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: NY-501 - Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC

1A-2. Collaborative Applicant Name: CARES of NY, Inc.

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: DOR

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	0
25.	Other social service provider(s)	Yes	0
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	No	
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	4
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	Yes	4
40.	State Sexual Assault Coalition	Nonexistent	
41.	Youth Advocate(s)	No	
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	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)

1) The CoC communicates the invitation process transparently and publicly to solicit new members to join the CoC by a) sharing the invitation and New Member application via the CoC's website and the Civic Roundtable platform, b) asking listserv recipients to forward invitations, c) announcements at full Membership meetings encouraging current members to invite others, and d) phone conversations with key systems partners focusing on the benefits and responsibilities of CoC membership. The Membership application is posted year-round on the CoC's website and accepted on a rolling basis. Additionally, to solicit new members to join the CoC, the CoC assesses current members and conducts targeted outreach. 2) The CoC ensures this invitation process occurs annually. Annually, the CoC Board assesses what organizations participate in CoC Membership, on the Board, and on Committees, and identifies missing stakeholders to engage to support community efforts to address homelessness. The Board creates an outreach plan in collaboration with the Collaborative Applicant. The CoC ensures effective communication by sharing invites/applications in a variety of electronic formats, including the CoC webpage, which is responsive to screen reader software. The CoC has invited organizations serving specific communities experiencing homelessness such as mental health, substance use, youth, and domestic violence providers to become members by assessing sector representation at the Membership and Board levels through an annual Membership Assessment tool. The tool was created to assess the current capacity of the Board and membership and to identify strengths and deficits. This tool informs outreach for open/new Board positions and the CoC uses this tool to match knowledge, skills, and abilities that are most needed in the community. As a result, elected officials from the City of Corning and Elmira, the Veterans Outreach Center, and AIM Independent Living Center are part of the Membership and Board. Further, new members are encouraged to watch the recorded CoC 101 series that is posted to CoC webpage which provides a comprehensive overview of the CoC, its benefits and requirements to encourage participation on the Board and Membership.

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 Southern Tier Entry to Programs and Services (STEPS) CoC maintains a transparent, year-round process to gather and consider input on CoC performance, strategies, and priorities. Participation opportunities are publicly communicated through the CoC website, which includes membership information, meeting materials, an online feedback form, and recorded trainings. Input is collected through Membership and committee meetings, community and funding forums, workshops, targeted outreach, virtual trainings, email listservs, the Civic Roundtable platform, and engagement with program participants. Feedback is used to evaluate system performance, inform strategic planning, and guide priority and funding decisions. The Board and Planning Committee review input from community members, Homeless and Housing Task Forces, committees, workshops, and public forums. Recommendations are documented, reviewed by committees when appropriate, and reported to the Board and Membership. Community workshops and expert panels, including livestreamed and archived events, further support broad participation and transparency. STEPS CoC engages a diverse range of stakeholders with knowledge of or interest in preventing and ending homelessness, including persons with lived experience, homeless and housing service providers, affordable housing organizations, local and county governments, faith-based organizations, healthcare, behavioral health, education, workforce partners, and other community stakeholders. The CoC maintains open membership and recruits participants year-round through its website, listservs, meetings, invitations, and targeted outreach. Applications are accepted on a rolling basis, and organizations new to CoC funding are encouraged to participate. To promote engagement, the CoC offers virtual and in-person participation options, materials, electronic communications, and recorded trainings. This inclusive process ensures all community perspectives help shape CoC strategies, priorities, and efforts to prevent and end homelessness across the region.

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)

NY-501 maintains a transparent process for accepting and considering project proposals from both current recipients and organizations that have not previously received CoC Program funding, including faith-based organizations. During the FY26 local competition, NY-501 received two project proposals from organizations that had not previously received CoC Program funding AIM Independent living and EOP. Any such proposals were reviewed using the same published eligibility, threshold, scoring, and Rank and Review process applied to all applicants. The CoC publicly announces the local competition and funding opportunities through postings on the Collaborative Applicant's website, notices distributed through CoC membership and stakeholder email lists, Civic Roundtable communications, direct outreach to community organizations, and other public notifications. Application materials, eligibility requirements, submission instructions, competition timelines, and evaluation criteria are made available to all interested applicants. The CoC actively seeks proposals from organizations that are not currently receiving CoC Program funding. Competition materials explicitly state that organizations do not need to be current CoC Program recipients to apply. Information regarding available funding opportunities, eligible project types, and application requirements is shared publicly to promote broad participation from eligible organizations, including faith-based organizations. The CoC publicly communicates the process used to determine which projects will be included in the Priority Listing and submitted to HUD. The CoC's approved Rank and Review process, scoring criteria, threshold requirements, local priorities, and application materials are publicly available and communicated throughout the competition. New project applications are reviewed and scored using CoC-approved criteria that assess factors such as community need, alignment with HUD priorities and best practices, organizational capacity, project quality, and fiscal capacity. Funding recommendations are developed through the Rank and Review process and receive final approval through the CoC's governance structure. All applications received through the local competition are evaluated using the same published process and criteria, ensuring a fair, transparent, and non-discriminatory review process for existing recipients, new applicants, and faith-based organizations.

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)

STEPS has a plan for addressing gaps in the CoC's homeless system by utilizing a comprehensive data-driven planning process to identify and address gaps within the system. Gaps are identified through HMIS data analysis, HIC & PIT results, system performance, Board and Membership meetings, committee discussions, provider feedback, surveys, and outreach with community partners. These efforts have identified ongoing needs related to housing placement and retention for youth, survivors of DV, veterans, individuals with behavioral health needs, and households experiencing chronic homelessness. To address these gaps, STEPS will continue implementing proven strategies identified under 42 U.S.C. 11386b(d) The CoC will strengthen Coordinated Entry, increase landlord engagement, improve access to mainstream benefits, and support interventions for youth, veterans, survivors of DV, and individuals with MH & SUD. During the contract year, STEPS will work to increase permanent housing placements by 5%, increase housing retention rates by 5%, increase participation in Coordinated Entry by 10%, and reduce the average length of time households experience homelessness by 5%.
By the end of the first quarter, STEPS will complete a system-wide review of HMIS, PIT, HIC, and Coordinated Entry data to establish baseline measures and identify priority gaps. Quarterly data reviews will assess progress toward performance targets and identify needed system adjustments. By mid-year, the CoC will evaluate progress toward placement, retention, and Coordinated Entry goals and implement corrective actions as necessary. By the end of the contract year, STEPS will evaluate outcomes and use findings to inform future planning and resource allocation. Performance will be monitored through HMIS data quality reports and System Performance Measures, including housing outcomes, income growth, housing retention, and Coordinated Entry participation. STEPS will maintain a goal of at least 95% HMIS data completeness and accuracy across participating projects. Oversight will be provided by the Governance Committee, CoC Board, HMIS Lead, Coordinated Entry partners, and system committees, which will review progress, recommend adjustments, and ensure strategies remain responsive to community needs while reducing homelessness and increasing housing stability across all populations served.

1B-5a	Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	57%

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

(limit 2,500 characters)

The STEPS CoC is a rural CoC but has met/exceeded the 30% threshold for TH/RRH/PSH projects that provide on-site substance abuse services. An attachment has been provided to outline the breakdown of these services by project. Along with having access to the on-site services outlined in the attachment, participants have access to community-based treatment through established partnerships and referral relationships with substance use disorder, behavioral health, and recovery providers throughout the CoC's service area. Project participants are connected to substance use assessment, treatment, recovery support services, peer counseling, and community-based recovery programs through coordinated referrals. Providers work closely with these partners to ensure timely access to treatment and ongoing support for individuals with substance use disorders throughout the STEPS CoC service area.

