

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: KS-502 - Wichita/Sedgwick County CoC

1A-2. Collaborative Applicant Name: United Way of the Plains

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of the Plains

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	2
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Nonexistent	
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	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	No	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	1
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	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	No	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	5
	Other: (limit 50 characters)		
46.			
47.			

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

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

(limit 2,500 characters)

The CoC maintains a transparent, inclusive, and ongoing process for recruiting and engaging new members, emphasizing broad community representation and meaningful participation. The CoC website provides a year-round open invitation for individuals and organizations to join by contacting the Collaborative Applicant (CA). Recruitment is reinforced through community outreach, annual membership recruitment, and direct engagement with organizations and stakeholders that may not traditionally participate in the CoC.

All CoC meetings are open to the public and held in physically accessible locations. Meeting calendars, agendas, and materials are distributed through the CA's email listserv, providing prospective members with consistent, low-barrier opportunities to learn about and participate in CoC activities. Members may invite guests, and meetings regularly include participants from diverse sectors, including developers, nonprofits, businesses, and other organizations addressing homelessness. At least annually, the CoC hosts a public annual meeting designed to engage the broader community and recruit new members. The event is promoted through the CA's email listserv and social media channels of the CA and member agencies. Throughout the year, CA staff engage community stakeholders, share the CoC's vision of making homelessness rare, brief, and nonrecurring, and invite participation in CoC meetings, committees, workgroups, and, when appropriate, HMIS and Coordinated Entry activities.

The CoC provides additional low-barrier opportunities to engage. Planning staff meet with interested stakeholders to answer questions and identify opportunities for participation. Staff provide CoC 101 presentations to grassroots organizations, nonprofits, businesses, faith-based organizations, advocacy groups, and other partners upon request. Presentations are also provided at town halls, City Council workshops, County Commission meetings, Citizen Advisory Boards, and District Advisory Boards, expanding access beyond existing CoC members. The CoC promotes equitable access to information through translatable, screen-reader-compatible PDF agendas and slide decks. Meeting recordings include auto-generated captions, and recordings and materials are distributed through the email listserv. CoC information is also shared through conferences, news releases, annual reports, and the website.

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

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

(limit 2,500 characters)

The CoC maintains a transparent, inclusive, and ongoing process for soliciting, considering, and incorporating stakeholder input into CoC performance, strategies, policies, governance, and priority setting. Collaborative Applicant (CA) staff gather feedback through CoC committees and workgroups, public meetings, surveys, interviews, public comment, and direct engagement with community stakeholders. Information about CoC activities and opportunities to provide input is shared through the CoC website, email listserv, public meetings, and community outreach.

The CoC intentionally seeks input from diverse stakeholders, including CoC members, people with lived experience of homelessness (PWLE), service providers, businesses, property managers, non-member nonprofits, local government, first responders, advocacy organizations, and other community members. Partnerships with community organizations further broaden the perspectives informing CoC decisions.

Stakeholder feedback is actively considered when developing and revising CoC policies, procedures, governance, strategies, and priorities. Examples of feedback resulting in system changes include revisions to the CoC Governance Charter to expand Board representation; changes to Coordinated Entry prioritization; selection of a new HMIS software vendor; improvements to the Point-in-Time Count; expansion of collaborative street outreach; and implementation of youth case conferencing, with family case conferencing forthcoming. Most recently, feedback from first responders led to the development of an accessible, mobile-friendly website providing real-time community shelter bed availability.

The CoC also uses stakeholder input to identify emerging needs and guide strategic priorities. Its current strategic planning process includes surveys and engagement with Board members, CoC members, first responders, elected officials, school districts, businesses, community stakeholders, and PWLE. Feedback will be analyzed and incorporated into the CoC's strategic plan and priorities for the next 3-5 years.

Through these ongoing feedback mechanisms, the CoC provides meaningful opportunities for diverse stakeholders, including people with lived experience, to influence decision-making. The CoC demonstrates that stakeholder input is used to identify system needs, improve performance, shape policies and strategies, and establish priorities for the community's homelessness response system.

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

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

(limit 2,500 characters)

The CoC maintains an open, transparent, and accessible local competition that allows organizations without prior CoC Program funding, including faith-based organizations, to submit proposals for consideration. The CoC actively encourages new applicants and does not restrict competition to organizations with a history of CoC funding. For the 2026 competition, the CoC publicly announced the competition on July 7, 2026, through its website and Facebook page, explicitly encouraging nonprofits and local governments—including organizations that had never received CoC funding—to apply. The announcement was distributed through the Coalition listserv and at a community-wide CoC meeting, providing multiple avenues for organizations to learn about and participate.

The CoC publishes a comprehensive Local Competition Application Guide explaining eligible project types, application requirements, timelines, submission procedures, evaluation criteria, and scoring. The CoC Board approves and trains the Ranking and Review Committee and establishes publicly available Ranking and Review Policies and Procedures before the competition. These resources provide all applicants, including first-time applicants, with consistent information about eligibility, submission, evaluation, scoring, ranking, and selection.

To reduce barriers for organizations unfamiliar with the CoC Program, Collaborative Applicant (CA) staff provide an application workshop explaining the competition and requirements. The workshop is recorded and made available through the CoC website and email listserv. Applicants may also request individualized technical assistance by email, phone, text, or virtual or in-person meetings. Staff help applicants understand requirements and navigate the process while preserving each applicant's responsibility to develop its own proposal. The 2026 competition demonstrates meaningful access for new applicants: the CoC received 17 applications, including 11 new applications and 6 from first-time applicants. All competition materials are publicly posted and distributed through email. Text-based materials are provided in accessible, translatable, screen-reader-compatible PDF formats. Through broad notification, explicit outreach to new applicants, transparent requirements and scoring procedures, training, and individualized technical assistance, the CoC provides a fair and accessible opportunity for organizations including faith-based and first-time applicants to compete.

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

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

(limit 2,500 characters)

The CoC maintains a data-driven strategy to reduce homelessness by identifying people experiencing homelessness, connecting them to services, and prioritizing them for housing. The strategy includes targeted interventions for veterans, youth, families with minor children, and people experiencing chronic and/or unsheltered homelessness, consistent with interventions identified in 42 U.S.C. §11386b(d). A key system gap is connecting the unsheltered homeless to immediate shelter, treatment, employment, and permanent housing. The CoC is addressing this gap through a coordinated strategy to end street homelessness. The CoC partners with DCCCA to connect people experiencing homelessness to substance use disorder treatment using liquor tax resources. Partnerships with Goodwill and Workforce Alliance provide employment, training, and workforce development opportunities. These interventions are paired with permanent housing resources and coordinated housing navigation.

The CoC maintains By-Name Lists through multidisciplinary street outreach. Shelters and participating programs share information through HMIS, allowing providers to coordinate services, identify needs, and monitor outcomes. Weekly case conferencing is conducted for veterans, youth, people experiencing unsheltered homelessness, and people experiencing chronic homelessness; family case conferencing will begin in Q4 2026. The CoC uses population-specific workgroups, targeted resources, HMIS data, and community dashboards to identify gaps and guide system improvements. The CoC is working toward Functional Zero for veterans by June 2027. Since 2023, more than 700 veterans have been housed, veteran homelessness has decreased 39%, and average time from identification to housing has decreased from 111 days in 2023 to 52 days in 2026.

In 2026, the CoC prioritized unsheltered homelessness in Coordinated Entry and implemented a coordinated, housing-focused approach to encampment resolution. Three encampments have closed, with more than 70 individuals moving directly to housing. The CoC also launched a targeted family homelessness initiative designed to prevent homelessness for at least 70% of families served and maintain housing for 90% of families six months after assistance funded by a DCF TANF grant. Together, these strategies address immediate housing needs, strengthen pathways to permanent housing, and advance the goal of making homelessness rare, brief, and nonrecurring.

1B-5a Confirmation of Plan Coverage.

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

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

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

1C. Coordination and Engagement

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

- 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

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?	40%

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)

KS-502 CoC is not a rural CoC.

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

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

(limit 2,500 characters)

The KS-502 CoC partners with behavioral health, substance use treatment, law enforcement, healthcare, and community organizations to provide people experiencing or formerly experiencing homelessness with access to a continuum of behavioral health treatment and recovery supports. For substance use disorders, the CoC partners with the Substance Abuse Center of Kansas (SACK), DCCCA, and other community partners to provide detoxification, inpatient treatment and recovery, outpatient treatment, sobering services, peer support, recovery coaching, and recovery-oriented support groups. Through a partnership with the Wichita Police Department, Wichita Municipal Courts, Wichita Housing & Community Services, DCCCA, and SACK, the CoC maintains access to 20 detox and recovery beds for people experiencing homelessness. When an individual is identified as potentially needing treatment, SACK conducts an assessment and facilitates access to detox and inpatient treatment at DCCCA. While the individual is receiving treatment, the referring partner continues housing-focused engagement so the person can transition directly from recovery to stable housing, including sober living, transitional housing, or subsidized housing. The CoC also connects homeless and formerly homeless individuals to outpatient substance use treatment, detox and sobering services, peer support, recovery coaching, and recovery-oriented groups through its partnership with SACK. Through the Wichita Recovery Hub and its coalition partners, individuals can also access outpatient treatment, recovery housing, recovery navigation, peer support, warm handoffs, community engagement, and connections to behavioral health, education, employment, and other supportive resources. Recovery supports are also integrated into housing interventions. SPC accepts referrals from SACK and Miracles so that participants in Permanent Supportive Housing (PSH) can receive on-site recovery case management. In addition, MHA provides medication management to support individuals with behavioral health needs. This coordinated approach supports stabilization, recovery, and long-term housing stability.

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

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

(limit 2,500 characters)

The KS-502 CoC recognizes the value of lived experience and incorporates peer support and recovery navigation throughout its homelessness response system. The CoC partners with organizations that employ individuals with lived experience and provide peer-based recovery supports, while also creating formal opportunities for people with lived experience of homelessness (PWLE) to guide CoC planning and system improvement.

The Substance Abuse Center of Kansas (SACK) and DCCCA both employ staff with lived experience within their behavioral health and recovery programs. These staff provide individuals with the benefit of shared experience and practical knowledge as they navigate treatment and recovery. Through the Wichita Recovery Hub, coalition partners also provide peer mentors, recovery navigation, peer support, warm handoffs, and connections to behavioral health, recovery housing, employment, education, and other community resources. The Recovery Hub hosts monthly meet-ups that bring together recovery advocates, service providers, and individuals in recovery for networking, discussion, and collaboration.

The CoC also supports peer development through Breakthrough, operated by CoC member Episcopal Social Services (ESS). ESS operates a free employment lab for people with lived experience of homelessness and people with severe mental illness. Participants receive professional development, including resume development, interview preparation, and computer skills, as well as connections to employers and job coaching after employment. ESS also provides specialized training to help people with lived experience develop skills to become peer supports.

Through peer-based services, recovery navigation, employment and peer-support development the CoC ensures that lived experience is both a source of support for individuals navigating recovery and a meaningful component of how the homelessness response system is designed and improved.

