calls for culturally relevant and multilingual outreach delivered through trusted messengers and targeted engagement of underserved populations.

The CoC uses PIT, HMIS, Coordinated Entry, provider knowledge, and community partnerships to identify emerging needs and service gaps. As outreach capacity expands, the CoC will continue strengthening mobile outreach, rural CES access, transportation, and cross-system coordination to ensure individuals and families throughout the three-county region can be identified, engaged, and connected to appropriate housing and supportive services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	No
6.	Healthy Start	No

7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

The Eastern Sierra CoC addresses educational needs through its standard assessment and referral procedures. When individuals and families experiencing homelessness are assessed for services, providers identify household needs and make referrals to appropriate community resources, including educational services for children and youth when applicable. Through Coordinated Entry and partner-agency service coordination, families and youth can be connected to school districts and other educational resources to address school enrollment, continued educational participation, and related supports. These referrals are incorporated into the broader assessment and service-planning process rather than addressed through a separate CoC policy specific to educational services. The CoC recognizes an opportunity to further formalize its written procedures to ensure that individuals and families with school-age children and unaccompanied youth are consistently informed of available educational services and connected to appropriate educational partners as part of the assessment and referral process.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC maintains partnerships with Health and Human Services agencies in the counties it serves, including agencies responsible for child welfare and foster care services. These relationships support coordination for youth and families involved with public systems of care who are experiencing or at risk of homelessness.

Through these partnerships, child welfare and HHS staff can coordinate with housing and homelessness resources to identify housing needs, make referrals, and connect eligible individuals with available assistance. The region also leverages Home Safe funding through Child Welfare Services to provide housing-related assistance and support housing stability for eligible individuals served by the child welfare system.

The CoC will continue coordinating with county HHS and child welfare partners to strengthen connections between public systems of care and the homelessness response system, with the goal of preventing homelessness and supporting housing stability for individuals transitioning from or involved with these systems.

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

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

(limit 2,500 characters)

There are currently no Runaway and Homeless Youth (RHY)-funded providers operating within the Eastern Sierra CoC's geographic area. Therefore, the CoC does not currently coordinate with RHY-funded Street Outreach, Basic Center, Transitional Living, or Maternity Group Home programs.

In the absence of RHY-funded providers, the CoC utilizes the youth set-aside available through Homeless Housing, Assistance and Prevention (HHAP) funding to address the needs of youth experiencing or at risk of homelessness. These resources can be used on a case-by-case basis to provide supportive services and housing assistance based on the individual needs of youth.

The CoC also coordinates with county Health and Human Services and other community partners to connect youth with available housing and supportive services and will continue to identify opportunities to strengthen resources for youth experiencing homelessness across the region.

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

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

(limit 500 characters)

The Eastern Sierra CoC has housing resources dedicated to serving families with children experiencing homelessness. Wild Iris operates transitional housing serving families with children affected by domestic violence. Eastern Sierra Community Housing also operates the Innsbruck Lodge, which provides housing assistance for families with children experiencing homelessness. These resources provide housing and supportive services intended to help families achieve safety and housing stability.

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)

Families served by the projects identified in 1C-13 can be connected to county CalWORKs programs and other supportive resources designed to increase household income and support housing stability. Through CalWORKs, eligible families may receive employment services, job-readiness and training assistance, supportive services, and cash assistance intended to help participants obtain employment and move toward greater economic self-sufficiency.

Housing and supportive-service needs may also be addressed through available HAP and HHAP resources, including HHAP youth set-aside and general funding, as applicable. These resources can help address immediate housing barriers while families engage with employment, benefits, and other services intended to increase income and improve their ability to maintain housing.

Through coordination with county Health and Human Services and other community partners, families are connected to available employment, income, housing, and supportive-service resources based on their individual needs.

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)

The projects identified in 1C-13 leverage mainstream family service systems through coordination with county Health and Human Services programs, including CalWORKs, the Housing Support Program (HSP), and the Homeless Assistance Program (HAP). These programs provide eligible families with access to cash assistance, housing supports, and other services that complement the housing and supportive services provided through the homelessness response system.