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)

1.) The STEPS CoC works with both MH & SUD providers to assist program participants to receive both Substance abuse and Mental Health treatment with a range of levels of care, interventions, medication management, suicide prevention and recovery supports by a.) maintaining a formal partnership with CASA-Trinity, Inc. through a signed and annually updated MOU with Catholic Charities of Chemung and Schuyler Counties and The Salvation Army. CASA-Trinity is dedicated to delivering high quality person center services and provides a wide range of evidence based services including substance use treatment & mental health treatment through counseling, medication-assisted treatment, relapse prevention, and recovery services through multiple levels of care including outpatient, inpatient and residential care. CASA Trinity also provides both prevention and outreach services that include peer-based supports. This partnership supports coordinated referrals, warm handoffs, and service coordination, helping directly connect people experiencing homelessness with behavioral health and recovery services across the CoC, and b.) finally, by engaging SUD & MH partners, both CoC & non-CoC members, to present at membership meetings to explain services availability and discuss openings and admissions criteria.

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 STEPS CoC partners with community healthcare, behavioral health, and substance use disorder (SUD) providers to connect individuals experiencing homelessness with peer recovery specialists, recovery navigation, and other peer support services. The CoC has also engaged with Mental Health Empowerment Project, Inc. (MHEP), a peer-run organization, to strengthen access to peer-based mental health support and recovery-oriented services. Through monthly Homeless & Housing Task Force (HHTF) meetings, the CoC brings together CoC and non-CoC partners, including County Departments of Mental Health, SUD providers, Managed Care Organizations (MCOs), Health Homes, and healthcare navigators. These partners regularly share information regarding available behavioral health, SUD treatment, recovery support, and care navigation resources.

Examples include the Allegany Council on Alcoholism and Substance Abuse, which provides substance use disorder and recovery services; County Mental Health providers and Trinity of Chemung County, which provide behavioral health resources; MHEP, which provides peer-based mental health support and recovery-oriented services; and Encompass Health Home, which provides Health Home and Medicaid care management services. Community providers are invited to present at HHTF and CoC Membership meetings, allowing program staff to learn about available peer and recovery resources and connect participants to appropriate services.

The CoC also works with local MCOs and healthcare navigators to facilitate connections to healthcare and behavioral health services, including assistance with eligibility, enrollment, transportation, treatment, and support. These partnerships help program staff connect participants to recovery-oriented services based on individual needs. Through these ongoing partnerships, provider presentations, technical assistance, and referral pathways, the CoC maintains current knowledge of community-based peer support, recovery, SUD, and behavioral health resources and facilitates access for individuals experiencing homelessness.

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 Southern Tier Entry to Programs and Services CoC (STEPS) identifies individuals experiencing Serious Mental Illness through multiple coordinated access points, including Coordinated Entry, street outreach, emergency shelters, hospitals, crisis response systems, Southern Tier Mental Health Association (MHAST), behavioral health providers, and community-based organizations. Through standardized assessment and engagement practices, Coordinated Entry helps identify individuals whose mental health needs contribute to housing instability, homelessness, frequent hospitalizations, or repeated crises. Individuals requiring intensive behavioral health interventions are referred through the Single Point of Access (SPOA) process, which serves as a centralized mechanism for determining eligibility and connecting individuals to specialized services such as the Southern Tier Assertive Community Treatment (ACT) Team, supportive housing, care coordination, and other community-based supports. MHAST plays a critical role in engaging individuals who may be reluctant to access traditional services by providing peer support, wellness and recovery services, housing navigation, benefits assistance, and ongoing care coordination. For individuals with the most significant needs, the Southern Tier ACT team delivers evidence-based, multidisciplinary services directly in the community through assertive outreach, psychiatric care, medication management, substance use treatment, crisis intervention, and housing support. By integrating the housing providers, community healthcare systems, behavioral health agencies, MHAST, Southern Tier ACT team, and SPOA processes, the STEPS CoC communities can ensure that individuals with Serious Mental Illness are identified promptly and connected to the level of support necessary to achieve housing stability, reduce emergency service utilization and psychiatric hospitalizations, improve treatment engagement, and promote long-term recovery, community integration, and overall well-being.

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)

STEPS maintains partnerships through COC Membership w/ local Drug Courts & Mental Health Courts, working w/ court coordinators, treatment providers, & probation to connect participants experiencing SUD/BH issues to services. The Schuyler County Treatment Court & the Steuben Count Treatment Court provide court-supervised treatment. These partnerships support housing stability, treatment engagement, & successful community integration for individuals with mental health and substance use disorders.

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

(limit 2,500 characters)

NY-501 coordinates closely with Drug Courts, Mental Health Courts, Assisted Outpatient Treatment (AOT) programs, and behavioral health providers to support housing stability and long-term independence for individuals experiencing homelessness who have significant mental health or substance use disorders. Through regular communication, case conferencing, discharge planning, and participation in Coordinated Entry, these partners work together to identify housing needs and connect individuals to appropriate housing and supportive services. Court and treatment partners refer eligible individuals to Coordinated Entry and CoC-funded housing programs, ensuring that housing needs are addressed alongside treatment and recovery goals. CoC providers collaborate with court personnel, mental health professionals, and care coordinators to develop housing plans that support compliance with treatment requirements while promoting housing stability. This coordination helps reduce barriers to housing and supports successful community integration. For individuals subject to court-ordered treatment, including AOT orders, Drug Court participation requirements, or other specialty court mandates, housing providers coordinate with treatment teams to ensure participants can access behavioral health services, medication management, recovery supports, transportation assistance, and other services necessary to maintain housing. Court orders often provide a structured framework for engagement, allowing providers to leverage mandated participation in treatment and service planning to improve housing outcomes. The CoC's collaborative approach promotes continuity of care during transitions from inpatient facilities, treatment programs, correctional settings, and court supervision into permanent housing. By aligning housing resources with behavioral health and recovery services, NY-501 helps individuals achieve greater housing stability, increase self-sufficiency, reduce returns to homelessness, and progress toward long-term independence in the community.

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 the regional 988 Suicide & Crisis Lifeline center & mobile crisis outreach providers to connect individuals experiencing crisis with immediate behavioral health support. In STEPS, Family Services of Chemung County Crisis Program provides MH outreach services, crisis intervention, referrals, & connections to social support & community-based services. Providers make referrals to them for crisis assessment, intervention, stabilization, & ongoing housing-focused services.

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

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	23

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)

NY-501 maintains a formal partnership with CASA-Trinity, Inc. through an MOU with Catholic Charities of Chemung and Schuyler Counties. CASA-Trinity provides substance use treatment, counseling, medication-assisted treatment, relapse prevention, and recovery services. The partnership supports coordinated referrals, warm handoffs, and service coordination, helping connect people experiencing homelessness with behavioral health and recovery services across the CoC.

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

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

(limit 500 characters)

The Southern Tier Entry to Programs & Services (STEPS) CoC has no CoC Program-funded projects that operate sober housing in accordance with 24 CFR 578.93(b)(5). To address this gap, the CoC conducted outreach to behavioral health, substance use disorder, recovery housing, and other housing providers to identify potential partners. While no organization was prepared to establish a CoC-funded sober housing project this cycle, recovery housing remains a priority and outreach efforts will continue.

