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-511 - Binghamton, Union Town/Broome, Chenango, Delaware, Cortland, Tioga Counties CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: ICALLIANCES

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

16.	Local Government Staff/Official(s)	Yes	2
17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
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	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	2
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	11
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, the Chenango County Sherriff's Office and Christ Episcopal church, also a new CoC applicant applying for SSO funds, are part of the Membership and/or 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 Homeless Coalition CoC maintains a transparent, year-round process to solicit and consider input regarding CoC performance, strategies, and priorities. Participation opportunities are publicly communicated through the CoC website, which includes membership information, meeting materials, and a recorded CoC 101 training series. Input is gathered through Membership and committee meetings, community and funding forums, workshops, targeted outreach, virtual meetings and trainings, email listservs, the Civic Roundtable platform, an online submission form, and engagement with program participants. Stakeholder feedback is used to evaluate CoC performance, inform strategic planning, update priorities, and guide funding decisions. The Board reviews input from community members, Membership meetings, committees, workshops, and funding forums. Concerns and recommendations are documented in meeting minutes, reviewed by committees as needed, and presented to the Board, with updates shared across Membership. Community workshops, including livestreamed and recorded options, further support accessibility, transparency, and meaningful engagement. The Southern Tier Homeless Coalition CoC engages a broad range of individuals and organizations with knowledge of or interest in preventing and ending homelessness. Participants include persons with lived experience, housing and homeless service providers, affordable housing organizations, local and county governments, law enforcement and parole representatives, faith-based organizations, and other community partners. The CoC maintains open membership and recruits participants year-round through its website, listservs, Membership meetings, invitations, and targeted outreach. Applications are accepted on a rolling basis, and organizations new to CoC funding are encouraged to participate. To promote participation, the CoC offers virtual and in-person engagement opportunities, electronic communications, accessible materials, and recorded trainings. This process ensures diverse community perspectives help shape CoC strategies, priorities, and efforts to prevent and end homelessness throughout the CoC geographic area.

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-511 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. 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, positive outcomes, 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)

STHC 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, STHC 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, STHC 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, STHC 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, STHC 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. STHC 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

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

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

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	80%

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)

Southern Tier Homeless Coalition (STHC) 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 STEP One, Fairview Recovery, and Addictions Center of Broome County. 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 CoC's 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 CoC works with both MH & SUD providers to assist program participants to receive both SUD & MH treatment with a range of levels of care, interventions, medication management, suicide prevention and recovery supports by a.) maintaining multiple formal partnerships with Fairview Recovery Services, Inc., Addictions Center of Broome County (ACBC) , Mental Health Association of the Southern Tier (MHAST) and STEP One through a signed and annually updated service agreements and participation in the CoC Membership. Greater Opportunities for Broome and Chenango, Inc. have partnered with Fairview Recovery Services, Inc., which provides coordinated referrals for substance use disorder treatment, medication-assisted treatment (MAT), behavioral health services, recovery supports, case management, and supportive housing services. The YWCA of Binghamton/ Broome has partnered with MHAST offering peer led mental health services as well as stabilization services and supports to individuals experiencing crisis relating to mental health or substance use symptoms. Greater Opportunities, YWCA, and VOA partner with ACBC. ACBC is a medically supervised outpatient clinic that treats individuals with substance use disorders providing individual, group and family counseling. Greater Opportunities and the YWCA both partner with STEP One. STEP One provides substance abuse treatment and recovery services, including group and individual counseling, MAT referrals, relapse prevention and recovery planning. Within these MOU's, SUD & MH providers clearly outline the services to be provided to CoC funded participants. These partnerships support 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)