CalWORKs provides income and employment-related assistance to eligible families, while HSP can provide housing-related assistance to CalWORKs families experiencing or at risk of homelessness. HAP provides additional assistance to eligible CalWORKs families experiencing homelessness. By coordinating with these mainstream resources, housing providers can leverage TANF/CalWORKs-funded assistance and related family-service resources to address housing barriers, increase household stability, and support families in maintaining permanent housing.

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

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

(limit 2,500 characters)

The projects identified in 1C-13 combine housing assistance with family-focused supportive services through coordination with county Health and Human Services, public health agencies, schools, and other community partners. Families eligible for CalWORKs can access supportive services, including childcare assistance, to help parents participate in employment, training, education, and other activities that support family stability.

Housing providers also coordinate with public health programs to connect families with pregnancy-related, maternal, and child healthcare and other health-related services based on household needs. Partnerships with local schools support connections to educational services and resources for school-age children.

Through this coordinated approach, families receive housing assistance alongside childcare, healthcare, educational, and other family supports intended to address barriers to housing stability and promote the well-being of both parents and children.

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

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

(limit 500 characters)

The CoC partners with the regional Veterans Services Officer serving Inyo and Mono Counties to connect Veterans experiencing or at risk of homelessness with available benefits, services, and supports. There is participation in CoC meetings, supporting coordination between the homelessness response system and Veteran-serving resources. Partner agencies refer Veterans for assistance accessing appropriate Veteran benefits and services.

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

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

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

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

(limit 500 characters)

The Eastern Sierra CoC partners with Wild Iris, a victim service provider serving Inyo and Mono Counties. Wild Iris provides confidential services to individuals and families affected by domestic violence, sexual assault, and other forms of interpersonal violence, including emergency shelter, transitional housing, advocacy, and supportive services. The partnership supports referrals and connections to safe housing and services for survivors experiencing or at risk of homelessness.

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 Eastern Sierra CoC partners with Inyo County Probation and jail staff to prevent homelessness among individuals re-entering the community after incarceration. Inyo County provides re-entry funding, and partners coordinate referrals to needed services. The region also leverages Managed Care resources to connect justice-involved individuals with healthcare, behavioral health, housing supports, and other services.

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 Eastern Sierra CoC partners with the two hospitals serving the region to address the needs of individuals experiencing homelessness with significant medical needs. Hospital and CoC partners coordinate referrals and connections to healthcare, behavioral health, housing, and supportive services, helping individuals with complex health needs access appropriate care and community-based supports following discharge.

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 Eastern Sierra CoC coordinates with aging-services programs in Inyo and Mono Counties to support older adults experiencing or at risk of homelessness. County-contracted aging services provide meals, transportation, ombudsman services, and connections to other supports. These partnerships help older adults experiencing homelessness access services that address health, mobility, nutrition, and housing stability.

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)

Eastern Sierra Community Housing provides permanent housing opportunities for individuals experiencing homelessness, with participants identified and prioritized through the CoC's Coordinated Entry and standard assessment process. The CoC prioritizes individuals with the greatest housing and service needs, including individuals experiencing chronic homelessness and persons with disabilities.

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)

Individuals are assessed for behavioral health needs through the region's standard assessment and service coordination process. When behavioral health services are needed, BHSA-funded behavioral health staff can provide treatment on-site where clients are located, reducing transportation and access barriers for individuals with significant behavioral health needs.

This mobile approach allows individuals in permanent supportive housing to receive behavioral health treatment in their housing environment rather than relying solely on clinic-based services. Behavioral health staff coordinate with housing and service partners as appropriate to support continuity of care, housing stability, and connection to additional mental health, substance use disorder, and supportive services.

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

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

(limit 2,500 characters)

Program participants are assessed on an ongoing basis to identify changes in health, behavioral health, functional, and supportive-service needs. When an individual's needs indicate that a higher level of care may be appropriate, housing and service partners coordinate with healthcare and behavioral health providers to assess the appropriate level of care and facilitate referrals.