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)

Southern Tier Entry to Programs & Services (STEPS) coordinates w/ behavioral health (BH), court, crisis, & outreach programs to make warm handoffs to housing providers & prevent homelessness. For outpatient mental health & substance use disorder care (1C-1a), STEPS collaborates w/ CASA-Trinity, Inc. to connect people experiencing homelessness or housing instability w/ counseling, substance use treatment, referrals, & BH services. Partners coordinate referrals & follow-up so participants access care alongside housing assistance. For peer recovery support (1C-1b), STEPS works w/ community recovery partners such as Allegany Council on Alcoholism & Substance Abuse & Trinity of Chemung County to connect participants to recovery supports, treatment engagement, service navigation, & ongoing recovery resources while seeking or maintaining housing. Partners coordinate referrals & follow-up. For serious mental illness services (1C-1c), STEPS coordinates w/ Southern Tier Mental Health Association (MHAST). Through outreach, support services, & behavioral health programming, MHAST helps engage individuals experiencing homelessness, mental health challenges, or housing instability. Staff can link participants to housing providers while coordinating care & support. For drug courts (1C-1d), STEPS works w/ the Schuyler County Treatment Court & the Steuben County Treatment Court to provide court-supervised treatment. Court & service partners identify housing needs, refer participants to housing resources, & coordinate treatment & housing plans that support stability & community integration. For local crisis services (1C-1e), STEPS partners w/ the regional 988 Suicide & Crisis Lifeline center & mobile crisis providers. Family Services of Chemung County Crisis Program provides mental health outreach, crisis intervention, referrals, & connections to social support & community-based services. Crisis teams & housing providers coordinate referrals & follow-up when a person's housing is at risk. For CCBHC, CMHC, or PATH services (1C-1h), STEPS coordinates w/ CASA-Trinity, Inc. to link eligible people to assessment, treatment, outreach, & housing-focused referrals. STEPS promotes direct introductions, shared follow-up, & coordinated care so people receive timely support & a path to stable housing. For Sober Housing (1C-1i), STEPS collaborates w/ community partners to explore opportunities to develop CoC-funded sober housing options in the future for warm hand offs.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$2,574,127
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.	$1,421,200
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	55%

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.	$350,249
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).	69%

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

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

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC regularly consults with the New York State Office of Temporary and Disability Assistance (OTDA), the Emergency Solutions Grant (ESG) recipient for the CoC geographic area, regarding the planning and allocation of ESG funds through ongoing CoC planning efforts, implementation of the Coordinated Entry System, and the development and review of the CoC's Written Standards. The Written Standards were developed in conjunction with ESG recipients, the CoC Collaborative Applicant, and service providers, and establish standards and performance measures for ESG- and CoC-funded projects. The CoC Written Standards provide guidance for CoC- and ESG-funded homelessness assistance and establish standards for homelessness prevention, street outreach, emergency shelter, transitional housing, permanent supportive housing, rapid re-housing, supportive services, and HMIS. All projects receiving ESG or CoC funding are required to comply with the Written Standards. SNC will continue to consult with ESG recipients through Written Standards review, Coordinated Entry implementation, and ongoing CoC planning efforts to support the effective administration of ESG-funded activities throughout the CoC.

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 coordinates with shelter providers to connect individuals and families with CoC assistance through Coordinated Entry (CE). Emergency shelter providers, such as Catholic Charities of Chemung and Schuyler and Arbor Housing and Development, serve as key access points to the CoC's coordinated entry system. Local Departments of Social Services (DSS), which also coordinate emergency hotel and motel placements, are additional partners in the CE system. Shelter providers and DSS work with individuals and families experiencing homelessness to connect them to CE, complete required assessments and documentation, and ensure their information is entered and maintained in HMIS. Individuals and families are then prioritized according to the CoC's established CE policies and referred to available CoC-funded housing programs, including transitional housing, rapid rehousing, permanent supportive housing, and joint TH-RRH projects.

Shelter providers also participate in CoC CE Case Review Meetings, where they communicate with CE staff regarding participants who may be eligible for available CoC housing opportunities, provide updates regarding participants' housing needs and circumstances, and coordinate referrals and next steps. This ongoing communication helps the CoC identify appropriate housing resources and facilitate connections between shelter residents and available CoC assistance.

Shelter providers also participate in CoC governance and CE planning through the CoC Membership Committee, CoC Board, and CE Advisory Board. Representatives from shelter providers, including Catholic Charities of Chemung and Schuyler and Arbor Housing and Development, as well as Steuben and Schuyler DSS, serve on the CoC Board and participate in CoC membership. The Salvation Army and Chances and Changes, which provide domestic violence shelter services, are also CoC members. This participation gives shelter providers opportunities to inform CE policies and processes, identify barriers to connecting shelter residents with housing assistance, and collaborate with the CoC on improvements to the homelessness response system.

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 CoC uses its Homeless Management Information System (HMIS) to collect, analyze, and report information about homelessness, including characteristics of individuals and households experiencing homelessness, services provided, housing outcomes, and system performance. HMIS data support required reporting, including the Point-in-Time (PIT) Count, Housing Inventory Chart (HIC), System Performance Measures (SPMs), demographic reports, and other system-level reports used for planning, performance evaluation, and resource allocation.

The CoC shares PIT, HIC, HMIS, and System Performance data with state and local government, as appropriate and permitted by law, through required reporting, aggregate reports, data analysis, and established data-sharing processes. Information is shared in accordance with HMIS policies and procedures, privacy requirements, federal and state laws, and applicable client consent and data-release protocols.

The CCHMIS Privacy Notice establishes permitted uses and disclosures of HMIS personally identifying information (PII), including disclosures required by law and the creation of de-identified reporting. Other uses or disclosures of HMIS PII require prior written participant consent unless otherwise permitted under the Privacy Notice and applicable law. Published CCHMIS reports contain aggregate data and do not include participant-level or identifying information.

CARES of NY, Inc., as the CCHMIS System Administrator, maintains security and confidentiality protections, including controlled system access, privacy and security training, confidentiality agreements, annual monitoring, and secure transmission of HMIS data.

The CoCs also report required HMIS data to NYSHADE, the statewide homeless data system administered by the New York State Office of Temporary and Disability Assistance (OTDA). NYSHADE receives specified HMIS data for statewide analysis, planning, policy development, and resource allocation. The NYSHADE process uses de-identification to remove identifying information, with OTDA access limited to de-identified aggregate information.

The resulting data are used to identify system needs, evaluate outcomes, inform resource allocation, and strengthen coordination among government and community partners in the homelessness response system.

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)

To elevate the quality of care, optimize system performance, and drive measurable improvements in housing stability for individuals and families experiencing homelessness, the Southern Tier Entry to Programs & Services (STEPS) Continuum of Care (CoC) will implement a strategic integration of our Homeless Management Information System (HMIS) with external, cross-system datasets. This initiative will establish a robust multi-sector analytics framework designed to identify, prioritize, and serve high-utilization and highly vulnerable populations.

A cornerstone of this initiative is the strategic use of New York State Department of Health (NYSDOH) resources. Through this collaboration, the STEPS CoC will leverage the Statewide Planning and Research Cooperative System (SPARCS) to evaluate critical socio-demographic and public health trends. By synthesizing these population-level data sources with our existing HMIS infrastructure, the CoC will gain the capacity to track and quantify correlations between regional health gaps and housing instability across our service area.

Our methodology will specifically target the SPARCS Inpatient Discharges dataset for advanced data modeling. By isolating records with government-assisted payment types—specifically Medicare and Medicaid—and analyzing intersecting variables such as clinical diagnosis and patient disposition, our analytics framework will map distinct cohorts and geographic areas at the highest risk of homelessness.

To ensure a comprehensive view of regional environment, the STEPS CoC will additionally integrate the NYS Division of Criminal Justice Services Crime Index. Conducting a correlation analysis between regional crime index data and aggregate counts of individuals utilizing emergency shelters or street outreach projects across Steuben, Allegany, Livingston, Chemung, and Schuyler counties will allow us to prioritize support services in these areas and help lower these indices.

