

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: FL-510 - Jacksonville-Duval, Clay Counties CoC

1A-2. Collaborative Applicant Name: Changing Homelessness, Inc

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Changing Homelessness, Inc

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	0
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	1
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	4
	Other: (limit 50 characters)		
46.	Financial Institution	Yes	1
47.	Law Office/Attorney	Yes	1

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)

FL-510 maintains an open and transparent process for inviting new members to participate in the Continuum of Care throughout the year. Membership is not limited to an annual recruitment period; individuals, organizations, community partners, and other interested stakeholders may engage with and join the CoC at any time.

The Collaborative Applicant (CA), Changing Homelessness, Inc., publicly communicates opportunities to participate through the CoC website, monthly General Membership meetings, social media, community meetings, and direct stakeholder outreach as well as annual events – Dignity Day, Point-In-Time Count and the Community Update. General Membership meetings are open to the public and provide an ongoing opportunity for new organizations and individuals to learn about the CoC and become involved.

The Governance Board, Membership Committee, CA leadership, and staff conduct outreach throughout Baker, Clay, Duval, and Nassau Counties to expand participation and representation. Outreach includes local governments; nonprofit and homeless service providers; healthcare and behavioral health organizations; housing providers; faith-based and community organizations; first responders; educational institutions; organizations serving Veterans, families, youth, and survivors of domestic violence; and people with lived experience of homelessness. Organizations that do not currently receive CoC Program funding are also encouraged to participate.

CoC information, meeting materials, reports, plans, assessments, and opportunities for engagement are publicly available through the CA website. Through this year-round, publicly communicated process, FL-510 exceeds the requirement to invite new members at least annually and works to ensure CoC participation remains open, transparent, and representative of the communities it serves.

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)

FL-510 uses a transparent, ongoing process to solicit and consider input regarding CoC performance, strategies, system needs, and priorities from individuals and organizations throughout Baker, Clay, Duval, and Nassau Counties. Input is gathered through monthly General Membership meetings, Governance Board and committee meetings, surveys, needs assessments, focus groups, public meetings, stakeholder forums, Point-in-Time Count activities, and direct community engagement. Meeting information, reports, plans, assessments, and other CoC materials are publicly available through the Collaborative Applicant's website.

The CoC intentionally seeks perspectives from people with lived experience of homelessness; homeless and housing service providers; local and state government; healthcare and behavioral health providers; Veterans organizations; domestic violence providers; faith-based and community organizations; law enforcement and first responders; educational institutions; funders; and other community stakeholders.

FL-510 is also conducting a comprehensive CoC Needs Assessment that combines feedback from CoC members, representatives of each county, people with lived experience, focus groups, and system-level data. This process will identify service and system gaps and inform CoC planning, resource allocation, priorities, and strategies for preventing and reducing homelessness.

Input received through these processes is reviewed by the Collaborative Applicant, Governance Board, and appropriate CoC committees and is considered alongside HMIS, PIT, system performance, and other community data when evaluating performance and establishing priorities. Stakeholders may provide input during public meetings, electronically, through surveys, and through direct communication with the Collaborative Applicant.

FL-510 provides reasonable accommodations upon request and makes CoC information available electronically to support broad participation in the community's planning and decision-making processes.

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)

FL-510 maintains a transparent and open process for accepting and considering proposals from eligible organizations that have not previously received CoC Program funding, including faith-based organizations. Prior receipt of CoC Program funding is not required to participate in the local competition.

Following HUD's release of the CoC Program NOFO, the Collaborative Applicant (CA), Changing Homelessness, Inc., publicly announces the local competition through the CA website, Constant Contact email communications, General Membership meetings, newsletters, social media, and direct community outreach. Public materials identify available funding opportunities, local priorities, eligibility and threshold requirements, application instructions, timelines and deadlines, scoring criteria, and the process for submitting proposals.

The CA conducts Bidder's Conferences and provides technical assistance and Office Hours during the local competition. These opportunities are available to new and returning applicants and are designed to help organizations understand HUD requirements, eligible project types, the local application process, and E-snaps requirements. CA staff also respond to applicant technical questions while maintaining the integrity and fairness of the competition.

The Governance Board and CA establish the local competition timeline and scoring criteria consistent with HUD requirements and local priorities. Eligible new and renewal proposals are reviewed using publicly available scoring criteria. Trained reviewers evaluate and score applications, and the resulting project ranking is presented to the Governance Board for review and approval.

All applicants are notified of selection or rejection and provided information regarding the local appeal process. Through public notice, open technical assistance, published requirements and scoring criteria, and an objective review process, FL-510 provides new applicants—including faith-based organizations—a meaningful and equitable opportunity to compete for CoC Program funding.

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)

FL-510 has identified a gap in its housing continuum for individuals and families who need structured, service-intensive support between emergency/unsheltered homelessness and independent permanent housing. HMIS, PIT and Coordinated Entry data, combined with stakeholder and lived-experience feedback through the CoC Needs Assessment and community engagement, will be used to further identify populations and service needs associated with this gap.

FL-510 will develop and expand targeted Transitional Housing (TH) pathways integrated with intensive supportive services. Based on individual needs, services may include case management, behavioral health and substance-use treatment connections, healthcare, benefits navigation, employment and income development, life-skills support, and housing navigation. Strategies will address relevant subpopulations, including people experiencing unsheltered or chronic homelessness, families with children, youth, Veterans, survivors of domestic violence, people with disabilities or behavioral health needs, substance abatement, seniors, and residents of rural areas.

By June 30, 2027, FL-510 will complete its system Needs Assessment and identify TH capacity and service gaps. By September 30, 2027, the Governance Board will establish implementation priorities and targeted strategies. Initial performance goals will include increasing appropriate TH capacity by 38%, achieving at least 75% successful exits from TH to permanent housing, and increasing income or mainstream-benefit enrollment among at least 60% of participating households. Performance will be reviewed quarterly through HMIS and provider reporting.

Implementation will leverage CoC Program funding, through the State of Florida - ESG, SSVF, DCF/PATH and Challenge funding, local and state resources, and private/philanthropic funding, as eligible and available. The FL-510 Governance Board will oversee implementation, with Changing Homelessness, Inc., as Collaborative Applicant and Coordinated Entry Lead, responsible for coordinating implementation, monitoring performance, and reporting progress.

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

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

1C. Coordination and Engagement

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- Frequently Asked Questions

	1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
		You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
		What percent of your TH/RRH/PSH projects have substance use treatment available on site?	30%

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)

FL-510 is not designated as a rural CoC; however, its geography includes rural communities, particularly in Baker and Nassau Counties and portions of Clay County. Residents may face transportation, distance, treatment-capacity, and other barriers to accessing substance use services.

Substance use treatment is available through LSF Health Systems and its regional provider network, including outpatient treatment, medication-assisted treatment/medications for opioid use disorder, crisis services, care coordination, peer and recovery supports, and referrals to higher levels of care. Providers include Gateway Community Services, Clay Behavioral Health Center, Starting Point Behavioral Healthcare, and other regional providers.

Changing Homelessness administers the PATH program through LSF Health Systems, providing an important connection between homelessness outreach and the behavioral health system. PATH outreach and engagement help connect people experiencing homelessness with serious mental illness, including those with co-occurring substance use disorders, to treatment, recovery supports, benefits, and other services.

People access treatment through Coordinated Entry, street outreach, PATH, shelters, healthcare and behavioral health providers, first responders, and community partners. When appropriate treatment is unavailable locally, partners coordinate referrals to regional providers, including Duval County programs offering outpatient, detoxification, residential, MAT, and recovery services. Telehealth and community-based services may also reduce geographic barriers when available.

FL-510 continues to assess rural treatment access, transportation, and service-capacity gaps through its regional planning and Needs Assessment processes.

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)

FL-510 partners with a network of healthcare and behavioral health providers to connect people experiencing homelessness in Baker, Clay, Duval, and Nassau Counties to outpatient mental health and substance use disorder treatment across appropriate levels of care.

Key partners include Sulzbacher, a Federally Qualified Health Center and CoC-funded provider that integrates healthcare, behavioral health, case management, medication-assisted treatment (MAT) and housing services; Mental Health Resource Center (MHRC), which provides behavioral health treatment, psychiatric services, crisis intervention, care coordination, and community-based supports; and Gateway Community Services, which provides substance use disorder treatment, including outpatient treatment, MAT, counseling, recovery services, and higher levels of care when clinically appropriate. City Rescue Mission, Salvation Army and Trinity Rescue Mission provide substance-use disorder support and are currently not federally funded.

FL-510 also coordinates with LSF Health Systems and its regional behavioral health provider network, including Clay Behavioral Health Center, Starting Point Behavioral Healthcare, and providers serving Baker County. Services include outpatient mental health and substance use treatment, psychiatric and medication services, MAT, psychosocial interventions, crisis and suicide-prevention services, and peer and recovery supports.

Changing Homelessness administers the PATH program through LSF Health Systems, strengthening outreach, engagement, and connections to behavioral health and substance use treatment for people experiencing homelessness with serious mental illness, including those with co-occurring substance use disorders.

Individuals access services through Coordinated Entry, street outreach, PATH, shelters, healthcare partners, first responders, and homeless service providers. Through these partnerships, FL-510 connects individuals to assessment, counseling, psychiatric care, medication management, MAT, recovery supports, and higher levels of care as clinical needs change.

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)

FL-510 integrates peer support and recovery navigation into its homelessness response through CoC-funded projects, the PATH program, and partnerships with behavioral health, substance use treatment, healthcare, and community providers. CoC-funded projects operated by Sulzbacher, City Rescue Mission, The Salvation Army, and Changing Homelessness include peer specialists or peer-support functions that use lived experience to engage participants, build trust, support recovery, and help individuals navigate housing and service systems.

Changing Homelessness also administers the Projects for Assistance in Transition from Homelessness (PATH) program through its partnership with LSF Health Systems. PATH strengthens street outreach, engagement, and connections to behavioral health, substance use treatment, recovery supports, mainstream benefits, and housing resources for people experiencing homelessness with serious mental illness, including individuals with co-occurring substance use disorders.

Peer specialists complement clinical services and case management through mentoring, advocacy, recovery planning, treatment navigation, benefits and resource connections, and support during transitions between homelessness, treatment, and housing. Peer support is particularly valuable for engaging individuals experiencing long-term or unsheltered homelessness who may be reluctant to engage with traditional service systems.

FL-510 also partners with Gateway Community Services, Mental Health Resource Center, Sulzbacher, LSF Health Systems and its regional provider network, and other community behavioral health organizations that provide or connect individuals to certified peer specialists, recovery coaches, peer-led services, and recovery navigation.

Access occurs through Coordinated Entry, street outreach, PATH, shelters, CoC-funded housing programs, healthcare and behavioral health providers, treatment programs, and first responders. Together, these resources integrate lived experience and recovery-oriented support throughout the homelessness response across Baker, Clay, Duval, and Nassau Counties.

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)

FL-510 identifies and connects individuals experiencing homelessness with Serious Mental Illness (SMI) to treatment and stabilization services through Coordinated Entry, street outreach, PATH, shelters, healthcare providers, behavioral health partners, hospitals, and first responders. Outreach and service staff identify behavioral health needs and indicators of SMI during engagement and assessment and connect individuals to qualified providers for clinical assessment, diagnosis, and appropriate levels of care.

Changing Homelessness administers the Projects for Assistance in Transition from Homelessness (PATH) program through LSF Health Systems. PATH is a key component of FL-510's strategy for reaching people experiencing homelessness with SMI, including those with co-occurring substance use disorders who may be unsheltered, chronically homeless, or reluctant to engage with traditional systems. PATH uses assertive outreach, relationship-building, care coordination, and linkage to behavioral health treatment, substance use treatment, healthcare, benefits, recovery supports, and housing resources.

FL-510 also partners with Mental Health Resource Center (MHRC), Sulzbacher, LSF Health Systems and its regional provider network, Gateway Community Services, and other behavioral health providers. These partnerships connect individuals, based on clinical need and eligibility, to outpatient psychiatric care, medication management, crisis stabilization, substance use treatment, peer and recovery supports, intensive case management, and higher levels of behavioral health care.

Individuals requiring intensive community-based support may be connected through the behavioral health system to Assertive Community Treatment (ACT) or other intensive care-coordination models that combine multidisciplinary treatment, medication support, case management, and community-based engagement.

FL-510 coordinates behavioral health services with housing and homelessness interventions because stability often requires both. Through PATH, Coordinated Entry, outreach, treatment partners, and housing providers, the CoC works to maintain engagement, reduce barriers to treatment, connect individuals to benefits and appropriate housing, and support long-term stability across Baker, Clay, Duval, and Nassau Counties.

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)

L-510 partners with Sulzbacher, a CoC-funded FQHC, which operates the Mental Health Offender Program (MHOP) and Community Health Outreach Program (CHOP). These programs coordinate behavioral health treatment, psychiatric care, medication management, case management, housing, and other supports for justice-involved individuals with serious mental illness, strengthening connections among the justice, behavioral health, healthcare, and homelessness systems.

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)

FL-510 coordinates with Sulzbacher through its Community Health Outreach Program (CHOP) to support housing stability for individuals with serious mental illness who are involved with the justice and behavioral health systems. CHOP combines intensive community-based behavioral health treatment, care coordination, housing support, and judicial oversight to help individuals achieve stability and reduce repeated involvement with hospitals, homelessness, and the justice system.

Through CHOP, participants receive individualized services that may include psychiatric care, medication management, case management, healthcare coordination, benefits assistance, housing support, and connections to other community resources. Services address both the behavioral health conditions and practical barriers that can interfere with an individual's ability to obtain and maintain stable housing.

Court involvement provides an additional mechanism for engagement and accountability. When treatment or participation requirements are included in a court order, CHOP works with participants and justice-system partners to coordinate compliance with treatment plans, appointments, medication management, and other services intended to promote stabilization. Rather than operating independently, judicial oversight is coordinated with community-based treatment and supportive services designed to help individuals remain successfully engaged in care.

FL-510's Coordinated Entry, outreach, housing, and service providers can coordinate with Sulzbacher and other behavioral health partners to address housing needs and connect participants to appropriate housing resources. This coordination helps bridge the behavioral health, justice, healthcare, and homelessness systems.

By combining court-supported engagement with intensive behavioral health treatment, housing assistance, benefits, and community-based care, the partnership supports participants in achieving greater stability, reducing crisis-system utilization, maintaining housing, and progressing toward 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)

FL-510 partners with LSF Health Systems through the PATH program to connect people experiencing homelessness with serious mental illness to the regional behavioral health crisis system. PATH outreach and care coordination connect individuals to 988 crisis services, mobile response, crisis stabilization, behavioral health treatment, and follow-up supports. This partnership helps individuals move from crisis intervention to ongoing treatment, housing, and stability.

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.	100

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

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

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

(limit 500 characters)

Yes. FL-510 has 24/7 access to detoxification, residential substance-use treatment, crisis stabilization, and inpatient behavioral health treatment within the CoC geography. Providers include Gateway Community Services and Mental Health Resource Center. Coordinated Entry, outreach, PATH/LSF, healthcare, and first-responder partners connect individuals to treatment. FL-510 continues to address transportation and access barriers across Baker, Clay, Duval, and Nassau Counties.

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)

City Rescue Mission (CRM) operates a new CoC program (that supports individuals in maintaining sobriety in accordance with 24 CFR 578.93(b)(5). CRM provides structured, substance-free housing and supportive services designed to promote recovery, stability, and successful transitions from homelessness to independent living.

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)

FL-510 coordinates behavioral health, treatment, recovery, crisis, healthcare, and justice-system partners with Coordinated Entry (CE) and housing providers to facilitate warm hand-offs and prevent individuals from entering or returning to homelessness. Changing Homelessness, as the Coordinated Entry Lead, provides a central connection between these systems and the region's housing and homeless service resources.

Partners identified in 1C-1a through 1C-1i, including LSF Health Systems/PATH, Sulzbacher, Mental Health Resource Center, Gateway Community Services, City Rescue Mission crisis-system partners, healthcare providers, first responders, and justice-system partners, can connect individuals to CE, outreach, prevention/diversion resources, shelters, and housing programs based on individual needs and eligibility.

Warm hand-offs involve more than providing referral information. When possible, referring and receiving partners coordinate directly to confirm the connection, share appropriate information with participant consent, address immediate barriers, and maintain engagement during transitions. PATH and street outreach are particularly important for individuals with serious mental illness, co-occurring substance use disorders, or long histories of unsheltered homelessness who may require sustained engagement to successfully transition into treatment and housing.

When individuals are leaving hospitals, behavioral health treatment, crisis stabilization, residential treatment, correctional settings, or other institutional settings, FL-510 partners work to identify housing needs as early as possible and connect individuals to CE and appropriate community resources before discharge or release. Prevention and diversion strategies may include housing problem-solving, family or natural-support reunification when safe and appropriate, benefits and income connections, landlord engagement, financial assistance when available, and connections to mainstream resources.

For individuals requiring ongoing treatment or recovery supports, housing connections are coordinated with behavioral health, healthcare, peer, and case-management services to promote continuity of care after placement.

Through this cross-system approach, FL-510 works to reduce gaps between treatment, crisis intervention, institutional discharge, and housing; prevent avoidable entries into homelessness; and support long-term housing stability.

1C-2.	Supportive Services Investment.
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$8,608,025
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$4,417,633
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	51%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,104,408

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).

64%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

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

100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

FL-510 maintains ongoing consultation with Emergency Solutions Grants (ESG) recipients through its system planning, HMIS, Coordinated Entry, grant administration, monitoring, and performance-review activities. Changing Homelessness, Inc. (CHI), as the Collaborative Applicant, HMIS Lead, and Coordinated Entry Lead, is positioned to coordinate ESG-funded activities with the broader CoC homelessness response. We also work with the City of Jacksonville and the State of Florida to prepare IDIS reporting and monitor outcomes.

CHI supports the City of Jacksonville's formula ESG program in its role as HMIS Lead. This provides ongoing coordination regarding ESG-funded project data, HMIS participation, system performance, and alignment with Coordinated Entry and other CoC processes. FL-510 also engages the City and other local government partners through CoC planning, General Membership and Governance activities, system performance discussions, and regional planning efforts.

CHI also administers ESG funding awarded through the Florida Department of Children and Families (DCF), Office on Homelessness. Through this role, CHI works directly with ESG subrecipients Micah's Place, Hubbard House, The Salvation Army, and Sulzbacher regarding program implementation, eligible activities, expenditures, performance, data quality, Coordinated Entry participation as applicable, and community needs. This provides an additional mechanism for incorporating provider experience and system-level data into ESG planning and funding decisions.

Consultation is informed by HMIS, PIT, HIC, System Performance Measures, Coordinated Entry data, provider feedback, lived-experience input, and the CoC Needs Assessment. These data and stakeholder perspectives help identify emerging needs, geographic and service gaps, populations requiring additional resources, and opportunities to coordinate ESG with CoC Program and other federal, state, local, and private resources.

FL-510 will continue consulting with ESG recipients and subrecipients throughout planning, allocation, implementation, monitoring, and evaluation to promote complementary use of ESG and CoC resources, reduce duplication, address identified system gaps, and strengthen the overall homelessness response across Baker, Clay, Duval, and Nassau Counties.

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)

FL-510 coordinates closely with emergency shelter providers and community partners to connect individuals and families experiencing homelessness to shelter, Coordinated Entry (CE), housing resources, and appropriate CoC assistance. Changing Homelessness, Inc. (CHI), as the Coordinated Entry and HMIS Lead, provides infrastructure connecting shelters with the broader homelessness response across Baker, Clay, Duval, and Nassau Counties.

Shelter providers participate in the CoC and HMIS and coordinate with CE to identify housing needs, facilitate assessments and referrals, and connect participants to available housing and supportive services. CHI supports shelter partners through CE processes, HMIS, training and technical assistance, case coordination, General Membership activities, and direct communication regarding participant and system needs.

Duval County also operates the Jacksonville Fire and Rescue Department's Providing Assistance to the Homeless (JFRD PATH) Team, a dedicated outreach response developed as part of the City's implementation of Florida HB 1365. Jacksonville Sheriff's Office and other City referral mechanisms connect unsheltered individuals with JFRD PATH, which engages individuals in the field and facilitates transportation to participating emergency shelters when beds are available. This provides an additional pathway from unsheltered homelessness to immediate shelter and services.

FL-510 continues working with the City and shelter partners to strengthen connections between these outreach and shelter pathways and the Coordinated Entry system so individuals entering shelter can be assessed and connected to appropriate housing and services. A "No Wrong Door" approach strengthens coordination regardless of where an individual first encounters the homelessness response system.

Housing problem-solving and diversion are used when appropriate to identify safe alternatives to shelter entry. For households requiring additional assistance, CE facilitates connections to appropriate housing interventions based on eligibility, vulnerability, individual needs, and available resources.

Through coordination among shelters, CE, HMIS, outreach, JFRD PATH, first responders, and housing and service providers, FL-510 works to reduce unsheltered homelessness, shorten shelter stays, improve connections to appropriate assistance, and support transitions to stable housing.

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

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

(limit 2,500 characters)

FL-510 uses PIT, HIC, HMIS, and System Performance Measure (SPM) data to inform state and local governments and strengthen the regional homelessness response across Baker, Clay, Duval, and Nassau Counties. The Collaborative Applicant/HMIS Lead, Changing Homelessness, Inc. (CHI), analyzes system-level data and shares aggregate information, as permitted by law and applicable HMIS privacy and security requirements, with government partners, the CoC Governance Board, service providers, funders, and community stakeholders.

Each year, FL-510 publishes an Annual Point-in-Time Count Report presenting sheltered and unsheltered homelessness data, trends, demographics, subpopulation information, and geographic findings. The report is publicly available on CHI's website and is presented during an annual Community Update event in April. PIT findings and other system data are also shared through CoC General Membership meetings, Governance Board meetings, presentations, reports, and briefings with local government and community partners.

FL-510 shares and discusses PIT, HIC, HMIS, and SPM data with local governments to identify changes in homelessness, housing and service capacity, system gaps, and performance trends. Data are used to support planning and resource decisions, evaluate strategies, identify populations with emerging or unmet needs, and measure progress toward reducing homelessness.

FL-510 is further integrating these data into its comprehensive CoC Needs Assessment. The assessment will combine quantitative data from PIT, HIC, HMIS, SPMs, and other available sources with stakeholder feedback from CoC members, local governments, service providers, and people with lived experience. Findings will help establish regional and county-level priorities, identify gaps in housing and services, and inform future CoC strategies and resource allocation.

FL-510 will continue providing state and local partners with timely, aggregate system data and analysis while protecting personally identifiable information and complying with applicable HMIS privacy, security, and data-sharing requirements.

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)

FL-510 uses HMIS as its primary source of system-level homelessness data and supplements HMIS with Street Lens, and other community and partner data when available. The CoC is expanding this practice through its comprehensive Needs Assessment to better understand how people experiencing homelessness interact with healthcare, behavioral health, emergency response, law enforcement, and other community systems.

As part of the Needs Assessment, FL-510 is beginning to incorporate data from the City of Jacksonville/Jacksonville Fire and Rescue Department's Providing Assistance to the Homeless (JFRD PATH) program. JFRD PATH data provide an additional perspective on unsheltered homelessness, including outreach contacts, locations, shelter connections, and patterns of interaction with first responders. Comparing these data with HMIS, Coordinated Entry, PIT, and other system information can help identify populations or geographic areas that may not be fully represented through traditional homeless-service data.

FL-510 also uses or reviews other available community data, including behavioral health and healthcare information provided by partners, law enforcement and first-responder information, local government data, and aggregate information from community providers. These sources have historically been used on a more targeted basis rather than through a fully integrated cross-system data platform.

The CoC's Needs Assessment provides an opportunity to formalize this work. FL-510 will evaluate how complementary data sources can be used alongside HMIS to identify service gaps, high-utilization patterns, geographic trends, barriers to care, and individuals or populations who may be interacting repeatedly with crisis systems without successfully connecting to housing and ongoing services.

Findings will inform outreach strategies, Coordinated Entry, behavioral health and treatment partnerships, shelter and housing planning, and resource allocation. FL-510 will also evaluate opportunities for stronger data-sharing partnerships while protecting personally identifiable information and complying with HMIS privacy and security requirements and other applicable confidentiality laws.