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

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

(limit 2,500 characters)

The CoC uses coordinated outreach, multidisciplinary engagement, assessment, and assertive case management to identify individuals experiencing Serious Mental Illness (SMI) and connect them to services that promote housing and community stability. The CoC leads an outreach team that meets weekly and includes mental health professionals from the Mental Health Association of South Central Kansas (MHA). MHA staff who are SOAR-certified participate in street outreach. The CoC utilizes an assertive, field-based case management approach by bringing as many services as possible directly to individuals where they are whether unsheltered, staying in emergency shelter, or newly housed. This approach reduces barriers associated with requiring individuals with SMI to travel to multiple service locations and allows providers to engage clients consistently in environments where they are most comfortable and accessible. Staff work collaboratively across systems to provide assessment, benefits assistance, housing support, behavioral health services, referrals, and other needed resources in the field and during the transition to permanent housing.

The Kansas PATH program is a key resource for identifying and engaging people who are homeless and have SMI and/or co-occurring substance use disorders, with an emphasis on individuals who are literally homeless. PATH-funded services include street outreach, screening and diagnostic treatment, rehabilitation, substance use treatment, community mental health services, and intensive case management. PATH case management develops individualized plans and connects participants with community-based services to transition individuals to mainstream mental health services within six months. MHA operates a Dual Diagnosis Transitional Housing project dedicated to homeless households with substance use disorders and severe and persistent mental illness, providing 38 units and supportive services. Episcopal Social Services also operates an employment lab providing professional development, employer connections, and post-employment coaching to people with lived experience of homelessness and severe mental illness. Our Emergency Shelter is operated by MHA with on-site case managers available who specialize in mental health services and provide assessments for needed level of care in order to make appropriate referrals.

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

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

(limit 500 characters)

The Sedgwick County Offender Assessment Program (SCOAP) works with the courts to intercept those with mental illnesses who have come into contact with the legal system and connect them to services and medication rather than incarceration.

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

(limit 2,500 characters)

The CoC partners closely with COMCARE and their Sedgwick County Adult Offender Program (SCOAP) to support individuals with mental illness who become involved with the criminal justice system. SCOAP works with the courts to divert individuals with mental illness, particularly those charged with misdemeanor offenses, from incarceration and connect them with community-based treatment. Services include mental health assessments, intensive case management, crisis intervention, and medication management, with treatment focused on addressing the underlying factors contributing to justice-system involvement and reducing recidivism. Many individuals served by the CoC are also involved with Drug Court and other specialty court processes. CoC outreach and case management staff work alongside participants to help them understand and meet court-ordered requirements while simultaneously addressing housing, behavioral health, substance use, and other barriers to stability. When staff are aware of court orders through client disclosure, they incorporate those requirements into service planning and use them as an additional accountability mechanism to support engagement in treatment, appointments, medication management, and other services necessary for successful community living.

Comcare also has pre-petition screening for individuals who may meet criteria for involuntary treatment. Comcare works with the Sedgwick County District Attorney's Office to ensure that less restrictive, voluntary treatment options have been explored before a mental health petition is filed. Law enforcement can also connect individuals from incarceration to community-based treatment through Crisis Intervention Team (CIT) processes, including post-booking services for individuals with a diagnosed mental illness. Misdemeanor cases related to symptoms of mental illness may be referred to the mental health court specialty docket and SCOAP for treatment and intensive case management. Comcare is a regular participant in weekly case conferencing, which provides an important forum for coordination, communication, and problem-solving across systems. Through these partnerships, the CoC works to ensure that court involvement becomes a pathway to treatment and stabilization rather than a barrier to housing. Leveraging court orders, when known and appropriate, provides an additional structure for accountability while services address the underlying behavioral health and substance use needs.

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

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

(limit 500 characters)

The CoC partners with COMCARE's 24-hour Community Crisis Center, Mobile Crisis Unit (MCU), and 12-bed Crisis Stabilization Unit (CSU) to connect people experiencing behavioral health crises to assessment, stabilization, and community-based services. The CoC also coordinates with ICT-1, a multidisciplinary mental health co-responder team, and the ICT Street Team, which provides mobile healthcare, medication, and outreach to unsheltered individuals.

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.	34

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)

COMCARE is our community behavioral health clinic a CoC member. They provide 24-hour Community Crisis Center, Mobile Crisis Unit (MCU), and 12-bed Crisis Stabilization Unit (CSU) to connect people experiencing behavioral health crises to assessment, stabilization, and community-based services.

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)

At the time of the NOFO submission, none of new sober housing projects were fully prepared to meet the HUD regulatory requirements for operating sober housing under 24 CFR 578.93(b)(5). However, the CoC is actively developing partnerships and referral pathways with housing providers that offer or are developing sober housing options. The CoC will continue to strengthen these relationships and provide technical assistance and support to promising providers that were not selected for funding.

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

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

(limit 2,500 characters)

The CoC coordinates closely with substance use disorder (SUD), mental health, and recovery providers to facilitate warm hand-offs to housing and prevent individuals from exiting treatment or crisis services into homelessness. A key component of this approach is beginning housing coordination while the individual is still engaged in treatment rather than waiting until discharge. Inpatient SUD treatment providers frequently connect unhoused patients with the Substance Abuse Center of Kansas (SACK) or Miracles, both of which provide substance use treatment and recovery services. When a participant is identified as needing housing, these providers work to establish a housing plan while they remain in treatment, with the goal of having stable housing identified before discharge. This approach reduces the risk of a person completing treatment and returning directly to homelessness or an unsafe environment. SACK and Miracles also serve as referring agencies for the CoC's Permanent Supportive Housing (PSH) project, Shelter Plus Care. When an individual is determined to need long-term housing assistance and supportive services, the treatment provider can facilitate a connection to the PSH system so that housing planning is integrated into the individual's recovery plan.

The CoC also partners with Comcare to coordinate housing connections for individuals leaving crisis mental health services. Comcare coordinates with shelter providers so that individuals who cannot immediately transition to permanent housing are connected to shelter and case management rather than exiting to unsheltered homelessness. Shelter case managers then work with the individual to develop a housing plan and identify appropriate housing resources. Through these partnerships, the CoC promotes continuity between treatment, recovery, shelter, and permanent housing. Housing planning begins as early as possible, providers communicate across systems, and individuals are connected to housing resources before discharge whenever possible. This coordinated approach supports recovery while addressing housing instability as a critical factor in maintaining treatment gains and achieving long-term stability and independence.

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

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,315,263
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.	\$1,950,337
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	59%
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.	\$183,408
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)?
	80.00%

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)

The CoC uses an ongoing, inclusive process to consult with ESG recipients and people with lived experience of homelessness in the planning and allocation of ESG funds. Each CoC and ESG funded agency is required to have at least one person with lived experience (PWLE) advising the operations of its funded project, or a committee of PWLE providing this guidance. This structure ensures that individuals who have experienced homelessness and received services have a meaningful role in shaping how programs operate and respond to community needs. ESG-funded projects also gather feedback directly from applicants and participants exiting their programs and provide participants with at least one formal opportunity each year to provide feedback on the project. In addition to these formal opportunities, projects collect feedback from PWLE throughout the year regarding their experiences accessing and receiving CoC and ESG-funded assistance. This feedback is brought to the CoC through quarterly System Performance Measure meetings and is also incorporated into the annual project monitoring process conducted by Collaborative Applicant staff. These multiple feedback mechanisms allow the CoC to identify barriers, evaluate effectiveness, and inform future planning and resource allocation.

The CoC continues to use this participant-informed approach when planning and allocating ESG resources. Feedback from PWLE, ESG recipients, project participants, and service providers will be considered alongside system performance data, Coordinated Entry information, community needs, and available resources to identify service gaps and determine how ESG funding can have the greatest impact. For example, the City of Wichita operates ESG-funded Rapid Rehousing, with referrals made through the Coordinated Entry system. The program is designed for individuals and families experiencing homelessness who have meaningful income but need limited financial assistance to obtain housing. ESG assistance can include up to two months of rental assistance, security and utility deposits, rental application costs, and up to six months of utility debt assistance. This targeted approach reflects the CoC's focus on using ESG resources to address specific barriers to housing and rapidly resolve homelessness.

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

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

(limit 2,500 characters)

The CoC maintains strong, coordinated relationships with emergency shelter providers to ensure individuals and families entering shelter are quickly connected to CoC resources, Coordinated Entry, housing opportunities, and supportive services. In March 2026, the CoC launched ShelterConnect, a website that provides outreach workers and first responders with real-time information about available emergency shelter beds. The system includes shelter eligibility requirements, hours of operation, addresses, and phone numbers, allowing frontline staff to quickly identify appropriate shelter options and connect people experiencing homelessness to available resources. All emergency shelter providers are members of the CoC and have access to HMIS. Shelter providers ensure that residents are entered into HMIS and connected to Coordinated Entry and the CoC's By-Name List, creating a consistent pathway from emergency shelter to housing assessment and assistance. Shelter providers also participate in case conferencing, where partners review individual circumstances, identify barriers, coordinate services, and determine appropriate next steps toward housing.

CoC partners regularly visit emergency shelters to engage directly with residents, assess their needs, and help them navigate the housing process. These visits provide an opportunity to identify individuals who may need assistance with Coordinated Entry, documentation, benefits, housing applications, supportive services, or other resources necessary to move toward permanent housing. The CoC also leads an Emergency Services Work Group that brings together shelter providers and key community partners, including Second Light, COMCARE, Union Rescue Mission, hospital administration, EMS, the Wichita Police Department and its Homeless Outreach Team, the City of Wichita Housing Department, DCF, Wichita Family Crisis Center, HumanKind, the Mental Health Association, United Methodist Open Door, Sedgwick County Emergency Management, and the Substance Abuse Center of Kansas. This collaborative structure strengthens communication between emergency response, shelter, behavioral health, healthcare, housing, and social service systems. Through real-time shelter coordination, HMIS and Coordinated Entry access, case conferencing, direct engagement with shelter residents, and cross-system collaboration, the CoC works to ensure that shelter is a point of connection to housing and supportive services rather than an endpoint.

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

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

(limit 2,500 characters)

The KS-502 CoC uses PIT, HIC, HMIS, and System Performance Measures (SPM) data to inform the homelessness response system and strengthen coordination with state and local government. The CoC reports PIT, HIC, and SPM data through the federal Homelessness Data Exchange (HDX 2) and uses these data, along with HMIS information, to identify system needs, monitor outcomes, identify gaps in services, and inform community planning and decision-making. The CoC shares relevant findings with state and local government partners through community meetings, trainings, presentations, and the CoC/Coalition website. Our Coalition website now also has a public dashboard that's updated quarterly with information on the number of people actively experiencing homelessness. Statewide PIT information is also provided for statewide reporting and analysis. These activities provide government and community partners with information about the scope and characteristics of homelessness, housing inventory, system performance, and emerging needs within the CoC's geographic area.