By layering HMIS utilization metrics with SPARCS inpatient discharges and regional crime data, this data modeling initiative will empower the STEPS CoC to deploy targeted, data-driven interventions exactly where they are most needed. Ultimately, this framework ensures that community resources are efficiently allocated to priority populations, advancing long-term housing stability across the Southern Tier.

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 STEPS CoC partners with Economic Opportunity Program (EOP) and Chemung-Schuyler-Steuben Workforce New York to connect participants to education and workforce services. EOP provides adult literacy, GED preparation and English as a Second Language instruction. Workforce New York provides financial literacy education, labor-market information and employment resources. Together, these services help participants build skills, pursue employment, increase income, and strengthen 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 promotes positive interactions between people experiencing homelessness, first responders, law enforcement, and street outreach teams through ongoing coordination and partnership. While law enforcement is not represented on the CoC Board, the CoC maintains collaboration with law enforcement agencies and first responders to support housing-focused responses to homelessness. Street outreach teams work directly with law enforcement and first responders when responding to encampments and other situations involving unsheltered individuals. When law enforcement encounters a person experiencing homelessness, outreach teams are engaged to provide outreach, assess needs, build trust, and connect individuals to housing and supportive services available through the CoC. The CoC and its street outreach providers provide law enforcement with information on local housing, shelter, behavioral health, and other community resources, as well as training and referral information to support appropriate service connections. These efforts help increase engagement with people experiencing homelessness while prioritizing access to housing and community-based services. Through coordinated encampment responses, cross-system communication, and ongoing resource and training support, the CoC strengthens partnerships with law enforcement and first responders to increase housing and service engagement for people experiencing homelessness.

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 recognizes that reconnecting individuals and families with safe and appropriate family members or support networks can be an effective strategy for resolving homelessness and promoting long-term housing stability. The CoC prioritizes family reunification and preservation when safe and appropriate. Providers recognize that strengthening family connections is a key strategy for preventing and ending homelessness and incorporating family engagement, counseling, and mediation to support housing stability and family preservation. Providers routinely coordinate with the Department of Social Services (DSS), social service agencies, veterans' programs, youth-serving organizations, behavioral health providers, and housing programs in other jurisdictions to ensure participants are connected to appropriate services and supports before relocation occurs. When appropriate, DSS in Steuben, Chemung, Allegany, Livingston and Schuyler counties and other community partners assist with referrals, benefits, transportation resources, and connections to services in another geographic area. Prior to reunification, staff verify that the housing arrangement and support system are stable, appropriate, and likely to support the participant's long-term housing goals. For households residing in CoC Program-funded housing, case managers continue to evaluate opportunities to strengthen natural support networks as part of ongoing housing stability planning. Participants are encouraged to build and maintain positive connections with family members and community supports when doing so aligns with their goals and promotes self-sufficiency. These relationships can serve as important resources for crisis prevention, social integration, and long-term housing retention. Through coordinated case management, collaboration with DSS and other community partners, transportation assistance, and individualized service planning, the CoC and its recipients support safe and appropriate family and support-network reunification efforts as one of several strategies for helping individuals and families exit homelessness and achieve lasting housing stability.

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

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

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

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

(limit 2,500 characters)

The NY-501 CoC cooperates with local governments, law enforcement, first responders, outreach, behavioral health, healthcare, and community partners to support public safety and connecting individuals experiencing homelessness to housing and supportive services. The CoC does not interfere with or impede lawful local efforts related to encampments, public safety, substance use, or other community concerns. The CoC works with partners to facilitate communication, outreach, referrals, and access to services.

CoC-funded outreach and housing providers coordinate with local governments and first responders when individuals experiencing homelessness are encountered in public spaces or during safety responses. Outreach teams and other homeless service providers assist first responders by identifying shelter, housing, behavioral health, substance use disorder (SUD), and other resources and facilitating connections. These relationships support coordinated responses to behavioral health or substance use-related crises.

The CoC works with behavioral health providers and partners to connect individuals who may present a danger to themselves or others with crisis, behavioral health, and emergency services. Through Coordinated Entry, case conferencing, and referral networks, providers coordinate participant needs and identify interventions and services consistent with applicable laws and local protocols.

Regarding encampments, the CoC supports coordinated outreach and engagement efforts to identify individuals in unsheltered locations and connect them with shelter, housing, and supportive services. When local authorities undertake actions involving public spaces or encampments, CoC providers coordinate outreach and referrals as appropriate and do not obstruct lawful enforcement or public safety activities.

The CoC also supports appropriate information sharing among authorized partners consistent with applicable privacy requirements and the Sex Offender Registry and Notification Act (SORNA). Governing boards and community partnerships provide opportunities for local governments, public safety agencies, and homeless service providers to communicate regarding community needs and responses.

Through these established partnerships, the CoC supports first responders and local communities by facilitating access to outreach, shelter, housing, behavioral health, SUD treatment, and other services while respecting local authority and lawful public safety efforts.

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)

NY-501 operates across five counties and numerous municipalities, so laws and practices governing encampments vary by jurisdiction. A specific local policy is City of Elmira Ordinance No. 2024-361, adopted November 18, 2024, which amended Chapter 18 of the City Code to prohibit camping within the City except for defined family camping. The ordinance authorizes removal of prohibited campsites and individuals occupying them. When a prohibited campsite is discovered on public property, the City must, when feasible, notify the Chemung County Department of Social Services before removal. The Elmira Police Department, Code Enforcement, and Sanitation Department are authorized to remove prohibited campsites, and first responders may facilitate medical evaluation when an individual is determined to be endangered or a danger to self or others.

NY-501 will leverage the DSS notification provision to coordinate local government, law enforcement, first responders, outreach providers, Chemung County DSS, behavioral health providers, emergency shelter, and Coordinated Entry. When advance coordination is feasible, partners can conduct outreach, assess housing and service needs, and connect individuals with shelter, Coordinated Entry, behavioral health or substance use services, benefits, transportation, and housing resources before or during the City's response.

Other local practices also regulate unauthorized camping. Chemung County requires written permission for camping or temporary lodging at the County Fairgrounds, and the Village of Wellsville in Allegany County prohibits camping in designated public places.

Factors that may hinder rapid resolution include limited shelter and affordable housing capacity, transportation barriers, the CoC's large rural geography, dispersed unsheltered locations, and differences in local policies among municipalities. NY-501 will mitigate these barriers through coordinated outreach, communication with the responsible municipality, rapid referral to available services, transportation assistance where available, and follow-up through Coordinated Entry and housing navigation.

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 STEPS CoC continues to experience a relatively dispersed pattern of unsheltered homelessness rather than large, established encampments. During the most recent Point-in-Time (PIT) count, the CoC identified 55 unsheltered individuals, many of whom were residing in vehicles, abandoned structures, wooded areas, temporary campsites, and other locations not meant for human habitation. The rural nature of the region, combined with limited public transportation and large geographic distances between service hubs, contributes to unsheltered homelessness being spread across multiple counties rather than concentrated in a small number of large encampments. The CoC and its member organizations, including county Departments of Social Services, outreach providers, and community-based organizations, actively monitor known unsheltered locations and conduct regular outreach to connect individuals living outdoors with emergency shelter, housing resources, and Coordinated Entry. Outreach efforts focus on engagement, housing navigation, and reducing barriers to shelter and permanent housing whenever possible. While encampments are generally smaller and less visible than those found in larger urban areas, local governments and property owners may address unauthorized camping on public or private property through local codes, trespassing laws, public health regulations, and safety ordinances. In the City of Elmira, a camping ordinance was adopted to address unauthorized campsites and encampments, while also emphasizing coordination with social service providers and housing resources. The CoC's approach prioritizes outreach, engagement, diversion, emergency shelter access, and rapid connection to housing rather than enforcement alone. Community partners work collaboratively to ensure that individuals residing in tents, vehicles, or other unsheltered locations are identified and connected to available resources through the Coordinated Entry System. As housing affordability, behavioral health needs, and substance use challenges continue to impact the region, the CoC remains focused on expanding housing opportunities and supportive services to reduce unsheltered homelessness and prevent the growth of larger encampments throughout Chemung, Steuben, Allegany, Livingston, and Schuyler Counties.