NY-511 partners w/ peer support & recovery, substance use disorder (SUD), behavioral health, healthcare, & recovery providers to connect individuals experiencing homelessness with treatment, peer recovery supports & recovery navigation. The CoC regularly invites healthcare & recovery partners with peer supports, including Fairview Recovery Services & County Departments of Mental Health, to present at Membership Meetings regarding available SUD, mental health & recovery services. This information is shared directly with homeless service providers, allowing program staff to connect participants with appropriate treatment & recovery resources based on their individual needs.
Mental Health Empowerment Project also provides peer support services throughout the state. The CoC partners with them to serve individuals in recovery & train partner orgs. & peers on peer service delivery.
The CoC also engages Health Care Navigators, Health Homes, Behavioral Health & Medicaid Case Management programs to help providers understand available services & assist participants in navigating eligibility, enrollment & access to ongoing supports. These partnerships strengthen participants' ability to remain connected to behavioral health & SUD services & other resources that support recovery.
The CoC systematically shares current information on community recovery & behavioral health resources through Membership Meetings & email updates. Community agencies, including non-CoC partners, are encouraged to provide updates on available services, increasing providers' knowledge of recovery resources & referral options. When changes in access or referral processes require additional support, the Collaborative Applicant provides technical assistance & webinars to help projects implement new referral pathways.
The CoC promotes SSI/SSDI Outreach, Access, & Recovery (SOAR) training through Membership Meetings & the annual rank & review process. SOAR-trained agencies are available for participant referrals. SOAR-trained staff help participants navigate the SSI/SSDI application process & access benefits that provide greater financial stability & support ongoing recovery.
Through provider partnerships, recovery-focused referrals, care management, CE case conferencing & SOAR resources, the CoC maintains multiple ways for participants to access peer support, SUD treatment, behavioral health services, recovery supports & individualized navigation toward sustained housing stability & recovery.

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 Homeless Coalition CoC (STHC) 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 STHC 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)

STHC partners w/ local Drug Courts and Treatment Courts through CoC member agencies that coordinate with court staff, treatment providers, and probation departments to connect participants with housing and supportive services. Broome County Drug Court and Chenango County Treatment Court all provide court-supervised treatment. These partnerships support housing stability, treatment engagement, and 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)

STHC 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, STHC 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 STHC, MHAST's Mobile Crisis Program and MCAT provide MH outreach services, crisis intervention, referrals, & connections to social support & community-based services. Providers can 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.	184

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-511 maintains 5 formal partnerships with behavioral health and recovery service providers. One example is the MOU between Greater Opportunities for Broome and Chenango, Inc. and Fairview Recovery Services, Inc., which provides coordinated referrals for substance use disorder treatment, medication-assisted treatment (MAT), behavioral health services, recovery supports, case management, and supportive housing services.

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

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

(limit 500 characters)

The Southern Tier Homeless Coalition (STHC) 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)

The Southern Tier Homeless Coalition CoC (STHC) coordinates w/ behavioral health, court, crisis, & outreach programs to make warm handoffs to housing providers & prevent homelessness. For outpatient mental health & substance use disorder care (1C-1a), STHC collaborates w/ Mental Health Association of the Southern Tier (MHAST) and STEP One to connect people experiencing homelessness or housing instability w/ counseling, substance use treatment, referrals, & behavioral health services. Partners coordinate referrals & follow-up so participants access care alongside housing assistance. For peer recovery support (1C-1b), STHC works w/ Fairview Recovery Services to connect participants to peer supports that promote treatment engagement, service navigation, & sustained recovery while seeking or maintaining housing. Partners coordinate referrals & follow-up. For serious mental illness services (1C-1c), STHC coordinates w/ Southern Tier Mental Health Association (MHAST), which provides outreach, behavioral health services, case management, & community supports to help individuals experiencing mental health challenges or housing instability access needed services and housing resources. For drug courts (1C-1d), STHC works w/ the Broome County Drug Court and Chenango 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. For local crisis services (1C-1e), STHC partners w/ the regional 988 Suicide & Crisis Lifeline center & mobile crisis outreach providers. MHAST's Mobile Crisis Program and MCAT provide outreach, crisis intervention, stabilization, & referrals to social & community services. Crisis teams & housing providers coordinate immediate referrals when housing is at risk. For CCBHC, community mental health center, or PATH services (1C-1h), STHC coordinates w/ Fairview Recovery Services, Inc. to link eligible people to assessment, treatment, outreach, & housing-focused referrals. STHC promotes direct introductions, shared follow-up, & coordinated care to support stable housing. For Sober Housing (1C-1i), STHC 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).	$4,044,102
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.	$1,749,341
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	43%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$1,001,303

