

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-512 - Daly/San Mateo County CoC

1A-2. Collaborative Applicant Name: San Mateo County Human Services Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: San Mateo County Human Services Agency

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	Yes	1
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	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	6
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
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 CoC Steering Committee represents a range of stakeholders and regularly adds new members to ensure continued representation by a diversity of stakeholders. The San Mateo County Human Services Agency (HSA, the CoC Lead Agency) and the Steering Committee Chair review membership throughout the year and solicit new members for vacancies due to resignations, as well as identify individuals to represent additional stakeholder groups. In the past 12 months, 8 new members have been added. Outreach includes contacting individuals who have experienced homelessness, service providers, community-based organizations, City and County departments, and other stakeholder groups. A standing invitation to apply is posted on the CoC website, including general information on the CoC Steering Committee and how to request to become a member. Interested individuals can also contact HSA or the Steering Committee Chair to request to join the committee. Ten new members have been added since 2025. Two of the ten new members have been added to fill seats for two newly added stakeholder groups; Representative of a local workforce development organization or system such as member of the Local Workforce Development Board, State Workforce Agencies, or American Job Centers; and Representative from a local court system managing Assisted Outpatient Treatment (AOT) and/or other civil commitment processes; or from specialty courts (e.g., Mental Health Court, Drug Court, Care Court).

HSA ensures that all CoC information is accessible via its public website, including meeting dates and invitations to participate, CoC contact information, and all NOFO-related notifications. The website also hosts machine-readable PDFs. Information is also communicated via email. Since 2020, CoC meetings have been held virtually, expanding the accessibility of the meetings for various members. If a meeting were to be held in person, it would take place at ADA-accessible locations. Virtual meeting access information is posted on the CoC website prior to each meeting date.

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.

(limit 2,500 characters)

The San Mateo County Human Services Agency (HSA, the CoC Lead) involves an array of stakeholders with an interest in preventing and ending homelessness. The CoC Steering Committee includes members with different areas of expertise, including lived experience of homelessness, government entities, law enforcement, health programs, criminal justice system, education and veterans' services. Members are encouraged to present and provide updates on relevant topics. CoC and partners have solicited input from CoC members on the San Mateo County Health Care for the Homeless Farmworker Health Program, Homelessness Housing Assistance and Prevention, and the Encampment Resolution Fund grants, and CoC policies and programs. Additionally, HSA gathers input from entities and planning bodies working to address homelessness through public meetings of the Community Action Agency, providers, and a range of local elected officials.

HSA ensures that all CoC information is accessible via its public website, including that anyone can submit comments about the CoC performance, strategies and priorities.

The website also includes meeting dates, CoC contact information, and all NOFO-related notices. Information is also communicated via email. Stakeholder input meetings with service providers are often held virtually, to support accessibility. The CoC gathers feedback from people who have experienced homelessness according to their availability, including through virtual meetings, in-person meetings at shelters, and phone calls.

CoC Steering Committee meetings are open to the public, and non-members are welcome. HSA maintains a list of community members who are notified of CoC meetings who provided information on CoC activities, trainings, and system updates. Information is also posted to the CoC's public website. Interested parties are encouraged to participate, regardless of whether they are voting members. Agendas and prior minutes are sent in advance to CoC and community members. Meetings often include opportunities for attendees to provide input on CoC policies and programs.

HSA ensures CoC members and others have the opportunity to provide input on the CoC Strategic Plan through publicly available input meetings announced through the CoC listserv. CoC members and others are invited to provide feedback during the input sessions and via email so that members who could not attend could still provide feedback.

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.

(limit 2,500 characters)

San Mateo County Human Services Agency (HSA, the CoC Lead Agency) announced CoC funding availability via email to the public & stakeholders on the HSA website on 6/16/2026. The announcement was shared broadly with CoC-funded & non-CoC-funded organizations & encouraged new organizations to apply. The email & public posting provided new project applicants with guidance, application templates & the opportunity to register for the Applicant Information Session, which was open to all interested applicants & held virtually on 6/24/2026. A session recording & the materials were shared via email & posted on the website for attendees to review. HSA sent a follow-up email to stakeholders with a reminder of the opportunity & of the available resources on 6/25/26. Applicants were instructed to submit a local application via email by 7/10/26.

HSA organized a series of cross-system partnership sessions in June 2026 to potential new applicants before the NOFO was released, including sessions targeted at mental health & AOD providers, employment providers & childcare providers.

The process is designed to be open to new applications including faith-based & treatment providers. This year, 4 proposals were received from organizations that have not previously received CoC funding, including a faith-based organization, a law enforcement organization, & a behavioral health treatment provider. The proposals from all new organizations were accepted & are included in the project priority listing.

The CoC's Project Review & Ranking Policy was approved on 6/08/26 at an open meeting of the CoC Steering Committee. Renewal projects are scored on HMIS data & application responses demonstrating what they do & how the project performed. New projects are scored on narrative responses about the proposed project design. All applications must meet the minimum criteria for HUD funding & serve eligible populations. HSA staff & the CoC's TA provider reviewed all applications for threshold requirements and objective criteria. A non-conflicted panel reviewed applications to score subjective criteria & select the applications for the priority listing.

HSA's public website includes CoC contact information, registration links for information sessions & office hours sessions, NOFO-related notifications, & PDFs of all materials relating to the CoC competition.

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 CoC's plan includes actions to prevent first-time homelessness, with a specific focus on families and older adults. From 2023 to 2024, the CoC had an 11% increase in first-time homelessness. An independent evaluation of the Emergency Financial Assistance (EFA) program, which provides emergency financial assistance to households at risk of or experiencing homelessness, was completed. The evaluation analyzed both quantitative and qualitative data, input from clients, homeless service providers, and other subject matter experts, and identified service gaps, including: a need for improved connection with the coordinated entry & diversion system; improved outreach to the target population; and more expansive eligibility criteria.

To address these gaps in prevention services, HSA, as the lead agency for the CoC, is implementing multiple strategies, including partnering with the Right at Home (RAH) initiative to create a new targeted homelessness prevention pilot program, which will be funded with private & philanthropic funding. The HSA Director of the Center on Homelessness (COH) oversees the implementation of RAH.

The RAH program will also include a Randomized Control Trial (RCT). The RCT will be privately funded and will assess effectiveness of the new targeted prevention program, thereby adding knowledge to the broader homeless prevention community of what interventions succeed at preventing homelessness for all subpopulations. HSA will begin onboarding and training for this program by January 2027, with full implementation by March 2027. The program will run for 3 years, & publication of findings is expected by June 2030. The program will serve between 1,000-1,500 households, 85% of which will retain housing after 2 years.

To address the gap of connecting to the CES and Diversion system, HSA is implementing a CES redesign process. This County-funded process began in April 2026 with the convening of multiple stakeholder input sessions & will result in a new CES prioritization tool in April 2027, updated policies & procedures by June 2027, & a completed rollout of the tool and procedures by November 2027. Implementation of this tool is expected to expedite CES matches, thereby decreasing length of time spent homeless, & increasing exits to permanent housing, especially for families & individuals with disabilities. The HSA Director of COH and the Deputy Director of the Department of Housing oversee the implementation of the CES redesign.

1B-5a Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes

5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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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?	50%

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)

Not applicable. The CoC is not a rural CoC. The table demonstrates that 50% of these programs will provide on-site substance use treatment.

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

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

(limit 2,500 characters)

The CoC partners with the County Health's Behavioral Health & Recovery Services (BHRS) to provide the outpatient mental health and substance use disorder (SUD) services for people experiencing homelessness. Care is matched to individual needs & delivered in a variety of settings.

BHRS tailors care through ongoing assessment, which includes mental health and substance use needs, suicide risk screening, level-of-care determination, & safety planning when indicated. SUD services use American Society of Addiction Medicine (ASAM) criteria & low-barrier, non-abstinent engagement approaches, that provide rapid access to medications for addiction treatment (MAT), counseling, care coordination, crisis intervention, recovery services, & peer support.

Two CoC-funded projects will incorporate on-site substance use services. One of the projects will incorporate an AOD-certified Substance Abuse Counselor as well as licensed clinicians (MSW/MFT) to provide on-site individual and group counseling. The other is a nonprofit organization that provides a full spectrum of trauma-informed behavioral health services, including substance use treatment.

Substance use case managers are embedded at homeless shelters, street outreach teams & the county hospital's emergency department. BHRS & San Mateo Medical Center's Health Care for the Homeless and Farmworker Health program (HCH/FH) fund providers to deliver outreach, overdose prevention, education, & on-site SUD services at the five largest shelters in the County. Evidence-based interventions include Motivational Interviewing, Cognitive Behavioral Therapy, Relapse Prevention, trauma-informed treatment, Contingency Management, MAT, psychoeducation, family therapy, Wellness Recovery Action Plan, & other peer and recovery supports.

Mental health outpatient services range from Regional Clinics to intensive Full-Service Partnerships, with medication evaluation and management, therapy, case management, peer support, crisis services, housing assistance, & integrated co-occurring SMI/SUD care.

Field-based teams such as Homeless Engagement Assessment & Linkage, HCH/FH, Adult Resource Management, Assisted Outpatient Treatment/Community Assistance, Recovery, & Empowerment Court, Older Adult System of Integrated Services, mobile crisis teams, and forensic programs provide outreach, engagement, stabilization, linkage, & ongoing support for people who may not readily access clinic-based care.

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 CoC partners with San Mateo County Behavioral Health and Recovery Services (BHRS) and peer-led community organizations to ensure that people experiencing homelessness can access peer recovery specialists, peer navigation, and recovery-oriented support. BHRS values lived experience and promotes peer services, leadership development, and peer-based training throughout the County behavioral health system. BHRS is on the CoC Steering Committee, BHRS leadership has regular meetings with the CoC lead agency leadership, and BHRS works directly with the CoC lead agency and homeless programs to coordinate access to recovery programs including many with peer specialists.

BHRS helps clients and family members navigate the behavioral health system and identify available services and resources, including peer support. BHRS also advances the use of Medi-Cal Peer Support Specialists in County mental health and substance use treatment clinics and field-based teams by supporting peer specialist certification.

The CoC also benefits from BHRS contracts with 5 peer-run and peer-led organizations that offer direct peer support, recovery navigation, training, and low-barrier community access. Many provide drop-in services that do not require connection to BHRS, reducing barriers for people who are newly engaged, ambivalent about treatment, or transitioning from homelessness.

Additionally, many CoC shelter providers hold space for AA and other peer recovery groups and Street Medicine teams are able to convene peer recovery groups in the field with those interested. Similar to BHRS, CoC service providers prioritize employing people with lived experience, who are often able to engage with clients experiencing homelessness and substance use in an informal peer-to-peer capacity.

Through these partnerships, the CoC incorporates lived experience into service delivery, connects participants to practical and emotional support, and promotes sustained recovery, community integration, and housing stability.

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

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

(limit 2,500 characters)

The CoC identifies people experiencing serious mental illness through outreach and shelter case managers; field- and clinic-based health providers; law enforcement; and institutional settings, including hospitals and jails. Multiple coordinated pathways connect people experiencing homelessness to assessment, treatment, and housing-focused supports.

For people who are unsheltered or at risk of losing housing, a Behavioral Health & Recovery Services field team provides short-term, field- and shelter-based prevention, intervention, on-site support, and linkage to longer-term behavioral health services.