The Eastern Sierra region has two skilled nursing facilities that may serve individuals requiring more intensive care. When a participant requires assisted living, residential treatment, skilled nursing, or another level of care that is not available locally, providers assist with identifying and coordinating referral to an appropriate placement outside the region. This process is intended to ensure that participants are connected to the level of care necessary to address their needs while supporting continuity of services and appropriate discharge or transition planning.

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)

Program participants are assessed on an ongoing basis to determine whether their housing is sustainable and whether they may be ready to transition to unsubsidized or other permanent housing. Assessment considers household income, ability to maintain rental payments, ongoing service needs, and the availability of appropriate housing options.

When a participant demonstrates increased housing stability and the ability to assume a greater share of housing costs, rental assistance may be gradually tapered rather than ended abruptly. This approach allows providers to assess the sustainability of the housing arrangement as assistance decreases and helps reduce the risk of a return to homelessness.

Housing and service partners work with participants to identify appropriate permanent housing options and determine whether a transition can be maintained over the long term. Decisions are individualized based on the participant's financial circumstances, housing needs, and ability to sustain housing with reduced or no rental assistance.

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

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The Eastern Sierra CoC did not have CoC Program renewal projects subject to reallocation during the FY2026 local competition. Therefore, the CoC did not identify any lower-performing or less-needed renewal projects as candidates for reallocation and did not reallocate funding from an existing project. The FY2026 local competition focused on new HMIS and Coordinated Entry project applications. As a result, there were no existing renewal projects from which funds could be reallocated to create new projects.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bell Data Systems
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

The Eastern Sierra CoC did not make substantive changes to its unsheltered PIT Count methodology or implementation between the 2025 and 2026 PIT Counts. The CoC maintained a consistent approach to identifying and counting individuals experiencing unsheltered homelessness across the region. Because there were no methodology or data quality changes, changes in PIT Count results between 2025 and 2026 are not attributable to a change in counting methodology.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC and its partners work to reduce encampments and unsheltered homelessness through coordinated service engagement, behavioral health response, housing assistance, and connections to Coordinated Entry. The region does not typically experience large, concentrated encampments. Due to its rural geography, extensive public lands, and climate, individuals experiencing unsheltered homelessness are generally dispersed across remote locations or reside in vehicles.

The CoC and its partners monitor known locations where people are experiencing unsheltered homelessness and use established relationships among County Health and Human Services, behavioral health, law enforcement, first responders, and community providers to engage individuals and connect them with available services. The Wellness Center serves as a primary point of engagement and entry into services, and law enforcement and first responders are familiar with this resource and can facilitate connections when they encounter individuals experiencing homelessness.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.	
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The Eastern Sierra CoC will continue efforts to reduce the number of individuals experiencing unsheltered homelessness, including those residing in vehicles, remote locations, and smaller dispersed encampments. Because the region does not typically experience large, concentrated encampments, the CoC's approach focuses on identifying and engaging individuals wherever they are located and connecting them with housing and supportive services.

The CoC's 2026 Strategic Plan establishes several strategies to strengthen this response, including expanding mobile outreach across remote areas, increasing permanent housing opportunities, improving transportation access, and strengthening coordination among housing, behavioral health, healthcare, and public-safety partners.

The CoC will also continue using Coordinated Entry to assess housing and service needs and connect individuals with available housing assistance and supportive services. Existing relationships among County Health and Human Services, behavioral health, the Wellness Center, law enforcement, first responders, and community providers will support identification, engagement, referral, and follow-up.

Given the Eastern Sierra's large rural geography and dispersed unsheltered population, the CoC's long-term strategy is to reduce unsheltered homelessness through sustained engagement and movement into appropriate housing rather than focusing solely on the physical removal of encampments.

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)

The Eastern Sierra CoC plans to decrease the number of individuals and families becoming homeless for the first time by strengthening homelessness prevention, improving early identification of households at risk of housing loss, and coordinating housing stabilization resources across the region. The CoC's Homeless Strategic Plan prioritizes preventing homelessness and promoting housing stability by addressing housing crises before they result in displacement.