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).	68%

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 Southern Tier Homeless Coalition (STHC) Continuum of Care regularly consults with the City of Binghamton, the Emergency Solutions Grant (ESG) recipient within the CoC geographic area, regarding the planning and allocation of ESG funds. Through an established partnership, STHC and the City collaborate on funding priorities and system planning to ensure ESG resources are aligned with community needs and Continuum of Care priorities. STHC plays an active role in the City's ESG allocation process. Each year, the CoC distributes the ESG Request for Proposals (RFP) to community stakeholders, facilitates an independent application review process, and provides funding recommendations to the City. The CoC's NOFA Committee oversees the review process and presents recommendations for consideration. The City of Binghamton considers these recommendations, conducts public comment and hearing processes, and makes final funding decisions. STHC also consults with the City of Binghamton through the development, implementation, and ongoing review of the CoC's Written Standards. The Written Standards were developed in conjunction with ESG recipients, the Collaborative Applicant, and service providers and establish standards for ESG- and CoC-funded projects, including homelessness prevention, street outreach, emergency shelter, rapid rehousing, coordinated access to services, and performance expectations. In addition, STHC and the City coordinate through the CoC's Coordinated Entry system to promote equitable access to housing and services and to ensure ESG-funded activities are aligned with CoC policies, procedures, and community priorities. STHC will continue to consult with the City of Binghamton through the annual ESG funding process, Coordinated Entry oversight, Written Standards review, and broader CoC planning efforts to ensure ESG resources remain aligned with community needs and support a coordinated response to homelessness across Broome, Chenango, Cortland, Delaware, and Tioga Counties.

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

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

(limit 2,500 characters)

The CoC coordinates with shelter providers to connect individuals and families with CoC assistance through Coordinated Entry (CE). Emergency shelter providers, such as the YWCA, Catholic Charities, Broome DSS, and RISE, 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 CE Case Conferencing 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 provider participate in CoC governance and CE planning through CoC Membership, CoC Board, and the CE Advisory Committee. The YWCA of Binghamton and Boome participate in both the CoC Board and Membership. Shelter providers such as Catholic Charities, VOA, RISE, Cortland DSS, and Binghamton Rescue Mission participate in membership. 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 HMIS 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 HMIS reports contain aggregate data and do not include participant-level or identifying information.

ICA, as the HMIS 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 Homeless Coalition (STHC) 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 STHC 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 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 needs, the STHC 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 Broome, Chenango, Cortland, Delaware, and Tioga 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 STHC CoC to deploy targeted, data-driven interventions exactly where they are most needed. Ultimately, this framework ensures that community resources are efficiently allocated, 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 STHC CoC partners with Broome-Tioga Workforce, Express Employment, and the CareerWorks Center to connect people experiencing homelessness with employment and workforce development services. Through these partnerships, participants can access vocational training, job-search assistance, preparation, and employment support. These services are incorporated into housing stabilization planning to help participants increase earned income, strengthen financial stability, and maintain housing.

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, law enforcement, first responders, and service providers through coordinated outreach and community partnerships. Law enforcement is represented on the CoC Board, supporting regular collaboration on homelessness response efforts. Street outreach and housing providers, such as Catholic Charities Cortland and Safe Options Support, work with local sheriff's departments, county mental health agencies, hospitals, ACT teams, veteran outreach programs, and other community partners to engage individuals experiencing homelessness and connect them to housing and supportive services. Referrals from law enforcement, healthcare providers, and community partners help ensure timely outreach and service engagement. The CoC supports coordinated responses through resource sharing, referral pathways, training opportunities, and ongoing communication between systems of care. Through these partnerships, the CoC increases access to housing, healthcare, behavioral health services, and other support while promoting positive, housing-focused interactions.