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)

FL-510 partners with organizations that integrate employment and workforce development into services for people experiencing homelessness. A key example is the partnership between Sulzbacher, a CoC-funded provider and Federally Qualified Health Center, and Goodwill Industries. Goodwill maintains an on-site presence at Sulzbacher, reducing barriers to employment services and allowing individuals experiencing homelessness to connect directly with workforce resources while receiving housing, healthcare, behavioral health, and other supportive services.

Through this partnership, participants can access employment-related assistance such as career planning, job-readiness support, resume development, job-search assistance, connections to employment opportunities, skills development, and other workforce resources based on individual needs. Locating workforce services within a homeless service setting improves accessibility for individuals who may face transportation, technology, documentation, behavioral health, or other barriers to accessing traditional workforce programs.

Employment and income are incorporated into broader housing-stability planning. Sulzbacher staff and workforce partners can coordinate employment goals with case management, benefits, healthcare, behavioral health treatment, and housing services so that participants receive support addressing multiple barriers to self-sufficiency.

FL-510's broader homelessness response also connects individuals with community workforce resources, vocational rehabilitation, educational opportunities, benefits, and employment services through Coordinated Entry, housing programs, shelters, outreach, and community partners.

The Sulzbacher-Goodwill partnership demonstrates FL-510's approach of bringing mainstream workforce resources into the homelessness response rather than relying solely on external referrals. By connecting individuals to employment and income opportunities alongside housing and supportive services, the partnership supports increased earned income, housing stability, and movement toward greater economic independence.

The CoC also has a strong relationship with Florida Community College at Jacksonville, with a representative sitting on the CoC Governance Board.

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)

FL-510 has established strong partnerships between street outreach, first responders, and law enforcement to increase positive engagement with people experiencing unsheltered homelessness and connect them to shelter, services, treatment, Coordinated Entry, and housing resources. Changing Homelessness, Inc. (CHI) maintains MOUs with the Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties, providing a framework for collaboration across the CoC geography, and covers most of the FL-510 geography and unsheltered persons.

In Duval County, FL-510 works closely with the Jacksonville Sheriff's Office (JSO) and Jacksonville Fire and Rescue Department (JFRD). This coordination has become increasingly important following implementation of Florida's public-camping law. Rather than relying solely on enforcement responses, partners coordinate outreach and service connections when encountering individuals experiencing unsheltered homelessness.

The City of Jacksonville's JFRD PATH (Providing Assistance to the Homeless) Team provides a dedicated field response for the unsheltered. JSO and other City referral mechanisms can connect individuals with JFRD PATH, whose team facilitates transportation to available emergency shelter and other services when individuals are willing to accept assistance.

CHI has also provided training to JFRD and other first-response partners regarding homelessness, outreach, available resources, HMIS, and the regional homelessness response. This strengthens first responders' understanding of the service system and their ability to connect individuals with appropriate resources.

FL-510 Coordinated Entry, Sulzbacher HOPE Team and medical service bus, as well as other outreach partners work to build on these encounters by engaging individuals, assessing housing and service needs, and connecting them with shelter, behavioral health and substance use treatment, healthcare, benefits, and housing resources. PATH outreach through LSF Health Systems provides an additional connection for individuals experiencing serious mental illness or co-occurring disorders.

Through these partnerships, FL-510 seeks to transform interactions with law enforcement and first responders into opportunities for engagement, reduce repeated crisis-system contacts, strengthen connections to CoC services, and increase pathways from unsheltered homelessness to shelter, treatment, housing, and long-term stability.

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)

FL-510 incorporates family and support-network reunification into housing problem-solving and diversion strategies when reunification is safe, appropriate, and desired by the individual or family experiencing homelessness. Coordinated Entry, street outreach, shelters, and housing providers work with participants to identify family members, friends, or other natural supports who may provide a safe and stable housing option.

A key resource is the City of Jacksonville's Homeward Bound program, coordinated in conjunction with JFRD PATH (Providing Assistance to the Homeless). From 10/1/2025 to 7/31/2025 - 605 people have gone home. The program assists individuals experiencing homelessness who have an identified safe housing with family or other supports outside the immediate area. This provides another pathway for resolving homelessness when an appropriate support network is available in another community.

Before reunification, partners work with the participant to confirm that the receiving family member or support person is willing and able to provide housing and that the arrangement is appropriate. Assistance may include communication with the receiving household, travel planning, transportation assistance, coordination with providers or resources in the destination community, and other supports needed to facilitate a successful transition.

Reunification is also incorporated into case management and housing planning across FL-510. Outreach workers, shelter staff, Coordinated Entry staff, and CoC-funded providers explore natural supports as one potential housing solution while respecting participant choice and individual circumstances. For individuals already living in CoC-funded housing, case managers may also help rebuild positive family and community connections when doing so supports long-term stability and independence.

FL-510 views reunification as one option within a broader housing-focused response rather than an automatic solution. When a safe and sustainable reunification opportunity is identified, partners work to facilitate a warm hand-off and successful transition. When reunification is not appropriate, individuals remain connected to Coordinated Entry and other housing and service resources.

Through Homeward Bound, housing problem-solving, case management, and coordinated referrals, FL-510 uses family and natural-support networks as an additional pathway for resolving homelessness and promoting long-term housing stability

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)

FL-510 cooperates with law enforcement, first responders, and local governments in efforts to protect public safety while connecting individuals experiencing homelessness to shelter, treatment, housing, and supportive services. The CoC does not interfere with or impede lawful local public-safety activities and works collaboratively to ensure first responders have access to the homelessness-response resources necessary to offer service-based alternatives and connections.

Changing Homelessness, Inc. (CHI) maintains MOUs with the Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties. These partnerships support communication, outreach coordination, referrals, and connections to homeless services throughout the four-county CoC.

In Duval County, FL-510 works closely with the City of Jacksonville, Jacksonville Sheriff's Office (JSO), and Jacksonville Fire and Rescue Department (JFRD) as the City implements Florida HB 1365 and related local efforts addressing unauthorized public camping. JSO coordinates with the JFRD PATH (Providing Assistance to the Homeless) Team, which conducts field outreach and connects willing individuals to available shelter and community resources. The City has also expanded dedicated shelter capacity to support this response.

CHI has provided training to JFRD regarding homelessness, outreach, HMIS, and available community resources, strengthening first responders' ability to identify and connect individuals to appropriate services. FL-510 and its provider network offer additional pathways to Coordinated Entry, emergency shelter, behavioral health and substance use treatment, healthcare, benefits, housing assistance, and other supportive services.

FL-510 also works with local government and public-safety partners through community planning, data sharing, the CoC Governance and General Membership structure, and other collaborative forums. The CoC is incorporating JFRD PATH data into its Needs Assessment to better understand unsheltered homelessness, service interactions, geographic patterns, and opportunities to improve coordination.

Through these partnerships, FL-510 supports local public-safety objectives while helping first responders connect individuals experiencing homelessness with appropriate shelter, treatment, services, and pathways toward stable housing.

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)

Florida law prohibits local governments from authorizing or allowing regular public camping or sleeping on public property per HB 1365, subject to limited exceptions. Local governments and law enforcement within FL-510 implement applicable laws governing public property. FL-510 cooperates with these efforts while focusing its role on outreach, engagement, shelter and treatment connections, Coordinated Entry (CE), and pathways to stable housing.

In Duval County, the City of Jacksonville coordinates its response through the Jacksonville Sheriff's Office (JSO), Jacksonville Fire and Rescue Department's PATH (Providing Assistance to the Homeless) Team, emergency shelters, and homeless service providers. JFRD PATH engages individuals reported as camping on public property and facilitates transportation to available shelter and services for those willing to accept assistance.

FL-510 also uses Street Lens, a platform developed by its CE and HMIS teams, to document locations where people are experiencing unsheltered homelessness. Street Lens helps identify emerging or changing locations and informs outreach planning and resource coordination.

FL-510 supports rapid resolution of encampments by coordinating outreach and services before, during, and following local public-safety actions. Outreach partners connect individuals to shelter, behavioral health and substance use treatment, healthcare, benefits, CE, and housing resources. FL-510 also maintains MOUs with Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties.

A key challenge is that clearing a location does not resolve homelessness when appropriate shelter, treatment, or housing is unavailable. FL-510 mitigates this risk through continued engagement, warm hand-offs, and connections to shelter, treatment, and housing.

Street Lens, JFRD PATH, HMIS, CE, PIT, and other data are also being incorporated into FL-510's Needs Assessment to identify geographic patterns, service gaps, and resource needs and strengthen the community's response to unsheltered homelessness.

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)

FL-510 encompasses Baker, Clay, Duval, and Nassau Counties and experiences unsheltered homelessness across urban, suburban, and rural environments. Per HB 1365 (Florida Law), local governments must disburse an encampment in 5 days or less. Moreover, unsheltered homelessness is generally dispersed rather than concentrated in a small number of large, established encampments. Individuals may sleep in tents, wooded areas, vehicles, abandoned locations, or other places not intended for human habitation, and locations can shift frequently.

Duval County has the largest concentration of unsheltered homelessness within the CoC and consequently experiences the greatest number of reports involving tents, public camping, and smaller encampments. Baker, Clay, and Nassau Counties generally experience more geographically dispersed unsheltered homelessness, creating different outreach and service-access challenges.

FL-510 uses Street Lens, a platform developed by its Coordinated Entry (CE) and HMIS teams, to strengthen identification and understanding of unsheltered homelessness. Street Lens allows field teams to document locations and observations, identify emerging or changing areas of unsheltered homelessness, and inform outreach planning. FL-510 also used Street Lens during the 2026 Point-in-Time Count.

In Duval County, the Jacksonville Sheriff's Office and JFRD PATH (Providing Assistance to the Homeless) respond to public-camping concerns and connect willing individuals with available shelter and services. These activities provide an additional source of information regarding where unsheltered individuals are being encountered.

FL-510 is incorporating Street Lens and JFRD PATH information alongside HMIS, CE, PIT, outreach, and other available data into its comprehensive Needs Assessment. Together, these sources will improve understanding of geographic patterns, changing locations, service interactions, and gaps in shelter, treatment, outreach, and housing resources.

Because unsheltered locations are dynamic, FL-510 continues coordinating with outreach teams, first responders, law enforcement, local governments, shelters, and service providers to identify emerging locations and connect individuals to appropriate resources.

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)

Florida law prohibits unlawful possession, distribution, and use of controlled substances and restricts the use and possession of drug paraphernalia associated with illicit drug use. FL-510 does not interfere with lawful enforcement of these requirements and cooperates with local governments, law enforcement, first responders, and behavioral health providers to connect individuals using illicit drugs in public with appropriate treatment and services.

FL-510 maintains MOUs with Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties and works closely with first responders and outreach partners. In Duval County, the Jacksonville Sheriff's Office and JFRD PATH (Providing Assistance to the Homeless) provide an important field-response pathway. When individuals experiencing homelessness are encountered in public spaces, these partnerships create opportunities to connect them with shelter, behavioral health and substance use treatment, crisis services, and other resources.

FL-510 also partners with LSF Health Systems and its behavioral health network, Gateway Community Services, Mental Health Resource Center, Sulzbacher, and other providers offering substance use treatment, behavioral health care, crisis stabilization, medication-assisted treatment, peer/recovery supports, and higher levels of care when clinically appropriate. Changing Homelessness administers the PATH program through LSF, strengthening outreach and treatment connections for people experiencing homelessness with serious mental illness and co-occurring substance use disorders.

A potential barrier occurs when enforcement or displacement separates an individual from outreach or treatment providers before a successful connection to care is established. FL-510 mitigates this through assertive outreach, warm hand-offs, continued engagement, and coordination among law enforcement, first responders, treatment providers, shelters, and Coordinated Entry.

FL-510 will leverage its law-enforcement MOUs, JFRD PATH collaboration, PATH behavioral health outreach, and treatment-provider network to increase opportunities for treatment and recovery. The CoC will also use HMIS, Coordinated Entry, Street Lens, JFRD PATH, PIT, and Needs Assessment information to identify service gaps and strengthen connections between public-space encounters and appropriate treatment, shelter, and housing resources.

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)

Overdoses and illicit drug use remain concerns throughout FL-510's four-county geography; however, the CoC does not currently maintain a comprehensive data source that specifically identifies overdoses or illicit drug use occurring in public spaces or limits those incidents to people experiencing homelessness. Available public-health, EMS, law-enforcement, provider, and homelessness-system data capture different aspects of the issue and are not fully integrated.

Florida Department of Health data demonstrate continued overdose-related EMS responses and naloxone administration within the region. FL-510 also receives information through street outreach, behavioral health and substance use treatment providers, first responders, law enforcement, shelters, and other community partners regarding substance use and overdose concerns affecting people experiencing homelessness.

In Duval County, JFRD PATH (Providing Assistance to the Homeless) and the Jacksonville Sheriff's Office regularly encounter individuals experiencing unsheltered homelessness in public spaces. These interactions provide an additional opportunity to identify behavioral health or substance use needs and connect willing individuals to shelter, treatment, crisis services, and other resources.

FL-510 is strengthening its ability to understand these patterns through its comprehensive Needs Assessment. The CoC is beginning to incorporate JFRD PATH information and will examine available Florida Department of Health overdose data, first-responder and law-enforcement information, behavioral health data, HMIS, Coordinated Entry, Street Lens, PIT, and provider input alongside lived-experience and stakeholder feedback.

This approach will help FL-510 better understand where overdose and substance use intersect with unsheltered homelessness, identify geographic and service gaps, and determine where additional outreach, treatment, recovery, crisis, shelter, or housing resources may be needed.

Until these data sources are more fully analyzed, FL-510 will avoid attributing community-wide overdose trends specifically to people experiencing homelessness or public-space drug use without supporting evidence.

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)

Florida law provides mechanisms for addressing individuals who may present a danger to themselves or others. The Baker Act permits involuntary examination when statutory criteria related to mental illness and risk of substantial harm are met. The Marchman Act provides mechanisms for involuntary assessment, stabilization, and treatment when statutory criteria related to substance use impairment are met. FL-510 does not make involuntary commitment determinations but cooperates with law enforcement, first responders, courts, and qualified behavioral health professionals responsible for implementing these laws.

FL-510 maintains MOUs with Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties and coordinates with first responders and the regional behavioral health system. Partners including LSF Health Systems, Mental Health Resource Center, Gateway Community Services, Sulzbacher, and other providers offer or facilitate crisis response, assessment, stabilization, treatment, and ongoing behavioral health services. LSF's regional system also includes mobile crisis response and other intensive community-based services.

When outreach, shelter, housing, or other CoC partners encounter an individual whose behavior indicates an immediate safety or behavioral health crisis, they may engage 911, 988, mobile crisis services, law enforcement, EMS, or qualified behavioral health providers as appropriate. Individuals meeting statutory criteria may be transported for involuntary examination or assessment by authorized entities.

A potential challenge occurs when individuals return to homelessness following crisis stabilization or involuntary treatment without adequate continuity of care, housing, or community supports. FL-510 mitigates this risk by strengthening warm hand-offs among crisis providers, PATH outreach, Coordinated Entry, shelters, treatment providers, and housing programs.

FL-510 will continue leveraging Florida's crisis-intervention laws and regional crisis system while promoting the least restrictive appropriate intervention, continuity of treatment, and connections to housing and supportive services. The goal is to ensure that immediate threats to safety are addressed while creating a pathway from crisis intervention to treatment, recovery, housing, and longer-term stability.

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)

FL-510 cooperates with law enforcement and supports compliance with federal and Florida sex offender registration and notification requirements. Florida law requires individuals subject to registration requirements to report permanent, temporary, and transient residence information, including locations where an individual without a permanent residence sleeps or seeks shelter. Local Sheriff's Offices collect and verify required information and provide applicable information to the Florida Department of Law Enforcement (FDLE).

Changing Homelessness, Inc. (CHI) maintains MOUs with Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties, providing an established framework for communication and coordination with law enforcement. FL-510 and its providers do not interfere with registration, address verification, notification, or other lawful activities carried out by law enforcement under SORNA and Florida law.

When an individual experiencing homelessness is subject to registration requirements, CoC providers can assist the individual in understanding and connecting with the appropriate Sheriff's Office and other responsible agencies. Providers may also coordinate with law enforcement when legally authorized and appropriate while continuing to connect the individual with eligible shelter, treatment, housing, and supportive services.

A challenge is balancing required public-safety information sharing with federal, state, HMIS, healthcare, domestic violence, and other confidentiality requirements. FL-510 does not treat HMIS as a substitute for the official sex offender registry or independently disclose protected HMIS information unless disclosure is authorized or required by applicable law.

FL-510 will leverage its existing Sheriff's Office partnerships, outreach and first-responder relationships, and provider network to facilitate appropriate communication, support registrant compliance, and avoid impeding lawful verification and notification activities. FL-510 will continue reviewing its policies and provider guidance to ensure that information sharing supports public safety while remaining consistent with applicable privacy, confidentiality, and data-security requirements.

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)

FL-510 uses a coordinated, data-informed outreach strategy to identify and engage individuals and families experiencing homelessness throughout Baker, Clay, Duval, and Nassau Counties. Changing Homelessness, Inc. (CHI), as Coordinated Entry (CE) and HMIS Lead, coordinates with homeless service providers, local governments, behavioral health and healthcare partners, law enforcement, first responders, shelters, and community organizations.

Street outreach focuses on locations where people are living unsheltered, including streets, wooded areas, vehicles, abandoned locations, and other places not intended for habitation. Strategies reflect geographic differences, including greater concentrations of unsheltered homelessness in Duval County and more dispersed rural homelessness in Baker, Nassau, and portions of Clay County.

FL-510 uses Street Lens, a platform developed by its CE and HMIS teams, to document unsheltered locations and observations, identify emerging or changing areas, and inform outreach planning. Street Lens was also used during the 2026 PIT Count and is being incorporated with HMIS, CE, JFRD PATH, and other data into the CoC Needs Assessment.

CHI administers the federal PATH program through LSF Health Systems, strengthening assertive outreach and engagement for people experiencing homelessness with serious mental illness, including co-occurring substance use disorders, and connecting them to treatment, healthcare, benefits, recovery supports, CE, and housing resources.

FL-510 also maintains MOUs with Sheriff's Offices in all four counties. In Duval, JSO and JFRD PATH (Providing Assistance to the Homeless) provide an additional field-response pathway connecting individuals encountered in public spaces to available shelter and services. CHI has also trained first responders on homelessness, outreach, HMIS, and community resources.

Outreach emphasizes persistent engagement and warm hand-offs rather than one-time referrals. Individuals are connected to CE, shelter, treatment, healthcare, benefits, specialized services, and appropriate housing interventions. Through these coordinated strategies and ongoing data analysis, FL-510 identifies gaps, adjusts outreach efforts, and works to ensure access to the homelessness response system throughout its four-county geography.

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)	No
2.	Early Childhood Providers	No

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)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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)

FL-510's policy dictates all member agencies providing emergency shelter, transitional shelter, and other services adhere to the following educational guidelines: 1. Students ages 5-15 (Kindergarten eligible) a. Must be enrolled in a school within two business days of entry into a program while school is in session. b. Students joining a program over a holiday period will be enrolled in a school within two days of school resuming. c. There will be a discussion with the family on: i. Mid to long-term family goals, including educational goals iii. Specific health and safety considerations iii. McKinney-Vento services provided by public schools. 2. Students ages 16 and older a. Must be enrolled in the most appropriate educational program available within 14 days of program entry b. Before enrollment, agency staff will discuss the following programs and their availability: i. Public High School ii. Pathways Academy at FSCJ iii. GED programs c. There will also be a discussion with the student on the following: i. Educational and life goals ii. Specific health and safety considerations iii. McKinney-Vento services provided by public schools 3. School of Origin a. School-aged children may not be kept out of school because of a lack of proper documentation b. If the child is under an Individualized Education Program (IEP) in another state, an IEP must be implemented in the new state of residence until a new one has been completed c. All children have the right to continue in their school of origin. 4. Before enrolling at a specific school, agency staff will inform the parent, guardian, or unaccompanied youth of their eligibility for McKinney-Vento services. This will include a candid discussion of how local school districts provide these services, specific health and safety considerations of the student or family, and the educational goals of the child. The CoC ensures individuals and families experiencing homelessness are informed of their educational rights through outreach, collaboration, and agreements. Staff receive training on the McKinney-Vento, and the CoC uses a guide to outline educational expectations, ensuring consistent communication about services.

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

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

(limit 2,500 characters)

The Northeast Florida CoC coordinates with Florida's child welfare system to identify and assist youth and young adults who are transitioning from foster care or other public systems of care and are at risk of homelessness. Key partners include the Florida Department of Children and Families (DCF), Family Support Services (FSS), Daniel, Youth Crisis Center, Jacksonville Housing Authority, and other youth-serving organizations.

The CoC's Foster Care Task Force developed a discharge-planning protocol with 12 public and private regional partners to strengthen coordination for youth aging out of foster care, including youth in relative care, and reduce the risk that youth are discharged into homelessness. DCF and FSS participate in the CoC and coordinate with housing and youth-service partners to connect transitioning youth with appropriate resources and housing options.

Youth who are eligible may access Extended Foster Care (EFC), Postsecondary Education Supports and Services (PESS), and Aftercare Services. Daniel provides Independent Living services for transitioning young adults, including assistance with housing, education, employment, life skills, financial stability, mentoring, and health-related needs. DCF, FSS, and Youth Crisis Center also coordinate to determine appropriate placement and services for unaccompanied homeless minors.

The CoC additionally works with FSS and the Jacksonville Housing Authority to expand permanent housing pathways for former foster youth. A partnership established through a July 2023 MOU among Jacksonville Housing Authority, FSS, and Changing Homelessness supports implementation of the Foster Youth to Independence initiative. FSS also utilizes Family Unification Program vouchers for eligible young adults transitioning from foster care.

Through Coordinated Entry and its youth-serving partners, the CoC identifies current or prior involvement with foster care, child welfare, juvenile justice, and other public systems and coordinates referrals, housing resources, and supportive services. The goal is to intervene before or during transition from public systems of care so that youth are connected to safe housing and appropriate education, employment, behavioral health, and community-based supports rather than entering homelessness.

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)

The Northeast Florida CoC coordinates with Youth Crisis Center (YCC), the region's federally funded Runaway and Homeless Youth (RHY) Basic Center Program (BCP) provider, to ensure that runaway and homeless youth are connected to age-appropriate crisis intervention, shelter, housing, and supportive services. YCC's RHY-funded program serves youth ages 10–17 and provides emergency shelter, street outreach, case management, counseling, academic support, gateway services, aftercare, and follow-up.

YCC is an active partner in the region's youth homelessness response and coordinates with Changing Homelessness (CHI), the CoC's Collaborative Applicant, Coordinated Entry Lead, and HMIS Lead, and other youth-serving organizations. Youth identified through YCC, outreach, schools, child welfare, or other community systems can be connected to the broader homeless response through coordinated referrals and warm handoffs to appropriate housing and services.

Coordination extends beyond individual referrals. YCC has participated in the CoC's youth homelessness planning, including Youth Homelessness Demonstration Program (YHDP) planning and implementation, alongside partners such as Daniel, Family Support Services, school districts, behavioral health providers, and other organizations serving youth and young adults. These partnerships support coordinated approaches to outreach, crisis response, child welfare, behavioral health, education, housing, and supportive services.

The CoC also uses youth-focused Coordinated Entry, provider communication, case conferencing, system planning, training, technical assistance, and data-informed continuous quality improvement to strengthen connections between RHY services and the broader homeless response system. Information sharing and referrals are conducted consistent with applicable confidentiality and consent requirements for minors and RHY participants.

Through this coordination, youth accessing YCC's RHY-funded Basic Center Program can move between crisis services and the broader continuum of housing and supportive services without losing the specialized, developmentally appropriate supports provided through the RHY system. No separate RHY-funded Street Outreach Program, Transitional Living Program, or Maternity Group Home has been identified within the CoC's geographic area.