Key strategies include establishing a region-wide rental assistance and eviction prevention approach in partnership with legal aid organizations; strengthening rental assistance resources and coordination with CalAIM Managed Care Plans, including Transitional Rent; coordinating with utility providers to address utility-related housing instability; and expanding targeted prevention for populations at increased risk of homelessness, including youth exiting foster care, people leaving institutions, and survivors of domestic violence. The CoC also plans to increase public awareness of available prevention resources through coordinated outreach.

These efforts will be supported through partnerships among the CoC, County Social Services, behavioral health and healthcare partners, legal aid organizations, domestic violence providers, CalAIM Managed Care Plans, and other community organizations. The CoC will use HMIS and other available data to monitor system outcomes, including first-time homelessness, and adjust strategies based on performance and emerging needs. The Strategic Plan establishes a goal of achieving measurable reductions in first-time homelessness as these prevention strategies are implemented.

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

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

(limit 2,500 characters)

The Eastern Sierra CoC plans to reduce the length of time individuals and families remain homeless by improving access to permanent housing, strengthening Coordinated Entry, and reducing barriers that delay connections to housing and services. The CoC's 2026 Strategic Plan prioritizes expansion of permanent supportive housing, rapid rehousing, and affordable housing opportunities and identifies housing navigation and landlord engagement as important strategies for increasing access to available units.

Through Coordinated Entry, individuals and families are assessed and prioritized for available housing resources based on their needs. The CoC will continue strengthening coordination among County Health and Human Services, Eastern Sierra Community Housing, behavioral health, healthcare, and other service partners so participants can be connected more quickly to appropriate housing and supportive services.

The CoC also plans to address barriers that can prolong homelessness in the Eastern Sierra, including limited affordable housing and low vacancy rates, transportation challenges, geographic isolation, and limited access to behavioral health and other supportive services. Strategies include expanding mobile outreach, improving transportation assistance, strengthening landlord engagement, increasing housing navigation capacity, and improving cross-system referral and coordination.

The CoC will use HMIS and system performance data to monitor length of time homeless, identify points where households experience delays in moving from homelessness to permanent housing, and inform ongoing improvements to Coordinated Entry and housing placement practices.

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?	58.23%

Describe how you calculated the data for this response.

(limit 2,500 characters)

During the period from July 1, 2025 through June 30, 2026, the CoC, which includes Alpine County, Mono County, Inyo County, and Eastern Sierra Community Housing, recorded seventy nine exits from transitional housing, rapid rehousing, and permanent supportive housing. HMIS records show that forty six of these participants moved into unsubsidized permanent housing. This figure reflects the combined work of all programs across the three counties and Eastern Sierra Community Housing that consistently enter exit destinations into HMIS.

To determine this number, the CoC reviewed each exit destination recorded in the system and counted only those destinations that meet the definition of unsubsidized permanent housing. All participating agencies follow the same destination categories, which ensured consistency across the region as the data were reviewed. This information provides a clear picture of how many participants were able to secure permanent housing without ongoing rental assistance and helps the CoC understand how people are moving through the system.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	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
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	0	0	0	0.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	0	0	0	0.00%
5. Permanent Supportive Housing (PSH) beds	7	0	0	0.00%
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.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

All project types in the CoC currently have HMIS or HMIS-comparable bed coverage rates at or below 84.99 percent. Over the next 12 months, the CoC will conduct targeted provider outreach to ensure full HMIS participation and accurate reporting. The CoC will meet individually with each provider to clarify HUD requirements, identify barriers to participation, and provide hands-on support for onboarding into the HMIS or an HMIS-comparable database when applicable. The HMIS Lead will offer direct training sessions, user account setup, troubleshooting assistance, and ongoing data-quality guidance to providers new to the system.