The CoC also responds to specific data requests from government and community partners, as permitted by applicable law and HMIS privacy requirements. When appropriate, the CoC provides aggregate and de-identified HMIS information to protect individual privacy while allowing partners to use reliable system-level data for planning and decision-making. HMIS reports are routinely used to guide homelessness initiatives, identify service gaps, evaluate system performance, and support coordinated community responses. To increase public and governmental access to information, the CoC published a comprehensive "State of Homelessness Report" incorporating PIT and HIC data and CoC outcomes. The report also compared local homelessness information with findings from United Way's ALICE report to provide additional community context. The CoC publicized the report through a press conference, its email listserv, and the Coalition website, making the findings accessible to government officials, community partners, and the broader public. The CoC has also strengthened direct communication with government through its governance structure. A city council member and two state legislators serve on the CoC Board, creating additional opportunities for regular communication, coordination, and data-informed discussion between the CoC and local and state government.

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

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

(limit 2,500 characters)

The KS-502 CoC uses multiple data sources alongside HMIS to improve care coordination, locate individuals, verify eligibility, identify housing and service options, and support case conferencing to allow the CoC and its partners to develop a more complete understanding of an individual's circumstances while coordinating services across systems. The CoC is also partnering with Kansas Data Trust to strengthen coordination across multiple systems of care, including healthcare, child welfare, justice, and housing. Through this cross-system collaboration, the CoC and its partners seek to identify and eliminate barriers, address gaps in services and system capacity, and reduce unnecessary redundancies for individuals and families who interact with multiple systems of care. The 211 system is also used to identify community needs and connect individuals experiencing homelessness with available services and resources. The CoC also uses information from law enforcement to support outreach and case conferencing. The Homeless Outreach Team (HOT) may review publicly available Wichita Police Department information regarding client encounters, dates, and locations to help establish contact histories and timelines, including information relevant to documenting chronic homelessness. When appropriate, the CoC also uses the Sedgwick County inmate search database and KASPER to help determine whether individuals who are difficult to locate may be incarcerated and to inform outreach and follow-up efforts. For veterans, the VA uses SQUARES and HOMES to verify veteran status and track program participation, eligibility, services, and case information at the national level. Information available through these systems can be particularly valuable during case conferencing and when attempting to locate a veteran who may have accessed services in another geographic coverage area. The CoC also coordinates with managed care organizations (MCOs), including UnitedHealthcare and Healthy Blue, to verify current MCO participation and, as permitted, facilitate connections to housing and community resources. This coordination helps bridge healthcare and housing systems and supports referrals for individuals whose housing instability may affect their ability to access or maintain care. Together, these data sources supplement HMIS by providing information about shelter capacity, housing availability, healthcare coverage, veteran services, law enforcement contacts, and community resources.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC has an established partnership with Workforce Alliance of South Central Kansas (WA), the region's designated Local Workforce Development Board (LWDB) and Administrative Entity for the public workforce system. WA is also a project applicant for Employment Solutions for Housing Stability (ESHS), a new SSO—Stand-Alone project designed to assist individuals experiencing homelessness in achieving long-term housing stability through employment, education, and career advancement. ESHS complements the CoC's existing housing interventions by addressing employment and income barriers that can contribute to housing instability. Through the project, WA will leverage its workforce development expertise, employer partnerships, career pathway programs, work-based learning opportunities, and regional business network to connect individuals experiencing homelessness with employment and career opportunities that support long-term self-sufficiency and housing stability.

The CoC also benefits from WA's partnership with Goodwill Industries of Kansas (GIK) through an active Memorandum of Understanding for coordinated service delivery under the U.S. Department of Labor's Workforce Innovation and Opportunity Act (WIOA). GIK serves as WA's contracted One-Stop Operator for the Wichita Workforce Center, the largest American Job Center in Kansas, providing another direct connection between the CoC and the public workforce system. In addition, Goodwill serves as a transitional job host worksite agency for WA's Senior Community Service Employment Program (SCSEP), providing older adults with transitional employment and work-based learning opportunities. Together, these partnerships provide CoC participants with access to employment services, education and training, career pathways, work-based learning, employer connections, and other workforce resources that complement housing assistance and support long-term housing stability.

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

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

(limit 2,500 characters)

The CoC has a strong partnership with the Wichita Police Department's Homeless Outreach Team (HOT) to increase positive interactions with individuals and families experiencing unsheltered homelessness and connect them with housing and supportive services. HOT provides the CoC with a weekly spreadsheet of citizen- and business-reported tents and encampments, which helps outreach providers identify areas where individuals may need assistance and strategically target outreach efforts. HOT is an active partner on the CoC's weekly multidisciplinary outreach team. This allows law enforcement and service providers to approach individuals together, with the goal of building rapport and trust and ensuring that contact with law enforcement can become a pathway to voluntary services rather than a barrier to engagement. When HOT identifies an individual or family who is requesting or ready for housing or other services, the information can be used as a referral so that CoC outreach staff can respond and provide direct connections to Coordinated Entry, housing, shelter, treatment, and other resources. HOT also requests CoC outreach assistance when immediate collaboration is needed to respond to an individual or family identified as needing services. HOT participates in weekly case conferencing and has HMIS access, allowing the team to document client engagements and coordinate with other providers while supporting continuity of care. This shared information and regular communication helps outreach teams understand client needs, avoid duplication, and identify opportunities for further engagement. HOT also helps remove practical barriers to accepting services. When individuals are willing to enter shelter or treatment, HOT may provide transportation directly. When transportation cannot be provided, officers offer bus passes to help individuals reach shelter, treatment beds, or other services. These interventions are intended to make it easier for individuals to move from unsheltered homelessness into appropriate services. Through weekly multidisciplinary outreach, targeted referrals, case conferencing, HMIS coordination, and transportation assistance, the CoC and HOT work collaboratively to create positive, service-oriented interactions. The partnership helps establish trust, reduce barriers to engagement, and connect individuals experiencing homelessness to the CoC's housing and supportive-service system.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC and its partners support family and natural support-network reunification as an important component of housing stability and long-term independence. Reunification is pursued when it is safe, appropriate, and in the individual's or youth's best interest, with case management and supportive services used to address barriers that could prevent successful reconnection. The Wichita Police Department's Homeless Outreach Team (HOT) operates a Finding a Way Home program, which provides travel assistance to reunite individuals and families once safe housing and appropriate family supports have been established at the destination. This helps remove transportation and financial barriers that may otherwise prevent a person experiencing homelessness from reconnecting with family or returning to a safe and stable support system.

Within the youth homeless system, the community prioritizes family reunification through coordinated family preservation, counseling, mediation, visitation, and supportive services. DCCCA Family Preservation provides intensive in-home services to families referred by the Kansas Department for Children and Families, addressing immediate needs such as housing, food security, mental health, substance use, and financial stability while strengthening parenting skills and family functioning. TFI Family Services supports safe reunification through supervised visitation that strengthens parent-child relationships and prepares families for successful reunification. Youth Horizons provides family visitation, therapeutic services to improve communication, and assistance reconnecting youth with positive family members and kin who can provide lasting support.

The CoC also recognizes that reunification can include rebuilding broader support networks beyond immediate family. Peer and recovery supports that help individuals develop positive relationships and connections to community. These include the Alliance of Overlooked Neighbors, a CoC workgroup that provides opportunities for people with lived experience to contribute to and strengthen the homeless response system; Breakthrough's Clubhouse; Wichita Recovery Hubs peer support circles; and peer support programs through the Substance Abuse Center of Kansas. The CoC helps individuals and families overcome barriers to reunification and build sustainable support networks that can contribute to housing stability and successful community integration.

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)

For the last four years the CoC has partnered with The Wichita Police Departments Homeless Outreach Team to coordinate outreach, connect individuals with housing and treatment resources, and address complex barriers that often prevent our most vulnerable community members from accessing Assistance. The KS-02 CoC cooperates with efforts to address homelessness, public safety concerns, & behavioral health crises & does not interfere with law enforcement or first responders serving homeless youth. The KS-502 CoC partners with the Wichita Police Department's Homeless Outreach Team (HOT), behavioral health providers, & emergency responders to connect unsheltered individuals to shelter, housing, & treatment services. The CoC supports implementation of Wichita's illegal camping ordinance through street outreach, Coordinated Entry, housing navigation, & Shelter Connect, a real-time shelter bed availability system available to first responders. At the community's largest encampment, the CoC & HOT have used a phased engagement approach that reduced the population of individuals since May 2026 through connections to shelter, recovery services, & housing. The applicants of this NOFO support enforcement of laws and staff coordinate with EMS, COMCARE Crisis, law enforcement, & co-responder teams during behavioral health emergencies & follow all applicable state laws. The project also complies with SORNA, KORA, & all applicable laws.

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

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

(limit 2,500 characters)

The City of Wichita’s illegal camping ordinance, codified in Municipal Code Sec. 5.20.015 through Ordinances 49-515 & 52-600, prohibits camping on public property without a permit. The ordinance authorizes the Wichita Police Department (WPD) to require immediate removal of camps located within prohibited areas, including near entrances, bus shelters, bike paths, medians, walking trails, schools, playgrounds, public restrooms, & bridges or overpasses. Individuals who refuse to comply may face a citation of up to \$200, up to 30 days in jail, community service, or a combination of penalties. For camps located outside these prohibited areas, individuals are generally given 48 hours to remove their belongings. However, enforcement penalties cannot be applied if no shelter beds are available.

Residents may report encampments through City of Wichita web platforms, the WPD Homeless Outreach Team (HOT) at 316-854-3013, the non-emergency police line, or 911 in emergencies. HOT consists of four officers who enforce the ordinance, provide resource referrals, transport individuals to shelter or services, document interactions in HMIS, & track active encampments. The KS-502 CoC partners with HOT by responding to encampments that are not designated for immediate removal. This partnership allows HOT to focus on high-priority enforcement & private-property concerns, while CoC street outreach & Coordinated Entry staff engage lower-priority encampments & connect individuals to shelter, housing, & services. To support ordinance enforcement, the CoC maintains Shelter Connect, a web-based platform that provides real-time shelter bed availability to first responders without requiring HMIS access. When Shelter Connect is unavailable, responders can contact 2-1-1 for bed availability information.

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

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

(limit 2,500 characters)

The CoC defines an encampment as a location occupied by three or more households. While smaller groupings of people experiencing unsheltered homelessness are not classified as encampments, the CoC continues to engage these individuals through street outreach, Coordinated Entry, and collaboration with first responders and community partners.

The CoC has 10–15 identified encampments at a time, with an average of 10 or more people residing in each. In addition to established encampments, the CoC tracks “hotspots,” which are locations where unsheltered individuals regularly congregate during the day but may not consistently sleep or remain overnight. The CoC uses an HMIS encampment outreach tool to document outreach interactions and geolocations. The Coordinated Entry Coordinator and outreach teams use this tool to identify existing encampments and hotspots, monitor changes in locations and populations, and maintain continuity of engagement when encampments close or residents relocate. This information helps outreach teams identify emerging locations and continue connecting individuals to Coordinated Entry, shelter, housing, treatment, and other services.