The CoC also coordinates with County Health Street Medicine and Mobile Clinics, which provide in-field and shelter-based medical and behavioral health services. Teams include primary care providers, an embedded psychiatrist, alcohol and other drug counselors, and psychiatric social workers. The CoC coordinates with Enhanced Care Management providers to connect people with complex medical and behavioral health needs to appropriate services.

Telecare's Mobile Crisis Response Team (MCRT) provides 24/7 countywide, non-law-enforcement crisis care, including in-person assessment, de-escalation, safety planning, transportation, warm handoffs, and post-crisis coordination. When clinically indicated, designated professionals or peace officers may initiate a 5150 hold—an involuntary psychiatric hold of up to 72 hours for evaluation and crisis intervention when, due to a mental health condition, a person is a danger to self or others, or gravely disabled. The CoC also coordinates with law-enforcement-connected field crisis teams: Community Wellness and Crisis Response Team (CWCRT) embeds clinicians with participating police departments; Psychiatric Emergency Response Team (PERT) behavioral health clinicians follow up after 5150 holds and behavioral health crises in Sheriff's jurisdictions; and San Mateo County Mental Health Assessment and Referral Team (SMART) deploys mental-health-trained paramedics with law enforcement to assess individuals and arrange transport to appropriate services.

Individuals with psychotic disorders may be referred to CARE Court, a civil-court process in which petitions are filed directly with the Court. Eligible participants are linked to treatment, housing supports, and longer-term providers, including Full-Service Partnership (FSP) services.

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

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

(limit 500 characters)

CoC partners with Behavioral Health & Recovery Services, which coordinates crisis evaluation and short-term involuntary holds with psychiatric emergency/inpatient services, then uses CARE Court, AOT, Pathways, Full-Service Partnerships, and housing-focused case management to support discharge planning and community stability for individuals with mental and substance use disorders.

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

(limit 2,500 characters)

The CoC coordinates with Behavioral Health and Recovery Services (BHRS) through Pathways, CARE Court, and Assisted Outpatient Treatment (AOT) to stabilize people experiencing homelessness who have serious mental illness, substance use needs, and/or justice involvement. Partners conduct assertive outreach in jails, hospitals, shelters, encampments, and other settings, and accept referrals. Staff build rapport and provide temporary case management while linking participants to long-term behavioral health, substance use, and housing providers.

Pathways is a partnership of BHRS, San Mateo County Courts, Probation, the District Attorney, Private Defender Program, Sheriff's Office, Correctional Health, and the National Alliance on Mental Illness. Case managers assess needs; link eligible participants to treatment, peer support, medication services, and housing; and monitor engagement with court-directed community rehabilitation plans.

Pathways clinicians may assess misdemeanor incompetence-to-stand-trial cases and recommend Mental Health Diversion, AOT, CARE Court, or conservatorship investigation. Court participation can create a structured route to treatment and community-based housing instead of incarceration; successful completion may result in dismissal of charges when applicable.

CARE Court and AOT teams engage people not consistently connected to care. CARE Court uses an individualized CARE Agreement, developed by BHRS, the participant, and legal counsel, to identify services needed for community stability. AOT provides outreach, eligibility assessment, temporary case management, and linkage to care, including Full-Service Partnership services through Telecare when eligible. Court orders and agreements reinforce engagement in community-based treatment while maintaining recovery, due process, and the least restrictive setting.

Across these programs, staff help participants obtain identification and documents, complete housing applications, prepare for interviews, and secure interim and permanent housing, including through the CoC's Coordinated Entry System. They support applications for Behavioral Health Bridge Housing programs, social rehabilitative housing, and other transitional options. Full-Service Partnership providers continue housing-focused case management after linkage. This coordinated approach supports movement from crisis, institutional, or unsheltered settings to stable housing, ongoing treatment, and greater independence.

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 San Mateo County Mobile Crisis Response Team partners with the CoC to offer 24/7 rapid intervention to those experiencing a mental health or substance use crisis. Services are delivered by behavioral health clinicians and peer specialists. The CoC's Homeless Outreach Team identifies unsheltered persons in crisis and collaborates with Mobile Crisis Response to connect them to services. Homeless providers are trained in crisis intervention, and clients are provided resources including 988.

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.	10

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?	Yes
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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 San Mateo County Human Services Agency has an agreement with the San Mateo County Behavioral Health and Recovery Services, that allows the San Mateo CoC & all homeless service providers to make referrals to a Projects for Assistance in Transition from Homelessness (PATH) program to serve homeless families and individuals with a serious mental illness or co-occurring substance use disorder by connecting them with behavioral health services & linking them to housing & community resources.

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

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

(limit 500 characters)

The CoC's priority listing includes a new sober housing program operated by Retraining the Village, providing 10 beds across two locations. Participants will receive a safe, supportive environment while accessing housing stabilization and substance use disorder (SUD) treatment service including medication-assisted treatment to support individuals with SUD challenges.

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 CoC coordinates with outpatient and residential substance use disorder treatment providers, mental health providers, outreach teams, shelter staff, the new CoC sober housing program, and permanent supportive housing providers to facilitate timely, warm handoffs as individuals transition from homelessness to housing. These partnerships help ensure that participants are connected to the behavioral health, recovery, and supportive services needed to sustain housing stability. The CoC has established AB 210 Multi-Disciplinary Team information-sharing protocols which support appropriate information sharing among multidisciplinary teams. California law AB210 permits local jurisdictions to create multi-disciplinary teams to share and exchange information about people experiencing homelessness to facilitate the expedited identification, assessment, and linkage of homeless adults and families to housing and supportive services within the County. The County of San Mateo established protocols, which are administered by the CoC lead agency, that allow providers to coordinate participants' service needs, identify barriers to successful housing transitions, and align care plans during and after housing placement, where typically system barriers might prevent such coordination from occurring.

The CoC partners with the Department of Housing and PSH property management as well as support services to make introductions to relevant Health teams and resources, particularly those that can provide on-site support, including Enhanced Care Management (ECM) and Community Supports (CS) providers, who are integral to helping clients maintain their housing. Through the CES 2.0 redesign work, the CoC is also considering how to support clients pre-move into pre-identified necessary resources.

The CoC emphasizes timely, person-centered coordination while protecting client privacy and complying with applicable confidentiality, consent, and data-sharing requirements.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$16,565,618
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.	\$8,103,729
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	49%
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.	\$4,965,371
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).	79%

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)?	50.00%
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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 San Mateo County Human Services Agency (HSA, the CoC Lead Agency) coordinates with San Mateo County Department of Housing, the local ESG recipient, on ESG priorities, awards, eligibility, and service delivery. This coordination includes the following: (a) A member of the CoC sits on the Department of Housing's Housing and Community Development Committee, which helps to set priorities for ESG funds and to make the final recommendation of California and federal ESG funding awards to the San Mateo County Board of Supervisors. (b) HSA staff members serve as reviewers on local ESG NOFO panels for California and federal ESG applications. (c) HSA works with the Department of Housing to ensure that all ESG subrecipients input client-level data into HMIS and that subrecipients receive referrals from the local coordinated entry system. And (d) the Center on Homelessness and Department of Housing consult regularly on ESG planning, allocation of ESG funds, homeless system gaps, and eligible uses of funds.

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 San Mateo County Human Services Agency (HSA, the CoC Lead Agency) contracts with organizations to provide shelter services throughout the county and coordinates with shelter providers to link sheltered households to CoC assistance, including housing resources, employment resources, physical health and medical services, and mental health services.

The CoC's Coordinated Entry System matches individuals and families staying in shelter with available housing resources, including all CoC-funded housing programs. Shelter case managers and housing liaisons assist in connecting to shelter residents to these resources. Additionally, shelter case managers and housing liaisons assist individuals and families with housing problem solving, including linking shelter clients with family or support-network reunification efforts.

HSA provides resources and support to shelter providers through (a) trainings offered through HSA's contract with Homebase, (b) County trainings, (c) monthly site visit meetings at shelters, (d) announcements and presentations on new and existing resources, and (e) regular technical assistance.

HSA also coordinates with County Health to ensure that the following services are available to individuals and families at shelters: (a) regular mobile medical services to meet the primary care, urgent, and chronic medical needs of shelter residents; (b) behavioral health assessments, case management, crisis intervention, therapy, and coordination of treatment through the Homeless Engagement, Assessment & Linkage (HEAL) program; (c) full-time medical and dental for clients residing at the Navigation Center, the County's largest shelter; and (d) substance use disorder services – including, shelter-based outreach, care coordination, and clinical services. HSA also works closely with the local Housing Authority to ensure smooth linkages and systems of referral to housing resources for shelter residents through.

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 San Mateo County CoC actively shares HMIS and System Performance data with state and local government and uses PIT and HIC data to inform local planning and decision-making, as permitted by law and consistent with the CoC's HMIS Privacy Notice and HMIS privacy and security plans. The CoC uses PIT and HIC data to inform local government about the scale and characteristics of homelessness and the inventory and utilization of homeless response resources. The CoC uses HMIS and System Performance data to support state and local government system planning and oversight, including analysis of utilization, inflow and outflow, length of time homeless, exits to permanent housing, returns to homelessness, and many other metrics of system performance.

Consistent with its HMIS Privacy Notice and HMIS privacy and security plans, the CoC may use or disclose HMIS data to provide or coordinate services for an individual or household; for functions related to payment or reimbursement for services; to carry out administrative functions, including reporting, legal, audit, personnel, oversight, or management functions; for creating de-identified data from personally identifiable information; when required by law; to avert a serious threat to health or safety; to government authorities when related to victims of abuse, neglect, or domestic violence under specified circumstances; for academic research; and for law enforcement purposes, such as in response to a lawful court order or grand jury subpoena.

In practice, while most sharing with state and local government occurs through aggregate, summary, or de-identified reporting, the CoC also submits required client-level HMIS data to California's Homeless Data Integration System (HDIS) on a quarterly basis to support statewide analysis, planning, reporting, and coordination.

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

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

(limit 2,500 characters)

The CoC has several data sharing strategies in place.

First, the CoC is currently piloting a program to match Coordinated Entry System (CES) data for candidates for permanent supportive housing with health care system data. County health care records were consulted for each high-scoring person in CES. The information is used to ensure that each of these potential tenants has a case manager in the homeless or healthcare system who could work with them on their housing application and eventual move.

Second, the CoC shares data with the County Health Department to identify people with histories of high health care system utilization for tenancy in their Homes for a Health California housing portfolio.

Third, the CoC is participating in a statewide initiative to exchange HMIS and Managed Care Plan data to coordinate care. We learned that 44% of the people in HMIS were also enrolled in the Health Plan of San Mateo (HPSM) in July 2026. We are working closely with HPSM on gaining a shared understanding of system data and have started discussion with our HMIS provider about creating fields in HMIS to store their exchanged data.

Finally, we have started conversations with Stanford Hospital with a goal of expanding the data sharing on admission and discharge, among other health care record data, and are also in the early stages of sharing data with the County's Health System and correctional health data system.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC & Vocational Rehabilitation Services work in collaboration to support individuals who currently are/have experienced homelessness to achieve housing stability & self-sufficiency through the HOME program, which is a paid employment training program that provides training for clients and vocational counseling to support clients in moving to employment. The CoC lead agency identifies the homeless programs that can refer to HOME and coordinates between referring agencies and HOME.

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)

Street Outreach programs contracted by the CoC lead agency are contractually obligated to consult with Law Enforcement (LE) for each jurisdiction about the location and composition of encampments as well as other homelessness-related issues. Outreach conducts quarterly meetings/trainings with LE teams to develop & refine strategies on collaborative client engagement with services and shelter. The newly proposed CoC-funded street outreach programs would have the same expectation to consult with & participate in quarterly meetings/trainings with LE.