The CoC will update written standards to reinforce HMIS participation requirements across all project types. Expectations will be formalized through contracts, monitoring processes, and monthly review of bed coverage rates. Providers with gaps in participation will receive tailored technical assistance, additional training opportunities, and immediate follow-up to ensure progress toward compliance. Where VSP-related privacy constraints exist, the CoC will work with those providers to adopt an approved HMIS-comparable database and ensure secure, compliant data collection.

The CoC will monitor coverage monthly using HIC inventory and HMIS participation records, track progress, and intervene quickly where coverage remains low. Through structured engagement, individualized assistance, strengthened standards, and routine monitoring, the CoC will raise bed coverage rates for all project types to at least 85 percent within the next year.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

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	1C-1. Treatment a...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	C-3 - Language fr...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	CA-530 Ranking Tool	09/30/2026

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

Attachment Details

Document Description: 1C-1. Treatment and Recovery Services—On-Site Substance Use Treatment Availability

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: CA-530 Ranking Tool

Attachment Details

Document Description: FY 2026 CoC Program Competition Rating and Ranking Committee Priority Listing - Approved

Attachment Details

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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

Attachment Details

Document Description:

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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

1C-1. Treatment and Recovery Services—On-Site Substance Use Treatment Availability

Not Applicable

The Eastern Sierra Continuum of Care (CA-530) does not currently have CoC Program-funded Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH) projects included in the FY2026 Annual Renewal Demand (ARD).

Accordingly, there are no applicable TH, RRH, or PSH projects or associated on-site substance use treatment providers to report for this attachment.

Number of applicable TH/RRH/PSH projects: 0

Number with on-site substance use treatment: 0

CA-530 Eastern Sierra Continuum of Care

FY2026 CoC Program Competition

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

Not Applicable

CA-530 Eastern Sierra Continuum of Care does not currently have any CoC Program-funded housing projects or CoC Program-funded housing units. The CoC's currently funded projects are limited to Homeless Management Information System (HMIS) and Coordinated Entry (CE) activities.

Accordingly, CA-530 has 0 CoC Program-funded units that require participation in substance abuse treatment as a condition of continued program participation.

CA-530 Eastern Sierra Continuum of Care

FY2026 CoC Program Competition

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

Not Applicable

CA-530 Eastern Sierra Continuum of Care does not currently have any CoC Program-funded housing projects, including Transitional Housing (TH), Permanent Supportive Housing (PH-PSH), Rapid Re-Housing (PH-RRH), or Joint Transitional Housing-Rapid Re-Housing (Joint TH-RRH) projects.

The CoC's currently funded projects are limited to Homeless Management Information System (HMIS) and Coordinated Entry (CE) activities. These projects do not provide CoC-funded housing units and therefore do not have supportive service agreements requiring housing program participants to participate in supportive services as a condition of continued program participation.

Accordingly, Attachment 1C-3 is not applicable to CA-530 for the FY2026 CoC Program Competition.

4A-04. Evidence of Coordination and Non-Interference with Local Public Safety Efforts

9/28/26

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs

Re: Certification of Coordination and Non-Interference with Local Public Safety Efforts – Eastern Sierra Continuum of Care (CA-530)

To Whom It May Concern:

This letter certifies that the Eastern Sierra Continuum of Care (ESCoC), CA-530, coordinates with local law enforcement, public safety agencies, local governments, and community partners throughout the Eastern Sierra region regarding homelessness response and related public safety matters.

The Eastern Sierra CoC serves Alpine, Inyo and Mono Counties and works collaboratively with public agencies and community-based organizations to coordinate housing, outreach, supportive services, and other responses for individuals and families experiencing homelessness.

Coordination with local law enforcement and public safety partners may include:

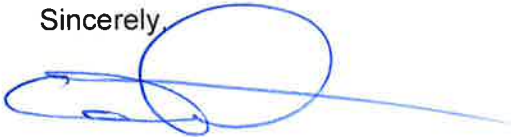
- Communication and coordination regarding individuals experiencing unsheltered homelessness and community public safety concerns;
- Coordination among outreach, housing, behavioral health, social service, and public safety partners to connect individuals experiencing homelessness with appropriate services and resources;
- Collaboration related to encampments and other locations where individuals experiencing unsheltered homelessness may be residing, as applicable;
- Information sharing consistent with applicable federal, state, and local privacy and confidentiality requirements; and
- Maintaining communication between CoC partners and local law enforcement agencies to support coordinated, appropriate responses to homelessness and public safety concerns.