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. For example, CoC Member VOA partners with Family Enrichment to facilitate family reunification for their clients. Additionally, 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's in Broome, Chenango, Cortland, Delaware and Tioga counties 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-511 CoC cooperates with local governments, law enforcement, first responders, outreach providers, behavioral health agencies, healthcare organizations, and other community partners to support public safety and connect people experiencing homelessness to housing and 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 community safety responses. Outreach teams 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 and substance use crises. The CoC works with behavioral health providers and local partners to connect individuals who may present a danger to themselves or others with appropriate crisis, behavioral health, and emergency services. Through Coordinated Entry, case conferencing, and referral networks, providers coordinate participant needs and identify appropriate interventions and services consistent with applicable laws and local protocols. Regarding encampments, the CoC supports coordinated outreach and engagement 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 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 coordinated responses. Through these 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)

While Southern Tier Homeless Coalition does not have a specific countywide preventive encampment ordinance, the Counties utilizes homelessness prevention programs, emergency housing placements, coordinated outreach, behavioral health services, and affordable housing initiatives to reduce the conditions that lead to encampments. The STHC region does not typically experience large, concentrated encampments to the same extent as major urban areas. The current 2026 PIT count is 88 for unsheltered homeless individuals. To leverage beneficial policies and address these barriers, the STHC CoC will continue implementing a coordinated, housing-focused response to unsheltered homelessness. The CoC will partner with local social services agencies, healthcare providers, behavioral health providers, law enforcement agencies, emergency shelters, and nonprofit organizations to conduct proactive outreach, assess needs, and connect unsheltered individuals to services before any encampment closure occurs. Outreach efforts will prioritize enrollment in Coordinated Entry, healthcare, behavioral health treatment, substance use services, benefits assistance, veteran services, employment supports, and housing navigation. To overcome barriers associated with the region's rural geography, the CoC will continue to strengthen coordination among service providers across all counties, conduct regular outreach to known locations where unsheltered individuals reside, and leverage available transportation resources to connect individuals to shelter and services. The CoC will prioritize unsheltered households for available CoC housing and other housing opportunities while continuing to strengthen partnerships with landlords and housing providers. Through coordinated outreach, advance notice of closures, case management, and collaboration across housing, healthcare, behavioral health, and public systems, the STHC CoC will maximize opportunities to transition individuals from unsheltered locations into safe shelter, supportive services, and CoC housing.

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)

STHC, The Broome, Chenango, Cortland, Delaware, and Tioga Counties Continuum of Care (CoC) continues to experience unsheltered homelessness, with 88 individuals identified as unsheltered during the most recent Point-in-Time Count. Unsheltered individuals are typically found in tents, vehicles, wooded areas, abandoned structures, and other locations not meant for human habitation. Due to the rural nature of the region and proactive outreach efforts, unsheltered homelessness is generally dispersed across the five-county area rather than concentrated in large, long-term encampments. The CoC utilizes a coordinated, housing-focused approach through Coordinated Entry, street outreach, emergency shelters, healthcare systems, behavioral health providers, law enforcement, school districts, and community-based organizations. Outreach teams regularly monitor outdoor locations and respond to reports of tents, encampments, and youth sleeping in public spaces. As a result, large encampments are uncommon, and many individuals are connected to shelter, housing resources, healthcare, behavioral health services, and other supports before encampments become established. While small, temporary campsites occasionally emerge, local governments generally address unauthorized camping through park regulations, trespassing laws, public health and safety ordinances, and property maintenance codes. In Broome County, parks are generally open only during designated hours and close at dusk, while the City of Binghamton limits access to parks during overnight hours and prohibits unauthorized camping in public parks. When encampments are identified, local officials frequently coordinate with service providers to ensure outreach, engagement, and resource connections occur prior to site closures or cleanups. Providers work to assess needs, remove barriers to housing, and connect individuals to behavioral health treatment, substance use services, supportive housing, and mainstream benefits. Through ongoing collaboration among local governments, outreach teams, housing providers, healthcare organizations, behavioral health agencies, and emergency shelters, the CoC seeks to reduce the duration of unsheltered homelessness, prevent the growth of larger encampments, and promote long-term housing stability and well-being throughout Broome, Chenango, Cortland, Delaware, and Tioga 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 STHC CoC, covering Broome, Chenango, Cortland, Delaware, and Tioga Counties, addresses public drug use through coordinated outreach, overdose response, treatment engagement, and public safety partnerships. A key policy supporting these efforts is New York Penal Law §240.40, which prohibits appearing in a public place under the influence of narcotics or another drug when an individual may endanger themselves, others, or property. NY-511 leverages this policy by coordinating with law enforcement when public drug use creates immediate safety concerns while prioritizing referrals to treatment, recovery, and supportive services. A significant local practice is the Broome Overdose Action Collaborative, which brings together public health, mental health, law enforcement, healthcare providers, substance use treatment programs, and community organizations to coordinate overdose response education, treatment, and recovery efforts. These efforts help reduce public drug use by connecting individuals to stabilization and recovery services rather than relying solely on enforcement-based interventions. NY-511 prioritizes warm handoffs between outreach teams, healthcare providers, behavioral health agencies, housing programs, and recovery support. The CoC also utilizes service-based and co-responder approaches whenever feasible to reduce the unintended impacts of restrictive interventions while maintaining public safety. These approaches have resulted in a decrease in suspected fatal overdoses decreased from 49 in 2024 to 28 in 2025, a 43% reduction, while suspected non-fatal overdoses decreased from 223 to 158 (Broome County Health Department). Moving forward, NY-511 will continue leveraging the success of the Broome Overdose Action Collaborative and coordinated outreach practices to reduce public drug use and overdose risk. The CoC will strengthen collaboration among outreach providers, law enforcement, healthcare systems, behavioral health providers, and community organizations to ensure individuals using illicit drugs in public are quickly connected to treatment, housing, mental health services, and recovery supports, promoting both public safety and long-term recovery.