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)

Sulzbacher – North Florida Transitional Housing (TH). The project primarily serves families with children experiencing homelessness within the Northeast Florida CoC. North Florida is transitioning from Rapid Rehousing (RRH) to Transitional Housing (TH) in the FY2026 CoC Program Competition and is designed to provide housing and supportive services specifically responsive to the needs of families with children, consistent with 24 CFR 578.93(b)(3).

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)

Sulzbacher's North Florida Transitional Housing project is designed to help families experiencing homelessness increase earned income and achieve the financial stability necessary to independently sustain permanent housing. Employment and increased family income are central components of the project's service model. Each family is assigned a case manager who meets with the household at least biweekly to identify and address barriers to housing stability, employment, and self-sufficiency.

Within the first 30 days of enrollment, each head of household is connected to a Goodwill employment specialist. Through Sulzbacher's longstanding partnership with Goodwill Industries of North Florida, families can access job-readiness and job-placement assistance, including job-skills development, résumé preparation, interviewing assistance, employment navigation, and connections to training and employment opportunities. Sulzbacher Village also provides onsite Goodwill Job Junction services for women and families.

North Florida participants are connected to education, job training, employment, work-based activities, and other supportive services based on their individual needs and employment goals. The project application specifically incorporates education and job training among the activities available to participants as they work toward increased income and self-sufficiency.

Families can also benefit from Sulzbacher's broader workforce-development infrastructure. Its Culinary Arts Program provides occupational skills training and employment preparation for careers in food service, while Sulzbacher is expanding workforce training in construction, hospitality, and healthcare through partnerships with Goodwill and Florida State College at Jacksonville. Sulzbacher Center

These employment and training services are integrated with individualized case management and housing stabilization services so that families can address barriers to employment, increase earned income, and develop the financial capacity to assume and sustain rent independently when they transition from the TH project to permanent housing.

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

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

(limit 2,500 characters)

Sulzbacher's North Florida Transitional Housing project leverages mainstream family-service, healthcare, behavioral-health, early childhood, and other public resources to supplement CoC Program funding and address the needs of families with children. This approach allows CoC funds to focus on housing and housing-focused supportive services while families access services financed through established mainstream systems.

Sulzbacher operates the Duval Family Health Center, a Federally Qualified Health Center (FQHC), supported by more than \$3.5 million in U.S. Department of Health and Human Services/Health Resources and Services Administration funding. North Florida families can be connected to primary healthcare, dental and vision care, behavioral healthcare, and substance-use treatment through Sulzbacher's healthcare system. The North Florida project specifically provides for referrals to in-house behavioral health and substance-use treatment and notes that these services are funded largely through mainstream public health programs.

Sulzbacher also leverages state-funded behavioral-health resources administered through Lutheran Services of Florida and participates in the Child Care Food Program, further extending resources available to families without relying exclusively on CoC funding.

Families also have access to Sulzbacher's broader family-service infrastructure. At Sulzbacher Village for Women and Families, the Crawford Early Learning Center provides Head Start and Early Head Start services, helping families access federally supported early childhood education while parents pursue employment, training, housing stability, and increased self-sufficiency. Sulzbacher Jacksonville

Through individualized case management, North Florida staff assess family needs and connect participants to these mainstream resources and other eligible public benefits and community services. Leveraging these systems reduces duplication of CoC-funded services, addresses barriers that can destabilize housing, and helps families preserve and increase household income so they can successfully transition from TH to permanent housing.

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

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

(limit 2,500 characters)

Sulzbacher's North Florida Transitional Housing project combines housing assistance with comprehensive family-centered services designed to help parents stabilize their households while addressing the health, developmental, childcare, and educational needs of their children. Each family is assigned a case manager who meets with the household at least biweekly to assess individual needs, address barriers, coordinate services, and support the family's transition from homelessness to permanent self-sufficiency.

North Florida families can access Sulzbacher's extensive family-service infrastructure, including services available through Sulzbacher Village for Women and Families. The Village integrates housing with onsite pediatric and adult healthcare, early childhood education, children's educational and developmental programming, case management, and employment services, reducing barriers families often experience when services are fragmented across multiple systems.

Childcare and early education are supported through the Crawford Early Learning Center, which provides Early Head Start and Head Start services and uses a therapeutic, developmentally responsive approach designed to address the effects of trauma and promote healthy child development. School-age children can access tutoring, mentoring, summer programming, cultural enrichment, and other activities supporting educational success.

Healthcare is integrated into the family service model through Sulzbacher's Duval Family Health Center. Families have access to primary care, pediatric services, dental and vision care, behavioral healthcare, and developmental screenings. The North Florida project specifically provides for participants to be linked to medical providers and Sulzbacher's in-house behavioral health and substance-use treatment when appropriate.

By combining TH assistance and individualized case management with childcare and early learning, children's educational supports, healthcare, employment services, and referrals to additional family resources, North Florida addresses the needs of both parents and children. This integrated approach allows parents to pursue employment and permanent housing while their children's health, development, education, and care needs are addressed.

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)

Changing Homelessness, the CA, is the Veterans Affairs Supportive Services for Veteran Families (SSVF) grantee for FL-510 and has been since awarded in 2012. Since that time we have housed 4,572 Veterans in FL-510 with an 88% success rate.

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

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

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

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

(limit 500 characters)

FL-510 has been in close partnership with Hubbard House, a full-service, certified domestic violence shelter and center for many years. In 2016, Hubbard House partnered with the CA to implement a DV-housing pilot program following with several DV-Bonus RRH projects that have 300%+ utilization rates. Additionally, FL-510 works closely with Micah's Place and Quigley House, DV-providers in Nassau and Clay counties, respectively.

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)

FL-510 maintains MOUs with the Sheriff's Offices in Baker, Clay, Duval, and Nassau Counties to strengthen coordination for people experiencing or at risk of homelessness who interact with the justice system. FL-510 works closely with the Jacksonville Sheriff's Office, particularly since implementation of Florida's public camping law, to coordinate outreach, referrals, Coordinated Entry access, and connections to housing and services that help prevent homelessness following release.

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

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

(limit 500 characters)

FL-510 partners with Sulzbacher, a Federally Qualified Health Center and CoC-funded homeless service provider, to address the needs of individuals experiencing homelessness with complex medical needs. Sulzbacher provides integrated healthcare and medical respite, offering a safe setting for individuals to recover following hospitalization while receiving medical care, case management, and connections to housing and supportive 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)

FL-510 partners with ElderSource, Northeast Florida's Area Agency on Aging and Aging & Disability Resource Center, to address the needs of older adults experiencing or at risk of homelessness. The partnership connects aging adults to benefits, healthcare and long-term care resources, caregiver and nutrition supports, transportation, and other services that promote housing stability, independence, and successful aging in the community.

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)

Ability Housing – Housing Link is a 102-unit scattered-site Permanent Supportive Housing (PSH) project dedicated to chronically homeless individuals and families. Participants are referred through the FL-510 Coordinated Entry System, and the project prioritizes the highest-need eligible households. In the 2025 APR, all 148 persons served were reported as chronically homeless.

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)

Ability Housing's Housing Link PSH integrates behavioral health and recovery supports into its supportive housing model for individuals and families experiencing chronic homelessness. Participants receive individualized case management, Certified Recovery Peer Specialist support, Wellness Recovery Action Planning, and linkage to mental health and substance use treatment. Housing Link also coordinates with behavioral healthcare partners, including Sulzbacher, to connect participants to appropriate clinical care and community-based behavioral health resources.

The project's supportive service model includes mental health services, substance use treatment linkage, healthcare referrals, transportation, and ongoing stabilization services. Following housing placement, staff address behavioral health needs, recovery planning, benefit maintenance, health connections, and other factors affecting long-term housing stability.

Housing Link leverages specialized community partners for behavioral health, recovery, healthcare, and other supportive services, allowing participants to receive coordinated services based on individual need while remaining stably housed.

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)

Ability Housing's Housing Link PSH uses ongoing assessment and individualized service planning to identify changes in participants' medical, behavioral health, functional, and recovery needs. Case management occurs at least biweekly, with formal assessment of service needs conducted quarterly. At enrollment, staff identify health needs, behavioral health instability, safety concerns, substance use recovery needs, and other barriers affecting housing stability. These needs continue to be monitored after housing placement through individualized stabilization and service planning.

Housing Link serves individuals with significant disabilities, complex medical and behavioral health conditions, substance use recovery needs, and histories of high crisis-system utilization. The project coordinates with healthcare and behavioral health providers, hospitals, emergency medical providers, and other community partners to connect participants to services appropriate to their level of need.

When ongoing assessment identifies needs that cannot be adequately addressed within the PSH service model, Housing Link coordinates with appropriate healthcare, behavioral health, and community providers to evaluate and facilitate access to a higher level of care, as clinically appropriate.

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)

Ability Housing's Housing Link PSH uses ongoing assessment and individualized service planning to evaluate participants' housing stability and progress toward greater self-sufficiency. Case management occurs at least biweekly, with formal assessment of service needs conducted quarterly. Following housing placement, staff work with participants on lease compliance, rent responsibility, unit care, income development, benefit maintenance, budgeting, employment readiness, education, health and behavioral health stability, and connection to community resources. These areas provide a framework for evaluating whether a participant has achieved the stability and resources necessary to successfully transition from PSH.

When participants demonstrate increased housing stability and independence, staff can work with them to identify an appropriate permanent housing option, including unsubsidized housing or other permanent housing resources appropriate to the household's circumstances. Housing Link's scattered-site model also emphasizes participant choice and housing options appropriate to household needs, accessibility, transportation, employment, healthcare, and family composition.

Housing Link's outcomes demonstrate successful transitions from PSH. During the 2025 APR period, 12 of 18 leavers exited to permanent housing destinations, while no participants exited to emergency shelter, safe haven, or a place not meant for habitation.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	08/06/2026
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.	08/06/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. FL-510 uses an objective, data-informed process to evaluate all CoC-funded renewal projects and identify projects that are lower performing, less needed, or could better meet community needs through a different component. During the FY2026 local competition, all currently funded projects were evaluated using HUD Annual Performance Reports (APRs), including utilization, increases in participant income, and expenditure/spenddown performance. The CoC also reviewed PIT, HIC, HMIS, and Coordinated Entry data to evaluate system needs, housing inventory, populations served, and gaps within the four-county homelessness response. Project performance and system-level data were considered together to determine whether existing investments remained the most effective use of CoC resources.

2. Yes. FL-510 identified multiple projects as candidates for reallocation based on performance, utilization, expenditure patterns, current community need, and whether the existing project component remained the most appropriate intervention. This included several Permanent Supportive Housing (PSH) projects, including a project historically targeted to persons with chronic alcoholism, as well as PSH and Rapid Re-Housing (RRH) projects for which the CoC determined a Transitional Housing (TH) model would better align services with participant needs and current system priorities.

3. Yes. FL-510 reallocated approximately 47 percent of its current project portfolio during the FY2026 local competition. Reallocation decisions were used to create new projects and support transition to component types that better address identified needs. The process was not based solely on individual project performance; FL-510 also considered whether the existing intervention remained necessary and appropriately structured given current PIT, HIC, Coordinated Entry, and system performance data.

4. Not applicable. FL-510 reallocated lower-performing and/or less-needed projects during the FY2026 local competition.

This comprehensive review allows FL-510 to actively manage its CoC portfolio rather than automatically renew existing projects and to direct limited resources toward projects and component types that demonstrate stronger alignment with community needs, participant outcomes, and HUD requirements.

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)	Caseworthy Inc. (Eccovia)
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	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)

Approach: On the night of January 28th and the morning of January 29th, the Northeast Florida Continuum of Care, conducted the sheltered and unsheltered counts across Baker, Clay, Duval, and Nassau counties. In preparation for the unusually cold weather, local partners opened Cold-night Shelters throughout the community.

Sheltered: We based the sheltered count on the data in the Homelessness Management Information System (HMIS). The data included Emergency Shelter, Transitional Housing and Safe Haven projects. Non-HMIS providers submitted standardized forms to ensure complete coverage. As the HMIS Lead, Changing Homelessness deduplicated the data before analysis.

Unsheltered: This year we used a multi-faceted census tract survey approach. The Outreach team used Street Lens to identify locations. Survey teams utilized the Simtech Counting Us mobile app to survey known locations in Duval County. For the more rural and geographically diverse counties - Baker, Clay and Nassau, we used a stratified random sampling methodology, which considered the likelihood of unsheltered activity, surveying 30-40% of the census tracts.

Participants: More than 90 individuals—including volunteers, case managers, outreach workers, and agency staff—participated in the 2026 count. Many represented local homeless service providers and brought critical experience and insight into the effort.

Data Quality and Submission: To ensure data quality, volunteers completed training on the Department of Housing and Urban Development (HUD) standards, trauma-informed engagement, confidentiality, safety and the use of the Counting Us mobile app. During the count, the Command center monitored survey submissions in real time to prevent deduplication, with GPS timestamps used to validate entries. After the count, the data team merged, deduplicated, and weighted the sheltered and unsheltered datasets as appropriate. Once finalized, the data team submitted the requisite reporting to HUD.

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 evaluation period, the Northeast Florida CoC used a coordinated, housing-focused approach to reduce unsheltered homelessness and the people residing in encampments (hot spots) and other known outdoor locations across Baker, Clay, Duval, and Nassau Counties. Because unsheltered homelessness in FL-510 is often dispersed rather than concentrated in large encampments, the CoC also targets smaller locations where people are known to reside outdoors in hot spots.

Changing Homelessness, as Coordinated Entry Lead, works with street outreach providers, PATH teams, first responders, law enforcement, behavioral health providers, shelters, and housing providers to identify and engage people living in encampments and other unsheltered locations. Street Lens is used operationally to identify and track known outreach locations and emerging “hot spots,” helping outreach teams prioritize locations, coordinate engagement, and reduce duplication.

Outreach emphasizes persistent engagement and connection to permanent housing rather than one-time contact. Individuals are connected to Coordinated Entry and assessed for appropriate housing interventions while outreach teams address immediate barriers such as identification, benefits, behavioral and physical healthcare, treatment and recovery services, transportation, shelter when appropriate, and housing documentation. Warm handoffs and coordination among outreach, PATH, Coordinated Entry, and housing providers help move individuals from outdoor locations toward housing and services.

The CoC also coordinates with first responders and law enforcement when public-safety activities affect people experiencing unsheltered homelessness. Changing Homelessness maintains partnerships with Sheriff's Offices across the CoC and works with Jacksonville Fire and Rescue Department's PATH initiative. First responders have received training on homelessness, outreach, HMIS, and connection to the homeless response system, strengthening alternatives to repeated crisis-system involvement.

The CoC uses HMIS, Coordinated Entry, PIT data, Street Lens, outreach information, and partner communication to identify changing locations and service gaps and to target resources accordingly. This coordinated approach focuses on reducing encampments by addressing the underlying homelessness of the people residing in them—connecting individuals to shelter when appropriate, treatment and supportive services, and ultimately permanent housing.

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.	48
2. Enter the reduction in the number of encampments during your evaluation period.	0

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	166
2. Enter the reduction in the number of people in encampments during your evaluation period.	21

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

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

(limit 2,500 characters)

FL-510 has experienced a reduction in the number of people in hot spots, but not the total number of hot spots; however, the CoC is implementing a comprehensive Encampment Reduction Strategy to sustain and accelerate this progress. Beginning 1/1/2026, we began using Street Lens to strengthen identification, mapping, and ongoing monitoring of unsheltered locations across Baker, Clay, Duval, and Nassau Counties. This provides a more dynamic understanding of encampments than reliance on the annual PIT Count alone.

FL-510's strategy treats encampment reduction as a housing-resolution strategy rather than simply clearing locations. Street Lens, Coordinated Entry (CE), HMIS, the By-Name List, PIT data, outreach, first responders, law enforcement, local governments, and community referrals will be used to identify emerging and established locations and coordinate appropriate responses.

Once an encampment is identified, FL-510's approach emphasizes persistent, relationship-based outreach; CE assessment; identification of individual housing and service needs; documentation and benefits assistance; behavioral health and substance use treatment connections; transportation; housing navigation; and follow-up. The objective is for each resident to have an individualized pathway to shelter, Transitional Housing, RRH, PSH, treatment/recovery services, mainstream housing, or another appropriate safe destination.

FL-510 will coordinate with local governments, Sheriff's Offices, first responders, shelters, LSF/PATH, behavioral health providers, healthcare partners, housing providers, and other community partners. Public-safety activities and homelessness resolution will be coordinated while maintaining distinct roles.

Street Lens data beginning January 1, 2026 will establish a stronger baseline for tracking known locations, outreach engagement, CE assessments, housing referrals and placements, site transitions, re-emerging locations, and new encampments. FL-510 will use these data to evaluate progress, target resources, identify system barriers, and adjust outreach and housing strategies. Success will be measured not simply by whether an encampment disappears, but by whether individuals experiencing homelessness are connected to appropriate housing, services, and longer-term stability.

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)

FL-510's HMIS and system performance data show an increase in individuals and families experiencing homelessness for the first time. In response, the CoC is strengthening prevention, diversion, housing problem-solving, supportive services, and intensive case management to intervene earlier and reduce entries into homelessness.

Changing Homelessness, Inc. (CHI), as Coordinated Entry (CE) Lead, incorporates housing problem-solving and diversion into the community's response so households can explore safe alternatives to shelter or unsheltered homelessness before entering the homeless system. Strategies include landlord mediation, connections to family or natural supports, mainstream benefits, employment and income resources, financial assistance when available, and referrals to community-based services.

FL-510 is expanding this approach through newly awarded City of Jacksonville Public Service Grants supporting diversion/prevention and self-sufficiency. These resources will provide housing problem-solving, case management, financial assistance, landlord engagement, benefits navigation, and other supports designed to stabilize households before homelessness occurs and increase long-term self-sufficiency.

The FY2026 CoC competition further strengthens the strategy. FL-510 is proposing new Supportive Services Only projects, including projects from Changing Homelessness, City Rescue Mission and Sulzbacher, to improve access to services that address barriers to housing stability. The CoC is also increasing its emphasis on intensive case management through Transitional Housing (TH); 10 of the 21 projects included in the application are TH projects. These projects will combine housing with individualized services addressing behavioral health, income, employment, benefits, healthcare, and other barriers to stability.

FL-510 will use HMIS, CE, PIT, Street Lens, provider data, and its comprehensive Needs Assessment to identify populations and geographic areas experiencing increased housing instability and refine prevention strategies. Performance will be monitored through HMIS, including first-time homelessness, housing outcomes, income, utilization, and returns to homelessness.

Together, these strategies shift FL-510 toward earlier intervention while providing more intensive support when homelessness cannot be prevented, with the goal of reducing first-time homelessness and preventing future episodes of housing instability.

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)

FL-510 has demonstrated progress in reducing the length of time individuals and families experience homelessness. System performance data showed average length of time homeless decreased from 154 days in 2023 to 102 days in 2024, a reduction of approximately 34%. More recent system data show an average cumulative length of homelessness of 124 days, indicating the need to sustain and strengthen strategies that previously reduced time homeless.

Changing Homelessness, Inc. (CHI), as Coordinated Entry (CE) and HMIS Lead, uses HMIS and system performance data to identify delays and improve movement from homelessness to housing. Street outreach, shelters, first responders, healthcare and behavioral health partners, and other providers connect households to CE. Street Lens further helps identify unsheltered individuals and changing geographic patterns so outreach can occur earlier.

FL-510 is strengthening service intensity within its housing portfolio. Ten of the 21 projects included in the FY2026 application are Transitional Housing projects emphasizing intensive case management. Services address barriers that can prolong homelessness, including behavioral health and substance use needs, income and employment, benefits, healthcare, documentation, transportation, and housing navigation. New Supportive Services Only projects will further strengthen service and housing connections.

PATH through LSF Health Systems provides assertive engagement for individuals with serious mental illness, including co-occurring substance use disorders. FL-510 also coordinates with shelters, treatment providers, Veterans resources, first responders, and other partners to facilitate warm hand-offs and reduce gaps between systems.

FL-510 will continue monitoring length of time homeless, utilization, housing outcomes, income, and other performance measures through HMIS and system-level data. Its FY2026 reallocation strategy further directs resources toward interventions better aligned with participant needs.

FL-510 will build on demonstrated progress by identifying remaining bottlenecks, strengthening intensive services, and reducing delays from initial engagement through housing placement.

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?	36.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based on HMIS data, 36.09% of applicable program participants exiting Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects collectively exited to unsubsidized permanent housing.

FL-510 calculated this percentage using HMIS exit and destination data for the applicable reporting period. The denominator included 920 households exiting TH, RRH, and PSH projects. Of those households, 332 exited to permanent housing destinations classified as unsubsidized.

For purposes of this calculation, FL-510 classified the following HMIS permanent destinations as unsubsidized:

- Owned by client, no ongoing housing subsidy;
- Rental by client, no ongoing housing subsidy;
- Staying or living with family, permanent tenure; and
- Staying or living with friends, permanent tenure.

FL-510 divided the 332 households exiting to these unsubsidized permanent housing destinations by the 920 households exiting the applicable TH, RRH, and PSH project types collectively.

$$332 \div 920 \times 100 = 36.09\%.$$

This calculation specifically measures exits to unsubsidized permanent housing and does not include households that remained in permanent housing projects or exited to permanent housing with an ongoing rental or housing subsidy.

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.	01/29/2026
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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	481	170	617	94.78%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	349	0	349	100.00%
4. Rapid Re-Housing (RRH) beds	714	0	714	100.00%
5. Permanent Supportive Housing (PSH) beds	981	0	404	41.18%
6. Other Permanent Housing (OPH) beds	596	0	125	20.97%

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)

FL-510 has demonstrated its ability to improve bed coverage through targeted technical assistance and provider engagement. Following its 2024 corrective strategy, Emergency Shelter (ES) coverage increased to 94.78%, while Transitional Housing (TH) and Rapid Re-Housing (RRH) achieved 100% coverage. FL-510 will apply this same approach to the two project types currently below 85%: Permanent Supportive Housing (PSH) at 41.18% and Other Permanent Housing (OPH) at 20.97%.

1. Steps to Increase Bed Coverage

PSH: The primary factor affecting PSH coverage is HUD-VASH. FL-510 previously worked with the local HUD-VASH team to implement the HOMES-to-HMIS import process and will continue working with VA partners to resolve data-transfer and participation barriers. The HMIS Lead will provide technical assistance, identify outstanding data requirements, test available import processes, and establish routine communication with HUD-VASH regarding bed coverage.

OPH: The primary gap is associated with a housing provider whose beds are not fully represented in HMIS. FL-510 is actively working with the provider to identify barriers to HMIS participation and determine an appropriate method for improving coverage while complying with applicable privacy and data-sharing requirements.

2. Implementation

During the next 12 months, the HMIS Lead will:

- conduct quarterly PSH and OPH bed-coverage reviews;
- meet with HUD-VASH and the OPH provider to identify and resolve data-sharing and technical barriers;
- provide HMIS training and technical assistance;
- test and implement available data-import or data-entry solutions;
- monitor HIC and HMIS data for discrepancies; and
- document progress and unresolved barriers through quarterly reviews.

FL-510 will use the same monitoring, technical assistance, provider engagement, and data-quality strategies that successfully increased ES and TH coverage. Where coverage depends on external systems or partners, FL-510 will continue pursuing feasible data-sharing solutions and documenting progress toward the 85% threshold.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

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

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of TH/R...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f List of CoC...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Language fro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Evidence of...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local Compet...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c Local Compe...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b FY 2026 HDX...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1 HUD-2996 Cer...	09/29/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP CoC Stateme...	09/29/2026
11. Other	No	FL-510 Encampment...	09/29/2026

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: 1C-3 Language from Project Supportive Service Agreements - FL-510

Attachment Details

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

Attachment Details

Document Description: 1D-1 Local Competition Scoring Tool FL-510

Attachment Details

Document Description: 1D-2c Local Competition Selection Results_FL-510

Attachment Details

Document Description: 2A-8b FY 2026 HDX Competition Report FL 510

Attachment Details

Document Description: 3A-1 HUD-2996 Certification for Opportunity Zone Preference Points_FL-510

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP CoC Statement to Advance Recovery

Attachment Details

Document Description: FL-510 Encampment Strategies

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	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

1C-1 - FL-510 List of TH/RRH/PSH Providers with On-Site Substance Use Treatment |

Enter final committee scores, ranks, selections, HUD requests, and signed reallocation amounts.