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

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

(limit 2,500 characters)

The STEPS CoC addresses public drug use through coordinated outreach, treatment, housing, and public safety partnerships. A key policy supporting these efforts is New York Penal Law §240.40, which permits intervention when an individual appears in public under the influence of narcotics to the degree that they may endanger themselves, others, or property. One way the CoC leverages this beneficial policy is through collaborating with the Chemung County Drug Treatment Court which provides eligible non-violent individuals with court-supervised treatment, case management, drug testing, and recovery services as an alternative to incarceration, helping connect individuals to treatment while promoting community safety. To overcome policies that may be restrictive, outreach teams partner with law enforcement, hospitals, county mental health departments, public libraries, substance use providers, and homeless service organizations to identify individuals using drugs in public and quickly connect them to treatment, housing, and recovery supports. The CoC's outreach efforts are strengthened by trauma-informed, client-centered engagement strategies and the inclusion of peer staff with lived experience, which providers report improves trust and increases acceptance of services among individuals who are reluctant to seek treatment. These efforts have created a decrease in the number of overdose deaths. Moving forward, NY-501 will continue leveraging Drug Treatment Court programs, outreach partnerships, and coordinated response practices while expanding cross-system collaboration and warm handoffs to treatment providers. The CoC will prioritize social-service-led and co-responder approaches whenever appropriate while coordinating with law enforcement when immediate public safety concerns exist.

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)

The current status of overdoses and illicit drug use in public spaces According to the CDC, the status of overdose deaths reported during December 2024 to December 2025 showed that NY-501’s five counties reported 32 overdose deaths, including 14 in Chemung and 18 in Steuben Counties. Due to the rural geographic area, it is not common for there to be large gatherings of individuals using illicit drugs in public. The CoC will continue to partner with outreach teams, law-enforcement, local government, and recovery services to ensure the decrease in amount of overdoses and illicit drug use in public spaces.

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)

Livingston, Allegany, Steuben, Chemung, and Schuyler Counties use New York Mental Hygiene Law standards and local crisis-response systems when an individual may be a danger to self or others. Under NY Mental Hygiene Law §9.41, authorized police/peace officers may take a person into custody and direct removal to an authorized hospital or Comprehensive Psychiatric Emergency Program when the person appears mentally ill and is behaving in a manner likely to result in serious harm to self or others. The law also allows emergency mental health evaluation when a person presents a substantial risk of harm or is unable to meet essential needs because of mental illness.
The CoC works closely with county behavioral health agencies, including Allegany County Community Services, Chemung County Department of Mental Hygiene, Livingston County Community Services, Schuyler County Community Services, and Steuben County Community Services. These agencies provide assessments, outpatient treatment, crisis response, care coordination, and housing referrals. Family Services of Chemung County operates the regional Mobile Crisis Program serving Chemung and Schuyler Counties and provides 24/7 crisis intervention, mobile response, assessment, de-escalation, stabilization, and referrals.
The CoC also coordinates with Arnot Health, St. James Hospital, Noyes Health/UR Medicine, local mental health clinics, and county crisis systems to support psychiatric evaluation, treatment, discharge planning, housing, and recovery services. NY-501 will mitigate limitations by using outreach, mobile crisis, Coordinated Entry, case conferencing, county mental health services, hospitals, and treatment providers to connect individuals who do not meet involuntary-treatment criteria with voluntary crisis stabilization, outpatient care, benefits, housing, and ongoing supports. When statutory criteria are met, providers will coordinate with authorized first responders and behavioral-health professionals to facilitate timely evaluation and discharge planning.

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

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

(limit 2,500 characters)

The CoC has an established practice for sharing information related to Sex Offender Registry (SOR) status. During Coordinated Entry (CE) assessments, individuals are asked to disclose SOR status and potential barriers to housing and services. This information is documented, and staff coordinate with local law enforcement when an individual with SOR status reports relocating and location notification is appropriate. Staff use legally available public registry information for safety planning, housing, supervision, and services. Partners are informed of SOR status when legally appropriate, and referrals are made to programs able to serve individuals with SOR status.
The CoC's confidentiality, consent, and authorized-disclosure requirements support lawful information sharing, while privacy restrictions may limit disclosure of personally identifying or location information. NY-501 mitigates these limitations by distinguishing between information that is publicly available or legally required to be shared and information protected by HMIS or other confidentiality requirements. Providers obtain consent when required, use public registry information when authorized, and coordinate directly with law enforcement or supervision authorities when notification requirements apply.
The CoC will continue incorporating SOR and housing/service-barrier questions into CE assessments, training participating agencies, coordinating with law enforcement and service providers, and using outreach and CE to maintain contact when individuals relocate. These practices help providers identify appropriate housing and services while ensuring relevant partners receive legally permitted information needed for safety, supervision, and service coordination.
At the end of 2025, 43,064 individuals were registered sex offenders in New York State. The CoC will continue reviewing CE assessment information, referrals, case practices, and partner feedback to strengthen timely and lawful information sharing.

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 utilizes a coordinated outreach strategy to identify, engage, and assist individuals and families experiencing homelessness throughout its geographic area, including people who are unsheltered and not otherwise connected to services. Recognizing the challenges associated with serving rural communities, the CoC collaborates with human services organizations, community action programs, public libraries, hospitals, county mental health departments, and law enforcement agencies to identify individuals experiencing homelessness and connect them to available resources. Street outreach is conducted by the Allegany Council on Alcoholism and Substance Abuse (ACASA), which serves on the CoC Board and participates in local Homeless and Housing Task Force meetings, strengthening coordination among outreach, housing, and service providers. The CoC also coordinates with specialized outreach programs serving veterans, including the VA Outreach Program, Health Care for Homeless Veterans (HCHV), and Soldier On, which identify and engage unsheltered veterans and connect them to housing and supportive services. The CoC maintains relationships with County Mental Health Departments that administer Assertive Community Treatment (ACT) programs, which utilize multidisciplinary teams to engage individuals experiencing serious mental illness who may not be connected to traditional service systems. The CoC further works with key community stakeholders, including law enforcement, to increase awareness of available resources and facilitate referrals to outreach and housing services. Individuals identified through outreach are connected to the local homeless response system for housing and supportive services. Outreach efforts occur year-round and are supplemented by the annual Unsheltered Point-in-Time Count. Outreach providers utilize client-centered and evidence based approaches, including the use of staff with lived experience, to build trust and engage individuals without requiring participation in treatment or services as a condition of assistance.