Currently, one large encampment remains active within the CoC geographic area. At its peak, the encampment had approximately 100 residents and exceeded available emergency shelter capacity, meaning immediate closure was not feasible under the community’s 48-hour enforcement threshold. Since May 2026, the CoC, Wichita Police Department, and City of Wichita Housing & Community Services Department have worked collaboratively to connect residents with shelter, detox and recovery programs, and permanent housing opportunities. As of September 24, 2026, 38 housing vouchers have been issued to households from the encampment. Eighteen households have successfully moved into housing, while 20 households remain engaged in the unit-search process. The encampment is currently scheduled for closure on October 12, 2026.

The CoC continues to prioritize outreach and housing engagement before and during encampment transitions, with the goal of ensuring residents are connected to appropriate shelter, treatment, housing assistance, and supportive services and that individuals remain visible to the homeless response system as they transition to new locations.

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)

Public drug use is addressed through enforcement of K.S.A. 21-5706 (unlawful possession of controlled substances) & K.S.A. 21-5709 (unlawful possession of drug paraphernalia), along with parallel Wichita municipal codes. These laws support rapid intervention by allowing law enforcement to respond immediately when individuals are using illicit substances in public. However, enforcement alone cannot reduce public use, & penalties may deter youth from seeking help. The project applicant will not interfere with enforcement but will work alongside it to ensure individuals are quickly connected to treatment & stabilization services.

Although comprehensive data on public-space drug use is limited, first responders & outreach teams regularly encounter youth using substances in parks, sidewalks, transit areas, & encampments—settings where homelessness & behavioral health crises increase overdose risk. KDHE reported 1,407 overdose deaths among Sedgwick County residents in 2024, highlighting the urgency of rapid engagement.

The KS-502 CoC leverages supportive local practices by maintaining 20 detox & recovery beds for people experiencing homelessness, funded through Liquor Tax Sales. When youth are encountered using substances in public, the Substance Abuse Center of Kansas (SACK) conducts immediate screening; those eligible are transported to DCCCA for inpatient detox & recovery while partners secure sober living, transitional housing, or subsidized units to ensure stability upon discharge. Outpatient treatment, peer support, sobering services, & recovery coaching are also available through SACK & HumanKind. The project impacts this system by providing on-site medical care & direct referrals to behavioral health & substance use treatment, enabling faster engagement, reduced public use, & safer outcomes.

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)

Public drug use is addressed through enforcement of K.S.A. 21-5706 (unlawful possession of controlled substances) & K.S.A. 21-5709 (unlawful possession of drug paraphernalia), along with parallel Wichita municipal codes. These laws support rapid intervention by allowing law enforcement to respond immediately when individuals are using illicit substances in public. However, enforcement alone cannot reduce public use, & penalties may deter youth from seeking help. The project applicant will not interfere with enforcement but will work alongside it to ensure individuals are quickly connected to treatment & stabilization services. Although comprehensive data on public-space drug use is limited, first responders & outreach teams regularly encounter individuals using substances in parks, sidewalks, transit areas, & encampments—settings where homelessness & behavioral health crises increase overdose risk. KDHE reported 1,407 overdose deaths among Sedgwick County residents in 2024, highlighting the urgency of rapid engagement.

The KS-502 CoC leverages supportive local practices by maintaining 20 detox & recovery beds for people experiencing homelessness, funded through Liquor Tax Sales. When individuals are encountered using substances in public, the Substance Abuse Center of Kansas (SACK) conducts immediate screening; those eligible are transported to DCCCA for inpatient detox & recovery while partners secure sober living, transitional housing, or subsidized units to ensure stability upon discharge. Outpatient treatment, peer support, sobering services, & recovery coaching are also available through SACK & HumanKind.

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)

Our community follows the Kansas Care & Treatment Act for Mentally Ill Persons (K.S.A. 59-2945 through 59-2986), which establishes criteria & procedures for emergency evaluation & involuntary commitment. These statutes support our objectives by allowing rapid intervention when a youth poses an imminent danger to themselves or others. Project staff use the least restrictive intervention appropriate to the situation & coordinate with COMCARE Crisis, emergency medical services, & law enforcement when statutory criteria for involuntary commitment are met. All incidents are documented according to organizational policy & state law.

Local practices also strengthen crisis response. Wichita's co-responder program pairs a mental health professional, law enforcement officer, & paramedic to respond to crises involving suicidality, psychosis, substance use, & other behavioral health emergencies identified through 911 or COMCARE. This multidisciplinary model helps stabilize individuals quickly & connect them to appropriate care.

The KS-502 CoC's "Hardest to Engage" working group focuses on individuals with frequent evictions, project exits, or refusal of services, many of whom may require higher-level care or involuntary treatment. Despite ongoing advocacy with Sedgwick County Aging & Disabilities & Kansas Adult Protective Services, major breakthroughs have not occurred. The CoC is finalizing definitions & documentation standards for this population & is working with the Mental Health & Substance Abuse Coalition to secure future access to beds at the new state mental health hospital, strengthen connections to District 18 Mental Health & Drug Courts, & improve pathways to higher-level care for youth who cannot stabilize in community settings.

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)

Our community complies with all applicable requirements of the Sex Offender Registration & Notification Act (SORNA), the Kansas Offender Registration Act (KORA), & all applicable federal, state, & local laws. These projects will not interfere with the appropriate law enforcement & supervision agencies, including the Wichita Police Department & the Sedgwick County Sheriff's Office, by providing required residency or location information for participants who are subject to registration requirements, as required by law. All applicants to this project are screened for eligibility in both national & state Sex Offender registries.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC uses a coordinated, geographically focused outreach strategy designed to identify and engage individuals and families experiencing homelessness throughout the entire CoC geographic area. Street outreach is one of the CoC's primary access points for connecting people to Coordinated Entry (CE), the By-Name List, housing opportunities, and supportive services.

The CoC divides its geographic area into nine quadrants and ensures each quadrant is visited at least once each month. Within each quadrant, outreach teams prioritize known locations identified through the HMIS encampment outreach tool, referrals from the Wichita Police Department's Homeless Outreach Team (HOT), and information from city officials, elected officials, community stakeholders, businesses, and members of the public. Teams also conduct outreach at unknown or unverified locations to identify people who may not yet be connected to the homeless response system.

The CoC also conducts weekly multidisciplinary outreach involving housing navigators, mental health providers, substance use and recovery providers, the City of Wichita Housing Department, and the Wichita Police Department's Homeless Outreach Team. The purpose is to engage individuals directly, build trust, assess needs, and connect them to CE and the By-Name List so they can be prioritized for appropriate housing and supportive services.

In addition to planned geographic coverage, outreach occurs daily in response to newly reported locations or emerging needs. This allows the CoC to respond quickly when HOT, elected officials, businesses, community members, or other partners identify individuals or families experiencing homelessness. The HMIS encampment outreach tool helps teams track locations and client interactions and identify changes in where unsheltered individuals are staying or congregating.

Population-specific and specialized outreach further expands the CoC's reach. Veteran outreach is conducted in partnership with the VA; youth outreach is coordinated with Wichita Children's Home; COMCARE PATH staff provide behavioral health outreach; SACK provides substance use outreach through a City of Wichita contract; and the ICT Street Team addresses medical needs. These partners can also be contacted to immediately respond to a specific individual or family identified during outreach when specialized services are needed.

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

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

FY2026 CoC Application	Page 31	09/29/2026
------------------------	---------	------------

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Department of Children and Families	Yes

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

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

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

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

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

(limit 2,500 characters)

The CoC currently connects eligible individuals and families experiencing homelessness with educational services through Coordinated Entry and community partnerships, although these practices are not yet formally incorporated into written CoC policy. The CoC is evaluating whether to incorporate these procedures into its Coordinated Entry Policy or CoC Written Standards, with discussions planned with Coalition Membership to determine the most appropriate approach.

The Coordinated Entry Manager maintains communication with Wichita State University to facilitate referrals for enrolled students who are experiencing homelessness and need housing assistance. This provides a direct connection between the CoC and an educational institution to help identify students experiencing homelessness and connect them with appropriate housing resources.

For families with children, CoC-funded partner United Methodist Open Door Family Rapid Rehousing maintains a partnership with McKinney-Vento programs to facilitate referrals and connections to educational services for eligible children and families experiencing homelessness.

Through these existing partnerships and referral practices, the CoC works to ensure that individuals and families are informed of and connected to available educational services. The CoC recognizes the need to formalize these practices in written policy and is working toward incorporating them into the appropriate governing document.

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 KS-502 CoC maintains collaborative relationships with child welfare agencies, youth-serving organizations, the Wichita Housing Authority (WHA), and other housing providers to support youth transitioning from foster care and other public systems of care into stable housing and community-based services. The CoC has strengthened these partnerships by engaging Kansas Children's Service League, Children's Home, and FosterAdopt Connect as members of the Coalition. Their participation provides direct child welfare and youth-serving expertise within the CoC and creates ongoing opportunities to identify barriers, coordinate services, and improve transitions for youth experiencing or at risk of homelessness.

The CoC regularly conducts Youth Case Conferencing with the Department for Children and Families (DCF), Children's Home, FosterAdopt Connect, and other community partners. These case conferences provide a coordinated forum to discuss the individual needs and housing barriers of youth, identify available resources, coordinate referrals, and develop strategies for connecting young people to appropriate housing and supportive services. This cross-system approach helps reduce fragmentation as youth transition from foster care and other public systems into adulthood. In addition to individual case coordination, the CoC established a dedicated Youth Work Group to identify and address systemic barriers contributing to youth homelessness. The work group provides a collaborative space for youth-serving organizations, child welfare partners, and other stakeholders to examine gaps in the current system and develop strategies to improve prevention, housing access, service coordination, and outcomes for youth.

Housing access is a key component of this coordination. The Coalition to End Homelessness maintains strong collaborative relationships with the Wichita Housing Authority (WHA) and other affordable housing providers to expand housing opportunities and supportive services for youth through the Foster Youth to Independence (FYI) voucher program. The City of Wichita currently administers 25 FYI housing vouchers for eligible youth, while local agencies provide the intensive case management necessary to support housing placement, stabilization, and long-term housing success. The CoC and its partners work to connect eligible youth with these housing resources and the services needed to successfully transition into independent living.

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 CoC coordinates closely with Wichita Children's Home, which has historically been the community's RHY-funded provider and has operated youth street outreach services for many years. Children's Home conducts proactive outreach to identify youth experiencing homelessness and responds to referrals and requests from Coordinated Entry when an unsheltered youth or youth residing in shelter is identified.

The City of Wichita is now applying for RHY funding and has established an MOU with Wichita Children's Home to continue and strengthen coordinated youth outreach and service delivery. This partnership supports continuity of services and ensures that youth identified through street outreach or Coordinated Entry can be connected to appropriate housing, crisis, and supportive services.

Both are CoC members and through this collaboration, the CoC leverages the expertise and established relationships of the Children's Home while strengthening coordination between RHY-funded services, Coordinated Entry, and the broader homeless response system. The partnership helps ensure that youth experiencing homelessness are identified quickly, engaged through youth-specific outreach, and connected to appropriate housing and supportive services.