Projects entered	5
HUD amount requested	\$2,518,206.00

Reallocation: enter a negative amount when funds are released; enter a positive amount when funds are added. Rank is entered after final ranking decisions.

Project Name	Project Score	Project Rank	Project Status	Amount Requested from HUD	Reallocated Funds (+/-)
Sulzbacher - Transition TH Offender	149	10	Accepted	\$425,887.00	\$0.00
Sulzbacher - Homeward Bound Project Expansion - Transition TH	149	11	Accepted	\$306,208.00	\$0.00
Sulzbacher - Homeward Bound - Transition TH	149	12	Accepted	\$439,520.00	\$0.00
Sulzbacher - North Florida - Transition TH	149	13	Accepted	\$1,144,601.00	\$0.00
City Rescue Mission STEPs Program TH (CoC Bonus)	126	20	Accepted	\$201,990.00	\$0.00

1C-1f - FL-510 List of TH/RRH/PSH Providers with On-Site Substance Use Treatment |

Enter final committee scores, ranks, selections, HUD requests, and signed reallocation amounts.

Projects entered	5
HUD amount requested	\$2,518,206.00

Project Name	Project Score	Project Rank	Project Status	Amount Requested from HUD	Reallocated Funds (+/-)	Units
Sulzbacher - Transition TH Offender	149	10	Accepted	\$425,887.00	\$0.00	18
Sulzbacher - Homeward Bound Project Expansion - Transition TH	149	11	Accepted	\$306,208.00	\$0.00	17
Sulzbacher - Homeward Bound - Transition TH	149	12	Accepted	\$439,520.00	\$0.00	14
Sulzbacher - North Florida - Transition TH	149	13	Accepted	\$1,144,601.00	\$0.00	48
City Rescue Mission STEPs Program TH (CoC Bonus)	126	20	Accepted	\$201,990.00	\$0.00	3
						100

Prerequisites for admission:

- a) Completion of a residential substance abuse recovery program and/or recommendation from staff of a shelter
- b) Written referral from counselor or case manager
- c) Completed application with verifiable income (pay stubs or income statement)
- d) Completed Custodial Form for Finance Records
- e) Signed Statement of Faith
- f) A written Relapse Prevention/Sobriety Sustenance plan (if recommended from a residential recovery program)
- g) A written plan for permanent housing
- h) Completed Budget Plan

1. Parties:

The parties to this agreement are City Rescue Mission, hereinafter called "The Agency" and

, hereinafter called "Resident".

2. Property:

The Agency hereby provides the following room to the Resident for the term of this agreement:

Address:

Room: A B C

3. Term:

This agreement begins on date indicated below and will be extended monthly until the resident or agency notifies the other party. Agreement may be terminated immediately if Program Fee is not paid on time as agreed or if rules and covenants are not followed.

Date:

Initial:

4. Program Fee:

The Program Fee for this \$.00 per month room is and payable in advance.

a) Program Fee is considered delinquent after the 8th of the month.

b) Late fee: a \$25.00 late fee shall be added for delinquent Program Fee per month.

- c) Payment Plan: any Resident that is past due must have a meeting to develop and sign a written payment plan for the past due balance.
- d) The payment plan is not followed, the residential agreement will be terminated.

5) Utilities:

The agency agrees covers utilities as part of the monthly Program Fee:

Additional JEA Surcharge: a surcharge will be added to your Program Fee if your house exceeds the below amounts:

2-bedroom homes should not exceed \$90.00- ***the overage will be divided by roommates***

3 bedroom homes should not exceed \$150.00- ***the overage will be divided by roommates***

6) Garbage:

Homes outside the gate, the City of Jacksonville will pick up

Homes inside the gate, trash must be placed **inside** the dumpster, next to the maintenance area

7) Surcharge for Additional Items:

- ✓ Homes that have a washer & dryer will pay an additional \$75.00 monthly (you may request an existing washer and dryer be removed; but washer and dryers cannot be added to homes that our Program Feely do not have them).
- ✓ Outdoor Storage space additional \$75.00 monthly (per person) or you may relinquish the key to the storage area and choose not to use it.

8) Lawn service no charge

9) Deposits:

Residents will pay the following deposits and/or additional fees:

- ✓ \$25.00 House Key
- ✓ \$10.00 Gate Card (if homes is inside of the gate)
- ✓ \$165.00 Security/Cleaning
- ✓ \$200.00

Deposit received \$.00 Date

The deposits will be refunded upon move-out if the Resident satisfies the following terms and conditions:

- ✓ Program Fee paid up to date
- ✓ 30 days' notice of intent to vacate
- ✓ Room cleaned thoroughly and cleared of all personal belongings
- ✓ Return of House Key and Gate Key to HOH designated staff

CRM property damage, missing items and cleaning fees will be assessed and may be deducted from deposit.

10) Moving out:

- a. Residents are asked to give a 30-day notice of moving out
- b. Any belongings left behind by the resident will be donated to CRM or disposed of.
- c. Residents terminated from HOH due to a violation of Rules and Covenants are not eligible to return to the HOH.
- d. Residents terminated from HOH due to lack of payment are legally liable for restitution to CRM for all unpaid Program Fees and fees before they would be eligible to return.

- e. Any resident who has not paid Program Fee, and/or is not in contact with CRM will be considered to have abandoned their room and personal property. Property will be disposed of or donated.

11) Resident Agreements:

- a) Profession of Christian faith, consistent with the Statement of Faith
- b) Commitment to sobriety, including marijuana (Marijuana cards are not allowed)
- c) Commitment to utilize life skills learned in residential treatment, if applicable
- d) Commitment to maintain support through one or more of the following support groups:
 - AA/NA
 - CR (Celebrate Recovery)
 - Church/Bible Studies
- e) Attend at least 1 Financial Literacy Hosted by CRM annually
- f) Agree to commit to a Savings Plan established between you and designated staff
- g) Maintain a sponsor/counselor/pastor relationship
- h) Agreement to follow all Rules and Covenants
- i) Agree to adhere to notices to report or respond to designated CRM HOH staff, when requested
- j) Attend Mandatory Community Meetings (will be given at minimum 7-day notice)

8) Rules and Covenants:

CRM does not make rules, covenants, conditions, or restrictions to limit Resident activities. They have been created to ensure that each resident can enjoy the community free from the disruptive or harmful behavior of others. The purpose is to preserve the quality of life in the community.

Occupancy:

- The Resident agrees to occupy the property.
- Length of stay is determined by conduct and individual case plan which includes adherence to the budget & savings plan established at initial move in or during Literacy Workshop.
- Residents shall not lease, sublease, or assign any part of the property (including storage sheds); the home is for the use of current residents only.
- The Agency may enter the house at any time, however advance notice is usually given and knocking on the door and announcing presence is always done.
- Drunkenness or evidence of being under the influence of a controlled substance will not be tolerated as this is a sober living community and could lead to immediate termination of this Resident Agreement. Residents that test positive for substance abuse will be offered an opportunity to stay if they agree to develop a relapse prevention plan and obtain support. Multiple offenses and/or refusal to participate will result in termination of resident agreement. Marijuana cards or opioid prescriptions of any kind are not permitted.
- Smoking/vaping is not permitted on any CRM property, this includes all Homes of Hope property. This means, inside the house, on porches, in the yards or anywhere on CRM property, including in front of CRM Chapel.
- Residents must provide urinalysis and breathalyzer samples upon request. All Homes of Hope residents are subject to random testing. Refusal to test or follow testing procedures could be considered a positive.
- Violence of any kind will not be tolerated, this includes- physical, verbal, intimidation, bullying, racial comments, weapons etc. If an act of violence is reported, there will be an investigation of the

accusations and if the accusations are accurate, resident may be asked to leave the premises immediately.

- Theft of any kind will not be tolerated, there must be a shared understanding between roommates on all food, hygiene, linen, etc. - taking anything that does not belong to you (another person's property, mission or staff property, donations, etc.) is not allowed. Violation of this rule could result program termination.
- **Conflict Resolution**
As a person living in a residential Christian environment, residents are asked to deal with conflict in a way that is remarkably different from the way the world deals with conflict. As a resident of Homes of hope you must agree to respond to conflict according to the following principles:
 - ✓ Instead of focusing on your own desires or dwelling on what others may do, you should seek to please and honor God – by depending on His wisdom, power, and love; by faithfully obeying His commands; and by seeking to maintain a loving, merciful, and forgiving attitude.
 - ✓ Instead of attacking others or dwelling on their wrongs, you should take responsibility for your own contribution to conflicts – confessing your sins, asking God to help you change your attitude and habits that lead to conflict, and seek to repair any harm may have been caused.
 - ✓ Instead of pretending that conflict doesn't exist or talking about others behind their backs, you should choose to overlook minor offenses, or talk directly and graciously with those whose offenses seem too serious to overlook. When a conflict cannot be resolved in this manner, You should ask the designated CRM staff who oversees the HOH program to help settle the matter in a biblical manner.
 - ✓ Instead of accepting premature compromise or allowing relationships to wither, you should actively pursue genuine peace and reconciliation – forgiving others as God has forgiven me and seeking just and mutually beneficial solutions to any differences.
- Disputes between the Agency and Residents which give rise to any court actions, the losing party will pay court costs and reasonable attorney fees of the successful party.

Lifestyle:

- Residents agree to use the premises in such a way that it does not disturb the peace and quiet of other residents. This includes quiet hours after 10:00pm, no loud or profane music, no loud or profane tv programs. The volume of music and television devices should not be heard in the adjoining rooms.
- Resident agrees to not operate a home-based business or commercial activities on the property.
- One usable grill may be kept in the backyard, patio, or driveway.
- Porches may have a couple of chairs and a table. They may not be utilized as a storage area.
- Furnishings from inside the home must be kept inside the home.
- Personal items in the home must be kept in the resident's bedroom. Anything that cannot fit in the resident's bedroom must be stored in an outside storage facility off-site, if your home does not have an outdoor storage unit.
- Pets are not permitted in Homes of Hope.
- Parking is permitted on driveways, on the street outside the gate or in the CRM parking lot. No parking is permitted on streets inside the gate. No parking is permitted on the grass lawns.
- All vehicles must be properly registered, titled, and insured. Car repairs on CRM property must be minor, completed within a day, and will not damage or stain any CRM grounds or property.

- Common area rooms such as the Living Room, Dining Room and Kitchen are for all the residents of the home. Each resident must feel comfortable using them.
- Holiday decorations must be tasteful and kept to a minimum.
- House temperatures should be set in the mid 70's during summer months and low 70's during winter months. If no one is home, please set thermostat accordingly to conserve energy and money.
- Homes of Hope residents are not to eat in the CRM kitchen unless during a volunteer or employment shift.
- Residents are to use speech that is courteous, non-profane and uplifting.
- If you live inside the gate, mail is to be delivered to 426 S. McDuff, Jacksonville, FL 32254 and it will be placed in your mailbox in front of your residence by staff or on your kitchen counter.

Care and Maintenance:

- The Agency may enter the property at any time for the purpose of inspection, maintenance, and repair. Staff or vendors will always knock and announce their presence when entering. Advance notice will be given when possible. If your room has a lock on it, you must provide HOH designated staff with a key.
- Residents agree to not alter the interior or exterior of the premises in any way.
- Residents agree to keep the home in good condition, reasonable wear and tear expected.
- A mutual cleaning agreement should be made between roommates.
- Housing inspections will be conducted at least quarterly and any issues must be corrected within 5 days.
- Resident agrees to notify the HOH designated staff if a workorder for repairs needs to be submitted.
- Emergency repairs need to be reported to the HOH designated staff immediately. Emergencies include:
 - Water shooting out or leaking that cannot be stopped or contained.
 - Electrical issues
 - Smoke or fire
- The yard shall be kept free of debris and personal items. This includes truck bed covers, tools, scrap lumber, grocery carts, etc.
- Windows are to remain closed during winter and summer seasons to conserve electricity.
- Any maintenance repairs that are caused by residents carelessness or neglect, will be added to the residents monthly Program Fee.

Guests:

- Guests must be kept to a minimum.
- The resident must be home when guests are in the home.
- Guests must leave the home no later than 9:00pm.
- Guests are not permitted to stay overnight.
- Underage children must be always supervised.
- Persons of opposite gender are not allowed to be in the house unless they are immediate relatives (spouse, paProgram Fee, child).
- Sexual activity with others of any kind is not permitted on CRM property.

I understand and agree to all the above.

Printed Name Resident

Printed Name Staff

Signature Resident

Signature Staff

Date

Date

Move out date:

Notice to vacate received:

Key's returned:

Deposit refund:

Eligible Return? Yes / No
Terms/reasons given:

YOUR RIGHTS:

1. To receive competent, professional services regardless of your race, age, religious beliefs, national origin, economic status, gender, or disability.
2. To receive information about our services and answers to your questions.
3. To have input into the design and implementation of your Housing Stability Plan.
4. To be treated with respect & dignity.
5. To have all information you disclose to Catholic Charities kept confidential, unless you:
 - Sign a consent giving permission for information to be released.
 - Indicate your intention to harm yourself or someone.
 - Inform us of about physical or sexual abuse of a minor, aged or incompetent person.
 - Are aware that Catholic Charities must report this information to the proper authorities.
6. To review any information about you included in the Agency's records.
7. To request a change of caseworker .
8. To terminate services at any time, or to refuse services or referrals.
9. To receive referrals to other community services and to advocate on your behalf.
10. To know all service fees, requirements, and expectations.

YOUR RESPONSIBILITIES:

1. To keep your appointments or cancel twenty-four hours in advance
2. Provide required documents for eligibility within a timely manner when requested.
3. To be actively involved in the planning and implementation of your service plan.
4. Communicate with case manager, return calls and emails.

CONDITIONS UNDER WHICH CATHOLIC CHARITIES MAY DENY FURTHER SERVICES:

1. If you display aggressive, violent, or threatening behavior or language.
2. If you have lied concerning any information you have provided.
3. If you use mood altering substances during your sessions.
4. If you are not actively participating in your service plan
5. If you have missed two (2) consecutive appointments.
6. If you are simultaneously involved with another agency for the same services.

GRIEVANCE PROCEDURE:

Step 1- If you are dissatisfied with treatment or services you receive at Catholic Charities, or if you believe your rights have not been honored, we ask that you attempt to resolve these differences with your caseworker.

Step 2- If your concerns are not resolved, please make them known to the Program Director, Frances Luna; 904-354-4846, Ext 238

Step 3-If you still do not believe your concerns have been addressed, you may file a written statement of the grievance with your name, and the best way that you can be reached. This grievance should be directed to the Catholic Charities Jacksonville Regional Director:

Eileen Seuter eseuter@ccbjax.org
Catholic Charities Jacksonville Regional Office
6 E. Bay St., Suite 500 Jacksonville, FL 32202

The Regional Director is responsible for overseeing the investigation of any serious grievance lodged by a client against an employee of the Agency. The process includes:

1. Interview the complainant and the employee about whom the grievance was filed and interview any other appropriate party who has knowledge relevant to the grievance.
2. Create a grievance file containing a written report of the result of each interview conducted and any progress notes during the complaint investigation.
3. Notify the Chief Program Officer of the results of the investigation and the decision made.
4. Notify the complainant of the outcome of the investigation; and maintain the permanent grievance file.

HIPPA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PROTECTED HEALTH INFORMATION {PHI}

- Catholic Charities of the Diocese of St. Augustine is required by law to maintain the privacy of Protected Health Information (PHI). Catholic Charities is also required to provide individuals with notice of its legal duties and privacy practices with respect to PHI.
- Your PHI consists of all individually identifiable information which is created or received by Catholic Charities, which relates to your past, present, or future health or mental health, and the provision of health care to you.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

- We understand that information about you and your health is personal. We are committed to protecting that information.
- We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements.

WE ARE REQUIRED BY LAW TO:

- Make sure that medical or mental health information that identifies you is kept private.
- Give you this notice of our duties and practices with respect to your medical information.
- Follow the terms of the notice that is currently in effect.

YOUR CONSENT OR AUTHORIZATION IS NOT REQUIRED FOR THE FOLLOWING:

- **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for services.
- **Continuous Quality Improvement:** We may solicit information from you about the quality of service that you received. In some instances, your name may be passed onto members of the quality improvement team to investigate a complaint or corroborate an incident.
- **Disaster Relief:** Additionally, the agency may disclose PHI relating to your location or general condition to any public or private entity authority authorized to assist in a disaster relief effort. Due to emergency circumstances the agency will make these disclosures if they are in the best interest.
- **Public Health:** We may use and disclose information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public in general.
 1. If you indicate an intention to harm yourself or someone else.
 2. If there is suspicion or knowledge of physical or sexual abuse to a minor, aged person, or person with disabilities.
 3. Notification of a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
 4. The information is necessary to apprehend an individual.
- **Law enforcement:** We may release information to law enforcement officials:
 1. In response to a court order, subpoena, warrant, summons, or similar process:
 2. To identify or locate a suspect, fugitive, material witness, or missing person:
 3. About the victim of a crime if we are unable to obtain the client's agreement:
 4. About a death we believe may be the result of criminal conduct.
 5. In emergency circumstances to report a crime.
- **National security and protection of the president and others:** The agency may disclose your protected information to authorize federal officials for the conduct of lawful intelligence and other national security activities authorized by law.
- **Workers' compensation:** The agency may disclose your PHI as authorized by and in compliance with laws relating to workers compensation.
- **Lawsuits and disputes:** if you engage in a lawsuit or dispute, we may disclose information about you in **response to a court or administrative order.**

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- **Right to Inspect, Amend and Copy:** You have the right to inspect and obtain copies of information that may be used to make decisions about the service you have received. If you believe that the information the agency has about you is incorrect or incomplete, you have a right to request an amendment for as long as the information is kept by or for Catholic Charities. We may deny your request if you ask us to amend information that:
 1. It was not created by the agency.
 2. It is not part of the information kept by or for the agency.
 3. It is not accurate or complete.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on our use or disclosure of information about you.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail. The agency will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to copy a paper copy of this notice any time. You may obtain a copy of this notice from your case worker.

COMPLAINTS

- If you believe your privacy rights have been violated, we want to make it right. No retaliatory action will be taken against you for filing a complaint.
- There are two ways to file a complaint:
 1. The **U.S. Department of Health & Human Services**, Office of Civil Rights, 200 Independence Ave. S.W, Washington, D.C. 20201, (877)696-6775 (toll free).
 2. **Catholic Charities Jacksonville Regional Office**, Follow the directions as outlined on the Grievance Procedures Document provided.

OTHER USES OF CONFIDENTIAL INFORMATION: Other uses and disclosures of PHI not covered by this notice or laws that apply to us will be made only with your written permission according to applicable law.

CHANGES TO THIS NOTICE:

Catholic Charities reserves the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI that Catholic Charities maintains. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future.

Client Name

Employee Name

Client Signature

Employee Signature

Date

Date

Client Name: _____ Client ID: _____

Caseworker: _____ Today's date: _____

#1. What do you want to work on to help stabilize your housing ?

SELECT ONE GOAL

____ Pay rent ____ Pay utilities ____ Restore Electricity ____ Pay mortgage

What do you do to achieve the goal?	Target Date/Who is Responsible	Progress
1		
2		
3		

#2. What else do you want to work on?

SELECT ONE GOAL:

____ Get a job ____ Increase income ____ Decrease expenses ____ Other _____

What steps do you need to take to achieve the goal?	Target Date/Who is Responsible	Progress
1		
2		
3		

What could make it hard to achieve these goals?

--

What will help you achieve these goals?

--

Client Signature: _____ Date: _____

Caseworker Signature: _____ Review date: _____



Permanent Supportive Housing (PSH) Policies & Procedures Manual

Version 2.0
Effective July 2026

Presbyterian Social Ministries, Inc.
Connecting those who have with those who need.



Document Control

Effective Date: July 2026

Version: 2.0

Programs Covered: Home Forward and Home Safe Extension

Approved By: Chief Executive Officer

This manual establishes the operational policies and procedures governing all Permanent Supportive Housing (PSH) programs administered by Presbyterian Social Ministries, Inc. (PSMJax). It reflects the organization's commitment to participant-centered services, responsible stewardship, meaningful partnerships, and continuous improvement.

This manual will be reviewed annually or as required by changes in HUD regulations, Continuum of Care requirements, or organizational policy.

Revision History

- | | | |
|------------|------------------|--|
| 1.0 | June 2024 | Original Permanent Supportive Housing Policies & Procedures Manual |
| 2.0 | July 2026 | Comprehensive revision aligning organizational practices with current HUD regulations, Continuum of Care Written Standards, and PSMJax operational philosophy. |



A Letter to Our Team

Welcome to the Permanent Supportive Housing team at Presbyterian Social Ministries.

This manual is more than a collection of policies and procedures. It reflects how we serve our community, support one another, and steward the public resources entrusted to us. While policies establish consistency, it is our people who create impact.

Every interaction is an opportunity to strengthen housing stability, build trust, and improve lives. Whether you are providing case management, coordinating housing, maintaining compliance, or supporting program operations, your work contributes to something larger than any single task.

At PSMJax, we believe stable housing creates the opportunity for individuals and families to pursue healthier, more independent lives. We also recognize that housing alone is not enough. Lasting stability is strengthened through meaningful relationships, coordinated community partnerships, and individualized support that reflects the unique strengths and goals of every program participant.

This manual provides the framework for delivering consistent, high-quality Permanent Supportive Housing services. It establishes our operational standards while reflecting the values that define our organization: integrity, accountability, professionalism, compassion, and responsible stewardship.

Thank you for choosing to serve alongside us. Together, we are helping individuals and families build stable futures by connecting them with housing, resources, and opportunities that change lives.

The pages that follow provide the framework that guides this important work and supports our shared commitment to serving every participant with professionalism, integrity, and compassion.



Teri Ketchum, CEO



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PROGRAM OVERVIEW

This section introduces the purpose, philosophy, and operational framework that guide Presbyterian Social Ministries' Permanent Supportive Housing programs.

Purpose

Presbyterian Social Ministries, Inc. (PSMJax) provides Permanent Supportive Housing (PSH) to help eligible individuals and families experiencing chronic homelessness obtain and maintain safe, stable housing while increasing independence and improving quality of life. Through individualized supportive services, strategic community partnerships, and responsible stewardship of public resources, PSMJax assists program participants in achieving long-term housing stability and reducing the likelihood of returning to homelessness.

This manual establishes the operational framework for all PSMJax Permanent Supportive Housing programs and promotes consistent service delivery, regulatory compliance, and organizational excellence.

Our Approach

Housing is the beginning, not the destination.

Permanent Supportive Housing provides more than a place to live. It creates the stability from which individuals and families can pursue improved health, increased income, stronger relationships, and greater independence.

PSMJax delivers participant-centered, strengths-based, and trauma-informed services that recognize the unique experiences, abilities, and goals of every program participant. We believe lasting housing stability is achieved through meaningful relationships, individualized support, personal accountability, and coordinated community resources.

Every family enters the program with a unique story, different strengths, and different challenges. PSMJax believes every individual deserves to be treated with dignity, respected as the expert in their own life, and supported in pursuing goals that reflect their personal vision of stability and success.

No single organization can meet every need of an individual or family experiencing homelessness. PSMJax intentionally builds partnerships throughout the community to connect program participants with housing, healthcare, employment, public benefits, behavioral health services, and other essential resources that strengthen long-term housing stability.

Every interaction is an opportunity to strengthen housing stability, build trust, and improve lives.



Guiding Principles

The work of Presbyterian Social Ministries is guided by a commitment to serving every program participant with professionalism, integrity, accountability, and compassion. These principles shape how services are delivered, how decisions are made, and how relationships are built throughout the organization.

- ❖ Stable housing provides the foundation for lasting change.
- ❖ Every program participant is treated with dignity, respect, and compassion.
- ❖ Meaningful relationships strengthen housing stability and improve outcomes.
- ❖ PSMJax connects individuals and families with housing, healthcare, benefits, employment, and community resources that expand opportunities for long-term stability.
- ❖ Public resources are stewarded with integrity, accountability, transparency, and responsible financial management.
- ❖ Continuous learning, evaluation, and quality improvement strengthen our services and organizational effectiveness.
- ❖ Excellence is achieved through collaboration, professionalism, and a shared commitment to serving others.