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

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

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

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	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 has adopted policies & procedures w/in its Written Standards to ensure all programs consistently & accurately inform individuals & families who have recently begun experiencing homelessness about available ed. services & related eligibility. This CoC policy requires CoC providers serving households w/children designate a specialized staff person to serve as the educational liaison to both inform individuals & families of their eligibility for schooling & to provide direct support to set up services to ensure no disruption in current ed. services for students entering shelter or transitioning from shelter into permanent housing. Written Standards state specifically, educational liaisons are responsible for ensuring children continue to be enrolled in school & connected to age-appropriate services in the community (e.g., Project Head Start, Individuals w/Disabilities Education Act Part C: Infant & Toddler Program, McKinney-Vento Education Services). Educational liaisons are expected to connect & work w/ homeless individuals, families, schools, & education programs to ensure the most appropriate educational services are made available & barriers are removed. For example, CoC staff are required to coordinate on behalf of homeless individuals & families w/the McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services & ongoing enrollment. The Regional Advisory Board on Youth Homelessness regularly conducts a survey of all CoC funded agencies to collect contact information on identifying agency appointed staff serving as the educational liaison. Moving forward, the CoC program monitoring process will incorporate a review of agency connection w/local schools & corresponding McKinney-Vento reps. & will follow protocols to ensure all children are appropriately served by their school. At the CoC system level, the CoC fosters strong partnerships w/education via the McKinney-Vento homeless liaisons by encouraging liaison participation on the CoC Board & relevant committee work. The CoC meets at least annually w/McKinney-Vento liaisons to specifically review CoC policies & procedures to ensure full compliance & best practice w/regulations. Lastly, the Department of Social Services links individuals & families to job training, & higher education courses w/in the county. Similarly, Allegany County Community Opportunities & Rural Development offers business classes.

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 CoC works closely with child welfare agencies and housing providers to support youth as they transition to independent adulthood. The NY-501 CoC maintains partnerships with the Departments of Social Services in Allegany, Chemung, Livingston, Schuyler, and Steuben Counties, which serve as the region's child welfare agencies. Through collaboration with local public housing authorities, housing providers, and youth-serving organizations, the CoC works to identify youth transitioning from foster care, connect them to housing resources and supportive services, and coordinate pathways to permanent housing and independent living. Through these partnerships, the CoC and child welfare systems work together to identify emerging needs, coordinate system planning, strengthen referral pathways, and improve outcomes for youth who are at risk of homelessness as they exit foster care. These collaborative relationships create direct connections between child welfare and homeless response systems, ensuring youth receive housing-focused case management, coordinated service planning, and warm handoffs to community resources prior to discharge from care. By integrating child welfare partners into regional planning and leveraging targeted housing resources such as the Family Unification Program (FUP) and other housing assistance programs available through local housing partners, the CoC has developed a coordinated system that prioritizes prevention, rapid connection to housing, and sustained support for youth transitioning from foster care. The partnership between the CoC, housing providers and the local Department of Social Services helps ensure that youth have access to the housing and supportive services necessary to achieve long-term stability and successful transitions to adulthood.

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 does not directly receive RHY funding; however, it maintains strong partnerships with youth-serving providers that deliver emergency shelter, transitional housing, street outreach, counseling, and supportive services to runaway and homeless youth. Through coordinated entry, referrals, and collaborative case planning, the CoC works to ensure youth experiencing homelessness are connected to appropriate resources and housing opportunities throughout the region.

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

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

(limit 500 characters)

STEPS has two RRH projects that primarily serve families with children experiencing homelessness: Salvation Army – Elmira Salvation Army POH RRH and Catholic Charities of Chemung County RR Consolidated RR Renewal. These projects provide rapid rehousing assistance, housing stabilization services, case management, and connections to mainstream benefits. Both work with local service providers, schools, and community partners to support family housing stability and long-term self-sufficiency.

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)

STEPS' family-serving Rapid Rehousing projects, Salvation Army – Elmira Salvation Army POH RRH & Catholic Charities of Chemung County RR Consolidated RR Renewal, provide supportive services designed to help families and children experiencing homelessness. Through individualized case management, project staff assess each household's employment, education, and financial needs & develop service plans that support both immediate housing goals & long-term self-sufficiency. Families are connected to workforce development resources, job search assistance, resume preparation, interview coaching, vocational training opportunities, educational programs, and mainstream employment services available throughout the region. Participants are also assisted in accessing public benefits for which they may be eligible, including SNAP, TA, childcare subsidies, health insurance, and other income supports that can help stabilize households while employment or training goals are pursued. Case managers work closely with families to identify barriers to employment, such as transportation needs, childcare challenges, limited work experience, or gaps in education, & connect participants with community resources that can address those barriers. Both projects emphasize financial empowerment and housing retention. Households receive guidance on budgeting, money management, credit improvement, and planning for increasing rental responsibilities as program assistance decreases. Staff help families understand lease obligations, establish savings goals when possible, and plan for maintaining housing after RRH assistance ends. The projects collaborate w/ local workforce agencies, educational institutions, schools, social service providers, and community-based organizations to expand employment and income opportunities for participating families. Through these partnerships, families can access job readiness programs, career counseling, skills training, & other services that support increased earning potential. The projects also regularly monitor progress toward employment and income goals & adjust service plans as needed to promote continued advancement. By combining housing assistance with employment-focused case management, benefit enrollment support, and financial literacy, these RRH projects help parents increase household income, strengthen financial stability, and secure the resources necessary to maintain permanent housing and successfully pay rent over the long term.

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)

STEPS has two Rapid Rehousing projects that primarily serve families with children experiencing homelessness: Salvation Army – Elmira Salvation Army POH RRH and Catholic Charities of Chemung County RR Consolidated RR Renewal. These projects leverage funding and resources from mainstream family service systems, including Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, childcare assistance, rental and utility assistance, and other supports available through local Departments of Social Services (DSS). Through intensive case management, staff assist families with benefit applications, eligibility reviews, documentation collection, and enrollment in programs that increase household income and financial stability. The projects partner with Chemung County DSS, local schools, healthcare providers, SOAR providers, workforce development agencies, and community organizations to connect families to cash and non-cash benefits, SSI/SSDI, educational opportunities, childcare resources, and other supports that improve housing stability and self-sufficiency. The CoC's strategy for increasing non-employment cash income focuses on building strong relationships with community stakeholders and educating homeless service providers on available benefits, qualifying factors, and referral processes. DSS representatives regularly engage with the CoC to provide updates on benefit programs and resources, helping providers better support families in accessing income and public assistance. The CoC also coordinates with SOAR providers to improve access to SSI/SSDI benefits for eligible adults and children. In addition, families are connected to food pantries, prepared meals, clothing resources, healthcare services, and other community supports that reduce household expenses and allow more income to be directed toward housing costs. These partnerships are formalized through written MOUs or collaborative agreements and are updated as needed to ensure coordinated service delivery. Through these efforts, the projects help families maximize available resources, increase financial stability, and maintain permanent housing over the long term.

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)

STEPS has two Rapid Rehousing projects that primarily serve families with children experiencing homelessness: Salvation Army – Elmira Salvation Army POH RRH and Catholic Charities of Chemung County RR Consolidated RR Renewal. These projects combine housing assistance with family-centered services that promote housing stability, child well-being, and long-term self-sufficiency. Through rapid rehousing assistance, housing stabilization services, and individualized case management, families are connected to childcare resources, parenting education and support programs, early childhood services, school-based supports, and community programs that strengthen family stability. The projects also connect families to pediatric healthcare, Medicaid, behavioral health services, developmental screenings, immunizations, and other healthcare resources that support healthy child development. Children and youth are connected to local schools, early learning programs, tutoring services, transportation resources, and educational supports, while parents are linked to adult education, financial literacy, workforce development, and employment resources. Staff also help families access mainstream benefits and community resources that reduce household expenses and support housing retention. Salvation Army – Elmira Salvation Army POH RRH and Catholic Charities of Chemung County RR Consolidated RR Renewal partner with local schools, childcare providers, healthcare organizations, Departments of Social Services, early childhood service providers, workforce development agencies, and community-based organizations to provide coordinated services for families. These partnerships help ensure families have access to childcare, parenting support, healthcare, educational services, and other resources that contribute to housing stability and positive outcomes for children. Partnerships are formalized through written MOUs, collaborative agreements, and referral networks and are updated as needed to ensure coordinated service delivery. Through these combined efforts, the projects help families achieve safe, stable housing while supporting the health, education, and well-being of both parents and children.