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)

United Methodist Open Door Family Rapid Rehousing is a project serving families with minor children experiencing homelessness. The program serves up to 10 families at a time and provided housing assistance to 28 households (107 individuals) in 2025. Assistance includes security deposits, rental assistance, and case management. The program also partners with Goodwill for employment support and Miracles and SACK for substance use disorder services. 96% of participants remained housed after exit.

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)

United Methodist Open Door (UMOD) Family Rapid Rehousing (RRH) provides individualized case management focused on helping households increase earned income and develop the financial stability needed to sustain housing after rental assistance ends. Case managers work with each household to establish individualized goals related to employment, education, vocational training, and increasing household income. Progress is reviewed during regular client meetings, with next steps and progress documented in HMIS to support accountability and continuity of services. UMOD staff work with participants to identify and address barriers that may interfere with obtaining or maintaining employment. These may include transportation, childcare, identification and other documentation, and unmet basic needs. Addressing these barriers allows participants to focus on employment and career goals while maintaining housing stability.

UMOD has a formal Memorandum of Understanding (MOU) with Goodwill Industries of Kansas to strengthen employment and workforce-development opportunities for individuals and families experiencing homelessness. Through this partnership, RRH participants can be connected to Goodwill employment services, workforce development, job-readiness resources, skills training, job-search assistance, and other supportive services based on their individual needs. UMOD and Goodwill are also working to strengthen staff knowledge of available resources so that referrals are timely and effectively matched to participant needs. The goal is a streamlined referral pathway from RRH case management to workforce services that can increase employment and household income.

UMOD RRH participants will also have access to Workforce Alliance of South Central Kansas and its proposed Employment Solutions for Housing Stability (ESHS) project. As the region's Local Workforce Development Board and workforce-system partner, Workforce Alliance can connect participants to employers, career pathways, work-based learning opportunities, education, training, and other employment resources. ESHS is specifically designed to complement housing interventions by addressing limited access to employment, sustainable earned income, and career advancement as barriers to long-term housing stability.

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

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

(limit 2,500 characters)

United Methodist Open Door (UMOD) Family Rapid Rehousing (RRH) leverages mainstream family service systems by actively connecting participants to Temporary Assistance for Needy Families (TANF), SNAP, and other applicable benefits that can provide ongoing household resources beyond the period of RRH assistance. UMOD RRH case managers assist participants with applications, referrals, required documentation, and follow-up for mainstream benefit programs. Case managers assess household needs and work with participants to establish connections to appropriate benefits before program exit whenever possible. Establishing these resources during RRH helps ensure families have continued financial and food assistance after rental assistance ends and can reduce financial barriers that may otherwise affect housing stability.

A key component of UMOD's approach is its partnership with the Kansas Department for Children and Families (DCF). UMOD currently has a DCF representative onsite who provides direct benefits assistance to families participating in the RRH program. Participants can meet with the DCF representative at the UMOD location to receive individualized assistance navigating SNAP, TANF, and other applicable DCF benefits, including help understanding eligibility requirements and completing the application process. Providing benefits assistance onsite reduces barriers for families who may have difficulty traveling to DCF offices, obtaining required documentation, or navigating the application process independently. It also allows UMOD case managers and the DCF representative to coordinate more effectively around the participant's overall housing stability plan. By leveraging DCF resources and connecting families to SNAP, TANF, and other mainstream benefits, UMOD RRH supplements CoC-funded assistance with ongoing mainstream resources. These benefits help increase household resources, address food and financial needs, and strengthen a family's ability to maintain stable housing as RRH assistance decreases and ends.

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)

United Methodist Open Door (UMOD) Family Rapid Rehousing (RRH) combines housing assistance with individualized supportive services that address the needs of the whole family and reduce barriers to maintaining stable housing. Case managers assess each household's needs and make connections to childcare, parenting and family supports, healthcare, and education services based on individual circumstances.

For families with childcare needs, UMOD RRH connects parents to Kansas Department for Children and Families (DCF) Child Care Assistance and other available childcare resources. Access to reliable childcare helps parents maintain employment or participate in education and workforce training while meeting their housing responsibilities. Case managers also connect parents with parenting education and family-support resources available through community partners to strengthen family functioning and address individual needs. UMOD RRH connects families to Medicaid and other healthcare resources, as well as local healthcare providers, when healthcare needs may affect a household's ability to maintain employment, meet daily responsibilities, or remain stably housed. These connections help families address health-related barriers while they work toward greater self-sufficiency.

For families with children, UMOD RRH collaborates with Wichita Public Schools USD 259 through its McKinney-Vento program, which supports students and families experiencing or recently experiencing homelessness. Through a referral process, eligible families are connected with McKinney-Vento staff who can help address educational barriers, promote school stability, and connect children and families with additional school-based resources. This partnership helps reduce the disruption that housing instability can cause to children's education.

UMOD RRH integrates these supports with housing assistance so that families are not only able to obtain housing but also have access to the resources needed to maintain it. By addressing childcare, parenting and family needs, healthcare, and educational stability alongside housing, UMOD helps families reduce barriers, strengthen their support systems, maintain employment and school participation, and move toward long-term housing stability and independence.

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

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

(limit 500 characters)

The CoC partners with the Robert J. Dole VA Medical Center and multiple Veteran Serving Organizations, including Catholic Charities SSVF, MHA Emporia House, Passageways, and Workforce. These partners provide homeless prevention, rapid rehousing, shelter, transitional housing, Grant and Per Diem services, and employment support through the Homeless Veterans' Reintegration Program (HVRP), creating coordinated pathways to housing and stability for Veterans experiencing or at risk of homelessness.

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

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

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

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

(limit 500 characters)

The CoC partners with StepStone, Catholic Charities Harbor House, Wichita Family Crisis Center, and Wichita Area Sexual Assault Center to provide emergency and transitional housing, safety planning, advocacy, counseling, and other trauma-informed services. These agencies participate in the Coordinated Community Response Team (CCRT) and collaborate with the 18th Judicial District through a formal MOU to assist survivors with protection orders, referrals, and crisis intervention.

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

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

(limit 500 characters)

The CoC partners with Union Rescue Mission's Exodus program, which maintains 19 dedicated beds for men exiting prisons or jails who have no housing available at release. Participants receive emergency housing, an initial 30-day faith-based curriculum, workforce development, and financial stability support. Stays typically range from 3–6 months and may continue until participants have saved sufficient funds to transition successfully into permanent housing.

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

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

(limit 500 characters)

The CoC established a “Hardest to Engage” working group focused on people experiencing homelessness with complex, high-level medical and behavioral health needs who cannot stabilize in existing services or repeatedly exit intensive housing programs. The CoC coordinates with Sedgwick County Aging & Disabilities, Kansas DCF Adult Protective Services, and the Mental Health & Substance Abuse Coalition to improve access to higher levels of care, crisis services, and specialized supports.

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

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

(limit 500 characters)

The KS-502 CoC has strengthened its capacity to serve aging and elderly individuals experiencing homelessness through the Kansas Department for Aging and Disability Services (KDADS) becoming a member of the CoC. KDADS’ participation brings aging and disability expertise into CoC planning and coordination and strengthens connections to services and supports for older adults experiencing homelessness.

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)

The CoC’s Coordinated Entry policy prioritizes individuals experiencing chronic homelessness for Permanent Supportive Housing (PSH) and other appropriate housing interventions. This community-wide prioritization applies across the CoC and guides referrals and housing placement, ensuring individuals experiencing chronic homelessness are identified and prioritized for available PSH resources based on their eligibility and housing needs.

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

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

(limit 2,500 characters)

The CoC utilizes a coordinated service model to ensure participants have timely access to behavioral healthcare. At a minimum, every CoC-funded project provides connections to appropriate services and referrals to support housing stability. Several projects provide more intensive, in-home services through established partnerships with behavioral health and healthcare providers.

Shelter Plus Care operates a scattered-site permanent housing program that requires in-home case management from participating referral agencies, including Substance Abuse Center of Kansas, Miracles Recovery Center, KU Medical Ryan White, and COMCARE. Through these partnerships, participants can receive direct, in-home support and timely connections to behavioral healthcare based on their individual needs.

The Villas Permanent Housing Project provides on-site housing case management through live-in staff. While Villas staff do not directly provide behavioral healthcare, they are available to identify emerging needs and make immediate referrals through established CoC partnerships. This model allows behavioral health needs to be identified early and participants to be connected to appropriate providers without unnecessary delays.

Mental Health Association operates scattered-site transitional housing programs that provide in-home Intensive Case Management and supportive services. Staff work directly with participants in their housing environment, helping identify behavioral health and other support needs and connecting participants with appropriate community-based providers.

Together, these approaches provide multiple pathways to behavioral healthcare, including in-home case management, on-site housing staff, intensive case management, direct referrals, and established partnerships with healthcare and behavioral health providers. This coordinated model allows the CoC to respond to identified needs while supporting participants in maintaining housing stability.

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)

Shelter Plus Care has a policy requiring participant needs to be assessed using the Acuity Assessment within 30 days of move-in and every 30–60 days thereafter. The assessment helps determine the appropriate level and frequency of case management services, informs each participant's housing stability plan, and identifies changes in functional or service needs that may indicate the need for a higher level of care. When an assessment indicates that a participant may require a higher level of care, such as assisted living, residential treatment, or other specialized services, Shelter Plus Care case managers coordinate with appropriate healthcare and community partners to facilitate additional assessments and referrals. The project partners with the Kansas Department for Aging and Disability Services (KDADS) to access Frail and Elderly Waiver and other applicable care assessments when appropriate.

When Medicaid or Medicare-related assessments or services are needed, case managers coordinate with the participant's insurance provider to facilitate assessment and determine eligibility for appropriate levels of care and supportive services. This coordinated approach helps ensure that participants are connected to services that address their changing needs while supporting housing stability.

Shelter Plus Care is also operated through COMCARE, providing direct access to mental health services and assessment resources. This connection allows case managers to coordinate behavioral health assessments and services when a participant's needs indicate that additional or more intensive care may be appropriate. Through these established policies and partnerships, Shelter Plus Care uses ongoing assessment, case management, healthcare coordination, and referral processes to identify participants who may benefit from a higher level of care and assist them in accessing appropriate services.

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)

Shelter Plus Care has established policies and procedures for regularly assessing participant needs, housing stability, and readiness for moving on to unsubsidized or other permanent housing. The program requires use of the Acuity Assessment within 30 days of move-in and every 30–60 days thereafter. The assessment is used to determine the appropriate level of case management, inform the participant's housing stability plan, identify changing needs, and support development of appropriate moving-on strategies. Acuity results help case managers determine the level and frequency of services needed to support continued housing stability and increased independence. Participants with higher acuity scores receive more frequent home visits and connections to appropriate supportive services. As participant needs decrease and stability increases, case managers can use the assessment results to identify opportunities for reduced service intensity and transition to other appropriate permanent housing options when feasible.