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)

According to the Broome County Health Department, suspected fatal overdoses decreased from 49 in 2024 to 28 in 2025, a 43% decrease, while suspected non-fatal overdoses decreased from 223 to 158. While it is not common for there to be large gatherings of individuals using illicit drugs in public, outreach providers maintain a presence throughout the community to identify individuals experiencing homelessness and substance use disorders and quickly connect them with appropriate services. The CoC will continue to partner with outreach teams, law-enforcement, local government, and recovery services to ensure the decrease in number 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)

Broome, Chenango, Cortland, Delaware, and Tioga Counties utilize New York's behavioral health crisis-response system when individuals experiencing homelessness are in crisis and may be unable to safely care for themselves. The CoC collaborates closely with county behavioral health agencies, including the Broome County Department of Mental Health, Chenango County Department of Mental Hygiene, Cortland County Mental Health Department, Delaware County Community Services and Tioga County Mental Hygiene Department. These agencies provide behavioral health assessments, treatment coordination, crisis response, and connections to supportive housing and recovery services. The CoC also partners with the Mental Health Association of the Southern Tier (MHAST), which operates Mobile Crisis Response services in Broome County. Mobile crisis teams provide community-based assessment, de-escalation, stabilization, safety planning, and follow-up services that help connect individuals to ongoing care and reduce unnecessary hospitalization. The CoC also benefits from regional mobile crisis resources such as the Mobile Crisis Assessment Team (MCAT), which serves Delaware, and Chenango Counties through crisis response, face-to-face assessments, and referrals to behavioral health services. In addition, the CoC collaborates with organizations including Catholic Charities of Broome County, Care Compass Collaborative, local Departments of Social Services, housing providers, and supportive service agencies to ensure individuals receiving behavioral health interventions are connected to housing assistance, supportive housing, care management, transportation, healthcare, and long-term stabilization resources. Through these partnerships, outreach staff can identify individuals with significant behavioral health needs, facilitate rapid engagement with crisis and treatment services, and coordinate housing interventions designed to improve stability and prevent future homelessness. By integrating behavioral health, housing, healthcare, and supportive service systems, the CoC promotes timely intervention, improves public safety, increases access to treatment and housing resources, and supports long-term housing stability for individuals experiencing homelessness.

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 only to programs able to serve individuals with SOR status.