The Eastern Sierra CoC supports lawful public safety activities and promotes coordination between homelessness response providers and law enforcement agencies. CoC-funded projects, subrecipients, and their staff are expected to operate consistent with applicable federal, state, and local requirements and do not interfere with lawful law enforcement activities.

Through these coordination efforts, the Eastern Sierra CoC seeks to ensure that its homelessness response system works collaboratively with public safety partners while connecting individuals and families experiencing homelessness with housing, services, and other appropriate resources.

Please contact Sheriff Stephanie Rennie (sjrennie@inyocounty.us) or Health and Human Services Director Anna Scott (ascott@inyocounty.us) with any questions regarding this certification.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Stephanie J. Rennie', with a large loop and a trailing line.

Stephanie J. Rennie
Sheriff
County of Inyo / Eastern Sierra CoC
Inyo County Sheriff's Office

4A-04. Evidence of Coordination and Non-Interference with Local Public Safety Efforts

9/28/26

U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs

Re: Certification of Coordination and Non-Interference with Local Public Safety Efforts – Eastern Sierra Continuum of Care (CA-530)

To Whom It May Concern:

This letter certifies that the Eastern Sierra Continuum of Care (ESCoC), CA-530, coordinates with local law enforcement, public safety agencies, local governments, and community partners throughout the Eastern Sierra region regarding homelessness response and related public safety matters.

The Eastern Sierra CoC serves Alpine, Inyo and Mono Counties and works collaboratively with public agencies and community-based organizations to coordinate housing, outreach, supportive services, and other responses for individuals and families experiencing homelessness.

Coordination with local law enforcement and public safety partners may include:

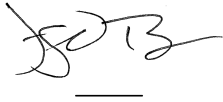
- Communication and coordination regarding individuals experiencing unsheltered homelessness and community public safety concerns;
- Coordination among outreach, housing, behavioral health, social service, and public safety partners to connect individuals experiencing homelessness with appropriate services and resources;
- Collaboration related to encampments and other locations where individuals experiencing unsheltered homelessness may be residing, as applicable;
- Information sharing consistent with applicable federal, state, and local privacy and confidentiality requirements; and
- Maintaining communication between CoC partners and local law enforcement agencies to support coordinated, appropriate responses to homelessness and public safety concerns.

The Eastern Sierra CoC supports lawful public safety activities and promotes coordination between homelessness response providers and law enforcement agencies. CoC-funded projects, subrecipients, and their staff are expected to operate consistent with applicable federal, state, and local requirements and do not interfere with lawful law enforcement activities.

Through these coordination efforts, the Eastern Sierra CoC seeks to ensure that its homelessness response system works collaboratively with public safety partners while connecting individuals and families experiencing homelessness with housing, services, and other appropriate resources.

Please contact Sheriff Ingrid Braun (ibraun@mono.ca.gov) or Amanda Greenberg, Eastern Sierra Continuum of Care Board Chair (agreenberg@mono.ca.gov) with any questions regarding this certification.

Sincerely,

A handwritten signature in black ink, appearing to read 'IB', with a horizontal line underneath it.

Ingrid Braun
Sheriff
County of Mono / Eastern Sierra CoC]
Mono County Sheriff's Office



FY 2026 CoC Program Competition
Rating and Ranking Committee Priority Listing - Approved

Rank	Project Name	Applicant	Project Type	Amount	Final Score	Status
1	HMIS	County of Inyo	New Project	\$200,002	110	Selected for Submission
2	Coordinated Entry	County of Inyo	New Project	\$299,998	110	Selected for Submission
	Planning	County of Inyo	Planning	\$50,000	Not subject to rating or ranking	Not subject to rating or ranking

4A-10. CoC's Policy or Statement to Advance Recovery

Eastern Sierra Continuum of Care (CA-530): Statement to Advance Recovery

The Eastern Sierra Continuum of Care (ESCoC) is committed to supporting the recovery, health, housing stability, and self-sufficiency of people experiencing homelessness who have substance use disorders, mental health conditions, or other behavioral health needs. Consistent with the CoC's Housing First approach and its Strategic Plan, the ESCoC seeks to reduce barriers to housing while strengthening connections to behavioral health treatment, healthcare, recovery supports, and other services appropriate to each person's needs.