Shelter Plus Care and the CoC Written Standards also require an annual assessment of services with each participant. This review addresses ongoing eligibility, connections to supportive services, housing stability, and the participant's financial capacity to contribute toward rent. PSH policy requires participants to report increases in income so that rent contributions can be adjusted accordingly. This process supports increased financial responsibility and, when appropriate, movement toward greater self-sufficiency. The CoC is also working to standardize this assessment process across the entire system. The CoC Coordinated Entry Committee is currently developing written policy that will incorporate the Acuity Assessment into the CoC-wide Coordinated Entry process, with completion targeted by the end of 2026. Once implemented, this will provide a consistent framework for assessing participant needs, service intensity, housing stability, and readiness for moving on across participating CoC programs. Together, these policies provide an ongoing, individualized process for identifying when participants may be ready for reduced assistance or transition to unsubsidized or other permanent housing while ensuring that transitions occur in a manner that supports long-term housing stability.

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

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

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

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

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

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

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

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

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

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
--	---	------------

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

	Does your attachment include: 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
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	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.	09/22/2026
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.	
--------	--	--

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026
--	---	------------

1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
-------	--	--

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

(limit 2,500 characters)

The CoC uses a structured reallocation process to ensure HUD resources are fully utilized and directed toward projects that effectively address identified community needs. Funds recaptured through unspent balances, voluntary reallocation, or involuntary reallocation are made available for consideration during the Ranking and Review Committee's allocation process and may be awarded to new or expansion projects. During the local solicitation for inclusion in the HUD CoC Collaborative Application, providers are strongly encouraged to voluntarily reallocate funds when projects are not spending their full award, are underutilized or underperforming, or are no longer aligned with the community's identified needs and gaps. Reallocated funds are pooled and considered for new or expansion projects.

The CoC may also require involuntary reallocation when projects demonstrate poor performance, significant or recurring underspending, underutilized beds, misalignment with Coordinated Entry, failure to serve the intended population, significant unresolved monitoring findings, or failure to meet established project thresholds. For grants awarded during the FY23 NOFO competition, projects that underspend their annual award by 10% or more may have their funding reduced by up to 80% of the unspent amount. The CoC Board may grant a one-year exception when a provider appeals the proposed reallocation and submits a plan demonstrating how expenditures will improve during the current program year. This process allows the CoC to identify lower-performing or less-needed projects using objective performance, utilization, spending, compliance, and community-needs criteria, while redirecting available resources toward new or expansion projects capable of effectively addressing identified housing and service gaps.

For this NOFO, the KS-502 CoC has made the strategic decision not to continue funding multiple projects that have demonstrated ongoing performance concerns or are no longer aligned with community needs and priorities. These projects are being replaced with new projects through the CoC's competitive ranking and review process. The reallocation of these resources allows the CoC to redirect existing funding toward projects designed to address current gaps and demonstrate stronger alignment with HUD priorities of coordinated supportive services and expanding transitional housing options.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
--	--	-----

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)	Clarity by Bitfocus
--	---	---------------------

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

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

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

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

(limit 2,500 characters)

Between the 2025 and 2026 Point-in-Time (PIT) Counts, the Wichita/Sedgwick County CoC continued to strengthen its methodology and data quality practices, with the goal of producing the most accurate representation possible of people experiencing homelessness on the night of the count. The 2026 PIT Count was the third consecutive year that the CoC used the same core methodology, allowing the community to build volunteer knowledge, improve consistency, and make continuous improvements from planning through execution and final reporting.

A significant strength of the 2026 unsheltered count was the quality and comprehensiveness of the information provided by street outreach. The CoC's outreach system requires a strong understanding of the locations of people experiencing unsheltered homelessness, with outreach teams working toward identifying at least 90% of the known homeless population. This information was used to guide the location-based unsheltered survey process and helped outreach teams focus counting efforts where individuals were known to be staying. The resulting data provided a more complete and reliable basis for identifying and surveying unsheltered individuals, particularly single adults.

The CoC also implemented strategies to improve the accuracy of the sheltered count and reduce duplication. Extended shelter hours and donated hot meals at shelter locations encouraged individuals staying in shelter to remain in place during the PIT Count period. Additional activities, including bicycle giveaways, further encouraged shelter residents to remain during the count. These efforts helped outreach and PIT Count teams more accurately identify individuals at their appropriate shelter location and reduced the potential for individuals to be missed or counted more than once.

The CoC also benefited from conducting the PIT Count using the same core approach for a third consecutive year. Continued use of a consistent methodology has increased volunteer familiarity with PIT Count procedures and allowed the CoC to identify and address areas for improvement each year. Improvements have been made throughout the process, including planning, volunteer preparation, field implementation, data collection, quality review, and final reporting.

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

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

(limit 2,500 characters)

The Wichita/Sedgwick County CoC has implemented a coordinated outreach strategy to reduce the number of encampments and the number of people residing in them. CoC partner the City of Wichita leads implementation of the Direct to Housing initiative, which focuses intensive resources on one encampment at a time and connects residents directly to housing while providing the services needed to support successful transitions. Multidisciplinary teams, including ICT Street Team, Substance Abuse Center of Kansas addiction specialists, housing staff, and case managers, engage individuals directly at encampments to address barriers, connect them to housing, and provide ongoing support.

United Way of the Plains leads the broader community-wide outreach effort across Wichita and Sedgwick County and coordinates weekly Coordinated Outreach. This effort brings together community partners, including Substance Abuse Center of Kansas, HumanKind, Wichita Police Department's Homeless Outreach Team (HOT), and Mental Health America of South Central Kansas, and others to conduct targeted outreach and connect individuals experiencing unsheltered homelessness with available services, shelter, and housing resources. Population-specific outreach is also conducted for veterans and youth through specialized community partners who respond to identified individuals and meet them where they are.

The CoC has strong coordination with law enforcement through the Wichita Police Department's HOT. United Way maintains a shared outreach tracking system with HOT to help identify individuals, coordinate follow-up, and target outreach efforts. When HOT encounters an individual who needs housing or supportive services, the information is referred to United Way for continued engagement and connection to resources. The CoC also launched Shelter Connect to improve the speed and effectiveness of shelter placements. Previously, outreach workers had to contact shelter providers individually to determine whether beds were available. Shelter Connect provides real-time information on available shelter beds across the community, allowing outreach workers to identify openings while in the field and directly connect individuals, including those residing in encampments, to available shelter. The CoC also operates a Homeless Pet Owner Assistance Program that provides temporary boarding for pets when their owners access shelter or other services.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of encampments during your evaluation period.	3

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	210
2. Enter the reduction in the number of people in encampments during your evaluation period.	180

 nbsp;nbsp;

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)

The CoC plans to reduce the number of encampments through a coordinated, focused outreach strategy that prioritizes engagement, connection to available shelter, recovery, and housing resources. A key component of this strategy is maintaining engagement with individuals experiencing unsheltered homelessness even when they do not immediately accept housing. Outreach staff continue to close encampments while also following and engaging individuals who relocate to another campsite, recognizing that trust and relationships take time to develop. Individuals who initially decline assistance may become willing to accept services after seeing peers successfully connect to housing and stabilize. Outreach staff also have access to Shelter Connect, which provides real-time information on available shelter beds. This resource allows staff to identify and offer appropriate shelter options during outreach encounters and increases the ability to make immediate connections to safe shelter when individuals are ready to accept assistance.

The City of Wichita Housing Department has also contracted with Clutch Consulting to build community capacity to implement the Direct to Housing Encampment Response model. This framework focuses on resolving encampments by connecting residents directly to permanent housing while providing the intensive, coordinated services needed to support successful transitions. The approach concentrates resources on one encampment at a time and brings multidisciplinary services like our street-based medical team ICT Street Team, addiction specialists from Substance Abuse Center of Kansas, and case managers to unsheltered individuals where they are. Through this model, outreach teams work with residents to obtain identification and other required documentation, assess individual needs, and develop individualized housing pathways. Housing placement is paired with ongoing case management and rental support to promote housing stability and reduce returns to unsheltered homelessness. Once residents have been successfully connected to the appropriate support and housing plans are in place, the encampment can be permanently closed. The CoC and community partners will work to prevent reactivation through appropriate site maintenance, landscaping, physical barriers, and continued outreach to individuals who may otherwise establish new encampments.

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

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

(limit 2,500 characters)

The CoC Planning Manager at United Way of the Plains, as the CE and HMIS Lead Agency and Collaborative Applicant, is responsible for overseeing the CoC's strategy for reducing the number of households experiencing homelessness for the first time. The CoC sources data to determine the risk factors of first-time homelessness through provider input, 2-1-1 caller self-reported needs, and HMIS assessment data. The Coordinated Entry (CE) Committee analyzes this data to determine risk factors for people newly experiencing homelessness. Top risk factors included job loss, inability to find employment for an extended period, substance abuse disorder, mental illness, domestic violence, no transportation, and single parents with no local support. Other risk factors included financial emergencies deemed more important than meeting rent, wage loss due to illness, inflation, and parent incarceration.

Frontline Emergency Shelter staff serve participants on a first-come, first-served basis as they either self-refer or are referred by community nonprofit organizations. Preventing first time homeless strategies include: using diversion screening and rapid resolution as tools to assess needs and connect participants to resources (family reunification and mediation, rent/utility assistance, transportation, state ID, and employment assistance), identifying households that have high usage of rental and utility assistance in HMIS and connecting them to mainstream resources, and collecting data in aggregate to provide an overview of current risk factors for households to become unhoused. Partnership with workforce development agencies, including Goodwill and the Workforce Alliance, to increase earned and unearned income for households receiving CoC assistance. The increased stability from increased wages will ensure that households neither return to homelessness nor become "newly homeless" two years after CoC assistance ends. United for Families is a new initiative of the Coalition to End Homelessness, funded by A DCF TANF Grant. The program is designed to strengthen our community's response to vulnerable families experiencing housing instability through personalized support, connections to community resources, financial assistance, prevention, and diversion.

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)

Systemwide, the CoC aims to reduce the length of time (LOT) households (HH) experience homelessness through prioritizing HHs with the longest LOT homeless for assistance first. The Coordinated Entry (CE) Committee monthly evaluates the effectiveness of the CE system and eliminates bottlenecks to housing through policy and procedure changes. The Collaborative Applicant (CA) developed a landlord recruitment and engagement program NEXTenant. NEXTenant helps households find vacant units that accept housing assistance reducing the LOT between project enrollment and move-in, decreasing LOT homeless. The CA, with the CoC Board and CoC-funded Projects, monitors system performance measures. The main barriers to reducing LOT homeless are staff capacity and sufficient rental assistance to meet demand. At the HH level, HHs who are unsheltered and/or documented homeless over a year are prioritized for CoC resources first. Sometimes, Rapid ReHousing is used as a bridge to end a HH's homelessness until long-term support with a Housing Choice Voucher is available. HH with moderate barriers, such as arrears, that would take a long time to resolve their homelessness independently are targeted with RRH and TH. HHs with low barriers resolve their homelessness independently through employment and savings. Emergency Shelter staff aid these HHs with costs of moving into housing and applying for assistance such as SNAP and TANF. Most HHs served by the CoC exit to permanent housing this way.