Program Description

PSMJax operates scattered-site Permanent Supportive Housing programs serving chronically homeless households in Duval County. Housing assistance is combined with individualized supportive services designed to help program participants obtain and maintain permanent housing while strengthening long-term stability and independence, and improving overall well-being.

Eligible households are referred through the Continuum of Care Coordinated Entry System and enrolled in accordance with HUD regulations and local Written Standards. Once enrolled, each household is assigned a Case Manager who works collaboratively with the participant to develop an Individualized Service Plan based upon personal strengths, goals, and identified needs.

Supportive services may include housing stabilization, benefits assistance, healthcare coordination, behavioral health referrals, employment and vocational services, transportation planning, life skills development, and referrals to additional community resources. Services remain flexible and responsive to the changing needs of each household throughout program participation.



Primary Governing Regulations

PSMJax administers its Permanent Supportive Housing programs in accordance with all applicable federal regulations, grant agreements, and Continuum of Care requirements. Program operations are guided by the following authorities:

- ❖ 24 CFR Part 578, Continuum of Care Program
- ❖ 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- ❖ McKinney-Vento Homeless Assistance Act, as amended
- ❖ HUD Notices, Program Guidance, and CPD Notices
- ❖ HUD Equal Access Rule
- ❖ Fair Housing Act
- ❖ Americans with Disabilities Act (ADA)
- ❖ Section 504 of the Rehabilitation Act
- ❖ FL-510 Continuum of Care Written Standards

Should federal regulations or Continuum of Care requirements change, PSMJax will administer the program in accordance with the most current applicable guidance.



PARTICIPANT ELIGIBILITY & ADMISSION

This section describes how eligible households enter the program and begin receiving Permanent Supportive Housing services.

Eligibility

Eligibility for Permanent Supportive Housing is determined in accordance with current HUD regulations, Continuum of Care Written Standards, and the specific requirements of each grant award. Households must meet all applicable eligibility criteria at the time of enrollment.

Eligibility determinations are completed using documentation that verifies chronic homelessness, disability status, household composition, income, and any additional requirements established by HUD or the Continuum of Care. Staff are responsible for ensuring all required documentation is complete before enrollment.

Coordinated Entry

PSMJax accepts referrals through the Continuum of Care Coordinated Entry System. Referrals are prioritized according to the Continuum of Care's established assessment process and are accepted based upon eligibility, program capacity, and available housing resources.

Participation in Coordinated Entry promotes equitable access to housing resources, ensures compliance with HUD requirements, and helps prioritize households with the greatest need for Permanent Supportive Housing.

Admission & Enrollment

Following receipt of a referral, staff verify program eligibility, complete required intake documentation, obtain signed Releases of Information, collect emergency contact information, and enroll the household in HMIS.

Program participants receive an orientation to the program, including participant rights and responsibilities, supportive services, confidentiality, grievance procedures, and program expectations. Questions are encouraged throughout the enrollment process to ensure participants understand available services and their role in maintaining housing stability.

Once enrollment is complete, the household is assigned a Case Manager who begins developing an Individualized Service Plan and coordinating housing stabilization services.

Initial Assessment

The initial assessment provides the foundation for individualized service planning. Rather than focusing solely on barriers, PSMJax seeks to understand each participant's strengths, goals, preferences, and existing support systems while identifying areas where additional assistance may be beneficial.



Information gathered during the assessment helps guide service planning, prioritize referrals, coordinate community resources, and establish realistic goals that reflect each participant's vision for long-term stability and success.

Individualized Service Planning

Every program participant collaborates with their Case Manager to develop an Individualized Service Plan shortly after enrollment. The plan identifies participant goals, supportive service needs, referrals, responsibilities, and strategies that promote long-term housing stability.

Service plans are reviewed regularly and updated whenever participant goals, circumstances, or needs change. Planning remains participant-centered and recognizes that progress may occur at different rates for every household.

Transition to Housing Services

Once eligibility has been verified and enrollment is complete, the focus shifts from determining program participation to helping households establish and maintain permanent housing through individualized supportive services, coordinated community partnerships, and ongoing case management.



HOUSING OPERATIONS

This section describes how PSMJax secures, supports, and maintains stable housing while promoting successful landlord relationships and long-term housing stability.

Purpose

Permanent Supportive Housing is founded on the belief that stable housing provides the foundation for lasting change. PSMJax works collaboratively with program participants, landlords, and community partners to obtain and maintain safe, affordable housing that supports long-term stability and improved quality of life.

Housing operations extend beyond securing an apartment. They include cultivating positive landlord relationships, ensuring housing quality, supporting lease compliance, responding to housing concerns, and providing ongoing assistance that helps households remain successfully housed.

Housing Placement

Following enrollment, the Director of Housing and Case Management staff work collaboratively with each program participant to identify housing that is safe, appropriate, and consistent with HUD program requirements. Housing selection considers household size, accessibility needs, location, transportation, proximity to healthcare and employment opportunities, and participant preferences whenever possible.

Program participants are encouraged to actively participate in the housing search and decision-making process. PSMJax recognizes that participant choice contributes to successful housing outcomes and long-term housing stability.

Housing Quality

Prior to occupancy, all housing units must meet applicable HUD Housing Quality Standards (HQS) or other inspection standards required by the applicable funding source. Units are expected to provide a safe, sanitary, and habitable living environment that supports participant health and well-being.

When housing concerns arise during tenancy, PSMJax works collaboratively with landlords and program participants to facilitate timely resolution whenever possible. Housing concerns that present immediate health or safety risks receive prompt attention.

Lease Responsibilities

PSMJax holds a Master Lease with the landlords, and program participants enter into occupancy agreements and are expected to comply with all lease terms and conditions.

During enrollment and throughout program participation, Case Managers help participants understand lease obligations, tenant rights, and responsibilities associated with maintaining successful tenancy.



Education may include budgeting for household expenses, communicating with landlords, reporting maintenance concerns promptly, and maintaining the housing unit in accordance with lease requirements.

When lease concerns arise, PSMJax seeks to resolve issues through communication, education, and supportive intervention whenever appropriate.

Housing Stability

Maintaining permanent housing is the primary objective of the program. Case Management services focus on identifying concerns early and addressing potential barriers before they threaten housing stability.

Case Managers maintain regular contact with program participants through a minimum of one in-person meeting, including a home visit, and one telephone contact each month. Additional contacts are provided whenever the participant needs or circumstances indicate that increased support would be beneficial.

Monthly home visits provide opportunities to assess housing stability, identify emerging concerns, review participant progress, coordinate supportive services, and strengthen the collaborative relationship between the participant and Case Manager.

Landlord Partnerships

Positive relationships with landlords are essential to successful Permanent Supportive Housing. PSMJax values landlords as important partners in expanding housing opportunities for individuals and families experiencing homelessness.

Staff maintain open communication with landlords, respond to concerns promptly, and work collaboratively to resolve tenancy issues whenever possible. By fostering trust, professionalism, and accountability, PSMJax strives to strengthen long-term landlord relationships that benefit both property owners and program participants.

Housing Crisis Intervention

Unexpected circumstances may place a household at risk of losing housing. When concerns such as lease violations, unpaid rent, behavioral health challenges, hospitalization, family conflict, or other crises arise, PSMJax responds promptly to assess the situation and coordinate appropriate interventions.

Whenever possible, staff work collaboratively with program participants, landlords, healthcare providers, behavioral health professionals, and other community partners to identify solutions that preserve housing stability and reduce the likelihood of eviction or program exit.

The organization recognizes that early intervention is often the most effective strategy for maintaining successful tenancy.



Participant Engagement

Housing stability is strengthened through consistent communication and active participant engagement. PSMJax encourages program participants to remain actively involved in case management, communicate changes in household circumstances, and participate in developing solutions when challenges arise.

Because every household experiences periods of transition or increased need, staff approach engagement with flexibility, patience, and respect. When participation decreases, the focus remains on understanding barriers, rebuilding communication, and reconnecting participants with appropriate resources rather than creating unnecessary obstacles to continued housing.

Move Toward Independence

Permanent Supportive Housing does not impose predetermined timelines for participant success. Every household progresses at its own pace based upon individual goals, abilities, and circumstances.

As stability increases, Case Managers encourage participants to pursue opportunities that support greater independence, including employment, education, financial capability, healthcare, community engagement, and long-term housing options when appropriate. Progress is measured by participant-defined goals and sustainable housing outcomes rather than arbitrary timelines.

Transition to Supportive Services

Stable housing creates the opportunity for meaningful progress in other areas of life. Once housing has been secured, ongoing supportive services become the primary means of helping program participants strengthen independence, improve overall well-being, and achieve the personal goals identified in their Individualized Service Plan.



SUPPORTIVE SERVICES & CASE MANAGEMENT

This section describes how PSMJax delivers individualized supportive services that help program participants obtain, maintain, and thrive in permanent housing.

Purpose

Permanent Supportive Housing combines stable housing with individualized supportive services that promote long-term housing stability, increased independence, and improved quality of life. While housing provides the foundation, supportive services help individuals and families overcome barriers, build on existing strengths, and pursue goals that reflect their own vision of success.

PSMJax recognizes that every household enters the program with unique experiences, priorities, and aspirations. For that reason, supportive services are individualized rather than standardized and remain flexible as participant needs change over time.

Service Philosophy

PSMJax approaches case management as a collaborative partnership built on trust, respect, and shared responsibility. Staff recognize that meaningful progress occurs through consistent relationships, participant engagement, and coordinated community support rather than through compliance alone.

Case Managers work alongside program participants to identify strengths, address barriers, celebrate progress, and connect families with opportunities that strengthen long-term housing stability. Services are delivered using participant-centered, strengths-based, and trauma-informed practices that encourage self-determination while promoting accountability and personal growth.

Individualized Case Management

Each enrolled household is assigned a Case Manager who serves as the primary point of contact throughout program participation. Case Managers coordinate supportive services, monitor housing stability, facilitate referrals, maintain program documentation, and assist participants in working toward the goals identified in their Individualized Service Plan.

To promote consistent engagement, Case Managers conduct **a minimum of one in-person meeting, including a home visit, and one telephone contact each month**. Additional contacts are provided whenever participant circumstances, identified needs, or emerging concerns warrant increased support.

Each contact provides an opportunity to assess housing stability, review participant progress, update service goals, identify new barriers, and coordinate additional resources that support long-term success.



Individualized Service Planning

Service planning is a collaborative process between the Case Manager and the program participant. Shortly after enrollment, an Individualized Service Plan is developed that reflects the participant's goals, strengths, priorities, and supportive service needs.

Rather than focusing solely on immediate barriers, service planning encourages participants to identify long-term aspirations related to housing, employment, income, healthcare, education, financial stability, family relationships, and overall wellness.

Plans remain flexible throughout program participation and are reviewed regularly to reflect changing circumstances, accomplishments, and emerging needs.

Supportive Services

Supportive services are tailored to each participant's unique circumstances and may include assistance in the following areas:

- ❖ Housing stabilization and tenancy support
- ❖ Benefits acquisition and retention
- ❖ Healthcare coordination
- ❖ Behavioral health referrals
- ❖ Substance use recovery referrals
- ❖ Employment and vocational services
- ❖ Financial capability and budgeting
- ❖ Transportation planning
- ❖ Life skills development
- ❖ Educational opportunities
- ❖ Family stabilization
- ❖ Community resource navigation

Not every participant requires every service. Case Managers work collaboratively with each household to determine which resources will best support long-term housing stability and participant-defined goals.

Community Partnerships

No single organization can provide every service needed to support lasting housing stability. PSMJax intentionally develops and maintains strong partnerships throughout the community to expand opportunities for program participants.

Key partnerships include the Jacksonville Housing Authority for housing resources, Goodwill Industries for employment and workforce development, Sulzbacher for healthcare services, and public benefit agencies that assist participants in accessing programs such as SNAP, Medicaid, Medicare, SSI, and SSDI, as eligible.



Additional referrals are made based upon participant needs and may include behavioral health providers, educational institutions, legal assistance, transportation resources, financial counseling, veteran services, and other community organizations.

These collaborative relationships strengthen the continuum of care available to participants while promoting coordinated, comprehensive service delivery.

Participant Engagement

Meaningful participant engagement is essential to successful Permanent Supportive Housing. PSMJax encourages open communication, active participation in service planning, and shared decision-making throughout program enrollment.

When challenges arise, staff seek first to understand the circumstances affecting participation and work collaboratively with households to identify practical solutions. Engagement efforts emphasize encouragement, flexibility, and relationship-building while maintaining program expectations and accountability.

The organization recognizes that progress is not always linear and remains committed to supporting participants through periods of transition, crisis, or increased need.

Coordination of Services

Case Managers regularly communicate with healthcare providers, behavioral health professionals, housing providers, benefit agencies, and other service organizations, as appropriate and with participant consent, to ensure services remain coordinated and responsive.

This coordinated approach reduces duplication of services, improves communication among providers, and helps participants receive timely assistance that supports housing stability and overall well-being.

Monitoring Progress

Progress is evaluated through ongoing case management contacts, participant feedback, service plan reviews, and observations related to housing stability and participant-defined goals.

Success is measured not only by housing retention, but also by progress toward increased independence, improved access to healthcare and benefits, stronger support systems, increased income when appropriate, and achievement of goals identified by the participant.

Recognizing and celebrating progress reinforces participant confidence while encouraging continued growth and engagement.



Transition to Participant Rights & Responsibilities

Successful Permanent Supportive Housing depends upon a shared commitment between PSMJax and program participants. While staff provide individualized support, community connections, and professional guidance, participants also play an important role in maintaining housing, communicating openly, and actively participating in services that strengthen long-term stability.

The following section outlines the rights afforded to every program participant and the responsibilities that support a safe, respectful, and successful housing experience.



PARTICIPANT RIGHTS & RESPONSIBILITIES

This section outlines the rights afforded to every program participant and the shared responsibilities that support a safe, respectful, and successful Permanent Supportive Housing experience.

Purpose

Permanent Supportive Housing is most successful when program participants and staff work together with mutual respect, open communication, and shared accountability. PSMJax is committed to protecting the rights of every participant while providing clear expectations that promote housing stability, personal responsibility, and positive community relationships.

Participants are encouraged to ask questions, express concerns, and actively participate in decisions that affect their housing and supportive services.

Participant Rights

Every program participant has the right to be treated with dignity, respect, and professionalism regardless of race, color, religion, sex, national origin, age, disability, familial status, sexual orientation, gender identity, or any other individual characteristic.

Program participants have the right to:

- ❖ Receive services in a safe, respectful, and non-discriminatory environment.
- ❖ Be treated with courtesy, professionalism, and compassion by all staff and volunteers.
- ❖ Participate in developing and updating their Individualized Service Plan.
- ❖ Make informed decisions regarding supportive services and referrals.
- ❖ Receive information about program expectations, policies, and available services.
- ❖ Have personal information maintained in accordance with applicable confidentiality requirements.
- ❖ Request reasonable accommodations consistent with applicable disability laws and HUD regulations.
- ❖ File a grievance or appeal without fear of retaliation.
- ❖ Be informed of program decisions that affect their participation.

PSMJax believes participant dignity and self-determination are fundamental to successful Permanent Supportive Housing. Whenever possible, participants are encouraged to make informed choices regarding their goals, services, and housing while working collaboratively with staff to promote long-term stability.

Participant Responsibilities

Permanent Supportive Housing is a collaborative partnership. While PSMJax provides housing assistance, supportive services, and ongoing case management, participants also play an important role in maintaining successful tenancy and working toward individualized goals.



Program participants are expected to:

- ❖ Comply with the terms of their occupancy and program participation agreement.
- ❖ Maintain regular communication with their Case Manager.
- ❖ Participate in scheduled case management meetings, including the required monthly home visit and monthly telephone contact.
- ❖ Notify staff of significant changes in household composition, income, contact information, or housing circumstances.
- ❖ Treat landlords, neighbors, staff, volunteers, and other program participants with respect.
- ❖ Maintain their housing unit in accordance with lease requirements.
- ❖ Report maintenance or safety concerns promptly.
- ❖ Participate in service planning and work collaboratively toward individualized goals.

These expectations are intended to promote successful housing rather than create unnecessary barriers to participation. When challenges arise, staff work collaboratively with participants to identify solutions that strengthen housing stability whenever possible.

Reasonable Accommodations

PSMJax is committed to ensuring equal access to housing and supportive services for qualified individuals with disabilities. Reasonable accommodations and reasonable modifications are provided in accordance with applicable federal laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and HUD guidance.

Participants may request accommodations at any time during program participation. Requests are reviewed individually, and PSMJax works collaboratively with participants to identify reasonable solutions that support equal access to housing and services.

Confidentiality

PSMJax respects the privacy of every program participant. Personal information is collected only as necessary to administer the program, coordinate supportive services, comply with funding requirements, and maintain accurate program records.

Information is shared only with appropriate consent or as otherwise permitted or required by law. Staff discuss confidentiality practices during enrollment and obtain signed Releases of Information before communicating with outside service providers, except in circumstances permitted by law or necessary to protect health or safety.

Additional confidentiality requirements are outlined in the Documentation, HMIS & Confidentiality chapter of this manual.



Grievance Procedure

PSMJax encourages participants to communicate concerns as early as possible so they may be addressed promptly and informally whenever appropriate.

When a concern cannot be resolved through discussion with the assigned Case Manager, the participant may submit a grievance to the Director of Housing for review. The Director will investigate the concern, gather relevant information, and provide a written response within a reasonable timeframe.

If the participant is dissatisfied with the Director's decision, the participant may submit a written appeal to the Chief Executive Officer. The CEO will review all available information and issue a final organizational decision. The CEO's decision concludes the internal grievance process.

Participants will not be subjected to retaliation for expressing concerns, requesting accommodations, or utilizing the grievance process in good faith.

Professional Conduct

PSMJax is committed to maintaining an environment that promotes safety, professionalism, and mutual respect. Staff are expected to conduct themselves ethically, maintain appropriate professional boundaries, and provide services in a manner consistent with organizational values and applicable regulations.

Likewise, participants are expected to interact respectfully with staff, landlords, volunteers, neighbors, and other community members. Differences of opinion and concerns are addressed through respectful communication.

Staff will maintain appropriate professional boundaries and avoid conflicts of interest. Maintaining positive relationships contributes to a safe environment for everyone and supports the long-term success of the program.

Participant Safety

The safety and well-being of both program participants and staff remain a priority throughout service delivery. Staff conduct home visits using established safety practices and maintain current emergency contact information for every enrolled household.

Participants are encouraged to notify their Case Manager of any situation that may affect personal safety, housing stability, or the ability to participate in services. When emergencies or crises occur, PSMJax coordinates appropriate assistance and referrals while working collaboratively with emergency responders, healthcare providers, or other community partners as necessary.

In the event of a participant's death, PSMJax will notify the designated emergency contact as soon as practical and coordinate with appropriate agencies and property management in accordance with organizational procedures.



Transition to Program Exits & Housing Transitions

The goal of Permanent Supportive Housing is long-term housing stability. While many participants remain enrolled for extended periods, some households successfully transition to other housing opportunities, while others may exit the program due to changing circumstances or program eligibility.

The following section outlines the procedures used to support successful transitions while preserving participant dignity, continuity of care, and compliance with HUD requirements.



DOCUMENTATION, HMIS & CONFIDENTIALITY

This section establishes the documentation standards, HMIS requirements, confidentiality practices, and record management procedures that support accurate program administration, regulatory compliance, and responsible stewardship of participant information.

Purpose

Accurate documentation supports quality service delivery, protects participant information, demonstrates regulatory compliance, and ensures responsible administration of public resources. PSMJax maintains complete and timely records that accurately reflect program participation, supportive services, housing activities, and outcomes while safeguarding participant privacy.

Documentation serves not only as a record of services provided but also as a communication tool that supports continuity of care, informed decision-making, and accountability throughout the organization.

Participant Records

A confidential case record is established for every enrolled household. Participant files contain documentation necessary to verify eligibility, administer the program, coordinate supportive services, and satisfy applicable HUD and Continuum of Care requirements.

Participant records may include, as applicable:

- ❖ Eligibility documentation
- ❖ Intake and enrollment forms
- ❖ Releases of Information
- ❖ Individualized Service Plans
- ❖ Case notes
- ❖ Housing documentation
- ❖ Income and benefits verification
- ❖ Emergency contact information
- ❖ Correspondence related to program participation
- ❖ Other documentation required by HUD or the applicable grant agreement

Staff are responsible for maintaining complete, accurate, and current records throughout the participant's enrollment.



Documentation Standards

Documentation should accurately reflect the services provided, participant progress, referrals made, significant events, and housing-related activities.

Case notes are expected to be objective, factual, and professionally written. Documentation should clearly describe participant interactions, services coordinated, participant goals, and any follow-up activities without including unnecessary personal opinions or subjective language.

Entries should be completed as soon as practical following participant contact to ensure records remain accurate and current.

HMIS Participation

PSMJax participates fully in the Homeless Management Information System (HMIS) as required by HUD and the Continuum of Care.

Program participants are enrolled in HMIS in accordance with current HMIS Data Standards and Continuum of Care requirements. Staff enter required information accurately and within established reporting timelines to support program administration, system-wide planning, performance measurement, and regulatory reporting.

HMIS data is used to monitor program outcomes, complete required federal reporting, evaluate program performance, and strengthen service delivery across the Continuum of Care.

Data Quality

Maintaining high-quality data is an organizational priority. Staff are responsible for ensuring information entered into participant files and HMIS is complete, accurate, timely, and consistent with supporting documentation.

The Director of Housing routinely reviews participant records and HMIS data to identify missing documentation, correct inaccuracies, and promote continuous quality improvement.

Data quality reviews also support HUD monitoring, grant reporting, organizational planning, and informed decision-making.

Confidentiality

PSMJax is committed to protecting the privacy and confidentiality of every program participant.

Participant information is collected only for legitimate program purposes and is shared only with appropriate written authorization or as otherwise permitted or required by law. Staff discuss confidentiality during program enrollment and obtain signed Releases of Information before communicating with outside providers, except in circumstances where disclosure is legally required or necessary to protect health or safety.



All staff receive training regarding confidentiality expectations and are expected to exercise sound professional judgment when handling participant information.

Record Security

Participant records are maintained in secure locations with access limited to authorized personnel whose job responsibilities require access to confidential information.

Paper files are maintained in locked file cabinets within secured office space. Electronic information is protected through password-controlled systems and other reasonable administrative safeguards designed to prevent unauthorized access.

Staff are expected to protect confidential information during daily operations, including while conducting home visits, communicating electronically, or discussing participant information with authorized service providers.

Record Retention

Participant records are retained in accordance with HUD regulations, applicable federal requirements, and organizational policy.

Unless a longer retention period is required by law or the applicable funding source, participant records will be maintained for **a minimum of seven (7) years following program exit** before being securely destroyed in accordance with organizational record destruction procedures.

Quality Assurance

PSMJax maintains a continuous quality improvement process to strengthen program performance, promote regulatory compliance, and enhance participant services.

The Director of Housing conducts periodic reviews of participant files, documentation practices, HMIS data quality, and program operations to ensure organizational standards are consistently maintained. Findings may be used to identify training opportunities, improve documentation practices, strengthen internal procedures, and support organizational learning.

Quality assurance activities are intended to promote excellence through continuous improvement rather than simply identify deficiencies. It is viewed as an opportunity to strengthen services, support staff development, and improve participant outcomes rather than simply evaluate compliance.

Monitoring & Compliance

PSMJax cooperates fully with HUD monitoring activities, Continuum of Care reviews, independent audits, and other authorized oversight activities.



Staff maintain documentation necessary to demonstrate compliance with applicable regulations, grant agreements, organizational policies, and financial management requirements. Requested records are provided in accordance with applicable confidentiality protections and organizational procedures.

The organization views monitoring as an opportunity to strengthen program quality, reinforce accountability, and ensure responsible stewardship of public resources.