The CoC has a Street Outreach Rapid Response Program (RRP) which provides dispatch services countywide by fielding and dispatching rapid response & outreach requests for unsheltered persons called in by community service providers to outreach teams. LE representatives are regularly trained and updated on how to use RRP dispatch services & work with outreach teams to ensure each request receives thorough follow up. The RRP is an often used and important resource for law enforcement to connect with outreach prior to or during an encampment clearance.

LE & outreach collaborate during encampment clearances. Outreach coordinates with local jurisdictions in advance of abatements to deliver services to each encampment resident. These services include offers of shelter, support to connect to the CoC's Coordinated Entry System, supports accessing CoC, health, recovery, & other housing & supportive services programs. The LE & Outreach coordination takes place at scheduled coordination meetings, ongoing communication & any gaps in planning can be addressed with the RRP. This coordination between outreach staff & LE aims to engage clients & connect them with services before any removal enforcement takes place.

LE can engage with outreach on client case conferencing by attending the regional monthly Multi-Disciplinary Team (MDT) meetings facilitated by outreach program directors. MDTs provide a collaborative space where outreach providers, law enforcement, & other partner organizations may discuss ongoing client cases & the status of specific encampments. The meetings allow for multi-disciplinary strategizing & collaboration pertaining to increasing client engagement & service connection.

These collaborative efforts have contributed to a 13% increase in positive exits for clients who exit the street outreach program (i.e., leave unsheltered homelessness to a shelter or a permanent housing situation).

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 CoC assists individuals and families experiencing homelessness or living in CoC-funded housing with family or support-network reunification through housing-focused case management, coordinated discharge planning, diversion, and connections to community-based resources. The County of San Mateo Human Services Agency (HSA), as the CoC Lead Agency, funds homeless outreach teams, shelter-based housing-focused case management, rapid rehousing, housing location services, and other supports for identifying safe and appropriate housing options, including reunification with family or other natural supports when appropriate. This funding includes client assistance to pay for travel and other costs associated with reunification efforts. The CoC's prevention and discharge-planning work includes coordination with foster care, hospitals, mental health systems, and jail partners, and HSA shares housing resource information and best practices with these partners to enhance discharge planning, support family reunification, and provide diversion training. The CoC also uses Coordinated Entry access points, Core Service Agencies (safety net services), and Homeless Outreach Teams to identify households in need of assistance and connect them to appropriate services. The Core Service Agencies are geographically distributed throughout the County and provide safety-net services, referrals, and emergency financial assistance that can help stabilize households, prevent homelessness, or support exits from homelessness. HSA also funds institutional diversion in partnership with the jail and public hospitals to connect people to housing before exiting institutions including the jail systems, reducing their likelihood of discharging into homelessness and helping identify safe housing or support-network options when available.

For survivors of domestic violence, reunification and connection to family or support networks are addressed through a safety-centered lens. The Community Overcoming Relationship Abuse (CORA) housing team discusses geographic safety, connection with family, reasonable accommodations, security needs, employment, and housing in safe areas as part of housing planning. CORA also uses flex funds for safety-related needs such as changing locks and security systems when needed. This ensures that any family or support-network connection is pursued only when consistent with the participant's safety, confidentiality, and self-determined housing plan.

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

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

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

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

(limit 2,500 characters)

The CoC works with County departments, municipalities, the Sheriff and other law enforcement, transportation agencies, San Mateo County Behavioral Health and Recovery Services (BHRS), and first responders to advance public safety while connecting people to housing and services. The CoC does not interfere with law enforcement's authority to protect public safety, enforce laws, respond to emergencies, or address immediate health and safety hazards.

Street Outreach teams regularly consult with law enforcement regarding encampments, and law enforcement can submit service requests through the countywide Rapid Response Program.

Encampments From July 2024–June 2026, the CoC was notified of 167 encampment clearances by law enforcement, cities and other jurisdictions. Most, if not all, had CoC-coordinated outreach support, affecting roughly 310 people and demonstrating the complementary services between the CoC and law enforcement. Under the CoC Encampment Clearance Policy and County Code Chapter 3.109 for unincorporated areas, outreach engages residents before abatements and offers shelter, diversion, case management, health care, and treatment. When feasible, beds are held and belongings stored for up to 90 days.

Public drug use and overdoses: Overdose risk among people experiencing homelessness remains significant. From 2019–2024, 169 of 200 deaths among people known to be homeless in SMC were drug-related; 94% were acute drug deaths. Outreach, Street Medicine, and BHRS connect people to substance use treatment, medication-assisted treatment, naloxone education and administration, and recovery services.

Danger to self or others: Local law enforcement–behavioral health co-response teams mitigate harm through assessment, de-escalation, safety planning, transportation, and evaluation when criteria are met. Involuntary psychiatric holds, CARE Court, Assisted Outpatient Treatment, and Pathways provide additional treatment, diversion, and case-management options. Street Outreach and other CoC partners refer to the 24/7 Mobile Crisis Response Team and other resources.

Registry information & first responders: The CoC does not impede CA Penal Code §290 registration requirements. It coordinates with law enforcement and shelter providers to support lawful registration & placement decisions. Information, including location information, is shared with authorized partners consistent with law, HMIS privacy requirements, & client confidentiality protections.

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)

San Mateo County's Hopeful Horizons ordinance (HH) prohibits encampments in unincorporated areas to mitigate public safety & health hazards & help move people into shelter. County leadership regularly tracks the number of encampments, meets with cities to discuss encampments & other topics related to homelessness, & encourages other local jurisdictions to adopt similar ordinances.

The CoC lead agency, the San Mateo Co. Human Services Agency (HSA) is integral to implementation. HSA ensures Street Outreach services and shelter offers to encampment residents. When encampments are addressed under HH, HSA coordinates with law enforcement and others to hold shelter beds and encourage people to enter shelter.

The County & HSA are committed to coordinated, humane encampment closures centered on the health, safety, and dignity of people experiencing homelessness while also addressing public-safety, environmental, business, & neighborhood concerns. The CoC works with County leadership, law enforcement agencies, Health, & Housing and collaborates with cities. This approach supports the operational needs of the agency conducting clearances while incorporating outreach, service connections, & available resources whenever feasible.

The CoC developed communication pathways for agencies conducting clearances, including deploying Rapid Response teams through the Outreach Teams. Encampments supported by the Encampment Resolution Fund receive additional coordination among cities & law enforcement to complement clearance-related services.

In non-exigent circumstances, outreach teams engage residents repeatedly before closure using trauma-informed practices. Teams identify client preferences & offer shelter, treatment, housing navigation, benefits, and health care.

Planned or potential clearances are discussed in multi-stakeholder meetings convened by cities, the CoC, or the County. These meetings coordinate response, identify resources, and improve processes. The CoC also provides jurisdictional homelessness data to County leadership, the quarterly Board of Supervisors Homelessness Subcommittee, & regional meetings with city managers.

In FY 24–25, the CoC was notified of 91 cleared encampments countywide; in FY 25–26, 76 were cleared. Most, if not all, had CoC-coordinated outreach support, impacting roughly 310 people in close partnership with enforcement agencies & exemplifying the close and complementary partnership between the CoC & law enforcement.

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)

In July 2026, the CoC had identified 78 active encampments in the CoC's geographic area, with relatively equal distribution between the Coast, North, Bayside and Southern regions, spanning urban, suburban and rural areas. These 78 encampments represent roughly 1,000 unsheltered individuals, of whom 11% decline services, 15% are engaged in intensive case management, and 73% are engaged in case management services.

This data is collected via Outreach teams who enter individual and household data into the HMIS Outreach Module to generate a monthly by-jurisdiction breakdown of the number of people and encampments experiencing homelessness in the County, called "Our Count". Outreach teams are split by the regions listed above and conduct in-field engagement with clients residing at identified encampments 2 times or more per week. Outreach works with clients to build deep rapport and offers case management, CES referral, and medical service connections to encourage clients towards accepting shelter or diversion programs. The Center on Homelessness (COH) data team reaches out twice per month to Outreach teams requesting they update encampment data that has not been updated for more than 30 days.

Our Count data is provided monthly to County Executive leadership, as well as to the Quarterly Board of Supervisor Homelessness Subcommittee meeting and Quarterly Regional Meeting with city managers. It is used to better understand trends across jurisdictions, inform program planning, policy and encampment clearances. Our Count data was integral in the County recently applying for a state Encampment Resolution Fund-5 focused on vehicular encampments along the Coast subsequent to the County successfully receiving and implementing an ERF-3 grant for 26 encampments spread across the County. To date, ERF-3 has resolved 18 of 26 initial encampments, 111 individuals have been permanently housed, and 308 have been provided with services.

COH also discusses this encampment data with Outreach teams to identify engagement strategies which led to successful regional decreases in homelessness, and to identify areas across the CoC geographic area that need increased engagement.

Outreach teams discuss the state of all active encampments with other CoC stakeholders during monthly multi-disciplinary team (MDT) meetings. All MDT attendees are expected to contribute to a rich discussion designed to yield effective and collaborative strategies for resolving active encampments.

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

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

(limit 2,500 characters)

The CoC protects public safety by pairing enforcement and public-health interventions with low-barrier, relationship-based service connections. In April 2026, San Mateo County prohibited the sale or distribution of kratom products containing detectable 7-OH, in order to decrease the availability of this harmful but unregulated substance.

The CoC also coordinates with County Behavioral Health and Recovery Services (BHRS) to implement SB 43, which expanded the Lanterman-Petris-Short Act definition of “gravely disabled” to include severe substance use disorder and inability to provide for personal safety or necessary medical care. When legal criteria are met, designated clinicians and law enforcement can initiate a 72-hour evaluation, creating a route to urgent assessment in a public crisis. The CoC will continue training outreach and provider staff on appropriate referrals and coordinate with BHRS and law enforcement when there is an immediate safety concern.

The CoC’s primary approach is voluntary engagement. Locally funded outreach, Street Medicine, shelter case management, and on-site alcohol and other drug services meet people in encampments, shelters, hospitals, and other locations. As of August 2026, outreach had engaged 89% (1,005) of known unsheltered people and provided intensive case management to 15%. Staff build rapport and connect people to medical care, substance-use treatment, behavioral health care, shelter, and housing.

For people whose justice involvement and serious mental illness require a court-connected response, Pathways provides assessment, case management, and behavioral health/substance-use treatment linkages as an alternative to incarceration. CARE Court and Assisted Outpatient Treatment provide temporary case management while linking eligible people to ongoing services. Of CARE petitions, 30% originate through misdemeanor competency (1370) court referrals and 20% involve people stepping down from State Hospital and returning to jail.

Restrictive eligibility thresholds, voluntary-service requirements, limited treatment capacity, and legal due-process protections can delay intervention. The CoC mitigates these barriers through persistent outreach, warm handoffs, shelter-based services, cross-system case conferencing, and court-to-community connections. Where coercive authority is unavailable or inappropriate, sustained voluntary engagement remains essential.

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)

San Mateo County is primarily a suburban and rural area with a few, smaller urban downtown areas. Illicit drug use in public spaces has not risen to the level of visibility and public concern here as it has in other coastal cities.

The Health Department recently completed a study of homeless mortality data in San Mateo County. The study found that in a 5-year period (2019 – 2024), 200 who died in San Mateo County were known to be homeless at the time of death, including 28 in 2024. Of the 200, 169 died from drug-related causes. Of those, 94% had acute drug deaths which includes overdose. A little more than a third (37%) of drug-related deaths countywide were among people with a known history of homelessness.