Recovery-Oriented, Housing First Approach

The ESCoC supports a Housing First approach that prioritizes access to permanent housing and minimizes barriers for people experiencing homelessness. CoC-funded projects are expected to comply with applicable Housing First requirements and connect participants to appropriate supportive services based on individual needs.

Participation in substance use treatment is not established as a system-wide prerequisite for accessing housing through the Eastern Sierra CoC. When treatment or recovery services are appropriate, participants are connected to available behavioral health and community-based resources to support recovery and long-term housing stability.

Access to Behavioral Health and Recovery Services

The ESCoC recognizes that access to behavioral health and substance use disorder services is an important component of housing stability. The CoC works with County Behavioral Health Departments, healthcare providers, Federally Qualified Health Centers, CalAIM Managed Care Plans, nonprofit organizations, and other community partners to strengthen connections between housing and health-related services.

The ESCoC Strategic Plan specifically calls for expanded mobile outreach with integrated behavioral health and medical support and stronger partnerships with CalAIM providers and Managed Care Plans to connect people experiencing homelessness with housing navigation, tenancy support, and health-related services.

Rural Access to Treatment and Services

The ESCoC recognizes the unique challenges associated with accessing behavioral health, healthcare, and recovery services across the geographically large and rural Eastern Sierra region. Transportation, limited local service capacity, and distance from treatment and

healthcare providers can create significant barriers for people experiencing homelessness.

To address these barriers, the CoC's Strategic Plan calls for expanded mobile outreach in remote communities and development of regional transportation resources to help individuals access shelter, supportive services, medical care, and other needed resources. The CoC will continue working with regional partners to strengthen service connections and reduce geographic barriers to care.

Outreach and Engagement

The ESCoC supports person-centered outreach and engagement designed to connect people experiencing unsheltered homelessness with housing, behavioral health, healthcare, and other appropriate services. The CoC's Strategic Plan prioritizes expansion of mobile outreach capacity, including behavioral health and medical support, particularly in remote and underserved areas.

Engagement strategies are intended to build trust, identify individual needs, and provide connections to services while supporting participants in moving toward housing stability, improved health, and recovery.

Trauma-Informed and Responsive Services

The ESCoC is committed to improving the quality and accessibility of services provided throughout the region. The Strategic Plan calls for shared training for ESCoC-funded providers on trauma-informed care, and rural outreach best practices.

These practices support recovery by promoting respectful, person-centered engagement and strengthening providers' ability to respond appropriately to trauma, behavioral health needs, and the circumstances of people experiencing homelessness in rural communities.

Cross-System Coordination

Recovery and housing stability require coordination across systems. The ESCoC's Strategic Plan calls for stronger partnerships among housing, healthcare, behavioral health, Tribal governments, criminal justice agencies, education systems, and other community partners.

The CoC will continue strengthening relationships with healthcare and behavioral health partners, including CalAIM Managed Care Plans, and developing coordinated approaches with criminal justice partners to prevent homelessness upon reentry and connect individuals with housing and supportive services.

Data, Evaluation, and Continuous Improvement

The ESCoC uses HMIS and other system-level information to evaluate homelessness needs, service gaps, housing outcomes, and system performance. The CoC will use this information,

together with stakeholder and provider input, to identify barriers to behavioral health and recovery services and opportunities to strengthen connections between housing, treatment, healthcare, and supportive services.

Through continued planning, partnership development, provider training, and performance monitoring, the Eastern Sierra CoC will work to strengthen a homelessness response system that supports housing stability, recovery, health, and long-term well-being.