Transition to Organizational Leadership & Program Administration

Delivering high-quality Permanent Supportive Housing requires more than sound documentation practices. Effective leadership, ongoing staff development, fiscal accountability, and continuous program evaluation provide the organizational foundation that supports consistent, participant-centered services.

The following section describes how PSMJax provides organizational oversight while promoting excellence, accountability, and continuous improvement throughout its Permanent Supportive Housing programs.



LEADERSHIP, PROGRAM ADMINISTRATION & CONTINUOUS IMPROVEMENT

This section describes the organizational leadership, administrative practices, fiscal stewardship, staff development, and quality improvement processes that support the successful delivery of Permanent Supportive Housing services.

Purpose

High-quality Permanent Supportive Housing requires more than regulatory compliance. It requires effective leadership, sound fiscal management, well-trained staff, strong community partnerships, and a culture committed to continuous improvement.

PSMJax provides organizational oversight that promotes consistency, accountability, professional excellence, and responsible stewardship while supporting staff in delivering participant-centered services that strengthen long-term housing stability.

Organizational Leadership

The Chief Executive Officer provides overall organizational leadership and is responsible for ensuring Permanent Supportive Housing programs operate in accordance with HUD regulations, organizational policies, applicable grant agreements, and the mission of Presbyterian Social Ministries.

The Director of Housing oversees the daily operation of the Permanent Supportive Housing programs and provides direct supervision to Case Management staff. Responsibilities include program implementation, regulatory compliance, staff supervision, quality assurance, participant services, landlord relations, HMIS oversight, and coordination with community partners.

Leadership promotes a culture of collaboration, accountability, and continuous improvement by equipping staff with the guidance, resources, and support necessary to deliver exceptional services.

Staff Development

PSMJax recognizes that knowledgeable and well-supported staff are essential to successful Permanent Supportive Housing.

Employees receive orientation upon hire and participate in ongoing professional development related to HUD regulations, Continuum of Care requirements, participant-centered service delivery, trauma-informed care, HMIS, confidentiality, ethics, safety practices, and other topics that strengthen professional competence.

Training needs are evaluated periodically to ensure staff remain informed of regulatory changes, emerging best practices, and organizational expectations.



The organization encourages continuous learning and recognizes that staff development contributes directly to participant success and organizational excellence.

Supervision

Regular supervision provides opportunities to review participant progress, discuss complex situations, reinforce organizational standards, strengthen documentation practices, and support professional growth.

The Director of Housing meets routinely with Case Management staff to provide guidance, coaching, problem-solving assistance, and program oversight. Supervision encourages collaboration, open communication, and shared learning while promoting consistency throughout program operations.

Leadership remains available to provide consultation whenever situations require additional guidance or organizational decision-making.

Staff Safety

The safety of employees remains a priority throughout program operations.

Staff conducting home visits or community-based services follow established organizational safety practices, including maintaining awareness of surroundings, communicating schedules, carrying agency-issued communication devices when appropriate, and reporting safety concerns promptly.

When circumstances present elevated safety risks, supervisors may modify service delivery methods, conduct joint visits, coordinate with community partners, or implement other reasonable precautions to protect both staff and program participants.

Community Partnerships

Meaningful partnerships strengthen every aspect of Permanent Supportive Housing.

PSMJax intentionally cultivates collaborative relationships with landlords, healthcare providers, behavioral health organizations, workforce development agencies, public benefit providers, educational institutions, and other community organizations that expand opportunities for program participants.

These partnerships increase access to resources, strengthen service coordination, improve participant outcomes, and contribute to a more responsive community system of care.

The organization believes meaningful partnerships are among its greatest strengths and essential to long-term program success.



Fiscal Stewardship

PSMJax is committed to the responsible stewardship of all public and private resources entrusted to the organization.

The organization maintains written fiscal policies, internal financial controls, segregation of duties, board-approved budgets, regular financial reporting, and an annual independent CPA audit. Financial management practices are designed to ensure transparency, accountability, regulatory compliance, and the prudent use of grant funds.

Leadership recognizes that responsible stewardship strengthens public trust while ensuring the long-term sustainability of Permanent Supportive Housing services.

Program Monitoring

Ongoing monitoring supports operational excellence and continuous organizational learning.

Leadership routinely reviews participant documentation, HMIS data quality, housing outcomes, service delivery practices, fiscal performance, regulatory compliance, and participant feedback to evaluate program effectiveness.

Monitoring activities help identify opportunities to strengthen services, improve internal processes, support staff development, and enhance participant outcomes.

Quality improvement is viewed as an opportunity to strengthen services and organizational effectiveness rather than simply evaluate compliance.

Continuous Improvement

PSMJax is committed to continually evaluating and improving the delivery of Permanent Supportive Housing services.

Feedback from participants, staff, community partners, landlords, funding agencies, and monitoring activities informs organizational planning and program development. Leadership encourages innovation, collaboration, and thoughtful evaluation of organizational practices that enhance participant services while maintaining regulatory compliance.

The organization recognizes that excellence is not achieved through isolated initiatives, but through an ongoing commitment to learning, adaptation, and responsible leadership.



Ethical Standards

PSMJax conducts all program activities with integrity, professionalism, and accountability.

Employees are expected to maintain appropriate professional boundaries, avoid conflicts of interest, safeguard confidential information, and perform their responsibilities in accordance with organizational policies, applicable laws, and ethical standards.

Leadership fosters a workplace culture grounded in respect, collaboration, transparency, and service to the community.

These leadership practices provide the organizational framework that supports consistent, ethical, and participant-centered services. The following reference materials provide additional definitions and regulatory information used throughout this manual.



REFERENCE MATERIAL

DEFINITIONS

The following definitions apply throughout this manual. Where applicable, definitions are consistent with current HUD regulations and Continuum of Care requirements. If federal regulations are revised, the applicable HUD definition shall govern.

Case Manager

The staff member is responsible for coordinating supportive services, conducting participant assessments, maintaining documentation, facilitating community referrals, monitoring housing stability, and assisting program participants in achieving the goals identified in their Individualized Service Plan.

Chronically Homeless

An individual or family meeting the current HUD definition of chronic homelessness as established in **24 CFR Part 578** and applicable HUD guidance.

Continuum of Care (CoC)

The regional planning body is responsible for coordinating housing and supportive services for individuals and families experiencing homelessness. PSMJax participates in the Northeast Florida Continuum of Care and administers its programs in accordance with locally adopted Written Standards.

Coordinated Entry

The Continuum of Care's standardized assessment and referral process is used to prioritize eligible households for housing interventions based upon vulnerability, eligibility, and available resources.

Disability

A qualifying physical, mental, developmental, or emotional impairment as defined by HUD and applicable federal regulations.

HMIS (Homeless Management Information System)

The secure electronic information system is used to collect participant data, document services, complete federal reporting requirements, evaluate program outcomes, and support community planning.

Housing Quality Standards (HQS)

HUD's minimum housing standards were established to ensure housing units are safe, sanitary, and suitable for occupancy.



Individualized Service Plan

A participant-centered plan developed collaboratively by the Case Manager and program participant that identifies goals, service needs, referrals, and strategies designed to strengthen long-term housing stability.

Permanent Supportive Housing (PSH)

A housing intervention that combines permanent housing with individualized supportive services designed to help eligible individuals and families obtain and maintain stable housing.

Program Participant

An individual or household enrolled in a PSMJax Permanent Supportive Housing program.

Reasonable Accommodation

A modification or adjustment that enables a qualified individual with a disability to participate fully in housing or supportive services consistent with applicable federal law.

Strengths-Based Practice

An approach to service delivery that recognizes participant abilities, personal strengths, and existing resources while supporting progress toward individualized goals.



APPENDIX A

Acronyms

Acronym	Definition
ADA	Americans with Disabilities Act
CoC	Continuum of Care
HQS	Housing Quality Standards
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
PSMJax	Presbyterian Social Ministries, Inc.
PSH	Permanent Supportive Housing
ROI	Release of Information
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance

APPENDIX B

Complete Regulatory References

PSMJax administers its Permanent Supportive Housing programs in accordance with applicable federal laws, regulations, grant agreements, and Continuum of Care requirements, including but not limited to:

- ❖ **24 CFR Part 578** – Continuum of Care Program
- ❖ **2 CFR Part 200** – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
- ❖ **McKinney-Vento Homeless Assistance Act**, as amended
- ❖ **HUD Continuum of Care Program Notices**
- ❖ **HUD Equal Access Rule**
- ❖ **HUD HMIS Data Standards**
- ❖ **Fair Housing Act**
- ❖ **Americans with Disabilities Act (ADA)**
- ❖ **Section 504 of the Rehabilitation Act of 1973**
- ❖ **Violence Against Women Act (VAWA)**, when applicable
- ❖ **FL-510 Continuum of Care Written Standards**

When federal regulations, HUD guidance, or Continuum of Care requirements are updated, PSMJax will administer its Permanent Supportive Housing programs in accordance with the most current applicable requirements.



Manual Administration

The Permanent Supportive Housing Policies & Procedures Manual is maintained by Presbyterian Social Ministries, Inc. Leadership is responsible for ensuring the manual remains current and reflects applicable regulations, organizational practices, and program requirements.

The manual will be reviewed periodically and updated as necessary. Staff will be informed of significant revisions, and updated versions will replace all previous editions.

Questions regarding the interpretation of this manual should be directed to the Director of Housing. When necessary, matters requiring organizational interpretation or exceptions to policy shall be referred to the Chief Executive Officer.



OUR COMMITMENT

At Presbyterian Social Ministries, we believe stable housing creates the opportunity for individuals and families to build healthier, safer, and more independent lives.

Every policy contained in this manual reflects our commitment to participant-centered services, responsible stewardship, meaningful partnerships, and continuous improvement. More importantly, it reflects our belief that lasting housing stability is built through trust, collaboration, and relationships that empower people to pursue their own goals and define success on their own terms.

These policies establish the framework for our work. Our people bring that framework to life through every relationship they build, every opportunity they create, and every family they serve.

Together, we remain committed to delivering Permanent Supportive Housing with professionalism, integrity, accountability, and excellence.



Teri Ketchum, CEO



Memorandum of Understanding

Changing Homelessness, Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914
and the
Jacksonville Sheriff's Office
501 East Bay Street
Jacksonville, FL 32202

Agreement Period
(December 1, 2025 – December 31, 2026)

This Memorandum of Understanding (MOU) is hereby made by and between **Changing Homelessness, Inc., (CHI)** the lead agency for the **Northeast Florida (FL-510), Continuum of Care** and the **Jacksonville Sheriff's Office (JSO)**. JSO is primarily responsible for law enforcement in Duval County.

Purpose and Background

Housing and Urban Development (HUD) encourages the most effective use of funding for efforts to end homelessness and quickly rehouse individuals while minimizing trauma. The purpose of this agreement is to establish written protocols for the coordination of efforts, sharing of data and connecting individuals experiencing homelessness to housing and supportive services. Law enforcement and public safety protections play a critical role in this effort.

Effective October 1, 2024, Florida law (HB 1365) prohibits sleeping or camping on public property. The law also allows for enforcement by local authorities. Consistent with Executive Order 14321-*"Ending Crime and Disorder on America's Streets"*, CHI and our community partners work closely with law enforcement and first responders to reduce encampments and public camping.

Roles and Responsibilities

CHI

Homeless Management Information System (HMIS) data

Reliable and transparent data must drive the initiative to end homelessness. CHI administers the HMIS system for our CoC. HMIS data is used to coordinate services and report housing outcomes. Local shelters also track and report shelter capacity. Our local community shelters provide CHI with regular updates related to shelter bed capacity. This information is shared with law enforcement to enable them to connect individuals in crisis with safety and supportive services.

Outreach

No one should sleep outside on the street or in dangerous encampments. CHI and JSO partner to prevent and minimize the trauma associated with homelessness. Law enforcement plays a critical role in this work serving as a first point of contact. CHI collaborates with JSO to reduce encampments, public camping and public drug use addressing barriers to maintaining housing and increasing self-sufficiency. In responding to unsheltered homelessness, CHI directs resources towards outreach, intervention and assistance to help people regain independence.

As necessary, CHI staff will also provide training in using evidence-based practices such as Trauma Informed Care, Motivational Interviewing and Critical Time Intervention to its partners in law enforcement and first responders.

Coordinated Entry

CHI Coordinated Entry Specialists team with law enforcement to ensure safety and provide trauma informed care to individuals experiencing homelessness. HUD has designated CHI as the lead agency for our Coordinated Entry response. Individuals experiencing homelessness complete an assessment and are referred to housing programs for case management with housing identification.

As appropriate, individuals fleeing domestic violence are referred to a local victim services provider. All relevant staff receive necessary training on safety protocols.

Case Management

The CoC collaborates with law enforcement and first responders to coordinate housing and supportive services. This work helps clients obtain and remain in permanent housing, increasing their income through workforce programs and/or benefits access resulting in greater self-actualization. Case management prioritizes treatment and recovery with the goal of improving health and long-term economic independence utilizing robust wraparound supportive services and participation requirements.

JSO

First responders are vital partners in engaging vulnerable individuals into treatment while protecting public order and safety. Homeless outreach teams ensure all parts of Duval County receive consistent and comprehensive support including 24/7 coverage. This helps to address the immediate needs of those who are unsheltered and connect them with shelters and resources. This ultimately serves to reduce homelessness in our community.

JSO connects individuals experiencing homelessness with local community shelters. Warnings are given to violators of the (HB-1365) prior to incarceration. Homeless diversion is also practiced. JSO also manages the Homeward Bound program to assist homeless residents with voluntary relocation to a stable environment where they can receive necessary help, support and treatment.

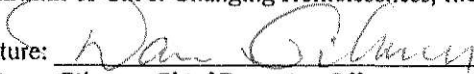
Summary

CHI cooperates and assists law enforcement with connecting individuals experiencing homelessness with emergency shelter, case management and permanent housing. CHI and JSO coordinate efforts to increase housing and service engagement. This collaboration enables us to link individuals in crisis with safety and

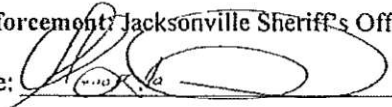
supportive services. This approach diverts from the justice system towards long-term housing solutions and reduces street homelessness.

Leadership signatures signify a mutual understanding of the ongoing work made possible by this partnership.

Continuum of Care: Changing Homelessness, Inc.

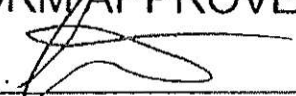
Signature:  Date: 12/12/2025
Dawn Gilman, Chief Executive Officer

Law Enforcement: Jacksonville Sheriff's Office.

Signature:  Date: 12.10.2025

Title: Sheriff

FORM APPROVED

By: 
Office of General Counsel



MEMORANDUM OF UNDERSTANDING

Changing Homelessness, Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914
and the
Nassau County Sheriff's Office
77151 Citizens Circle
Yulee, FL 32097

This Memorandum of Understanding ("MOU" or "Agreement") is hereby made by and between **Changing Homelessness, Inc.**, ("CHI" or "Contractor"), the lead agency for the **Northeast Florida Continuum of Care** (which is also known as **FL -150**, and is a regional network of organizations, government entities, and service providers aimed at reducing and ending homelessness in Duval, Clay, and Nassau Counties), and the **Nassau County Sheriff's Office** ("NCSO" or "Agency"). NCSO is the law enforcement agency in Nassau County, Florida.

- I. **Purpose and Background.** The United States Department of Housing and Urban Development (HUD) encourages the most effective use of funding for efforts to end homelessness and quickly rehouse individuals while minimizing trauma. The purpose of this Agreement is to establish a framework for the coordination of efforts, sharing of data and connecting individuals experiencing homelessness to housing and supportive services. Law enforcement and public safety protections play a critical role in this effort. Effective October 1, 2024, Florida law, Section 125.0231, Florida Statutes, prohibits sleeping or camping on public property. The law also allows for enforcement by local authorities. Consistent with Executive Order 14321 "*Ending Crime and Disorder on America's Streets*," CHI and our community partners work closely with law enforcement and first responders to reduce encampments and public camping.
- II. **Roles and Responsibilities - CHI**
 - A. Homeless Management Information System (HMIS) data. **Reliable and transparent data must drive the initiative to end homelessness. CHI administers the HMIS system for our CoC. HMIS data is used to coordinate services and report housing outcomes.**

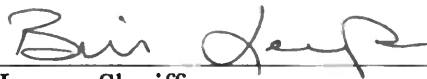
- B. **Outreach.** It is a principle of CHI that no one should sleep outside on the street or in dangerous encampments, CHI and NCSO will cooperate in an effort to prevent and minimize the trauma associated with homelessness. Law enforcement plays a critical role in this work serving as a first point of contact. CHI collaborates with NCSO to reduce encampments, public camping and public drug use addressing barriers to maintaining housing and increasing self-sufficiency. CHI, in responding to unsheltered homelessness, directs resources towards outreach, intervention and assistance to help people regain independence. As necessary or desired, CHI staff will also provide training in using evidence-based practices such as Trauma Informed Care, Motivational Interviewing and Critical Time Intervention to law enforcement and first responders.
- C. **Coordinated Entry.** CHI shall provide to NCSO where appropriate Coordinated Entry Specialists team to provide trauma informed care to individuals experiencing homelessness. HUD has designated CHI as the lead agency for our Coordinated Entry response. Individuals experiencing homelessness complete an assessment and are referred to housing programs for case management with housing identification. As appropriate, individuals fleeing domestic violence are referred to a local victim services provider. All relevant staff receive necessary training on safety protocols.
- D. **Case Management.** CHI, as the lead agency of the Northeast Florida Continuum of Care collaborates with law enforcement and first responders to coordinate housing and supportive services. This work helps clients obtain and remain in permanent housing, increasing their income through workforce programs and/or benefits access resulting in greater self-actualization. Case management prioritizes treatment and recovery with the goal of improving health and long-term economic independence utilizing robust wraparound supportive services and participation requirements.
- III. **Roles and Responsibilities – NCSO.** First responders are vital partners in engaging vulnerable individuals into treatment while protecting public order and safety. Law enforcement ensures all parts of Nassau County receive consistent and comprehensive support including 24/7 coverage. This helps to address the immediate needs of those who are unsheltered and connect them with shelters and resources. This ultimately serves to reduce homelessness in our community. NCSO, where and when appropriate, will attempt to connect individuals experiencing homelessness with local community resources. Warnings are given to violators of **section 125.0231, Florida Statutes**, prior to incarceration. Homeless diversion is also practiced by helping individuals identify housing options.
- IV. **Governing Law and Venue.** This Agreement shall be governed and construed in accordance with the laws of the State of Florida, without reference to its choice of law rules, and the exclusive forums for the resolution of any disputes hereunder shall be Florida state courts in the County of Nassau, or Federal courts in the Middle District of Florida.
- V. **Liability and Sovereign Immunity.** Each party agrees that it shall be solely responsible for the negligent acts or omissions of its officers, employees, contractors and agents. Nothing contained herein shall constitute a waiver by the Nassau County Sheriff's Office or the Sheriff, his agents, employees, or designees of sovereign immunity or a waiver of the limitations on liability, claims, or judgments as set forth in section 768.28, Florida Statutes.

- VI. **Term and Termination.** This Agreement shall become effecting upon full execution by signature of all parties and shall be for a term of 12 months. This Agreement may be terminated, without cause, for any reasons whatsoever, by either party upon thirty (30) days written notice to the other party. Notice shall be delivered by certified mail (return receipt requested) to the addresses of the parties first stated in this Agreement.
- VII. **Entire Agreement.** This agreement contains the entire memorialization of mutual assent between the parties and is intended as a final expression of the parties' Agreement with respect to all terms included herein. This Agreement supersedes any and all prior agreements, negotiations, stipulations, understandings, or representations of either of the parties. This Agreement may not be modified or terminated except as provided herein.
- VIII. **Construction and Application.** The section headings, titles, and paragraph numbering in this Agreement are for convenience only and not a part hereof and shall have no effect upon the construction or interpretation of the agreement. This Agreement shall not be construed against either party as the "drafter" of this Agreement, as the intent of the parties and resulting agreement is a collaborative effort of both parties.
- IX. **Severability.** Each provision of this Agreement is intended to be severable. If any court of competent jurisdiction determines that any provision of this Agreement is invalid, illegal or unenforceable in any respect, the rest of the Agreement will remain in force.
- X. **Amendment.** Any alterations, amendments, deletions, or waiver of any provisions of this Agreement shall be done in writing and signed by both parties. No alteration, amendment, deletion, or wavier of any provision shall become valid or effective until executed in conformity with this paragraph.
- XII. **Public Records** IF CONTRACTOR HAS QUESTIONS REGARDING THE APPLICABILITY OF CHAPTER 119, FLORIDA STATUTES, TO THEIR DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (904) 548-4050, or MLEDWARDS@NASSAUSO.COM or 77151 Citizens Circle, Yulee, FL 32097. Contractor shall:
- a) Immediately notify NCSO of any request for records that is directly received by Contractor;
 - b) Keep and maintain public records that ordinarily and necessarily would be required by NCSO in order to perform the service;
 - c) Provide the public with access to public records on the same terms and conditions that NCSO would;
 - d) Provide the records at a cost that does not exceed the cost provided for in Chapter 119, Florida Statutes;
 - e) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement contract term and following completion of the Agreement if Contractor does not transfer the records to NCSO;

- f) Upon completion of the Agreement, meet all requirements for retaining public records and transfer, at no cost, to NCSO all public records in possession of Contractor or keep and maintain public records that ordinarily and necessarily would be required by NCSO in order to perform the service;
- g) If Contractor transfers all public records to NCSO upon completion of the Agreement, Contractor shall upon termination of the Agreement, destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements;
- h) If Contractor keeps and maintains public records upon completion of the Agreement, Contractor shall meet all applicable requirements for retaining public records and provide requested records to the public agency pursuant to the requirements of this section; and
- i) Upon request from the public agency's custodian of public records, all records stored electronically must be provided to the public agency in a format that is compatible with the information technology systems of the public agency.

XI. **Summary.** CHI cooperates and assists law enforcement with connecting individuals experiencing homelessness with linkage to community resources, case management and permanent housing. CHI and NCSO may coordinate efforts to increase housing and service engagement. This collaboration enables us to link individuals in crisis with safety and supportive services. This approach diverts from the justice system towards long-term housing solutions and reduces street homelessness.

NASSAU COUNTY SHERIFF'S OFFICE

Signature:  Date: 5-26-26
Bill Leeper, Sheriff

For the use and reliance of Bill Leeper, Sheriff, only, approval as to form and legal sufficiency.


Bobby Lippelman, General Counsel
Nassau County Sheriff's Office

CHANGING HOMELESSNESS, INC.

Signature:  Date: 6/1/2026
Dawn Gilman, Chief Executive Officer



Memorandum of Understanding

Changing Homelessness, Inc.

532 Riverside Avenue
Jacksonville, FL 32202-4914
and the

Baker County Sheriff's Office

1 Sheriff's Office Drive
MacClenny, FL 32063

Agreement Period

(December 1, 2025 – December 31, 2026)

This Memorandum of Understanding (MOU) is hereby made by and between **Changing Homelessness, Inc., (CHI)** the lead agency for the **Northeast Florida (FL-510), Continuum of Care** and the **Baker County Sheriff's Office (BCSO)**. BCSO is primarily responsible for law enforcement in Baker County, Florida.

Purpose and Background

The Department of Housing and Urban Development (HUD) encourages the most effective use of funding for efforts to end homelessness and quickly rehouse individuals while minimizing trauma. The purpose of this agreement is to establish written protocols for the coordination of efforts, sharing of data and connecting individuals experiencing homelessness to housing and supportive services. Law enforcement and public safety protections play a critical role in this effort.

Effective October 1, 2024, Florida law (HB 1365) prohibits sleeping or camping on public property. The law also allows for enforcement by local authorities. Consistent with Executive Order 14321-*"Ending Crime and Disorder on America's Streets"*, CHI and our community partners work closely with law enforcement and first responders to reduce encampments and public camping.

BCSO connects individuals experiencing homelessness with local community resources. Warnings are given to violators of the (HB-1365) prior to incarceration. Homeless diversion is also practiced by helping individuals identify housing options.