CoC Stakeholders provide connection to AOD and SUD treatment and recovery services to clients residing in encampments and tents. Service connection is regularly conducted by a collaboration between Outreach staff, the Street Medicine team, and BHRS providers. From July 2025 to June 2026, the Mobile Clinics has seen approximately 1,670 homeless patients on any of the Mobile Clinics modalities. Of those patients 670 of them (40%) have had some AOD/SUD diagnosis noted, demonstrating that this is an effective way of reaching those individuals.

The CoC created the largest interim housing program in Silicon Valley and the Peninsula to reduce the prevalence of public use of illicit drugs. On-site substance use treatment services are available at 5 of the County's 11 shelters. El Centro de Libertad provides services at 3 shelter/interim housing sites covering about 360 beds/units, and HealthRight 360 provides services at 2, covering almost 160 beds/units.

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

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

(limit 2,500 characters)

The CoC coordinates with County Behavioral Health and Recovery Services (BHRS) to implement SB 43, which expanded the Lanterman-Petris-Short Act definition of “gravely disabled” to include severe substance use disorder and inability to provide for personal safety or necessary medical care. When legal criteria are met, designated clinicians and law enforcement can initiate a 72-hour evaluation, creating a route to urgent assessment in a public crisis.

CARE Court, Assisted Outpatient Treatment, and Pathways provide additional court-connected or diversion pathways for eligible people with serious mental illness, substance use needs, and justice-system involvement. CARE Court links participants to case management, behavioral health and substance use treatment, Full-Service Partnership, and other appropriate services. Since October 2025, there have been 81 petitions to CARE court, of whom 23 proceeded to enroll in treatment.

Additionally, the CoC coordinates with the below 3 co-responder, field-based models to support clinical assessment, de-escalation, safety planning, transportation, 5150/involuntary hospitalizations, evaluation and linkage to behavioral health care. These partnerships are instrumental to addressing homeless individuals who are a danger to themselves or others:

One is the Community Wellness and Crisis Response Team, which is a County/city partnership team in which a mental health clinician is assigned to participating police departments to respond simultaneously to safety and provide mental health services.

The second is the Psychiatric Emergency Response Team, which consists of two County mental health clinicians and two Sheriff’s detectives who follow up on 5150s/involuntary hospitalizations, and behavioral health crises in Sheriff’s Office jurisdictions.

The third is the San Mateo Assessment and Referral Team (SMART), which consists of mental-health-trained paramedics who assist law enforcement during behavioral health crises. SMART can assess the individual and transport them to psychiatric emergency services or another appropriate setting.

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

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

(limit 2,500 characters)

California has created its own three-tier registration system under California Penal Code Section 290 (SB 384), also known as California's Sex Offender Registration Act ("SORA") or Section 290, in lieu of SORNA, which requires those convicted of certain sex offenses to register as a sex offender for the rest of their natural lives regardless of the seriousness of the offense or the date of conviction. California Penal Code Section 290 mandates that a sex offender must register with local law enforcement agencies (police or sheriff) where he or she lives and works within five (5) working days of coming into the city or county. Registration is required from 10 years up to lifetime. Under this law, failure to register as a sex offender is a crime in and of itself.

Section 290 data is made available to the public through a state online database, linked to the County Sheriff's website. The State also shares it with other states and law enforcement in specific cases. Some San Mateo County shelters and interim housing sites conduct a Section 290 review to determine program eligibility. These shelters and interim housing sites will not accept registered sex offenders. Seven sites do accept registered sex offenders in recognition that there are safety risks to the public in having registered sex offenders live on the streets.

Additionally, the District Attorney's office created the Human Trafficking Prevention and Enforcement Initiative to prevent, identify, and prosecute trafficking, including sex trafficking. This unit has conducted outreach to many community groups about their efforts and signs to watch for.

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 Homeless Outreach Team program (HOT) provides street-based homeless outreach services throughout the geography of the CoC. These services, which are contracted by the CoC lead agency, include homeless outreach & engagement, after-hours & weekend outreach, intensive case management, coordination of multi-disciplinary team meetings, & Rapid Response to community referrals of unsheltered homeless persons. The HOT program provides countywide dispatch services by receiving rapid response outreach requests submitted through the Homeless Outreach and Mobile Engagement (HOME) App or via email by community service providers & routing them to the appropriate regional outreach team. The Encampment Resolution Fund-3 (ERF-3) Outreach Team provides similar but more intensive services at ERF-3 encampments, which were selected because of their remote locations, entrenched conditions, size, or complexity.

Unhoused families are a priority for the CoC, with 136 known families unsheltered as of April 2026. HOT teams work diligently to locate and serve these families, meeting with every identified unhoused family in the field to provide services and support. HOT locates these families through their own in-field research, CES referrals, and/or rapid response outreach requests from cities, law enforcement, and others, assigned via the Outreach Dispatch service.

People living in vehicles & RVs are another population to which HOT conducts intensive outreach. The most recent PIT Count found that approximately 70% of people experiencing homelessness in San Mateo County live in cars, vans, or RVs. Because many vehicle residents work during daytime hours, outreach teams use early-morning and evening engagement, repeat visits, and targeted strategies such as RV buy-back incentives. This population often includes families with children; the County continues to develop practical, housing-focused solutions tailored to their unique needs.

Both HOT and ERF-3 teams use multiple strategies to engage people who not otherwise engaged in services, including coordinating MDTs to problem solve, co-locating services with Street Medicine & other County Health providers, using food to build rapport, & offering incentives for participation in surveys and workshops, with recent data showing a 4% increase in engagement from July 2026. Further, the CoC continues to see an increase in successful shelter placements from the outreach program, reaching over 600 individuals placed in CY 2025.

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	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
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)	No
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)

Written policies, as reflected in the CoC Governance Charter, require all service, shelter, and housing providers serving families with children to inform residents of their eligibility for educational services. Providers are also responsible for ensuring that children are enrolled in school or early childhood education programs and connected to appropriate community services. Each family shelter has a Children's Services Coordinator who helps parents and children understand their rights and access available services, in addition to the shelter case managers who provide additional support services. Shelter staff assess children's academic needs, screen for special education needs, provide school supplies, access to transportation assistance, obtain immunization records and birth certificates, and help families complete school enrollment. The CoC and its providers also collaborate with local homeless education liaisons to address school enrollment barriers under the McKinney-Vento Act.

The CoC has partnerships with education providers and youth-serving systems to ensure that youth experiencing homelessness can access educational services and supports. The CoC maintains a strong relationship with the San Mateo County Office of Education (SMCOE), which coordinates with the California Department of Education to remove educational barriers for homeless children, ensure families understand their educational rights, and support academic success. The SMCOE Homeless Liaison provides training to the family shelters. The SMCOE Homeless Liaison holds a seat on the CoC Steering Committee and shares information regarding educational rights, resources.

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)

Children & Family Services (CFS) provides foster care & child welfare services in San Mateo County. CFS works to protect children, improve lifelong stability of children and youth & strengthen families. CFS and our CoC operate within the same County agency, creating a strong foundation for collaboration of programs, service delivery.

CFS & CoC coordinate through an MOU that reserves shelter units for families with children referred by CFS. Through this partnership, families involved with child welfare receive emergency shelter & intensive case management focused on securing stable, permanent housing as quickly as possible.

The CoC & CFS also collaborate through the Family Unification Program (FUP), which addresses housing instability by providing rental subsidies to eligible families and youth. Once housed, participants receive assistance designed to strengthen economic self-sufficiency & support long-term housing stability. FUP also provides housing search assistance, rental workshops, case management & guidance on economic self-sufficiency programs.

The County plans to partner with San Mateo County Community College District's SparkPoint Program to address homelessness among Transitional Age Youth (TAY). Through this partnership, the County will provide short-term emergency hotel stays for eligible students. SparkPoint will assist students in identifying stable housing options & connecting to appropriate resources. This collaboration will provide immediate safety and stability during a housing crisis & help prevent students from entering or remaining in homelessness.

MHA's Support & Advocacy for Young Adults in Transition (SAYAT) program provides outreach, housing, & supportive services for young adults aged 18-25 experiencing homelessness. SAYAT works closely with San Mateo County's Youth Transition Assessment Committee, which refers clients in need of housing, emergency shelter & other practical support. Through individualized assistance, SAYAT helps participants develop the skills needed to obtain and maintain stable housing and supports educational goals, including GED programs, community college, and trade schools.

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 RHY-funded providers operating within our CoC's geographic area. Therefore, our CoC does not currently have coordination activities with RHY-funded providers. If RHY-funded programs are established within the CoC's geographic area in the future, the CoC will coordinate with these providers to support access to resources for young adults experiencing or at risk of homelessness.

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)

CORA's CoC-funded RRH project, included in the current Priority Listing, primarily serve families with children experiencing homelessness & survivors of DV in accordance with 24 CFR 578.93(b). The project will provide time-limited rental assistance & supportive services to survivors in San Mateo County with children. The project will serve family survivors of DV dating violence, sexual assault, & stalking who are experiencing homelessness or housing instability.

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)

In both CORA's DV Rapid Re-Housing, and the CORA Connect SSO project, participants will work with CORA's client advocate to develop individualized housing stability plans addressing immediate safety needs, employment, housing barriers, income, transportation, childcare, and other supports needed to obtain and maintain safe housing. Services will include crisis response, safety planning, housing search and navigation, landlord coordination, individualized advocacy, benefits connection, employment support, and structured case management focused on housing stability.

To support clients in increasing their incomes to pay rent and move to unsubsidized housing, the program will also coordinate with JobTrain and NOVAworks to provide participants with job readiness support, training and credentialing opportunities, resume and interview preparation, job placement resources, and pathways to increased earned income. JobTrain is an established non-profit provider of vocational training programs, and NOVAworks is the Local Workforce Development Board designated by WIOA.

These workforce services will be integrated with CORA's DV-specific advocacy and safety planning to strengthen participants' economic independence and long-term housing stability. San Mateo County's high housing costs create significant barriers for survivors seeking to leave abusive situations and establish independent households. CORA's rental assistance will provide participants with the time and stability needed to secure housing while working to increase their income. Assistance will be individualized based on each household's circumstances and progress toward housing and income stability.

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 CORA DV RRH and CORA Connect projects leverage mainstream family service systems, including TANF, Medicaid, SNAP, childcare, health care, and other safety-net resources. HSA has implemented a direct referral process from Coordinated Entry to mainstream benefits programs to increase connections to TANF, Medicaid, and SNAP.

In both the CORA DV RRH and CORA Connect projects, CORA supports clients with applying for TANF and encourages clients to participate in all TANF related supports. CORA also connects families to, food, clothing, medical and dental care, childcare through the Child Care Coordinating Council, and health services through the County of San Mateo Health Department. CORA has provided referrals to connect clients to childcare programs provided by the YMCA and City of Pacifica.

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)

CORA provides childcare & early childhood education through Case Managers (CMs). CMs screen families for early care needs and facilitate expedited enrollment into subsidized childcare slots through the Child Care Coordinating Council (4Cs of San Mateo County), YMCA, and various city childcare programs, Head Start, and state-subsidized programs. To eliminate barriers to participation, CORA can provide on-site child watch while parents engage in case management, legal advocacy, and therapy.

CORA delivers parenting support & family wellness services through specialized, trauma-informed clinical services (including Child-Parent Psychotherapy (CPP) and evidence-based parenting interventions) designed to heal trauma from domestic violence, strengthen caregiver-child attachment, and rebuild family stability.