The CoC uses HMIS Data to identify which HHs have the longest LOT homeless. These HHs are case conferenced weekly with all CoC partners to develop housing plans and keep the full system accountable to ending their homelessness. For HHs that have been homeless for an extended LOT and high barriers, the CoC has been piloting intensive, multi-disciplinary case management. The pilot braids existing resources and finds new partners, such as Adult Protective Services, to meet these HH's specific needs. Through a separate, weekly case conferencing for Veterans experiencing homelessness, the CoC reduced the LOT veterans are homeless and ended Chronic Veteran homelessness. United Way of the Plains, as the CE and HMIS Lead Agency and CA, is responsible for overseeing the CoC's strategy to reduce the length of time households remain homeless.

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?	51.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based of HMIS data from APR for the time period of October 1, 2024 – September 30, 2025, there were 481 exits to permanent housing destinations from the 638 total exits during that time frame. Of the 481 exits to permanent housing, 245 went to rentals with no ongoing housing subsidy.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
-------	---	--

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026
--	---	------------

2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
--------	---	--

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

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
--	---	-----

2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
--------	---	--

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	406	83	489	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	54	0	54	100.00%
4. Rapid Re-Housing (RRH) beds	144	0	144	100.00%
5. Permanent Supportive Housing (PSH) beds	536	0	536	100.00%
6. Other Permanent Housing (OPH) beds	838	0	838	100.00%

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

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

(limit 2,500 characters)

KS-502 CoC has 100% bed coverage.

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.
------	---

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...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f List of CoC...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	A-1. HUD-2996 Cer...	09/28/2026
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. Your CoC's...	09/28/2026
11. Other	No		

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

Attachment Details

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

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

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

Attachment Details

Document Description: A-1. HUD-2996 Certification for Opportunity Zone Preference Points

Attachment Details

Document Description:

Attachment Details

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

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required



KS-502 CoC 1C-1

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

1. Shelter Plus Care (PSH)

KS-502 CoC has one Permanent Supportive Housing (PSH) project, Shelter Plus Care, which provides in-home case management. Substance Abuse Center of Kansas (SACK) is a referring partner that provides in-home case management and substance use treatment services.

All CoC-funded projects maintain partnerships and referral pathways with CoC providers offering substance use treatment to ensure participants can access appropriate services.



1C-1f KS-502 CoC

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

KS-502 CoC has one CoC Program project Shelter Plus Careeee (PSH) with 34 units that require participants to receive substance use treatment as a condition of participation.

The Coalition to End Homelessness in Wichita/Sedgwick County, led by United Way of the Plains, works to make homelessness rare, brief and non-recurring for all our neighbors.



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

BRIEFING PACKET ACKNOWLEDGEMENT (SPC)

Lead-Based Paint Information
Fair Housing
Reasonable Accommodations
Subsidy Standards
Declaration of Section 214 Status
Program Participant Policies
Federal Privacy Act Notice
Denial and Termination of Assistance
Applicant/Tenant Certification
Family Obligations, Termination of Assistance and Fraud
Certification of Zero Income (If applicable)

Security Deposit
Side Payments/Extra Charges
Disposal of Assets Certification
Inspections
Reporting Changes
Case Management
Fair Market Rent (FMR)
Rental Coupon
Utility Allowances

I was provided with the above briefing materials and an oral briefing. I understand and agree to its contents, and I know that I may contact the Sedgwick County Housing Department Shelter Plus Care with any questions about this information.

Signature of Head-of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date

I may not be issued assistance until one or more documents are submitted to the Sedgwick County Housing Department Shelter Plus Care. I understand that I must provide the additional documentation listed below to SPC on or before _____. Failure to submit documentation will result in my application being denied and my name being removed from the SPC Wait List. I understand that I may re-apply for rental assistance during scheduled SPC application periods.

REQUIRED ITEMS:

Signature of Head-of Household

Date

Signature of Spouse/Other Adult

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

PERMANENT SUPPORTIVE HOUSING PROGRAM

Shelter Plus Care (SPC) is a housing voucher program linking housing subsidies with supportive services. The program's goal is to move homeless individuals and adults with families with qualifying disabilities to permanent housing.

Services Provided: Support for participants includes a rental assistance subsidy to help with the financial support needed to maintain the chosen residence, and supportive services provided by community partners to help the family work towards greater economic stability and self-sufficiency. To remain in the program, the Shelter Plus Care participant must need and agree to participate in supportive services. The level of participation in supportive services will vary according to participants' needs.

Individuals and families receiving SPC assistance choose their rental housing, sign their lease, and pay no more than 30% of their income toward rent. SPC funds pay the rent balance. SPC pays 100% of the rent if a household has zero income. Zero-income individuals must find a unit with all bills paid, as SPC does not pay utilities. Participating households/families must work to increase their revenue through employment or by accessing mainstream resources such as SSI or SSDI, along with noncash benefits such as food stamps.

Eligibility: Program entry is referral-based only. To be eligible for SPC, an applicant must meet all the following conditions:

1. Applicant must be an adult
2. Applicant must be homeless
3. Applicant must have a qualifying disability
4. Applicant must be receiving case management services through one of the referring agencies (Comcare, Miracles, KU, and SACK)

Persons with felony criminal records, including registered sex offenders, are NOT excluded from eligibility.

Housing Quality Standards (HQS inspection): Once the participant has their voucher, they can choose their residence from any unit where the landlord agrees to accept the voucher and abide by SPC program guidelines. When a unit is selected, and the landlord decides to rent it to the tenant, the landlord and tenant complete a request for tenancy and submit it to SPC for processing. A Housing Quality Standards inspection must be performed before a unit can be approved for the program. The inspection ensures the unit is safe, secure, and sanitary. The unit must pass the initial inspection before the lease and Housing Assistance Payment (HAP) contract are executed and payments are initiated.

The 13 key aspects of housing quality covered by the HQS include:

- Sanitary facilities
- food preparation and refuse disposal
- space and security
- thermal environment
- illumination and electricity
- structure and materials
- interior air quality
- water supply
- lead-based paint
- access
- site and neighborhood
- sanitary condition
- smoke detectors

Rental Prices: Fair Market Rent amounts are published by the county and HUD each year. Fair Market rent amounts are the maximum rent SPC can pay for a property based on the unit size. HUD requires that the rent amount used for the SPC program be no greater than the published FRM amount. **Please use the provided 2026 Payment Standards by zip code. The amounts listed are for all bills paid in a unit.**

Rental Payments: The landlord receives the initial payment approximately 2 weeks after the rent is due. After that, the SPC portion of rent payments is mailed on the Wednesday before the first of the following month.

Lease Terms: The initial term of the lease agreement between you and a program participant must be one year, providing neither the tenant nor the landlord violates the lease agreement and/or Shelter Plus Care policies/regulations. After the initial one-year term has expired, the tenant and landlord may sign another lease term, or the tenant may rent monthly. Annually, SPC will recertify the tenant to review their income and expenses and inspect the unit.

Lease violations: **The tenant receiving rental assistance should be treated the same as** any other tenant. If any lease violations occur, including non-payment of their portion of the rent, you can follow the Kansas Residential Landlord/Tenant Act's identical statutes and seek legal action remedies. The one rule of thumb to remember is that the person receiving SPC rental assistance is our client, but they are your tenant. SPC requests that any notices sent to the tenant be forwarded to our office.

Contact Information: If you are a potential landlord and would like information on how to become a landlord for our Shelter Plus Care recipients, please call or email:

Brie Ireton
P : 316-660-7615 ; email : Brie.Ireton@sedgwick.gov

Welcome to the Shelter Plus Care Program

You have been selected to play a crucial role in the Shelter Plus Care Program. This program is designed to provide permanent housing to homeless individuals and/or families with disabilities. Our shared goal is to assist those who qualify by maintaining housing and working toward self-sufficiency.

My Plan for Maintaining Housing and Working towards Self-Sufficiency:

This section outlines the steps you will take to maintain your housing and work towards self-sufficiency.

Participant Name: _____ **Date:** _____

Case Manager Name: _____ **Program:** _____

Action Steps:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I agree to engage in case management services and follow treatment recommendations. Should I terminate from supportive services, I understand my SPC assistance will also terminate. To continue receiving the housing subsidy, I must also accept responsibility for making positive changes to support myself more capably financially.

Signature of Head-of Household

Date

Signature of Case Manager

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

SPC APPLICANT/TENANT CERTIFICATION

I/We certify that the information* given to the Sedgwick County Housing Department Shelter Plus Care on household composition, income, net family assets allowances, and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head-of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date

If you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Line at 1-800-424-8590.

*After verification by The Sedgwick County Housing Department Shelter Plus Care, the information will be submitted to the US Department of Housing and Urban Development (HUD), which requires using the Homeless Management Information System (HMIS). Clientrack is a computer system used locally as an HMIS. See the Federal Privacy Act Statement for more information about its use.



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

SIDE PAYMENTS EXTRA CHARGES TO THE OWNER

(Payments Other Than Total Tenant Payment or Tenant Rent)

To all Shelter Plus Care Participants:

The Owner (landlord/manager) must not assess a Family for any item covered under the Leasing and Housing Assistance Program (HAP) Contract.

If an Owner requests an extra charge (side payment), it must be for an extra amenity (for example, furniture) not included in the rent in other comparable units. This type of agreement would be separate from the Lease or Contract for which the Sedgwick County Housing Department Shelter Plus Care provides family assistance. It is important to note that it is illegal if an owner attempts to collect any other payment type or requires a family to perform extraordinary services instead of payments, empowering you with the knowledge of your rights.

All side payments/extra charges requested by an owner (landlord/manager) must be approved by the Sedgwick County Housing Department Shelter Plus Care, ensuring your protection and fair treatment.

Signature of Head-of Household

Date

If a family, for any reason, believes that an Owner is requesting an amount to which they are not entitled. In that case, the family should immediately notify the Sedgwick County Housing Department Shelter Plus Care, 271 W 3rd St N Ste 600 Wichita, Ks 67202. If additional assistance is required, or if the dwelling unit violates the Housing Quality Standards, you are encouraged to notify HUD at the following address:

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
KANSAS CITY REGIONAL OFFICE, REGION VII
CHIEF, ASSISTED HOUSING MANAGEMENT BRANCH
GATEWAY TOWER II
400 STATE AVENUE
KANSAS CITY, KANSAS 66101-2406



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

SHELTER PLUS CARE PROGRAM PARTICIPANT POLICIES

A. **Illegal Drug Sales/Distribution**

Any person arrested for selling or distributing illegal drugs will be removed from the Shelter Plus Care Program; if this person is the head of the household, the entire household will be removed from the program. If this person is a family member, he/she will be removed from the program. The Sedgwick County Housing Department Shelter Plus Care also reserves the right to remove remaining family members. The judgment will be made after consultation with family members and/or officials of the Wichita Police Department.

B. **Possession/Use of Illegal Drugs and/or Drug Paraphernalia**

Any person arrested for a crime involving the possession and/or use of illegal drugs and/or drug paraphernalia will result in the loss of housing assistance for the Shelter Plus Care Program. If this person is the head of the household, the entire household may be removed from the program. This judgment will be made after consultation with family members and/or officials of the Wichita Police Department. Any such arrest that does not result in removal from the program will result in the development and use of a written agreement signed by the Sedgwick County Division of Health and Human Services and the person or persons involved that is designed to prevent future possession and/or illegal drugs and/or drug paraphernalia.