Summary

CHI cooperates and assists law enforcement with connecting individuals experiencing homelessness with linkage to community resources, case management and permanent housing. CHI and BCSO coordinate efforts to increase housing and service engagement. This collaboration enables us to link individuals in crisis with safety and supportive services. This approach diverts from the justice system towards long-term housing solutions and reduces street homelessness.

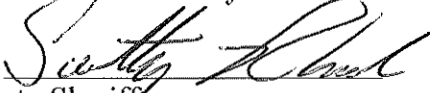
Leadership signatures signify a mutual understanding of the ongoing work made possible by this partnership.

Continuum of Care: Changing Homelessness, Inc.

Signature: 
Dawn Gilman, Chief Executive Officer

____ Date: 1/13/2026

Law Enforcement: Baker County Sheriff's Office

Signature: 
Title: Baker County Sheriff

____ Date: 01/13/2026

Section B: Project Financials- 30 Points				
Measurement	Source	Data Calculations	Scoring Values	Score
Financials	2024 or 2025 Audited Financials and 990 submitted	Review of Auditor's Report	Total Points Possible: 10 If there were no findings: 10pts If minor findings: 5pts If major or significant applicant ineligible	
Unspent Local, State, and or Federal Funds (HUD, VA, DCF, COJ, etc.)	HUD-Line of Credit Control System (LOCCS), other systems	If less than 10% of grant funds unspent, then project will receive 10 points; Less than 10-15% then 7 points Less than 16-20% then 4 points	Total Points Possible: 10 pts 10-15% - 7 pts 16-20% - 4 pts	
Repay/Return Grant Funds	HUD CoC Spending Report	Applicant Returned funds to HUD or other federal or state agency within 2 years.	Total Points Possible: 5 No funds returned: 5 pts. If Yes: Explanation addresses all concerns: 3pts Explanation addresses some concerns: 1pt Explanation fails to address concerns: 0pts	
Unresolved Findings from funders (Local, State or Federal agencies)		Has outstanding obligation/debt in arrears or with payment schedule pending	Total Points Possible: 5 No unresolved findings: 5 pts. If Yes: Explanation addresses all concerns: 2pts Explanation fails to address concerns: 0pts	
Section B: Sub-Total				0

Section C: Project Performance and Priority Populations - 50 Points				
Measurement	Source	Data Calculations	Scoring Values	Score
Exits to Homelessness: % of program exits to another homeless destination	HUD CoC APR or Agency Data	Percentage of exits to place not meant for human habitation, emergency shelter, including hotel or motel paid for with emergency shelter voucher, or transitional housing <i>Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to exits to homelessness</i>	Total Points Possible: 10 5% or less = 10 pts 6% - 10% = 8 pts 11% - 15% = 6 pts 16% - 20% = 4 pts > 19% or no data= 0 pts	
Increase Income and Ability to Live Independently	HUD CoC APR or Agency Data	Proposal describes how clients will be assisted to increase employment and other income through connections to job opportunities and access to mainstream benefits	Total Points Possible: 20 Awarded by scoring review staff scaled from 0 to 20	
Street Homeless Placements:	HUD CoC APR or Agency Data	The percentage of participants entering the project for the grant year that are from a place not meant for human habitation or Emergency Shelter Applicants that do not have CoC funded housing, describe your measurable indicators and outcomes that are related to program entries from homelessness - total number of people in program/divided by total unsheltered	Total Points Possible: 10 80% + = 10 pts 79.9%-70 = 7 pts 69.9% - 60 = 4 pts < 60% = 0 pts	
Partnering with Sheriff's and First Responders to assist Street Homeless	Project Application, Agency Data	The applicant is able to demonstrate that it works with the CoC's Sheriff Offices as well as first responders to assist people living unsheltered on the streets or in encampments.	Total Points Possible: 10	
Section C: Subtotal				0

Section D: HMIS Data - 10 Points				
Measurement	Report	Data Calculations	Scoring Values	Score
HMIS Capacity	Project Application or HMIS	If New Applicant - Agency responded yes that they will adhere to HMIS regulations and privacy policies, and agrees to input client and program information into HMIS within 24 hours of administered service provision. If Renewal Applicant - Agency currently uses HMIS.	Total Points Possible: 10 Applicant clearly states in application that they will utilize HMIS, or currently uses HMIS, or a DV provider uses a comparable database.	
Section E: Subtotal				0
Section E: Agency Commitment to Coordinated Entry - 10 points				
Measurement	Report	Data Calculations	Scoring Values	Score
Coordinated Entry Process	Project Application or CES	If New Applicant, they responded yes to complying with the COC's Coordinated Entry procedures. If a Renewal Applicant - Agency currently uses Coordinated Entry.	10 Points Applicant clearly states in application that they will utilize HMIS, or currently uses HMIS, or a DV provider uses a comparable database.	
Section F: Subtotal				0
Section F: COC PIT and HIC Participation - 10 Points				
Measurement	Report	Data Calculations	Scoring Values	Score
COC Participation	Point-in-Time (PIT) and Housing Inventory Count (HIC) Involvement	2026 PIT Sign Ups and Participation; Agency submission of 2026 HIC	Total Points Possible: 10 PIT Participation = 5 pts HIC Submission = 5 pts	
Section G: Subtotal				0

Section G: Project Design - 48 to 64 Points

Measurement	Report	Data Calculations	Scoring Values	Score
Design of Housing	Project Application/ Project type Attachment	Housing where participants will reside is fully described and appropriate to the program design proposed. • What is the project type, TH, SSO only, SSO + Outreach, PSH, RRH, CES, HMIS? See appropriate attachment for each program type. Insert total.	Total Points Possible: Dependent on project Type - See TH Example - attachment with project details (TH, SSO, SSO + Outreach, PSH, RRH, etc)- 0 to 8 points	
Project Details	Project Application	If Renewal, project clearly details project outcomes and how it will address improvement. If New, project clearly details project outcomes from similar projects and who it addresses improvements. In either case, applicant clearly addresses project gaps and demonstrates process improvement to improve self-sufficiency for program participants.	Total Points Possible: 15 Awarded by scoring review staff scaled from 0 to 15	
Design of Supportive Services Only	Project Application	• Ability to serve unsheltered and non-traditional participants. • Capacity to connect clients to emergency shelter, treatment, transitional housing, or independent living. • Coordination with other services (e.g., behavioral health, legal aid, workforce development). • Ability to measure client engagement and movement toward positive destinations (housing, benefits, self-sufficiency). • Demonstrated effectiveness to provide life skills training, work force engagement, earned income increases and measured movement towards self-sufficiency.	Total Points Possible 15	

Cost Effectiveness	Project Application	Project is cost effective Considered Elements: Cost effective (number of persons served/requested total) as compared to other projects or proposals providing the same component	If YES, ADD 5 pts.	
Access to Mainstream Benefits	Project Application	Applicant or project partner has process in place to ensure enrollment in mainstream benefits	If YES, ADD 5 pts. If NO, but will perform same function, ADD 3 pts.	
Partnering with Housing, Health, and Services Agencies	Project Application	1. Project works closely with public and private healthcare organizations; 2. partners with PHAs and state and local housing organizations to utilize coordinated entry, develop housing units and provide housing; 3. partners with local workforce development centers	Total Points Possible: 15 pts. 15 pts if project includes all three elements. 10 pts if two elements. 5 pts if one element. 0 pts if none.	
County Coverage - New SSO	Project Application	Project covers all counties in CoC - Baker, Clay, Duval and Nassau	4 Counties - 6 points; 3 counties - 4 points; 2 counties - 2 points; 1 county - 1 point	
Reallocation	Project Application	Project is reallocating in whole or as transition, dependent on performance	10 pts.	
Section H: Subtotal				0

FL-510 Local Competition Selection | 27 Projects

Enter final committee scores, ranks, selections, HUD requests, and signed reallocation amounts.

Projects entered	28	Total Project Apps	\$	11,829,197.00	TH	\$4,984,482.00
HUD amount requested	\$11,829,197.00	CoC Planning	\$	454,228.00	SSO	\$2,382,890.00
			\$	12,283,425.00	HMIS	\$225,431.00
Reallocated - Projects Reduced	(\$598,650.00)	Total Funding HUD	\$	(12,283,425.00)		
Reallocated - Projects Eliminated	(\$3,726,476.00)				RRH	\$1,468,800.00
Net reallocation (+/-)	(\$4,325,126.00)				PSH	\$2,767,594.00
					Total	\$11,829,197.00

Reallocation: enter a negative amount when funds are released; enter a positive amount when funds are added. Rank is entered after final ranking decisions.

Project Name	Project Score	Project Rank	Project Status	Amount Requested from HUD	Reallocated Funds (+/-)	Grant Numbers (Renewals/Reallocated)
Community Outreach Program FY2026 - SSO	163	1	Accepted	\$421,208.00	\$0.00	FL0135L4H102518
NEFIN - HMIS Training and Analysis Program FY2026	163	2	Accepted	\$225,431.00	\$0.00	FL0121L4H102517
Ability Housing Villages - PSH	152	3	Accepted	\$710,810.00	\$0.00	FL0504L4H102512
Abilty Housing Villages - PSH			Reduced		(\$179,930.00)	FL0504L4H102512
Ability Housing Housing Link - PSH	148	4	Accepted	\$1,919,852.00	\$0.00	FL0606L4H102510
Ability Housing Housing Link - PSH			Reduced		(\$418,720.00)	FL0606L4H102510
DV RRH 2024/2025			Fully Reallocated		(\$849,840.00)	FL0786D4H102506
Safe Pathways SSO-DV - Transition	146	5	Accepted	\$849,840.00	\$0.00	
Presbyterian Social Ministries Ext. - PSH	145	6	Accepted	\$136,932.00	\$0.00	FL0382L4H102514
Hubbard House HOPE - RRH DV	114	7	Accepted	\$801,638.00	\$0.00	FL0731L4H102507
Hubbard House Creating HOPE - RRH DV	112	8	Accepted	\$667,162.00	\$0.00	FL0899D4H102504
Sulzbacher SOS - SSO	154	9	Accepted	\$383,912.00	\$0.00	
Sulzbacher - Transition TH Offender	149	10	Accepted	\$425,887.00	\$0.00	
Sulzbacher - Homeward Bound Project Expansion - PSH			Fully Reallocated		(\$306,208.00)	FL0127L4H102518
Sulzbacher - Homeward Bound Project Expansion - Transition TH	149	11	Accepted	\$306,208.00	\$0.00	
Sulzbacher - Homeward Bound - PSH			Fully Reallocated		(\$439,520.00)	FL0126L4H102518
Sulzbacher - Homeward Bound - Transition TH	149	12	Accepted	\$439,520.00	\$0.00	
Sulzbacher - North Florida RRH			Fully Reallocated		(\$1,144,601.00)	FL0476L4H102512
Sulzbacher - North Florida - Transition TH	149	13	Accepted	\$1,144,601.00	\$0.00	
Ability Housing Pathways - New TH (CoC Bonus)	148	14	Accepted	\$992,640.00	\$0.00	
Homesafe PSH			Fully Reallocated		(\$882,039.00)	FL0125L4H102518
Homesafe Transition TH-DV (DV Bonus)	143	15	Accepted	\$882,039.00	\$0.00	
Catholic Charities North Florida Bureau TH-DV (DV Bonus)	132	16	Accepted	\$246,681.00	\$0.00	
CHI Outreach SSO (CoC Bonus)	131	17	Accepted	\$500,000.00	\$0.00	
Salvation Army Center of Hope TH (CoC Bonus)	131	18	Accepted	\$344,916.00	\$0.00	
City Rescue Mission Comm & Career Development SSO (CoC Bonus)	126	19	Accepted	\$227,930.00	\$0.00	
City Rescue Mission STEPs Program TH (CoC Bonus)	126	20	Accepted	\$201,990.00	\$0.00	
First Coast Rapid Rehousing			Fully Reallocated		(\$104,268.00)	FL0454L4H102513

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

FL-510 - Jacksonville-Duval, Clay Counties CoC

HDX Data Submission Participation Information

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

1) FY = Fiscal Year

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

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

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

LSA Usability Status 2025

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

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,350	89.2	36.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,896	109.0	56.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	2,174	347.9	166.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	2,681	357.0	174.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)	Returns to Homelessness from 6 to 12 Months (181 - 365 days)	Returns to Homelessness from 13 to 24 Months (366 - 730 days)	Number of Returns in 2 Years
Metric	Count	Count% of Returns	Count% of Returns	Count% of Returns	Count% of Returns
Exit was from SO	80	11.3%	67.5%	56.3%	1215.0%
Exit was from ES	233	93.9%	41.7%	135.6%	2611.2%
Exit was from TH	148	96.1%	53.4%	64.1%	2013.5%
Exit was from SH	0	00.0%	00.0%	00.0%	00.0%
Exit was from PH	596	223.7%	203.4%	223.7%	6410.7%
TOTAL Returns to Homelessness	1,057	413.9%	353.3%	464.4%	12211.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,909
Emergency Shelter Total	1,355
Safe Haven Total	0
Transitional Housing Total	591

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	221
Number of adults with increased earned income	5
Percentage of adults who increased earned income	2.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

Metric	Value
Universe: Number of adults (system stayers)	221
Number of adults with increased non-employment cash income	69
Percentage of adults who increased non-employment cash income	31.2%

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

Metric	Value
Universe: Number of adults (system stayers)	221
Number of adults with increased total income	70
Percentage of adults who increased total income	31.7%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	136
Number of adults who exited with increased earned income	27
Percentage of adults who increased earned income	19.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	136
Number of adults who exited with increased non-employment cash income	22
Percentage of adults who increased non-employment cash income	16.2%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	136
Number of adults who exited with increased total income	41
Percentage of adults who increased total income	30.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,769
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.	239
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)	1,530

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2,807
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.	400
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.)	2,407

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	1,403
Of persons above, those who exited to temporary & some institutional destinations	6
Of the persons above, those who exited to permanent housing destinations	15
% Successful exits	1.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2,148
Of the persons above, those who exited to permanent housing destinations	891
% Successful exits	41.5%

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	535
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	501
% Successful exits/retention	93.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data
FL-510 - Jacksonville-Duval, Clay Counties CoC
FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,393	655	615	1,831	627
Total Leavers (HMIS)	1,143	445	98	774	447
Destination of Don't Know, Refused, or Missing (HMIS)	375	115	21	38	433
Destination Error Rate (Calculated)	32.8%	25.8%	21.4%	4.9%	96.9%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

FL-510 - Jacksonville-Duval, Clay Counties CoC

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

Notes For Each SPM Measure

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

2025 HDX Competition Report

2026 Competition Report - HIC Summary

FL-510 - Jacksonville-Duval, Clay Counties CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	651	447	481	0	481	92.9%
SH	0	0	0	0	0	NA
TH	349	349	349	0	349	100.0%
RRH	714	714	714	0	714	100.0%
PSH	981	404	981	0	981	41.2%
OPH	596	125	596	0	596	21.0%
Total	3,291	2,039	3,121	0	3,121	65.3%

2025 HDX Competition Report

2026 Competition Report

FL-510 - Jacksonville-Duval, CI

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	651	170	170	0	170	100.00%
SH	0	0	0	0	0	NA
TH	349	0	0	0	0	NA
RRH	714	0	0	0	0	NA
PSH	981	0	0	0	0	NA
OPH	596	0	0	0	0	NA
Total	3,291	170	170	0	170	100.00%

2025 HDX Competition Report

2026 Competition Report

FL-510 - Jacksonville-Duval, CI

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	651	617	651	94.78%
SH	0	0	0	NA
TH	349	349	349	100.00%
RRH	714	714	714	100.00%
PSH	981	404	981	41.18%
OPH	596	125	596	20.97%
Total	3,291	2,209	3,291	67.12%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

FL-510 - Jacksonville-Duval, Clay Counties CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

FL-510 - Jacksonville-Duval, Clay Counties CoC

For PIT conducted in January/February of 2026

Submission Information

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

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	477	513	517
Safe Haven Total	0	0	0
Transitional Housing Total	302	206	250
Total Sheltered Count	779	719	767
Total Unsheltered Count	560	289	379
Total Sheltered and Unsheltered Count*	1,339	1,008	1,146

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 and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	43	97	49
Total Unsheltered Count	78	43	43
Total	121	140	92

Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.

****Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

Applicant Organization: Changing Homelessness, Inc (FL-510) Northeast Florida CoC Collaborative Applicant

Assistance Listing number and Federal Program name to which the Applicant is applying:

Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

City Rescue Mission (CT 174), Catholic Charities and Sulzbacher (CT 10), Presbyterian Social Ministries (CT 26) Salvation Army (CT 29.01)

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:

Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: <https://opportunityzones.hud.gov/resources>. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

Census Tracts

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of federal funding awarded that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1%- 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The FL-510 HUD CoC projects will provide housing and human services to support adults and families with children, which will stimulate economic opportunity supportive services to assist with workforce development, education and trade opportunities, as well as promoting life skills training within the Northeast Florida Opportunity Zone.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|---|---|
| ☐ Access to Capital | ☒ Workforce Development |
| ☐ Asset Building | ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| ☐ Business Assistance | ☐ Market rate housing |
| ☒ Community Capacity Building | ☐ Industrial development |
| ☒ Economic Development | ☐ Commercial or retail development |
| ☒ Education | ☐ Other business development |
| ☐ Healthy Food Access | ☐ "Above ground" infrastructure — streets, sidewalks, lighting |
| ☒ Health | ☐ "Below ground" infrastructure — water, sewer, gas, electric |
| ☒ Housing | ☐ Schools or other educational facilities |
| ☒ Human Services and Family Support | ☐ Hospitals or other health care facilities |
| ☐ Community Infrastructure | |
| ☒ Public Safety | |

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

- (1) all information provided on this form is true, complete, and accurate, and
- (2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and
- (3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: _____ First Name: Dawn _____ Middle Initial: _____ Last Name: Gilman _____ Suffix: _____

Title: CEO _____ Organization: Changing Homelessness, Inc. _____

Signature:  _____ Date: 9/29/2020 _____

Northeast Florida CoC

Changing Homelessness, Collaborative Applicant
532 Riverside Avenue
Jacksonville, FL 32202

Date: July 22, 2026

RE: FL-510 Northeast Florida CoC Statement – Statement to Advance Recovery

Dear Sir or Madam:

The FL-510 Northeast Florida Continuum of Care is committed to advancing recovery, housing stability, self-sufficiency, personal choice, and community safety through lawful, evidence-informed housing and supportive services.

FL-510 supports recovery-oriented environments that connect individuals experiencing homelessness with appropriate behavioral health and substance use treatment, healthcare, peer and recovery supports, case management, benefits, employment and income resources, and other services based on individual needs.

Consistent with federal requirements and Florida law, FL-510 prohibits any CoC-funded housing project from operating a drug injection or safe consumption site; knowingly distributing unlawful drug paraphernalia; knowingly permitting the use or distribution of illicit drugs on property under its ownership or control; or conducting, permitting, encouraging, or allowing prohibited activities under the pretext of harm reduction.

If FL-510 determines that a recipient or subrecipient has violated this policy, the CoC may implement one or more appropriate remedies, including requiring corrective action; additional monitoring or technical assistance; issuing findings and timelines for resolution; referring matters to HUD or other appropriate governmental authorities when warranted; recommending funding conditions or restrictions consistent with HUD requirements; or considering violations during future local competitions, project ranking, renewal recommendations, or other funding decisions, as permitted by HUD requirements and the CoC Governance Charter.

Nothing in this statement limits HUD's authority to impose additional sanctions or remedies under applicable federal requirements.

FL-510 will continue working with CoC-funded providers, behavioral health and substance use treatment partners, healthcare providers, peer and recovery organizations, first responders, and other community partners to connect individuals with services that support recovery, housing stability, independence, and long-term well-being.

Northeast Florida CoC

A handwritten signature in blue ink that reads "Dawn Gilman". The signature is fluid and cursive, with the first name "Dawn" being more prominent than the last name "Gilman".

Dawn Gilman

CEO, Changing Homelessness

ENCAMPMENT STRATEGIES

FL-510



CHANGING HOMELESSNESS, INC

Authored by : Will Evans , Chief of Programs

FL-510 Continuum of Care

Comprehensive Encampment Reduction and Unsheltered Homelessness Strategy

2026–2029 Strategic Action Plan

I. Executive Summary

The FL-510 Continuum of Care should establish an **Encampment Reduction Strategy** that combines intensive street outreach, Coordinated Entry, housing placement, behavioral-health engagement, employment and recovery services, landlord recruitment, public-safety coordination, and systematic closure/reduction of identified encampments.

The strategy should **not treat encampment reduction as simply removing tents or relocating people**. The objective is to reduce the number of people living in encampments by creating a reliable pathway from **identification** → **engagement** → **assessment** → **immediate intervention** → **housing** → **stabilization** → **permanent housing/self-sufficiency**, while coordinating appropriately with local governments and public-safety agencies.

This approach is consistent with HUD's current CoC direction. The FY 2026 CoC NOFO explicitly emphasizes measurable reductions in **unsheltered homelessness and encampments**, meaningful outcomes, self-sufficiency, and coordinated community responses. HUD's broader CoC program purpose also includes quickly rehousing people experiencing homelessness, minimizing trauma and dislocation, connecting people to mainstream resources, and promoting self-sufficiency.

FL-510 already has an important foundation for this strategy. Changing Homelessness reports that its 2026 PIT effort covered Baker, Clay, Duval and Nassau Counties and used outreach teams, volunteers and the Counting Us application to identify people experiencing unsheltered homelessness.

II. Strategic Vision

Vision

No person in FL-510 should remain in an encampment because the homelessness response system cannot identify them, engage them, offer an appropriate housing intervention, or connect them to the services necessary to maintain housing.

Primary Goal

Reduce the number and size of active encampments throughout the FL-510 geographic area by creating a coordinated system that rapidly connects people living in encampments to:

- Emergency shelter when appropriate;
- Transitional housing;
- Rapid Re-Housing;
- Permanent Supportive Housing;
- Mainstream housing resources;
- Behavioral-health services;
- Substance-use treatment and recovery resources;
- Medical services;
- Employment and workforce programs;
- Benefits and income supports;
- Domestic violence services when applicable;
- Family and youth-specific interventions; and
- Long-term housing stabilization.

III. FL-510 Geographic Strategy

The strategy should operate across the entire FL-510 Continuum of Care, with coordinated local implementation in:

1. **Baker County**
2. **Clay County**
3. **Duval County**
4. **Nassau County**

The response should recognize that encampments are not static. People frequently move because of weather, law-enforcement activity, property changes, loss of belongings, transportation, interpersonal conflicts, or attempts to find safer locations.

Therefore, FL-510 should maintain a **dynamic Encampment and Unsheltered Homelessness Registry** rather than relying exclusively on the annual PIT Count.

The 2025 FL-510 PIT report specifically recognized the limitations of a single-night count and noted that the By-Name List provides an ongoing picture of people experiencing homelessness.

IV. Strategic Objectives

FL-510 should organize the plan around eight objectives.

Objective 1 — Know Where Encampments Are

Develop a continuously updated geographic inventory of known encampments and unsheltered locations.

Objective 2 — Know Who Lives There

Develop a person-level By-Name List for individuals residing in each identified encampment, subject to HMIS, privacy, and applicable confidentiality requirements.

Objective 3 — Establish Relationships Before Displacement

Deploy consistent outreach teams to engage residents before any planned site transition whenever circumstances permit.

Objective 4 — Create a Housing Offer for Every Person

Every identified encampment resident should receive an individualized housing/service assessment and a documented housing pathway.

Objective 5 — Increase Housing Capacity

Expand the inventory of units, shelter beds, transitional housing, rapid-rehousing resources, permanent supportive housing and other appropriate interventions.

Objective 6 — Coordinate Public Safety and Homelessness Response

Establish a standardized protocol between the CoC, local governments, law enforcement, fire/rescue, parks departments, transportation agencies, property owners and outreach providers.

Objective 7 — Close or Reduce Encampments Through Housing Resolution

An encampment should be considered successfully reduced when residents have been connected to appropriate housing or another documented safe destination—not simply when people have left the site.

Objective 8 — Prevent Re-Formation

After an encampment is reduced, conduct follow-up outreach and environmental monitoring to identify returning residents and address newly emerging locations.