CORA Case Managers assist pregnant survivors and children with enrollment into Medi-Cal and connect families directly to San Mateo County Health clinics, local Federally Qualified Health Centers (FQHCs), prenatal care, well-child visits, and developmental screenings.

In compliance with CoC Program interim regulations and the McKinney-Vento Act, CORA Case managers inform families of their educational rights, coordinate with Local Educational Agency (LEA) McKinney-Vento liaisons to ensure timely school enrollment and connect youth to academic support services.

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 San Mateo County CoC Lead Agency coordinates the Vets@Home Initiative, a partnership of the VA, the CoC, and homeless service agencies to connect homeless veterans to CES, shelter, housing, & other supportive services such as employment supports. When CES identifies a homeless veteran, staff share data with the VA to connect them to resources. HSA hosts monthly case conferences to identify and fill service gaps for veterans on the by-name list. Over 90 veterans have been housed in 2026.

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
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6. Fills service gaps for veterans?	Yes
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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)

San Mateo County's provider of domestic violence-specific services is Community Overcoming Relationship Abuse (CORA). CORA is a CoC and ESG grantee, long-standing member of the CoC Steering Committee. The County of San Mateo Human Services Agency (HSA, the CoC Lead) contracts with CORA for shelter, legal services, hotline and other services and regularly connects with CORA to learn about the needs of DV survivors in the community.

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

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

(limit 500 characters)

The CoC's Coordinated Entry (CES) Institutions program minimizes client exits to unsheltered homelessness by providing a direct referral to CES services (e.g., diversion, shelter & housing) prior to client's discharge through a partnership with the County jail. Also, the Service Connect program is a collaboration between Probation, Human Services (the CoC Lead Agency) & Health to provide case management, health & employment services to clients as they re-enter the community from incarceration.

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

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

(limit 500 characters)

The CoC partners with Housing for a Healthy California to provide supportive housing for Medicaid-eligible people experiencing homelessness with high medical needs. Also, County Homeless Outreach Teams & Encampment Resolution Fund outreach teams, along with County Behavioral Health & Recovery Services' Homeless Engagement Assessment & Linkage clinicians, are trained in how to connect high need clients to medical and behavioral health services.

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)

721 Airport Blvd is a PSH project with 45 homeless set aside units for individuals aged 62 and above. Project partner Episcopal Community Services (ECS) will provide on-site staffing 24/7, tailored social services, coordination of health care services including dental, physical, and mental health visits, aging in place supports to adapt to changes in residents' physical and cognitive needs over time, and community building activities to reduce senior isolation and improve mental well-being.

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)

Many PSH sites in San Mateo County prioritize individuals experiencing chronic homelessness (CH). For example, both CoC-funded PSH projects, Vendome and SP19, serve CH households; Waverly Place, with 15 PSH units (SP15) for CH individuals with severe mental illness; Canyon Vista, with 28 PSH units' set-aside for CH individuals and; Eucalyptus Grove, with 18 units set aside for veterans experiencing CH. Several projects in the development pipeline prioritize CH households.

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)

Behavioral healthcare provided on-site at PSH projects is tailored to individual needs, promotes self-sufficiency and self-empowerment to manage mental health conditions and end substance use disorders. The Mental Health Association (MHA) provides on-site services at the Waverly Place Apartments, including crisis intervention, supportive employment, medical case management, occupational therapy, and independent living skills. Support staff, including occupational therapists and registered nurses, meet regularly with program participants to discuss tenant needs and manage physical and behavioral health. Telecare (a large behavioral health services provider) provides on-site services at Canyon Vista, including the following: substance use disorder services, linkages to primary care, educational and employment services, peer support, and other services. Telecare supports clients to recover from substance use disorders and mental illnesses by fostering a culture of recovery that empowers individuals to create their own healthier happier future. Telecare reported that clients enrolled in their programs had an 83% reduction in jail days, a 63% reduction in homeless days, and a 93% reduction in sub-acute days. At Eucalyptus Grove, the on-site services provider Abode connects veterans to mental health and substance use counseling.

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)

Waverly Place, Canyon Vista, and Eucalyptus Grove all collaborate with the Housing Authority of the County of San Mateo (HACSM), which has several requirements for assessing participant need for higher level of care. Agencies receiving HACSM subsidies must: conduct annual assessments of service needs at least on an annual basis; notify HACSM if there is a risk of a client being discharged; intervene if client behavior jeopardizes their housing or if critical health and safety issues arise; hold individual meetings with service providers for complex cases, and; develop discharge plans in consultation with HACSM to ensure clients maintain appropriate supportive services. At Waverly Place, occupational therapists and registered nurses meet regularly with tenants to discuss needs, issues, and challenges, as well as plans for a higher level of care. If the medical staff determine a need for a change in level of care, they will collaborate on a referral and work closely with the tenants to support their transition. Until appropriate higher levels of care are available, on-site staff work to bring services on-site to help the tenant maintain safety in their unit.

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)

Waverly Place, Canyon Vista, and Eucalyptus Grove all collaborate with the Housing Authority of the County of San Mateo (HACSM), which has policies in place for assessing readiness for moving on to unsubsidized or other permanent housing. Firstly, agencies must conduct at a minimum, annual re-assessments to determine if clients remain eligible for the program, and work with clients and partners to transition clients that are no longer eligible to other housing solutions. HACSM also operates the Moving On program, which assesses tenants currently in PSH programs for readiness to move on to a less intensive permanent housing subsidy. Clients who have maintained stable housing for a minimum of 5 years, have required minimal to no supportive services during those 5 years, and have a history of compliance with all lease terms and program requirements may be considered eligible for the Moving On program. At Waverly Place, occupational therapists and registered nurses meet regularly with tenants to discuss needs, issues, and challenges, including planning for a lower level of care. Tenants who are interested in moving to more independent housing work with on-site staff to access other housing such as through signing up for housing programs. Staff will also work with clients to ensure they maintain housing after transitioning off site, for example by connecting them to vocational rehabilitation services to increase their income.

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.	
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You must enter a date in question 1D-2a.

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.	
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You must enter a date in question 1D-2b.

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?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/04/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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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.	08/04/2026
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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.
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(limit 2,500 characters)

(1) As indicated in the CoC's written Project Review and Ranking Process (PRRP), the CoC Review Panel actively reviews the performance of all renewal projects through the project ranking process. All projects are scored using objective and subjective performance criteria, as outlined in the PRRP. Renewal project applications may not be fully or partially renewed for the following reasons; the project did not perform well on the measures, underspent, or is misaligned with federal and local priorities for CoC funding, the applicant chose not to renew all or part of the project, the applicant is no longer eligible to receive CoC funding, the permanent housing project submitted for renewal exceeds is less competitive than other permanent housing projects submitted and falls in Tier 2, and a portion of those submitted must be rejected.

(2) Yes the CoC identified lower-performing projects and projects that were not well aligned with HUD priorities through the local competition process. Any remaining lower-ranked projects in the priority list were still performing at a sufficiently high level and fill critical needs in the community for rapid rehousing and permanent supportive housing.

(3) The Review Panel decided to reallocate seven renewal applications due to program performance and adjustments to the local competition to add supportive service and transitional housing projects aligned with current HUD priorities.

(4) Not applicable as the CoC did reallocate lower performing 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?	Yes
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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)	Bitfocus, Inc.
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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)

Not applicable

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

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

(limit 2,500 characters)

During the period of 12/1/2024 to 12/1/2025, the CoC launched a number of programs to reduce the 113 encampments in San Mateo County. This included a strengthened and expanded Homeless Outreach Team (HOT) program that provides street-based homeless outreach services throughout the entire geographic area of the CoC. The geographic area is split into 4 regions, with one HOT program in each region, so that the HOT program knows the local area well and can connect with local law enforcement and other local partners. These outreach services include rapid response, intensive Case Management (CM), shelter referral, and service connection delivered in the field directly to clients. Clients connected to Coordinated Entry System (CES) services are added to the County's housing pool and had the opportunity to be matched to housing vouchers and subsidies. Outreach teams meet monthly with community partners to discuss active encampments and case conferencing complex clients which often leads to increased service connection and more individuals exiting encampments to positive outcomes.

The CoC began implementing its Encampment Resolution Fund-3 (ERF-3) strategy in 2024, designed to enhance access to CES, CM, Behavioral Health and Recovery Services, and Street Medicine services for inhabitants of 26 encampments residing in the county's "Critical Homelessness Encampment Zone." The intensified multi-disciplinary approach lowered barriers to access for eligible clients and increased service connection. ERF clients were eligible for specific housing opportunities through the County's partnership with the Department of Housing and local nonprofit agencies and received extended CM services from outreach staff to ensure successful transitions to housing.

The actions described contributed to strengthening the system pathways and engagement programs that ultimately led clients out of encampments and towards positive outcomes such as shelter placement and diversion to PH. By employing these enhanced service delivery strategies, the CoC saw a reduction of 22 encampments across its geographic area by the end of the evaluation period. The CoC also saw a net decrease of 28 less people residing in encampments by the end of the evaluation period.

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.	113
2. Enter the reduction in the number of encampments during your evaluation period.	22

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.	360
2. Enter the reduction in the number of people in encampments during your evaluation period.	28

** nbsp;**

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)

Not Applicable, as our CoC has demonstrated reductions in both the number of encampments and the number of persons in 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 SMC Human Services Agency (HSA, the Coc Lead) funds, coordinates and analyzes data from the 8 Core Service Agencies (CSAs) and the homeless outreach teams (HOT) to determine factors predictive of homelessness. The CSAs, alongside other HSA-funded safety net and homelessness prevention services, will assist at-risk residents with maintaining their housing.

The CSAs' safety net services include connections and/or referrals to legal aid resources, housing information and affordable housing support services, ongoing case management for clients facing reoccurring housing instability, public benefits programs, tax preparation services, medical care, and referrals to the CoC's Emergency Financial Assistance (EFA) program.

The EFA program provides emergency assistance to households experiencing a housing crisis and meet the eligibility criteria. EFA supports qualifying client households in financial distress in avoiding first time homelessness by providing emergency rental/security deposit assistance, and critical emergency utility assistance.

The County recently had a third-party evaluation completed of the EFA program and is working on implementing improvements to the program, including ways to use EFA to be able to serve people at imminent risk of entering homelessness and new ways to utilize EFA to prevent more people from becoming homeless.

The County was recently selected to participate in Right at Home (RAH), a national initiative that is implementing and testing targeted homelessness prevention strategies. The RAH Targeted Homelessness Prevention Program (THPP) will complement the CoC's existing homelessness prevention services (as described above). The County has been sought and been awarded private/philanthropic funding to support these new services. The new services in the CoC will include flexible financial assistance, supportive services, and participation in the Randomized Control Trial led by a research group at the University of Notre Dame). The CoC plans to launch a local RAH THPP in January 2027.

HSA, in partnership with the jail & public hospitals, funds institutional diversion to connect people to housing before exiting the County jail or the County hospital. HSA facilitates a quarterly workgroup with the CoC CES institutions program, jails, and the San Mateo Medical Center (SMMC) to refine strategies to prevent discharge from institutions to homelessness.

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 CoC has demonstrated a decrease in lengths of time homeless from FY 23-24 to FY 24-25 and will continue to implement strategies to further decrease lengths of time people spend homeless.