C. **Violent Crime Involving the Use of a Weapon and Non-Weapon**

Any adult arrested for a violent crime involving the use of a weapon will be removed from the Shelter Plus Care Program. If this person is the head of the household, the entire household may lose housing assistance through the program. If this person is a family member, he/she will be removed from the program. This judgment will be made after consultation with family members and/or officials of the Wichita Police Department.

D. **Domestic Violence**

Any person (adult or minor child) arrested for a crime of domestic violence will be removed from the Shelter Plus Care Program. If this person is the head of the household, the entire household may lose housing assistance through the program. If this person is a family member, he/she will be removed from the program. This judgment will be made after consultation with family members and/or officials of the Wichita Police Department.

The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking to help keep them safe.

Signature of Head-of Household

Date

Signature of Other Adult

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

**ACKNOWLEDGMENT OF THE PROCESS FOR
MOVING INTO AN SPC-ASSISTED UNIT**

I, _____, am fully aware that moving into a unit, paying a deposit prior to approval, or signing a lease without explicit instruction from SPC could result in the loss of my SPC voucher.

Signature of Head-of Household

Date

Signature of Other Adult

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

HUD HOUSING ASSISTANCE

An assisted family or members of the family may not receive SPC tenant-based assistance while receiving another housing subsidy for the same unit or a different unit under any duplicative (as determined by HUD or per HUD requirements) Federal, State, or local housing assistance program.

I _____ must promptly inform SPC if I have been awarded a Section 8 voucher or if I have been accepted into any other housing program. I understand that any delay in this communication and coordination could result in a disruption of services, and I am committed to avoiding such a situation.

Signature of Head-of Household

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

FAIR HOUSING AND LEAD-BASED PAINT ACKNOWLEDGMENT

I, _____, acknowledge that I have been provided with information regarding Fair Housing and Lead-Based Paint and have been allowed to ask questions. I want to emphasize that should I have additional questions, I can always contact the Shelter Plus Care office, which is readily available to assist me.

Signature of Head-of Household

Date

Signature of Other Adult

Date

As SPC Housing Coordinator, I, Tamara Hurley, acknowledge that I have provided the above SPC applicant(s) with information regarding Fair Housing and Lead-Based Paint and allowed them to answer questions.

SPC Housing Coordinator Signature

Date



SEDGWICK COUNTY HOUSING DEPARTMENT SHELTER PLUS CARE

DISPOSAL OF ASSETS CERTIFICATION

A federal Regulation requires the Head of Household and spouse to certify in writing whether they have disposed of any assets for less than Fair Market Value during the two years preceding the effective date of certification or recertification of tenant eligibility to meet eligibility and rent determinations.

Please check the applicable boxes below:

- ☐ I certify that I have not disposed of assets for less than Fair Market Value in the past two years.

Signature of Head-of Household

Date

- ☐ I certify that I have not disposed of assets for less than Fair Market Value in the past two years.

Signature of Spouse

Date

- ☐ I certify that I have disposed of the following asset(s) for less than Fair Market Value in the past two years:

Type of Asset: _____

Date of Disposed of Asset: _____

Amount Received for Asset: \$ _____

Market Value of Disposed Asset \$ _____

Signature of Head-of Household

Date

Signature of Spouse

Date



WICHITA POLICE DEPARTMENT

*Working in Partnership With Our Community to Deliver
Exceptional Police Services With Professionalism and Fairness*

WICHITA POLICE DEPARTMENT

Homeless Outreach Team (HOT)

September 22nd, 2026

RE: Letter of Partnership and Collaboration – Coalition to End Homelessness and Wichita Police Department Homeless Outreach Team

To Whom It May Concern:

On behalf of the Wichita Police Department's Homeless Outreach Team (HOT), I am pleased to provide this letter affirming our longstanding partnership with Coalition to End Homelessness and discuss our collaborative efforts to address homelessness, substance use disorders, mental health challenges, and barriers to housing and supportive services within the Wichita community.

For the past four years, our team has worked closely with Coalition to End Homelessness to coordinate outreach, connect individuals with housing and treatment resources, and address complex barriers that often prevent our most vulnerable community members from accessing assistance. Throughout this partnership, Coalition to End Homelessness has consistently demonstrated a willingness to collaborate, problem-solve, and respond to the evolving needs of the individuals we serve.

Established Partnership and Coordinated Outreach

Our teams have developed a consistent and structured approach to outreach and service coordination. For the past three years, we have conducted joint outreach efforts, beginning with an every-other-Thursday schedule during the first year and expanding to weekly outreach every Thursday for the past year. Additionally, our team has participated in Coalition to End Homelessness's Case Conferencing meetings every Tuesday for the past four years. These meetings allow our teams to discuss client needs, coordinate housing referrals, identify available resources, and develop collaborative approaches for individuals facing significant barriers to housing and services.

To further improve communication and continuity of care, our teams implemented a shared SmartSheet referral process. This process allows us to communicate more efficiently, coordinate referrals, and ensure individuals are connected with the appropriate team members and available resources.

Through our partnership with Coalition to End Homelessness, the Homeless Outreach Team has also gained access to the Homeless Management Information System (HMIS). This access has strengthened our ability to coordinate services, document client engagement, and work more effectively with community partners. By integrating our team into HMIS, Coalition to End Homelessness has helped improve communication, reduce duplication of efforts, and support a more coordinated, informed approach to assisting individuals experiencing homelessness, including those with complex mental health and substance use needs.

Mental Health, Substance Use, and Complex Client Engagement

A significant component of our partnership involves assisting individuals experiencing homelessness who also face mental health challenges, substance use disorders, or other complex circumstances that make accessing traditional services difficult.

Our teams collaborated on a pilot program focused on individuals we refer to as “hard to engage.” Within our outreach efforts, this term describes individuals who face significant barriers to establishing or maintaining consistent engagement with housing, treatment, and supportive services. These barriers may include serious mental health conditions, substance use disorders, medical complexities, trauma, or difficulty navigating traditional service systems.

Our collaborative approach recognizes that these individuals may require repeated outreach, relationship-building, individualized engagement strategies, and coordinated support across multiple service providers before they can successfully access and maintain services. Coalition to End Homelessness has consistently demonstrated a willingness to work alongside our team to address these challenges, particularly when traditional referral pathways are insufficient.

One example involved a woman who needed inpatient substance use treatment but faced a significant barrier to admission because she had a dog and lacked a safe place for the animal to stay during her treatment. Coalition to End Homelessness assisted our team by helping cover the cost of the dog’s rabies vaccination and arranging boarding so the woman could enter treatment without having to abandon or worry about her pet. This situation demonstrates the importance of individualized, person-centered problem-solving. By addressing a barrier that fell outside the traditional scope of treatment services, our teams were able to help the individual access the care she needed.

Our teams also regularly collaborate to assist individuals experiencing significant mental health challenges with accessing housing and supportive services. These cases often require additional engagement, coordination between service providers, and flexibility in identifying appropriate housing options. Coalition to End Homelessness has been a dependable partner in working through these challenges and helping connect individuals with housing opportunities.

Crisis Response and Collaborative Problem-Solving

Beyond our established outreach and referral processes, Coalition to End Homelessness has consistently supported our team during complex and time-sensitive situations.

When a hotel was closed by the state, creating an immediate need to assist displaced individuals with relocation and placement, Coalition to End Homelessness worked alongside our team to help address the needs of those affected and identify appropriate placement options.

Our teams also regularly collaborate on cases involving medically complex individuals whose circumstances require additional coordination and specialized resources. In these situations, Coalition to End Homelessness has consistently been willing to assist with identifying available resources, coordinating services, and exploring alternative solutions.

This partnership is reciprocal. Both teams contribute their respective expertise, resources, and relationships to address situations that cannot be resolved by a single agency working independently.

Continued Partnership

Our four-year partnership with Coalition to End Homelessness demonstrates the importance of coordinated cross-sector collaboration in addressing homelessness and the complex behavioral health needs of the individuals we serve. Coalition to End Homelessness's willingness to engage in difficult cases, remove barriers to treatment, coordinate housing resources, and develop innovative approaches to service delivery has strengthened our team's ability to assist individuals who might otherwise remain disconnected from care.

We value our partnership with Coalition to End Homelessness and look forward to continuing our collaborative efforts to connect vulnerable individuals with housing, treatment, supportive services, and opportunities for long-term stability.

Sincerely,



Joseph P. Sullivan

Chief of Police

Wichita Police Department

PoliceHotTeam@wichita.gov / policechief@wichita.gov

316-854-3013

Certification for Opportunity Zone Preference Points

I certify that the information provided on this form and in any accompanying documentation is true and accurate. (Type or clearly print the following information)

Applicant Organization:

Name of the Federal Program to which the applicant is applying:

U.S. HUD CoC NOFO

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

Designated Opportunity Zone Census Tracts can be found at: <https://www.cdfifund.gov/Pages/Opportunity-Zones.aspx> using the "List of designated Qualified Opportunity Zones". Please provide the full 11-digit census tract number. (ex: 06067001101)

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 awarded federal funding 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."

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 | |

Name:

Prefix: First: Middle:
Last: Suffix:

Title:

Organization:

Signature: Completed on submission to Grants.gov.

Date (MM/DD/YYYY): Completed on submission to Grants.gov.

Prohibition on Illicit Drug Use; Encouragement of Substance Use Treatment

CoC-funded Projects, including projects funded by CoC Builds, the Youth Homelessness Demonstration Program, and the Youth Homelessness System Improvement grant may not:

- Operate drug injection sites;
- Operate “safe consumption sites”;
- Knowingly distribute drug paraphernalia on or off property under the project’s control;
- Knowingly permit the use or distribution of illicit drugs on property under the project’s control;
- Or conduct, permit, encourage, or allow any of the above activities under the pretext of “harm reduction.”

This does not preclude projects from providing life-saving overdoses and prevention response services or infection disease prevention services [as outlined in HHS’s Dear Colleague letter on harm reduction](#) (i.e., providing naloxone).

CoC-funded projects that are found to be conducting any of the above unallowable activities, at any time of year, including during site monitoring, must immediately stop the activity and update their policies and procedures to ensure compliance with this section. If projects are found to violate these policies a second time, the project may be adversely affected in subsequent local funding competitions, up to and including not being renewed.

Projects **do not** need to require program participants to be sober in order to receive assistance, require participation in treatment in order to receive assistance, or evict participants for a first-time violation of a drug-related program policy or lease violation. However, projects may exclude persons who refuse to agree to sobriety requirements in sober living projects as [allowed 24 CFR 578.93\(b\)\(5\)](#) and the NOFO the project is funded under.

All projects are encouraged to assist participants in accessing substance use disorder treatment through both CoC-funded SSO Substance Use Treatment projects and CoC partner agencies such as Substance Abuse Center of Kansas, Mental Health America of South Central Kansas, and Sedgwick County COMCARE.