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

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

(limit 500 characters)

The CoC partners with the U.S. Department of Veterans Affairs (VA) and its HUD-VASH and Supportive Services for Veteran Families (SSVF) programs to connect veterans experiencing homelessness with housing and supportive services. CoC providers coordinate with VA staff through Coordinated Entry to facilitate referrals, identify housing needs, and connect veterans to housing, healthcare, and other supportive resources.

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 has partnerships with NYS DV coalitions & VSP's. Chances and Changes (CAC), which is a VSP and part of the NYS DV and Sexual Assault Coalitions, actively participates on the CoC Board and agency line staff attend CoC membership meetings. CAC works closely with Catholic Charities, the Mainstream CE Lead of the CE system & is active in developing CE processes within the CoC. Chances & Changes participates in a Domestic Violence Regional Advisory Board on behalf of the CoC.

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 the Justice Center of the Southern Tier to prevent homelessness among justice-involved individuals. Through housing referrals, reentry planning, and community supports, partners promote successful reintegration and housing stability. The CoC Board is actively recruiting law enforcement, probation, and court representatives, including specialty courts, to strengthen cross-system collaboration.

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

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

(limit 500 characters)

The CoC partners with healthcare providers to serve individuals experiencing homelessness who have complex medical and behavioral health needs. Through coordinated housing, healthcare, and case management services, clients receive comprehensive support to improve health and housing stability. A key partner, Arnot Health, provides primary and specialty care, diagnostic services, and other essential healthcare programs, helping connect clients to treatment, ongoing care, and community resources.

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 CoC partners with the Chemung County Department of Aging and Long-Term Care, including representation in Membership. The Chemung County Department of Aging and Long Term Care helps the elderly population through case management services, long term planning, nutrition services, transportation, care giver support and other community-based resources that help elderly individuals maintain housing stability.

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

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

(limit 500 characters)

Within the NY-501 CoC, Chances and Changes operates their HUD PSH project, a Permanent Supportive Housing project that prioritizes individuals experiencing chronic homelessness. Catholic Charities also operates 3 programs prioritizing individuals experiencing chronic homelessness including, their Bonus PSH project, Shelter Plus Care PSH project, and RR Consolidated RRH project.

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)

Chances and Changes HUD PSH, a PH project that prioritizes those experiencing chronic homelessness, provides on-site behavioral healthcare services to support housing stability, overall wellness, and successful community integration for program participants.

Chances and Changes provides these services in-house and participants have access to on-site behavioral healthcare services that include mental health, substance use, and peer recovery support. Services are delivered at the project site, allowing participants to receive care in a familiar environment, removing barriers to participation.

Behavioral healthcare services are tailored to the individual needs of each participant. Staff work collaboratively with participants to develop service plans that address behavioral health needs, barriers to housing stability, and long-term recovery goals. Regular communication among service providers helps ensure participants receive comprehensive support and timely interventions when needed.

Through the integration of housing and on-site behavioral healthcare services, Chances and Changes helps participants address behavioral health challenges, maintain stable housing, and progress toward their individual goals.

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)

Chances and Changes' HUD PSH project, a PH project that prioritizes those experiencing chronic homelessness, assesses participants' needs for a higher level of care as part of ongoing case management and service planning. Project staff assess housing stability, activities of daily living, behavioral health, medical needs, safety concerns, and the participant's ability to live independently. When an assessment indicates that a participant may require a higher level of care, staff work with the participant to identify appropriate services and make referrals to qualified community-based providers, such as assisted living, residential treatment, behavioral health, medical, or other supportive care programs. Referrals are coordinated with the participant and appropriate service providers, with participant consent and in accordance with applicable privacy requirements. The participant's needs and progress are reviewed on an ongoing basis, and service plans are adjusted when a higher or different level of care is identified as necessary.

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)

As a CoC-funded project, Chances and Changes' HUD PSH project follows the CoC's approved Move On Strategy to assess whether participants are ready to transition from permanent supportive housing to unsubsidized housing or other permanent housing options. The NY-501 CoC's policy for assessing participant readiness for moving on to unsubsidized or other permanent housing is outlined in the CoC's Move On Strategy which is noted in the CoC's Written Standards. The strategy is designed to promote tenant independence, self-sufficiency, and housing choice while ensuring that supportive housing resources remain available for households with the highest needs.

Through ongoing case management, project staff regularly meet with participants to establish goals, evaluate progress, and support housing stability using a strength-based and recovery-focused approach. Participants are informed that moving on is voluntary and driven by client choice. Housing providers evaluate whether participants have demonstrated the ability to maintain stable housing, meet the screening requirements of affordable housing providers or public housing authorities, and sustain a level of independence that no longer requires intensive supportive housing services.

The Move On Strategy requires providers to assess multiple areas related to housing stability and independence, including emotional readiness and confidence to move, financial capacity and budgeting skills, employment or income stability, housing history, service utilization, health and behavioral health management, connection to mainstream resources, natural support systems, community living skills, activities of daily living, and long-term housing goals. Program staff use these factors to evaluate tenant capacity, motivation, confidence, and overall readiness for a successful transition on a regular basis.

For participants who express interest in moving on, Chances and Changes staff work collaboratively with the household to create a formal transition plan that identifies strengths, needed supports, and steps toward securing permanent housing. Participants are connected to resources such as employment supports, benefits counseling, community-based services, and housing search assistance. The project also provides transition supports, including assistance locating and securing housing, landlord engagement, linkage to community resources, and ongoing case management.

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.	09/28/2026

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.	09/28/2026

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?	No

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/05/2026

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 determines candidates for reallocation due to low performance or less-needed projects. The process is outlined in the Rank & Review Written Process, reviewed, updated, posted for public comment, and approved by the NOFO Committee and CoC Membership annually. The NOFO Committee and project review team flag projects with inadequate financial management, ineligible expenditures, returned funds, poor performance outcomes, or consistently low Rank & Review scores. Recommendations from Rank & Review and monitoring are made to the Board. The Board makes the final decision to reallocate funding to create a new high-performing project by reviewing performance outcomes, populations served, and community need, then shares its decision with CoC Membership. If a project is needed in the community, such as one serving a hard-to-serve population, the Board works with the Planning Lead to provide TA to address underperformance. If reallocation would better serve people experiencing homelessness, funding is made available through the new project Rank & Review process.

A new project application is required for projects developed with reallocated funds, and proposed projects must fill an unmet need. These applications are accepted with renewal applications.

Projects developed with reallocated funds submit a New/Bonus application and are evaluated alongside Renewal Projects in a unified competitive ranking process. Each project is scored using the appropriate tool and placed in PH–TH–SSO rotational sequence. Reallocated projects receive additional points to incentivize reallocation. The final ranking is presented to the CoC Board, which may adjust ranking and tiering to meet community needs.

This year, the CoC identified no low-performing or less-needed projects for reallocation. High performance was demonstrated through Rank & Review, and monitoring; need was demonstrated by projects accepting the most vulnerable clients from the Coordinated Entry waitlist. No low performing projects were identified for reallocation during the local competition. No CoC funding was required to be reallocated in this funding cycle. The CoC determined all projects are high performing and address community needs.