Through Coordinated Entry (CES), households with the longest length of time homeless and the highest housing barriers are prioritized for permanent supportive housing, rapid rehousing, vouchers, and other housing interventions. Within CES, there are two key strategies: helping households with lower barriers move rapidly into housing quickly, and addressing the multifaceted needs of higher-barrier clients through housing-focused case management, and prioritization for appropriate long-term housing resources. The CoC Lead Agency and the County's Department of Housing are currently leading a process known as CES Redesign, in which multiple new strategies are being developed, piloted and implemented to improve the system's ability to help people move to housing more quickly and maintain stable housing.

Another strategy that the CoC is implementing to reduce length of time homeless is expanding and enhancing the HOT/street outreach programs. These program expansions and enhancements, funded with County and state funding, are designed to provide more intensive services to people who are unsheltered, especially those who have been unsheltered for long periods of time and who have been reluctant to engage previously. The HOT staff encourage people who are unsheltered to

The County is also developing new strategies targeting families experiencing homelessness, including a new time-limited housing support program that would focus heavily on connecting the parents to intensive employment services so they can increase their income, quickly move into housing and maintain that housing once the subsidy ends.

Additional strategies that the CoC is implementing are ensuring all shelter residents have comprehensive housing plans, multidisciplinary case conferencing for households with long shelter stays, rapid rehousing resources, and partnerships with the Public Housing Authority to help voucher-matched households secure units and reduce delays in moving from homelessness to permanent housing. Long-term shelter participants must submit an extension request every 30 days that documents progress toward housing goals. Continued program participation is based on the household's demonstrated efforts to secure housing and the shelter's capacity to provide appropriate support.

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?	45.50%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate this answer, we pulled the number of program participants that exited from Transitional Housing, Rapid Re-Housing, or PSH with the four listed exit destinations from December 1, 2024, to December 1, 2025. This was then divided by the number of total program participants exited to any destination from the same project types and same timeframe. The calculation was 537 program participants exited to unsubsidized housing/1180 total program participants exited = 45.5% of program participants exiting from TH/RRH/PSH go to unsubsidized housing.

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.	01/28/2026
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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	1,081	27	1,033	92.23%
2. Safe Haven (SH) beds	0	0	0	0.00%

3. Transitional Housing (TH) beds	167	0	167	100.00%
4. Rapid Re-Housing (RRH) beds	338	43	381	100.00%
5. Permanent Supportive Housing (PSH) beds	1,235	0	1,073	86.88%
6. Other Permanent Housing (OPH) beds	610	35	645	100.00%

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)

Not applicable as all categories are over 85%. The CoC Lead Agency will continue to work to maintain a high bed coverage rate.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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	List of TH/RRH/PS...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/27/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/27/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/27/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY2026 HDX Compet...	09/27/2026
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	Your CoC's Policy...	09/27/2026
11. Other	No		

Attachment Details

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

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: 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: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 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	09/27/2026
1C. Coordination and Engagement	09/27/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/27/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/27/2026
Submission Summary	No Input Required

Attachment for 1C-1

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Project Name	Agency Name	Project Type	Will the project provide on-site substance use treatment services to participants?	Treatment Provider for On-Site Substance Use Treatment
PSH Consolidated (SP19)	Housing Authority of the County of San Mateo (HACSM)	PSH	Yes	Mental Health Association (MHA)
RTV Transitional Housing Program	Retraining the Village	TH	Yes	Retraining the Village

For calculation purposes, below are the TH/RRH/PSH projects that do not have on-site substance use

- Project name: Vendome (PSH); Agency Name: LifeMoves
- Project name: DV RRH (RRH); Agency Name: CORA

Calculation: 50% (2 of the 4) applicable projects of these project types have on-site substance use treatment

Attachment for 1C-1f

List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

Project Name	Agency Name	Project Type	Will the project require Substance Abuse Treatment?	Number of Units that Require Substance Abuse Treatment
RTV Transitional Housing Program	Retraining the Village	TH	Yes	10 units

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

264 Harbor Blvd, Bldg. A, Belmont, CA 94002-4017

Permanent Supportive Housing Supportive Services Participation Agreement

Purpose:

This agreement confirms your participation in supportive services as part of the Permanent Supportive Housing (PSH) program funded under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program. Our goal is to help you achieve housing stability and personal success through an **individualized service plan** tailored to your needs.

Program Requirement:

This program requires participant engagement in supportive services appropriate to their situation, not including disability-related services (such as mental health services, outpatient health services, and provision of medication) to address a condition caused by the disability.

By signing this agreement, you acknowledge that participation in these services is a condition of program enrollment and participation, and you agree to participate in mutually agreed upon supportive services.

What You Can Expect:

- The Mental Health Association of San Mateo County will work with you to develop an Individualized Service Plan (ISP) that reflects your goals and needs.
- Services may include case management, substance use recovery, employment training and assistance, and other resources.
- Services may be provided by the program or by a partner organization.
- We will review your ISP regularly and adjust as needed.

Your Responsibilities:

- Actively participate in the services outlined in your ISP.
- Communicate with your case manager about progress or challenges.
- Attend scheduled meetings and activities as agreed.

Our Responsibilities:

- Provide services that are individualized and aligned with best practices for safety and effectiveness.
- Maintain confidentiality and professionalism.

Acknowledgement:

By signing below, you agree to participate in supportive services as described above and understand that this is a program requirement under the Permanent Supportive Housing program.

Participant Name: _____

Signature: _____

Date: _____

Staff Name: _____

Signature: _____

AS OF 2026.09.24

Title: _____

Date: _____

Retraining the Village – Transitional Housing Program

Supportive Services Participation Agreement

Purpose:

This agreement confirms your participation in supportive services as part of the Retraining the Village Transitional Housing Program funded under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program. Our goal is to help you achieve housing stability and personal success through an **individualized service plan** tailored to your needs.

Program Requirement:

This program requires that participants engage in supportive services appropriate to their situation, not including disability-related services (such as mental health services, outpatient health services, and provision of medication) to address a condition caused by the disability.¹

By signing this agreement, you acknowledge that participation in these services is a condition of program enrollment and participation and agree to participate in mutually agreed upon supportive services.

What You Can Expect:

- Retraining the Village Transitional Housing Program will work with you to develop an **Individualized Service Plan (ISP)** that reflects your goals and needs.
- Services may include case management, substance use recovery, employment training and assistance, life skills education, and other resources.
- Services may be provided by the program or by a partner organization.
- We will review your ISP regularly and adjust as needed.

Your Responsibilities:

- Actively participate in the services outlined in your ISP.
- Communicate with your case manager about progress or challenges.
- Attend scheduled meetings and activities as agreed.

Our Responsibilities:

- Provide services that are individualized and aligned with best practices for safety and effectiveness.
- Maintain confidentiality and professionalism.

¹ Note: Participants who are employed for 40+ hours per week, have a physical or developmental disability or impairment, or who are over the age of 62 are exempt from supportive services participation requirements. Participants who are employed for less than 40 hour per week will have pro-rated supportive services requirements

Acknowledgment:

By signing below, you agree to participate in supportive services as described above and understand that this is a program requirement under this program.

Participant Signature: _____

Date: _____

Staff Signature: _____

Date: _____

San Mateo County is in the process of obtaining a letter that reflects the coordination and non-interference of the CoC with local efforts to advance public safety – Once signed, this will be included in the application.

1D-1.
Local Competition Scoring Tool

Renewal Project Criteria						
Criteria		Objective/ Subjective	SSO	TH	RRH	PSH
1	SPM - Permanent Housing Outcomes/Exits to Permanent Housing	Objective	10	10	10	12
2	SPM - Returns to Homelessness	Objective	N/A	10	10	10
3	SPM - Increased Employment Income	Objective	10	10	10	10
4	CoC Grant Spending	Objective	10	10	10	10
5	Grants Compliance / Monitoring	Subjective	8	8	8	8
6	Cost Effectiveness for PH Exits or PSH Units	Objective	N/A	10	10	10
7	Supportive Service Requirements	Objective	10	10	10	10
8	On-Site Substance Use Treatment	Objective	N/A	5	5	5
9	Supportive Services Funding	Subjective	10	10	10	10
10	Strategies to Support Self Sufficiency	Subjective	10	10	10	10
11	Local Policy Priorities	Objective	N/A	N/A	N/A	10
TOTAL Points			68	93	93	105
% Objective (at least 50%)			59%	70%	70%	73%
% for SPMs (at least 25%)			29%	32%	32%	30%

New Project Criteria			
Criteria		Objective/ Subjective	All Project Types
1a	SPM - Clear performance targets	Subjective	13
1b	SPM - Advance system performance	Subjective	13
2	Applicant Experience	Subjective	10
3a	Supportive Services and Addressing Barriers - Fit of Services	Subjective	5
3b	Supportive Services and Addressing Barriers - CoC Funds for Services	Objective	5
3C	Supportive Services and Addressing Barriers - On-site Treatment	Objective	5
3d	Supportive Services and Addressing Barriers - Participation Requirements	Objective	5
4a	Applicant Capacity - Organizational and Financial Capacity	Objective	10
4b	Applicant Capacity - Outstanding Monitoring Findings	Objective	5
5a	Project Timing and Feasibility - Clear and Timely Plan	Objective	5
5b	Project Timing and Feasibility - Adequate Budget	Subjective	5
5c	Project Timing and Feasibility - Match and Resources Leveraged	Objective	5
6	Opportunity Zone Preference	Objective	4
TOTAL New Project			90
% Objective (at least 50%)			49%
% for SPMs (at least 25%)			29%



ATTACHMENT A: SCORING CRITERIA FOR RENEWAL PROJECTS

Renewal Projects are scored based on objective criteria, including consideration of past performance as demonstrated by HMIS data, expenditures, and information from the project application, and subjective criteria, including consideration of information from the project application.

To be eligible for renewal funding, the applicant must:

- Have a current CoC grant expiring in calendar year 2027.
- Be in good standing and eligible to receive HUD funding.
- Serve eligible households and participate in required Coordinated Entry and HMIS systems.
- Be willing to commit to the following upon grant agreement with HUD (as indicated in the project application):
 - The project applicant will not engage in illegal racial discrimination.
 - The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off property under their control, or conduct any of these activities under the pretext of “harm reduction.”

For projects applying for consolidation, the renewal project applications will be scored and ranked separately, per HUD requirements.

Transition grant applications will be scored based on the renewal project application and considered for acceptance and placement on the priority listing based on the new project application for the new project type.