V. FL-510 Encampment Classification System

FL-510 should establish a standardized classification system.

Classification	Description	Response
Level 1 – Emerging	1–5 people	Routine outreach and monitoring
Level 2 – Established	6–15 people	Dedicated outreach plan
Level 3 – High Priority	16–30 people	Multidisciplinary intervention
Level 4 – Large/Critical	31+ people	Intensive coordinated housing operation
Special Circumstance	Safety, medical, environmental, trafficking, DV or child-related concerns	Immediate specialized response

Classification should consider more than population. Factors should include:

- Number of residents;
- Duration of encampment;
- Vulnerability;
- Children present;
- Older adults;
- Persons with disabilities;
- Medical emergencies;
- Behavioral-health needs;
- Fire hazards;
- Violence;
- Human trafficking concerns;
- Domestic violence;
- Drug-related public safety concerns;
- Environmental hazards;
- Proximity to schools or critical infrastructure;
- Property ownership;
- Pending development or construction; and
- Local government safety concerns.

VI. FL-510 Encampment Command Structure

Create an **FL-510 Encampment Reduction Operations Team (EROT)**.

Recommended structure

CoC Governing Body



CoC Collaborative Applicant



Encampment Reduction Steering Committee



Encampment Reduction Operations Team



County/City Response Teams



Outreach + Housing + Treatment + Public Safety Partners

Core partners

- Changing Homelessness
- FL-510 CoC
- Coordinated Entry
- HMIS Lead
- Street Outreach providers
- Emergency shelters
- Transitional Housing providers
- RRH providers
- PSH providers
- Behavioral-health providers
- Substance-use treatment providers
- SOAR/benefits specialists
- Healthcare organizations
- Public Housing Authorities
- Landlords/property managers
- Workforce providers
- Local governments
- Sheriff's offices
- Police departments
- Fire/rescue
- Parks and recreation
- Public works
- Transportation agencies

- Faith-based organizations
- Veterans services
- Domestic violence providers
- Youth providers

HUD's current direction explicitly encourages broad partnerships involving homelessness providers, law enforcement, faith-based organizations, behavioral-health providers, treatment providers, and other community partners.

VII. Encampment Identification and Mapping

FL-510 has create an **Encampment Intelligence and Mapping System** through its “Street Lens” app that allows us to collect information through:

- Street outreach;
- Coordinated Entry;
- PIT Count;
- HMIS;
- By-Name List;
- 211/community referrals;
- Law enforcement;
- Fire/rescue;
- Parks departments;
- Public works;
- Property owners;
- Hospitals;
- Libraries;
- Businesses;
- Faith communities;
- Community organizations; and
- People with lived experience.

Recommended minimum dataset

Each location should have:

Location information

- County
- Municipality
- General location

- Property ownership
- GPS/geographic identifier where appropriate
- Approximate number of residents
- Date identified
- Last verified date

Population information

- Number of adults
- Number of children
- Veterans
- Older adults
- Persons with disabilities
- Chronically homeless individuals
- Survivors of domestic violence
- Youth/young adults
- Behavioral-health needs
- Medical needs

Housing status

- CE assessment completed
- Housing intervention identified
- Housing referral made
- Housing unit identified
- Lease pending
- Housed
- Unknown/disconnected

VIII. Intensive Outreach Model

The heart of the strategy should be **persistent, relationship-based outreach**.

FL-510 should establish dedicated **Encampment Outreach Teams** capable of working at times and locations when people are actually present.

Recommended team composition

- Lead Outreach Navigator
- Housing Navigator
- Case Manager
- Behavioral Health Navigator
- Peer/Lived Experience Specialist

- SOAR/Benefits Specialist
- Substance-use/recovery partner
- Medical/health partner when available

Outreach principles

Outreach teams should:

1. Visit consistently.
2. Identify themselves and their role.
3. Build relationships before demanding compliance.
4. Explain available housing options.
5. Address immediate needs.
6. Replace lost identification.
7. Assist with benefits.
8. Complete Coordinated Entry assessments.
9. Obtain documentation.
10. Identify housing barriers.
11. Connect individuals with treatment when appropriate.
12. Arrange transportation.
13. Follow up after referrals.
14. Continue engagement after housing placement.

The objective is **engagement that leads to resolution**, rather than outreach measured simply by the number of contacts.

IX. Street Lens / Technology-Assisted Engagement

FL-510 has incorporated **Street Lens** into the outreach model as an engagement and information tool.

The system can support:

- Location identification;
- Person identification;
- Outreach history;
- Service referrals;
- Follow-up assignments;
- Documentation;
- Encampment mapping;
- Communication between outreach teams; and

- Identification of people who repeatedly move between locations.

Street Lens should complement, not replace, HMIS and Coordinated Entry.

The CoC should establish clear data-governance rules so that information is collected, shared and protected appropriately.

X. "Every Person Has a Housing Plan"

A central operating principle should be:

No encampment resident should be approached for site transition without the system first determining what housing/service intervention is available to that person, except where an immediate safety emergency requires otherwise.

Each person should receive a documented **Individual Housing Resolution Plan**.

Example

Person: Participant A

Current location: Encampment #14

Assessment: Completed

Housing barrier: No identification + no income

Intervention: Housing Problem Solving + SOAR

Housing pathway: RRH

Housing navigator: Assigned

Landlord: Pending

Transportation: Assigned

Behavioral health: Referral completed

Target housing date: 30 days

Follow-up: Weekly

XI. Housing Intervention Ladder

FL-510 should use a housing "ladder" rather than assuming that one intervention works for everyone.

Level 1 — Prevention/diversion

For individuals who have another safe housing option.

Level 2 — Emergency shelter

For individuals requiring immediate temporary shelter.

Level 3 — Rapid Re-Housing

For individuals who can stabilize with short- or medium-term rental assistance and services.

Level 4 — Transitional Housing

For people who need a structured period of housing and intensive supportive services.

Level 5 — Permanent Supportive Housing

For people with long-term disabling conditions and significant housing-support needs.

Level 6 — Mainstream Housing

For individuals who can maintain housing with mainstream resources.

Level 7 — Affordable/unsubsidized housing

For individuals who obtain sufficient income and can transition to independent housing.

XII. Encampment-to-Housing "Housing Surge"

For Level 3 and Level 4 encampments, FL-510 should conduct a **Housing Surge** that follows a model that has been implemented by Changing Homelessness **SSVF Program**.

A Housing Surge would temporarily concentrate:

- Outreach workers;
- Housing navigators;
- Landlord specialists;
- Case managers;
- Benefits specialists;
- Behavioral-health staff;
- Transportation;
- Documentation assistance; and
- Housing funding.

30-Day Housing Surge

Days 1–7: Identify and assess every resident.

Days 8–14: Resolve documentation, benefits and eligibility barriers.

Days 15–21: Identify housing and submit applications.

Days 22–30: Lease, move and stabilize participants.

This should be treated as an operational target rather than a rigid deadline; individuals with complex eligibility or safety needs may require additional time.

XIII. Landlord Recruitment Strategy

Encampment reduction will fail if FL-510 identifies people but cannot identify units.

Create a dedicated **FL-510 Landlord Engagement Initiative**.

Activities

- Maintain an active landlord database.
- Recruit landlords throughout the four-county area.
- Establish a landlord hotline.
- Provide a single point of contact.
- Explain available rental assistance.
- Address reasonable screening barriers.
- Offer landlord incentives where allowable.
- Provide tenancy support.
- Develop relationships with property management companies.
- Maintain a pipeline of scattered-site units.

Goal

Maintain a minimum **90-day inventory of available housing opportunities** for people being transitioned from high-priority encampments.

XIV. Public-Safety Coordination

FL-510 should establish formal **Homelessness/Public Safety Protocols** with local jurisdictions.

HUD's recent CoC materials specifically emphasize coordination with law enforcement and local governments regarding encampments and public safety.

The protocol should establish:

- Who identifies encampments;
- Who contacts outreach;
- Who determines immediate safety concerns;
- Who communicates with residents;
- How outreach is notified before planned site actions;
- How property owners are engaged;
- How personal property is handled;
- How vulnerable people are identified;
- How transportation is provided;
- Where people can go;
- How referrals are documented; and
- Who conducts follow-up.

Critical distinction

Public-safety enforcement and homelessness resolution should be coordinated but should not be treated as the same activity.

Law enforcement can address legitimate public-safety issues while trained homelessness professionals address housing, benefits, behavioral health and service needs.

XV. Encampment Transition Protocol

When a local government or property owner determines that an encampment must be vacated, FL-510 should activate a standardized **Encampment Transition Protocol**.

Phase 1 — Advance notification

Whenever legally and operationally possible:

- Notify outreach providers.
- Identify residents.
- Complete assessments.
- Identify housing.
- Address transportation.
- Identify special needs.

Phase 2 — Intensive engagement

Increase outreach frequency.

Phase 3 — Housing placement

Move residents directly to:

- Permanent housing;
- Transitional housing;
- Emergency shelter;
- Treatment/recovery placement; or
- Another appropriate safe destination.

Phase 4 — Site transition

Coordinate the site transition with the appropriate governmental/property authority.

Phase 5 — Post-transition outreach

Return to the location and surrounding area.

Phase 6 — Reunification/reconnection

If residents reappear, reconnect them to their housing plan rather than starting the process over.

XVI. Personal Property Protocol

A major barrier to encampment transition is the fear of losing possessions.

FL-510 should work with local jurisdictions to establish a **Personal Property Preservation Protocol** consistent with applicable law.

Possible components:

- Advance notice;
- Clearly communicated storage procedures;
- Identification tags;
- Secure temporary storage;
- Retrieval procedures;
- Transportation assistance;
- Special protection for medications, documents and essential equipment.

XVII. Behavioral Health and Recovery Strategy

Encampment reduction should include access to behavioral-health services without making every housing intervention contingent on treatment participation unless a particular program's lawful requirements provide otherwise.

The FL-510 system should strengthen partnerships for:

- Mental-health assessment;
- Crisis response;
- Substance-use assessment;
- Outpatient treatment;
- Residential treatment;
- Recovery housing;
- Medication management;
- Peer support;
- Mobile behavioral-health teams;
- Crisis stabilization;
- Hospital discharge planning.

HUD's current CoC framework places increased emphasis on treatment, recovery and supportive services as components of homelessness reduction.

XVIII. Special Population Strategies

Veterans

Establish direct coordination with:

- VA outreach;
- SSVF;
- HUD-VASH;
- Veteran service organizations.

Families with Children

Immediate identification and referral to:

- Family shelter;

- Rapid Re-Housing;
- Transitional Housing;
- Childcare;
- TANF;
- SNAP;
- Medicaid;
- School district McKinney-Vento services.

Domestic Violence

Do not place survivors into general encampment operations where doing so could compromise safety.

Use confidential DV Coordinated Entry/Victim Service Provider pathways.

Youth

Develop youth-specific engagement and housing pathways rather than treating young people as adults.

Older Adults

Prioritize:

- SSI/SSDI;
- Medicare/Medicaid;
- Housing subsidies;
- Accessible housing;
- Assisted living or appropriate supportive settings.

Persons with Disabilities

Prioritize accessible housing and appropriate supportive housing resources.

XIX. Employment and Self-Sufficiency

The FL-510 strategy should incorporate employment and income growth where appropriate.

Services should include:

- Employment assessment;

- Workforce referrals;
- Job training;
- Transportation;
- Identification;
- Resume assistance;
- Apprenticeships;
- Supported employment;
- Benefits counseling;
- SSI/SSDI assistance;
- SOAR;
- Financial literacy.

This is particularly important for participants transitioning from temporary housing to independent housing.

XX. Encampment Prevention

Reduction alone is insufficient.

FL-510 should establish an **Early Warning System**.

Monitor:

- Newly appearing camps;
- Increases in unsheltered homelessness;
- Shelter exits to the street;
- Eviction hotspots;
- Hotel/motel displacement;
- Closing properties;
- Encampment movement;
- Individuals repeatedly entering homelessness;
- Hospital and institutional discharge;
- Corrections releases;
- Seasonal/weather impacts.

The goal should be to intervene when an encampment contains **three people rather than waiting until it contains thirty**.

XXI. Performance Dashboard

FL-510 should create a monthly **Encampment Reduction Dashboard**.

Core measures

Measure	Proposed Target
Known encampments mapped	100%
Encampments verified monthly	≥90%
Residents entered into By-Name List	≥90%
Residents receiving CE assessment	≥90%
Residents with housing plans	≥90%
Housing referrals completed	≥85%
Housing placements	≥75% of actively engaged residents
Housing retention at 90 days	≥85%
Returns to homelessness	Declining annually
New encampments	Declining annually
Average time from identification to housing	≤30–45 days when appropriate
High-priority encampments with dedicated response	100%
Post-transition follow-up	100%

These are **proposed FL-510 performance targets**, not HUD requirements.

XXII. Three-Year Reduction Targets

FL-510 could establish the following strategic targets.

Year 1 — Build and Stabilize

- Establish complete encampment inventory.
- Establish county-level response teams.
- Create standardized operating procedures.
- Increase outreach.
- Establish landlord pipeline.
- Establish public-safety protocols.
- Complete housing plans for known residents.
- Begin targeted housing surges.

Year 2 — Accelerate

- Reduce high-priority encampment populations.
- Increase housing placements.
- Increase landlord participation.
- Expand treatment/recovery partnerships.

- Reduce returns to unsheltered homelessness.
- Establish early-warning system.

Year 3 — Sustain

- Maintain low numbers of active encampments.
- Prevent re-formation.
- Institutionalize rapid-response teams.
- Increase exits to permanent housing.
- Increase employment/income outcomes.
- Integrate encampment reduction into the annual CoC planning and funding cycle.

XXIII. Funding Strategy

FL-510 should combine multiple funding sources rather than relying exclusively on CoC funding.

HUD CoC

Potential uses include:

- Street outreach;
- Supportive services;
- Transitional Housing;
- Rapid Re-Housing;
- Permanent Supportive Housing;
- Coordinated Entry;
- CoC planning.

HUD's FY 2026 NOFO specifically identifies reductions in unsheltered homelessness and encampments as priorities.

ESG

Potential uses include:

- Emergency shelter;
- Street outreach;
- Rapid Re-Housing;
- Homelessness prevention;
- HMIS.

Local government

Potential contributions:

- Outreach contracts;
- Transportation;
- Temporary shelter;
- Storage;
- Site remediation;
- Public-health resources;
- Housing assistance.

Healthcare

Seek partnerships involving:

- Medicaid;
- Hospitals;
- Behavioral-health systems;
- Federally Qualified Health Centers;
- Mobile medical teams.

Philanthropy

Use private funding for flexible needs that cannot easily be addressed with federal dollars.

Faith/community partners

Potential contributions:

- Meals;
- Clothing;
- Transportation;
- Emergency assistance;
- Employment connections;
- Volunteer outreach;
- Temporary accommodations.

XXIV. Recommended FL-510 Encampment Reduction Teams

1. Encampment Operations Coordinator

Responsible for systemwide implementation.

2. Outreach Team

Engages residents.

3. Housing Navigation Team

Finds and secures units.

4. Benefits/Income Team

Addresses SSI, SSDI, SNAP, Medicaid and other benefits.

5. Behavioral Health Team

Provides assessment, treatment connection and recovery support.

6. Landlord Engagement Team

Builds housing inventory.

7. Public Safety Liaison

Coordinates with law enforcement and local government.

8. Data/HMIS Analyst

Tracks outcomes.

9. Lived Experience Team

Provides participant-centered guidance and quality assurance.

XXV. 90-Day Implementation Plan

Days 1–30 — Establish

- Appoint Encampment Reduction Steering Committee.
- Designate Encampment Operations Coordinator.
- Establish county leads.
- Map known encampments.
- Establish baseline.
- Review existing By-Name List.

- Identify available housing resources.
- Identify available shelter/transitional housing.
- Establish public-safety contacts.
- Establish landlord recruitment team.
- Develop standardized assessment.

Days 31–60 — Engage

- Deploy intensive outreach.
- Complete resident assessments.
- Establish individual housing plans.
- Begin documentation recovery.
- Begin benefits applications.
- Begin behavioral-health connections.
- Begin housing applications.
- Begin landlord recruitment.
- Conduct first Housing Surge.

Days 61–90 — House and Stabilize

- Prioritize highest-risk encampments.
- Move participants into housing.
- Coordinate site transitions where applicable.
- Provide transportation.
- Provide move-in assistance.
- Begin 30/60/90-day stabilization follow-up.
- Analyze outcomes.
- Correct system barriers.

XXVI. Key Performance Indicator: "Housing Resolution"

The most important change FL-510 can make is to stop measuring success primarily by:

"How many people did we contact?"

and instead measure:

"How many people did we help resolve their homelessness?"

The dashboard should therefore track each participant from:

Encampment → Outreach → Assessment → Housing Plan → Housing Referral → Housing Placement → Stabilization → Permanent Housing/Self-Sufficiency

This approach also aligns with the broader direction of the current federal CoC framework toward sustained reductions in homelessness, meaningful outcomes and self-sufficiency rather than simply measuring program activity.

XXVII. Recommended FL-510 Outcome Statement

By 2029, the FL-510 Continuum of Care will establish a coordinated, data-driven encampment reduction system capable of identifying every known encampment, engaging its residents, developing individualized housing resolution plans, connecting individuals and families to appropriate housing and supportive services, coordinating with local governments and public-safety agencies, and preventing the re-establishment of encampments. The system will prioritize measurable reductions in unsheltered homelessness, increased exits to permanent housing, improved housing stability, increased access to treatment and mainstream benefits, and improved community safety while preserving dignity and providing appropriate opportunities for people experiencing homelessness to obtain stable housing.

Bottom line

For FL-510, encampment reduction should be treated as a housing-system performance strategy—not simply an encampment-clearing strategy. The strongest operating model is a coordinated cycle of Know → Engage → Assess → House → Stabilize → Transition → Follow Up → Prevent Re-Formation.

Changing Homelessness already has important infrastructure for this model through its annual PIT operations, outreach network and By-Name List. The next step is to turn those capabilities into a permanent **FL-510 Encampment Reduction Operations System** with dedicated staffing, funding, data, housing inventory and county-level accountability.

Officer Dashboard

Operational overview for submissions, hotspots, and field visits as of Sep 29, 2026.

Export hotspots CSV

Export public submissions CSV

Review submissions

Open hotspot map

Total submissions

71

Submissions last 30 days

4

New submissions

29

High urgency

1

Active hotspots

48

Unvisited active hotspots

6

Visits last 30 days

8

People observed last 30 days

21

Lifetime hotspots

48

Lifetime visits

79

Lifetime people observed

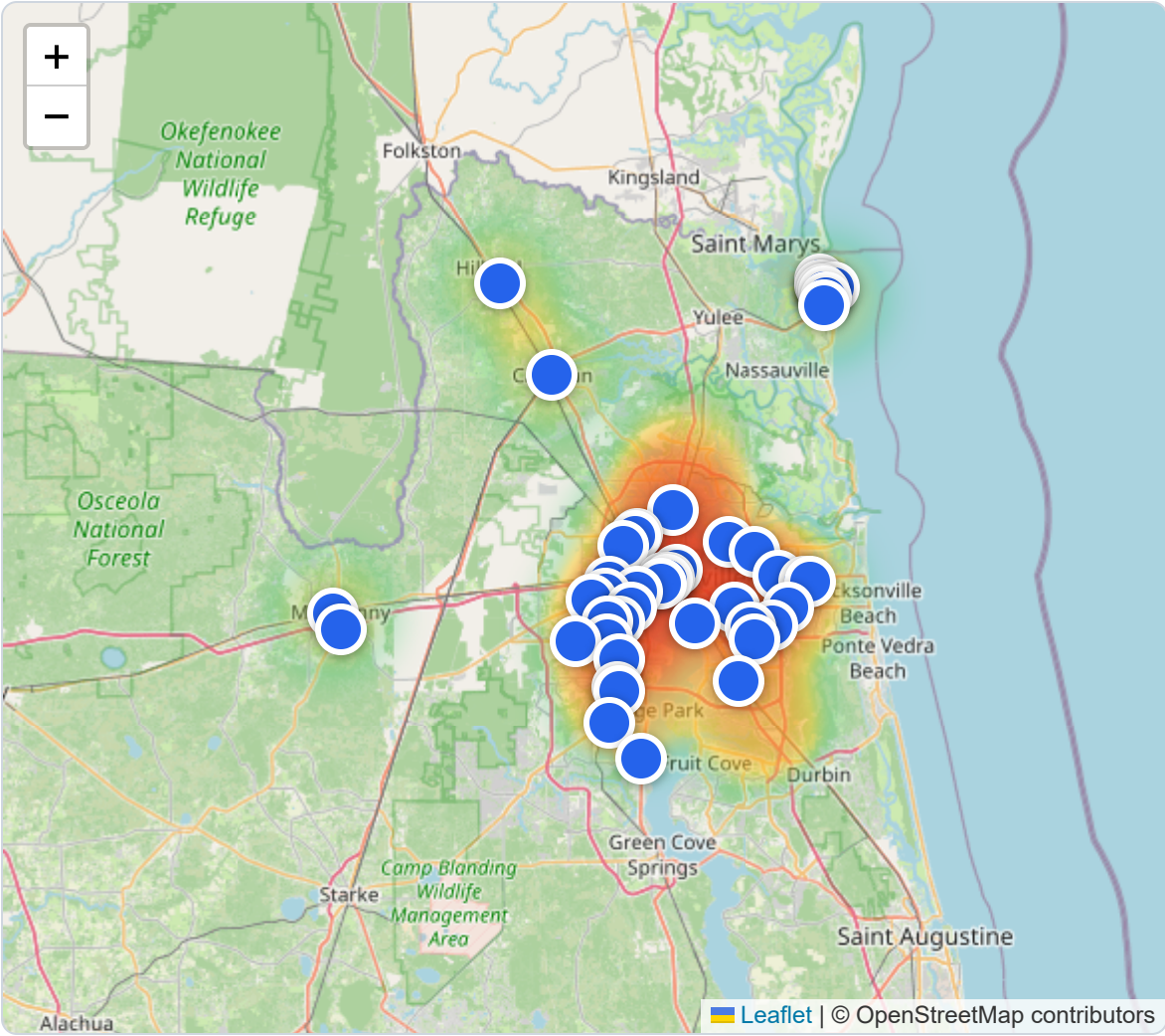
166

Submission Heatmap and Hotspots

☒ Submissions heatmap

☒ Hotspots

☐ Inactive hotspots



Submission Status

New

29

In Review

12

Unable to Confirm

2

Confirmed

28

Urgency

Low

64

Medium

6

High

1

Most Visited Hotspots

[Church Of Christ / Circle K](#)

7

[First Missionary Baptist Church](#)

6

[Laredo's Mexican Restaurant](#)

6

[Atlantic Dome Church](#)

4

[Blanding and Morse \(Family Dollar\)](#)

3

[Crunch Fitness](#)

3

30-Day Activity

Submissions

Hotspot visits

09/08

0

3

09/15

1

5

09/18

2

0

09/25

1

Recent Submissions

ID	Reporter	Status	Urgency	Submitted
#78	Shamika Brown	Confirmed	Low	2026-09-25 13:26
#77	Shamika Brown	New	Low	2026-09-18 14:20
#76	Shamika Brown	Confirmed	Medium	2026-09-18 13:55
#75	SharDae Bellamy	New	Low	2026-09-15 15:30
#74	Julian Stone II	New	Low	2026-08-28 14:37
#73	SharDae Bellamy	Confirmed	Low	2026-08-06 13:48
#72	SharDae Bellamy	In Review	Low	2026-08-06 13:42
#71	SharDae Bellamy	New	Low	2026-08-06 13:40

Fernandina Beach Library	3
Trinity Rescue Mission	3
Aldi (Edgewood Square)	2

Recent Visits

Egan's Creek Park	09/15
Egan's Creek Park	09/15
Salvation Army - Hope House	09/15
First Missionary Baptist Church	09/15
Church Of Christ / Circle K	09/15
Salvation Army - Hope House	09/08
First Missionary Baptist Church	09/08
Church Of Christ / Circle K	09/08