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)	Foothold

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs

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)

The CoC implemented data quality actions, including increased training of volunteers to improve the validity of the unsheltered PIT count. No methodology changes were made. The unsheltered PIT count was improved through increased/improved training to ensure de-duplication and effective interview techniques. As a result of the increased/improved training in 2026, the CoC was able to administer a more accurate unsheltered PIT count which indicated an increase from 26 in 2025 to 55 in 2026.

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

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

(limit 2,500 characters)

During the evaluation period, the Continuum of Care (CoC) collaborated with local governments, homeless service providers, street outreach teams, and community partners to address unsheltered homelessness and reduce encampments. Efforts focused on connecting individuals with emergency shelter, housing interventions, and supportive services while addressing barriers to housing stability. The CoC supported street outreach efforts to identify and engage individuals residing in encampments, assess their needs, develop individualized housing plans, and facilitate referrals to emergency shelter, coordinated entry, and other homeless assistance programs. Through coordinated entry, individuals were connected to appropriate housing interventions based on their needs and program eligibility, including permanent supportive housing, rapid rehousing, transitional housing, and other available resources. The CoC also monitored local laws and ordinances affecting camping and encampments throughout its geographic area to remain informed of changes impacting individuals experiencing unsheltered homelessness. This monitoring supported communication and coordination between homeless response partners and local jurisdictions regarding outreach, service delivery, and housing placement efforts. Ongoing collaboration among participating agencies helped identify service gaps, address barriers to housing, coordinate available resources, and strengthen the community's response to unsheltered homelessness. To improve its ability to measure and respond to unsheltered homelessness, the CoC will implement the collection and entry of encampment-related data into the Homeless Management Information System (HMIS). This initiative will support more accurate documentation of encampments and the individuals residing in them, facilitate monitoring of trends and changes over time, and improve understanding of the population's needs. More consistent data will inform resource allocation, strengthen outreach coordination, and help evaluate the effectiveness of encampment reduction strategies The CoC remains committed to strengthening partnerships, improving outreach and coordinated entry processes, enhancing data collection, and expanding access to housing and supportive services to reduce encampments and improve outcomes for individuals experiencing unsheltered homelessness.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	4
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.	38
2. Enter the reduction in the number of people in encampments during your evaluation period.	12

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)

Not Applicable

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 continues to develop its process to determine risk factors used to identify persons that may become homeless for the first time. The process includes analyzing HMIS, LSA, Stella, SPMs, & CE data, & hosting community discussions to identify risk factors for becoming homeless for the first time. The CoC Board is responsible for reviewing HMIS, LSA, Stella, SPMs, & CE data to identify & consider characteristics of those who are first-time homeless, including demographics, cause of homelessness, & disabling conditions. The CoC identifies common factors contributing to first-time homelessness through community conversations & CE case conferencing w/ prevention providers, emergency shelters, Dept. of Social Services, & faith-based leaders. This qualitative information supplements HMIS data to create a holistic picture of local causes of first-time homelessness. The CoC has developed three strategies to address individuals and families at risk of becoming homeless for the first time. These strategies include a) educate community providers who serve priority populations (i.e. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those individuals & families; b) target prevention funding & services earlier within an individual's/families housing crisis by communicating risk factors for first time homelessness identified through data analysis with CE- the CE committee utilizes this information to continually update the CE vulnerability index w/ characteristics associated w/ first time homelessness; c) increase the amount of prevention funding available in the community (i.e. through State & Local funding sources), an essential component of increasing the number of individuals/families able to remain stably housed & preventing new episodes of homelessness. The CoC promotes & applies for prevention funding through state, local & private funding sources on an ongoing basis.

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

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

(limit 2,500 characters)

The CoC's strategy to reduce the length of time (LOT) individuals and families remain homeless includes: a) increasing the number of affordable housing options through support for affordable housing development and engaging systems of care to provide and increase units of homeless and affordable housing (DV, Mental Health, PHAs, etc.) and engaging landlords to rent to tenants using subsidies in the five-county region; b) ensuring CoC and program policies remove system barriers to rapid housing & c) coordinating housing opportunities through the Coordinated Entry (CE) program. The CoC routinely seeks out and supports the increase of permanent housing options. For example, the CoC continues to support NYS Empire State Supportive Housing Initiative (ESSHI) applications for PH; partners with local DSSs to leverage permanent housing vouchers for program participants exiting rapid rehousing programs; and has implemented a Moving On Strategy to ensure PSH units are available for the highest need and hardest to serve. The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE system. During bi-weekly CE case conferencing, staff discuss barriers to housing persons who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate/appropriate housing for these households. The CE system works to reduce LOT homeless by including LOT as a prioritizing criterion within the CE's prioritization process. The CoC also engages non-CoC-funded housing providers to increase the number of appropriate housing options for those coming through CE. Specifically, the CoC collaborates with Arbor Housing and Development, an affordable housing developer who collaborates with support services agencies in the CoC to provide PSH. Together, these strategies result in an increase in immediate housing opportunities for those who are 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?	56.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The information was generated from the CARES Collaborative HMIS Database for the reporting period of October 1, 2024, through September 30, 2025. Reporting Methodology and Parameters: Using the HMIS Report Builder module, a report was generated for the entire Continuum of Care (CoC) identifying clients who exited Transitional Housing, Rapid Re-Housing, or Permanent Supportive Housing projects during the applicable reporting period. The percentage of exits to unsubsidized housing was calculated using the total number of exit destinations recorded in HMIS Data Element 3.12. The following exit destinations were included in the calculation: 1) Staying or living with family, permanent tenure 2) Staying or living with friends, permanent tenure 3) Rental by client, no ongoing housing subsidy 4) Owned by client, no ongoing housing subsidy. Exit destinations other than the four categories listed were excluded from the numerator when calculating the percentage of exits to unsubsidized housing. However, all exit destinations recorded in HMIS Data Element 3.12 were included in the denominator.

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.	01/22/2026

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	8	29	37	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	17	40	57	100.00%
4. Rapid Re-Housing (RRH) beds	290	36	326	100.00%
5. Permanent Supportive Housing (PSH) beds	360	12	225	60.48%
6. Other Permanent Housing (OPH) beds	21	0	21	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)

Over the next 12 months, the CoC will implement a targeted strategy to increase HMIS bed coverage to at least 85% for each project type identified in Question 2A-9. Within the first 90 days, the CoC and HMIS Lead will confirm the PSH projects and beds not represented in HMIS or an applicable comparable database and contact each affected provider. During months 4-6, the HMIS Lead will provide onboarding assistance, user setup, workflow support, privacy/security guidance, and project-specific training to providers agreeing to participate. During months 7-12, the CoC will review coverage quarterly, resolve remaining inventory discrepancies, and conduct follow-up outreach with providers that remain outside the system.

The CoC has identified providers not currently participating in HMIS and will use this information to guide targeted outreach and engagement. Nonparticipating providers will be contacted through direct communication with organizational leadership, informational meetings, and education regarding the benefits of HMIS participation, including improved data completeness, service coordination, community planning, and outcome measurement. For providers not required to participate, outreach will emphasize voluntary participation and address barriers related to confidentiality, staffing, technology, and administrative burden.

In collaboration with the HMIS Lead Agency, the CoC will offer technical assistance, system demonstrations, onboarding support, and guidance on HMIS requirements, user access, data-entry workflows, and privacy and security policies. The CoC will also review bed inventory and enrollment practices to ensure participating projects are accurately represented. Progress will be monitored through HMIS bed inventory and participation data, and outreach strategies will be adjusted as needed to address remaining gaps. The CoC will document outreach activities, provider responses, barriers, and implementation progress to support a more complete and accurate representation of the community’s homeless response system.

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

Submission Summary

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

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