Scoring Factor	Renewal Project Scoring			
	SSO	TH	RRH	PSH
1. Permanent Housing Outcomes (PH) <i>Up to 12 pts</i>	Allocate points based on the proportion of exits to PH destinations , up to a maximum of 10 pts. <i>(e.g., if 90% of exits are to PH, 90% of points will be awarded, or 9 pts)</i>			Allocate points based on the proportion of exits to PH destinations or people who retain the PSH placement , up to a maximum of 12 pts. <i>(e.g., if 50%, 50% of points will be awarded, or 6 pts)</i>
2. Returns to Homelessness <i>Up to 10 pts</i>	<i>Not Applicable</i>	≤ 11% = 10 pts > 11% = 0 pts	≤15% = 10 pts >15% = 0 pts	
3. Increased Employment Income <i>Up to 10 pts</i>	> 20% = 10 pts 15-20% = 6 pts 10-14% = 3 pts <10% = 0 pts			



Scoring Factor	Renewal Project Scoring				
	SSO	TH	RRH	PSH	
4. CoC Grant Spending <i>Up to 10 pts</i>	≥95% = 10 pts 90-94% = 5 pts <90% = 0 pts				
5. Grants Compliance/ Monitoring <i>Up to 8 pts</i>	<i>Project/Applicant has:</i>			Yes	No
	Submitted Project APR on time			4 pts	0 pts
	Drew down from LOCCS for executed contract at least quarterly			4 pts	0 pts
	<i>If the applicant has serious unresolved compliance findings from HUD, the applicant will lose up to 8 pts.</i> <i>If the findings are serious enough, the applicant may lose eligibility.</i>				
6. Cost Effectiveness for PH exits or PSH units <i>Up to 10 pts</i>	<i>Not applicable</i>	Cost per exit to PH is reasonable for project type = 10 pts Cost per exit to PH is not reasonable for project type = 5 pts	Cost per unit served is reasonable for project type = 10 pts Cost per unit served is not reasonable for project type = 5 pts		
7. Supportive Service Requirements <i>Up to 10 pts</i>	Project requires or will require participation in services and provides a participation agreement to demonstrate the services are required ⁴ = 10 pts Project does not and will not require participation in services = 0 pts				
8. On-Site Substance Use Treatment <i>Up to 5 pts</i>	<i>Not applicable</i>	Project provides or will provide on-site substance use treatment services = 5 pts Project does not and will not provide on-site substance use treatment services = 0 pts			
9. Funding for Supportive Services <i>Up to 10 pts</i>	<i>Funding for the project includes:</i>			Yes	No
	The project's CoC budget includes funds in the supportive services line.			5 pts	0 pts
	The project's required match is for supportive services and/or the project has leveraged funds for supportive services committed to the project.			5 pts	0 pts

⁴ Assistance may not be denied on the basis or as a direct result of the act that a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.



Scoring Factor	Renewal Project Scoring			
	SSO	TH	RRH	PSH
10. Strategies to Support Self-Sufficiency <i>Up to 10 pts</i>	The project will receive up to 10 points for providing an explanation of their strategies to support participants' self-sufficiency ⁵ depending on the strength of the explanation and the strategies.			
11. Local Policy Priorities <i>10 pts</i>	<i>Not applicable</i>			Project will receive 10 points for aligning with local policy priorities, including serving chronically homeless households and providing permanent supportive housing.
Max. Points Available	68	93	93	105

C. Methodology for Renewal Scoring Factors

Factors 1 through 3 will be informed by data from HMIS (Clarity) data, pulled in APRs and Looker reports, for projects for the period of April 1, 2025, to March 31, 2026.

Factor 1: Permanent Housing Outcomes:

- Exits to Permanent Housing (SSO, TH, RRH): Calculated by dividing the number of households who exited to other permanent housing (sum of Q23c [Total of Permanent Destinations] and Q22a1 [Stayers]) by the total number of households served during the performance period (Q22a1 [Total]). Multiply the result by the total number of points available (10 pts.) and round to one-tenth of a point.
- Exits to Permanent Housing/Retained Permanent Housing (PSH): Calculated by dividing the number of households who retained permanent housing or exited to other permanent housing (sum of Q23c [Total of Permanent Destinations] and Q22a1 [Stayers]) by the total number of households served during the performance period (Q22a1 [Total]). Multiply the result by the total number of points available (12 pts.) and round to one-tenth of a point.

Factor 2: Returns to Homelessness: Calculated by dividing the number of households returning to homelessness within one year of when they exited the program to permanent housing. Households are identified as returning to homelessness based on whether they are re-enrolled in any program in the Homeless Management Information System serving people experiencing homelessness, including coordinated entry. This excludes programs providing homelessness prevention services.

⁵ Self-sufficiency, as described in the CoC NOFO and the McKinney-Vento Act, 42 U.S.C. 11381(4), means “the ability to meet basic needs, including a place to live, without public or private assistance.”



Factor 3: Increased Employment Income: Calculated by identifying the number of program participants in the performance period who left the program or were enrolled in the program for at least 12 months. Within that pool of participants, identify the number of participants with increased employment income from any source. Divide the number of participants with increased income by the total pool of participants (leavers and those staying in the program at least 12 months; sum of participants with increases of employment income from any source in tables 19a1 and 19a2). Changes in income are measured between the latest documented statement of income in the performance period and the earliest documented statement of income for the household.

Factor 4: CoC Grant Spending: Calculated by dividing the total amount of the CoC award spent in the most recent year by the total CoC award. The amount of the award spent to be derived from the HUD Expenditure reports.

Factor 5: Grants Monitoring/Compliance: Applicants will be scored based on their responses in the project application, to include: whether they submitted APR reports on time, have made sufficient LOCCS drawdowns, or have had any unspent grant funds returned to HUD. Applicants will be asked to submit their eligibility and screening policy/procedures to assess whether projects serve CoC-eligible populations. In addition, projects will lose points for having serious unresolved compliance findings from HUD.

Factor 6: Cost Effectiveness: For TH and RRH projects, the measure will be calculated by dividing the total program budget by the number of households who exited to permanent housing. For PSH projects, the measure will be calculated by dividing total budget (as submitted by program) by the number of units/households in the project to arrive at an average cost per unit.

Factor 7: Supportive Services Requirements: Applicants will be scored based on information provided in the project application regarding whether participation in supportive services is required as a condition of program participation. To receive points under this factor, applicants must describe the project's service participation requirements and submit documentation demonstrating that participation in services is required. For renewal projects, the CoC may verify service participation requirements through review of current program policies, participant agreements, monitoring materials, and information provided in the project application.

Factor 8: On-Site Substance Use Treatment: Applicants will be scored based on information provided in the project application regarding the availability of on-site substance use disorder treatment services. To receive points under this factor, applicants must demonstrate that participants have access to substance use disorder treatment services that are physically delivered at the project site on a regularly scheduled basis. Services may be provided directly by the applicant organization or through a formal partnership with a licensed treatment provider.



Factor 9: Funding for Supportive Services: Applicants will be scored based on information submitted in the CoC Project Budget Form and supporting documentation included with the project application. The CoC will review the proposed project budget to determine whether supportive services funds are included within the CoC funding request. The CoC will also review documentation demonstrating that supportive services are supported through required match contributions and/or leveraged resources committed to the project.

Factor 10: Strategies to Support Self-Sufficiency: Applicants will be scored based on their narrative response describing the project's strategies to support participant self-sufficiency, independence, and long-term housing stability. Applications will be evaluated on the extent to which the project demonstrates a clear and intentional approach to helping participants increase income, improve employment outcomes, connect to mainstream benefits, develop life skills, strengthen social supports, and progress toward self-defined goals. Projects will receive between 0 and 10 points based on the overall quality and comprehensiveness of the narrative response.

Factor 11: Local Policy Priorities: Applicants will be scored based on the extent to which the project aligns with local priorities established by the San Mateo County Continuum of Care. For the 2026 CoC competition, local priorities include preserving and sustaining Permanent Supportive Housing resources for people experiencing chronic homelessness and individuals with the highest barriers to housing stability.

Domestic Violence Provider Note:

DV projects operated by victim services providers will be rated and ranked using the same methodology as all other projects. DV providers will extract performance data from their HMIS comparable database to complete the project performance report.



ATTACHMENT B: SCORING CRITERIA FOR NEW PROJECTS

New Project proposals are scored based on objective criteria and subjective criteria based on information from the project application. If the applicant currently operates a CoC project, the performance of their CoC projects may also be used to inform the selection and ranking decisions the Review Panel makes.

The review panel will also consider current performance for any new or expansion project submitted by a current grantee, including, but not limited to, capacity, drawdowns, and monitoring findings. Transition grant applications will be scored based on the renewal project application and considered for acceptance based on their new project application for the new project type.

To be eligible for new funding, the applicant must:

- Be eligible to receive CoC funds and be applying for an eligible project type, including Transitional Housing (TH), Supportive Services Only – Standalone (SSO), and Supportive Services Only – Street Outreach (SSO-SO)
- Be proposing to serve eligible households and an eligible population
- Be willing to participate in Coordinated Entry and HMIS (or, for providers serving domestic violence survivors, use a comparable data system)
- Be willing to commit to the following upon grant agreement with HUD (as indicated in the project application):
 - The project applicant will not engage in illegal racial discrimination.
 - The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off property under their control, or conduct any of these activities under the pretext of “harm reduction.”

Rating Factor	New Project Scoring
1. System Performance Measures and Advancing System Performance a. <i>Up to 13 points</i> - The project identifies clear performance targets and how they will achieve them, including: i. Successful exits from assistance ii. Reducing returns to homelessness iii. Increasing employment income for participants b. <i>Up to 13 points</i> - The project identifies how it will fill a need in the community and advance system performance and objectives, including: i. Reducing the number of homeless individuals and families ii. Reducing encampments iii. Reducing first-time homelessness iv. Reducing the length of time homeless	26



Rating Factor	New Project Scoring
2. Applicant Experience a. <i>Up to 10 points</i> – Applicant (and subrecipient, if applicable) demonstrates relevant experience in providing housing or services to people experiencing homelessness.⁶ i. <i>TH Only</i> – The applicant must demonstrate it has: (1) prior experience operating transitional housing, or other projects that have helped people exit homelessness within 24 months, and has a plan to ensure households will exit within 24 months, and (2) has operated or currently operates TH or another project or has a plan to ensure that at least 50% of households exit to a positive destination within 24 months, and at least 50% of households exit with employment income. ii. <i>SSO-SO Only</i> – The applicant must demonstrate it has: (1) a history of, or a plan for, partnering with and assisting first responders and law enforcement to engage unsheltered people to access programs and will cooperate, and not interfere or impede with the enforcement of local laws around public camping and drug use, and (2) experience providing outreach or a plan for providing outreach services consistent with the activity description and has a plan for or demonstrated effectiveness at helping people successfully exit unsheltered homelessness.	10
3. Supportive Services and Addressing Barriers a. <i>Up to 5 points</i> - The type, scale, and location of supportive services fit the needs of the program participants, are readily accessible, reduce barriers, and advance positive outcomes. b. <i>Up to 5 points</i> - The project is seeking CoC funding in its application or includes match or other leverage to provide supportive services to households. c. <i>Up to 5 points</i> – the project includes on-site substance use treatment services. d. <i>Up to 5 points</i> – the project has service participation requirements⁷	20

⁶ If the applicant does not have a recent or current CoC project in San Mateo County, the applicant must submit supporting documentation reflecting project information and outcomes.

⁷ Assistance may not be denied on the basis or as a direct result of the act that a participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the participant otherwise qualifies for admission, assistance, participation, or occupancy.



Rating Factor	New Project Scoring
4. Applicant Capacity to Operate HUD Funding a. <i>Up to 10 points</i> - Applicant demonstrates sufficient organizational and financial capacity to track funds and meet all of HUD's reporting and fiscal requirements. If the application has a subrecipient, the proposal must also demonstrate the subrecipient's relevant capacity. b. <i>5 points if no issues and 2 points if sufficient, reasonable explanation</i> - Applicant must transparently share any outstanding monitoring or audit issues and explain them sufficiently.	15
5. Project Timing and Financial Feasibility a. <i>Up to 5 points</i> - Applicant has a clear plan to begin operations when the contract is executed. 5 points will be awarded if within six months of contract execution and 2.5 points if within one year of contract execution. b. <i>Up to 5 points</i> - Project budget appears adequate and reasonable to support the proposed program. c. <i>Up to 5 points</i> – Required Match is provided and additional resources are leveraged.	15
6. Opportunity Zone Preference a. 50% or more of the award will be used in an Opportunity Zone	4
Max. Points Available	90

Daly City/San Mateo County CoC
2026 Local Competition Selection Results - CoC Priority Listing
7/30/2026

Rank	Project Name	Agency Name	Project Type	Application Type	Project Score	Amount Requested	Amount Approved	Status	Reallocated Funds	Tier
1	PSH Consolidated (SP19)	HACSM	PSH	Renewal	82.18	\$11,879,490	\$8,978,559	Reduced Reallocated	\$ (2,900,931)	Tier 1
2	Vendome	Lifemoves	PSH	Renewal	81.92	\$303,133	\$303,133	Accepted	\$ -	Tier 1
3	DV RRH	CORA	RRH	DV Renewal	80.12	\$782,015	\$782,015	Accepted	\$ -	Straddling Tier 1 and 2
4	SAYAT	MHA	SSO	Transition	88.06	\$84,778	\$84,778	Accepted	\$ -	Tier 2
5	RTV Transitional Housing Program	Retraining the Village	TH	New	88.33	\$788,142	\$788,142	Accepted	\$ 788,142	Tier 2
6	SSO - Street Outreach	LifeMoves	SSO-SO	New	85.28	\$4,502,389	\$3,752,389	Accepted	\$ 3,752,389	Tier 2
7	CORA Connect	CORA	SSO	New	84.71	\$1,038,961	\$838,961	Accepted	\$ 838,961	Tier 2
8	San Mateo Police Department HOPE Outreach & Access Initiative	City of San Mateo	SSO-SO	New	82.22	\$69,245	\$69,245	Accepted	\$ 69,245	Tier 2
9	SSO - Specialists	LifeMoves	SSO	New	80.56	\$1,901,832	\$1,351,832	Accepted	\$ 523,945	Tier 2
10	VRS Employment SSO Program	San Mateo County	SSO	New	78.61	\$2,322,521	\$1,132,988	Accepted	N/A	Tier 2
11	Wraparound Supportive Services for Behavioral Health Clients	Baker Places	SSO	New	78.33	\$424,968	\$424,968	Accepted	N/A	Tier 2
12	Street Outreach and Aftercare	Street Life Ministries	SSO-SO	New	76.67	\$99,000	\$99,000	Accepted	N/A	Tier 2
N/A	HSA CoC Planning	San Mateo County	Planning	Planning	N/A	\$828,281	\$828,281	Accepted	N/A	N/A
N/A	Working Together PSH (SP22)	HACSM	PSH	Renewal	85.69	\$823,901	\$0	Fully Reallocated	\$ (823,901)	N/A
N/A	SPC Sponsor Based (SP15)	HACSM	PSH	Renewal	79.55	\$368,857	\$0	Fully Reallocated	\$ (368,857)	N/A
N/A	PSH (SP23)	HACSM	PSH	Renewal	75.89	\$738,949	\$0	Fully Reallocated	\$ (738,949)	N/A
N/A	Redwood Family House	LifeMoves	TH	Renewal	70.68	\$145,342	\$0	Fully Reallocated	\$ (145,342)	N/A
N/A	Retraining the Village SSO	Retraining the Village	SSO	Renewal	54.26	\$326,007	\$0	Fully Reallocated	\$ (326,007)	N/A
N/A	HMIS	HSA	HMIS	Renewal	N/A	\$91,718	\$0	Fully Reallocated	\$ (91,718)	N/A

N/A	HMIS Unsheltered	HSA	HMIS	Renewal	N/A	\$13,137	\$0	Fully Reallocated	\$ (13,137)	N/A
N/A	Rapid Rehousing Renewal	LifeMoves	RRH	Renewal	N/A	\$ 563,840	\$0	Fully Reallocated	\$ (563,840)	N/A

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2025 HDX Competition Report

2026 Competition Report - Summary

CA-512 - Daly/San Mateo County CoC

HDX Data Submission Participation Information

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

1) FY = Fiscal Year

2) * This considers all extensions where they were provided.

3) ** "Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

CA-512 - Daly/San Mateo County CoC

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

LSA Usability Status 2025

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

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Average		Median	
	Universe (Persons)	Homeless (bed nights)	LOT Homeless (bed nights)	LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	2,488	197.2	134.0	
1.2 Persons in ES-EE, ES-NbN, SH, and TH	2,728	201.4	142.5	

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average		Median	
		Homeless (bed nights)	LOT	Homeless (bed nights)	LOT
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	2,783	1,010.4		457.0	
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	3,031	972.5		438.0	

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

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

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)		Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	101	6.9%	7	6.9%	6	5.9%	12	11.9%	25	24.8%
Exit was from ES	526	5.5%	29	5.5%	16	3.0%	55	10.5%	100	19.0%
Exit was from TH	85	1.2%	1	1.2%	5	5.9%	6	7.1%	12	14.1%
Exit was from SH	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	493	7.5%	37	7.5%	22	4.5%	27	5.5%	86	17.4%
TOTAL Returns to Homelessness	1,205	6.1%	74	6.1%	49	4.1%	100	8.3%	223	18.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts
This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	2,757
Emergency Shelter Total	2,502
Safe Haven Total	17
Transitional Housing Total	316

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	358
Number of adults with increased earned income	23
Percentage of adults who increased earned income	6.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

Metric	Value
Universe: Number of adults (system stayers)	358
Number of adults with increased non-employment cash income	198
Percentage of adults who increased non-employment cash income	55.3%

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

Metric	Value
Universe: Number of adults (system stayers)	358
Number of adults with increased total income	207
Percentage of adults who increased total income	57.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	103
Number of adults who exited with increased earned income	11
Percentage of adults who increased earned income	10.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

Metric	Value
Universe: Number of adults who exited (system leavers)	103
Number of adults who exited with increased non-employment cash income	31
Percentage of adults who increased non-employment cash income	30.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	103
Number of adults who exited with increased total income	37
Percentage of adults who increased total income	35.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	2,108
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	701
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,407

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2,746
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	862
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,884

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	1,713
Of persons above, those who exited to temporary & some institutional destinations	487
Of the persons above, those who exited to permanent housing destinations	122
% Successful exits	35.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2,037
Of the persons above, those who exited to permanent housing destinations	993
% Successful exits	48.8%

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	1,664
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,608
% Successful exits/retention	96.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data
CA-512 - Daly/San Mateo County CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

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

Metric	ALL ES, SH	ALL TH	ALL PSH, OPH	ALL RRH	ALL Street Outreach
Unduplicated Persons Served (HMIS)	2,531	316	1,868	1,389	2,296
Total Leavers (HMIS)	1,657	202	126	860	1,726
Destination of Don't Know, Refused, or Missing (HMIS)	73	3	10	10	776
Destination Error Rate (Calculated)	4.4%	1.5%	7.9%	1.2%	45.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

CA-512 - Daly/San Mateo County CoC

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

Notes For Each SPM Measure

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

2025 HDX Competition Report

2026 Competition Report - HIC Summary

CA-512 - Daly/San Mateo County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Non-Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	1,108	1,006	1,081	0	1,081	93.1%
SH	0	0	0	0	0	NA
TH	167	167	167	0	167	100.0%
RRH	381	338	338	0	338	100.0%
PSH	1,235	1,073	1,235	0	1,235	86.9%
OPH	645	610	610	0	610	100.0%
Total	3,536	3,194	3,431	0	3,431	93.1%

2025 HDX Competition Report

2026 Competition Report
CA-512 - Daly/San Mateo Cour
For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year- Round, Current Beds	Total Year- Round, VSP Beds in an HMIS- Comparable Database	Total Year- Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year- Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	1,108	27	27	0	27	100.00%
SH	0	0	0	0	0	NA
TH	167	0	0	0	0	NA
RRH	381	43	43	0	43	100.00%
PSH	1,235	0	0	0	0	NA
OPH	645	35	35	0	35	100.00%
Total	3,536	105	105	0	105	100.00%

2025 HDX Competition Report

2026 Competition Report
CA-512 - Daly/San Mateo Cour
For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	1,108	1,033	1,108	93.23%
SH	0	0	0	NA
TH	167	167	167	100.00%
RRH	381	381	381	100.00%
PSH	1,235	1,073	1,235	86.88%
OPH	645	645	645	100.00%
Total	3,536	3,299	3,536	93.30%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

CA-512 - Daly/San Mateo County CoC

For HIC conducted in January/February of 2026

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

CA-512 - Daly/San Mateo County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Emergency Shelter Total	837	924	981
Safe Haven Total	0	5	0
Transitional Housing Total	148	73	114
Total Sheltered Count	985	1,002	1,095
Total Unsheltered Count	1,145	NA	1,145
Total Sheltered and Unsheltered Count*	2,130	1,002	2,240

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count
Total Sheltered Count	302	344	385
Total Unsheltered Count	410	0	459
Total	712	344	844



ATTACHMENT D: SAN MATEO COUNTY CONTINUUM OF CARE (CA-512) ADVANCING RECOVERY AND PROHIBITING ILLICIT DRUG ENABLEMENT POLICY

Purpose

The San Mateo County Continuum of Care (CoC) is committed to operating a homelessness response system that supports housing stability, treatment, recovery, self-sufficiency, and participant well-being. Consistent with federal requirements and priorities established in the FY 2026 Continuum of Care Notice of Funding Opportunity (NOFO), the CoC encourages project models that connect participants to substance use disorder treatment, recovery supports, healthcare services, employment opportunities, and other services that promote long-term stability and independence.

This policy establishes requirements for all CoC-funded housing projects submitted by the San Mateo County CoC for funding consideration through the local competition process. This policy reflects guidance provided by HUD in the 2026 Continuum of Care NOFO and applies specifically to CoC-funded projects in San Mateo County.

Policy Statement

All CoC-funded housing projects operating within the San Mateo County CoC shall comply with applicable federal, state, and local laws and shall not:

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

Nothing in this policy shall be interpreted as requiring sobriety as a condition of receiving housing or assistance, requiring participation in treatment as a condition of receiving assistance, or requiring immediate eviction or termination from assistance for a violation of a drug-related program policy or lease provision.

D. Support for Treatment and Recovery

The San Mateo County CoC recognizes that substance use disorders are complex health conditions that often require a range of interventions and supports. CoC-funded projects are encouraged to connect participants to evidence-based treatment, recovery services, healthcare resources, peer support services, recovery housing, and other community-based supports that promote long-term recovery and self-sufficiency.

Projects are encouraged to establish partnerships with behavioral health providers, substance use disorder treatment providers, recovery organizations, healthcare systems, employment and workforce



development programs, and other community resources that can support participant stability and well-being.

CoC Project Requirements

As part of the local competition process, all project applicants must certify compliance with this policy and any related certifications required by HUD through the CoC NOFO.

Applicants must describe any relevant program policies, participant expectations, and operational practices that support compliance with this policy, when requested by the CoC as part of the application, monitoring, or review process.

Monitoring and Compliance

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

When the CoC determines that a project may be operating in violation of this policy, the CoC may request additional information from the recipient and conduct a review of the circumstances.

Remedies for Non-Compliance with this Policy

If the CoC determines that a project is operating in violation of this policy, the CoC may take one or more of the following actions, as appropriate:

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

The nature and severity of any corrective action will be based on the circumstances of the violation, the recipient's response, and any applicable federal requirements.

Relationship to Housing Models

Nothing in this policy shall be interpreted as prohibiting projects from providing participant-centered services, overdose prevention education, substance use disorder screening, referrals to treatment, recovery planning, or other lawful activities intended to support participant health, safety, recovery, and housing stability. Nothing in this policy restricts or prohibits CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.