The CoC's confidentiality, consent, and authorized-disclosure requirements help ensure lawful information sharing, while privacy restrictions can limit disclosure of personally identifying and location information. The CoC mitigates these restrictions by obtaining consent when required, sharing only legally permitted information, using public registry information when authorized, and coordinating with law enforcement when notification or location information may legally be shared.

The CoC will leverage these practices by continuing to incorporate 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 have information needed for safety, supervision, and service coordination.

At the end of 2025, 43,064 individuals were registered sex offenders in New York State. This statewide quantitative data demonstrates the scale of the population potentially requiring housing and services. Qualitatively, the CoC's CE assessment process and provider coordination help identify barriers and connect individuals with appropriate housing and services while protecting confidentiality. The CoC will continue reviewing assessment information, referrals, case practices, and partner feedback to strengthen timely, 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 service organizations, public libraries, hospitals, local police departments, sheriff's offices, and county mental health providers to identify individuals experiencing homelessness and connect them to available resources. The CoC's outreach system includes two New York State Office of Mental Health-funded Safe Options Support (SOS) teams operated by Catholic Charities in Chenango and Cortland Counties. These teams provide daily street outreach, behavioral health expertise, and 24/7 on-call response with clinical staff embedded within the outreach team. The CoC also supports an ESG-funded street outreach program that engages individuals experiencing unsheltered homelessness in the Greater Binghamton area. Individuals identified through outreach are connected to the Coordinated Entry system through case conferencing and by-name list processes that support ongoing engagement and service coordination. The CoC also coordinates with specialized veteran outreach programs, including VA outreach initiatives and Soldier On, which identify and engage unsheltered veterans and connect them to housing and supportive services. The CoC maintains partnerships with county mental health departments that administer Assertive Community Treatment (ACT) programs, utilizing multidisciplinary teams to engage individuals experiencing serious mental illness who may not be connected to traditional service systems. Membership meetings provide opportunities to share information about outreach resources and strengthen coordination among providers and community stakeholders. Outreach efforts occur year-round and are supplemented by the annual Unsheltered Point-in-Time Count. All outreach providers utilize client-centered and trauma-informed approaches, including staff with lived experience, to build trust, reduce barriers to assistance, and connect individuals and families experiencing homelessness to housing and supportive services.

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 within its Written Standards to ensure all programs consistently & accurately inform individuals & families who have recently begun experiencing homelessness about available education services & related eligibility. This CoC policy requires CoC providers serving households w/children to designate a specialized staff person to serve as the educational liaison to inform individuals & families of their eligibility for schooling & to provide direct support to establish services to ensure no disruption in current educational services for students entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring that children continue to be enrolled in school & connected to age-appropriate services in the community (e.g., Head Start, Public Pre-K, Individuals w/Disabilities Education Act Part C: Infant & Toddler Program, & McKinney-Vento Education Services as well as county opportunities for High School Equivalency (HSE), job training, & higher education courses). Educational liaisons are expected to establish relationships and work w/homeless individuals, families, schools, & education programs to ensure the most appropriate educational services are made available to families & barriers to accessing these educational services are removed. For example, staff are required to coordinate w/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 representatives & 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 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 accessible job training, & higher education courses within the county.

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-511 CoC maintains strong partnerships with the Departments of Social Services in Broome, Chenango, Cortland, Delaware, and Tioga Counties, which serve as the region's child welfare agencies. Through collaboration with public housing authorities, housing providers, and youth-serving organizations, youth transitioning from foster care are connected to housing resources, supportive services, and opportunities that promote long-term housing stability and successful transitions to independent adulthood. 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 collaborates extensively with various youth providers, including those who receive the Runaway and Homeless Youth (RHY) grant. The RHY program provides significant benefits to communities by supporting youth who are experiencing homelessness, housing instability, family conflict, or exploitation. Through emergency shelter, street outreach, transitional living programs, and supportive services, RHY-funded programs help young people access safe housing, basic necessities, education, healthcare, and employment opportunities. These services reduce the immediate risks associated with youth homelessness, including victimization, human trafficking, substance use, and poor health outcomes. The RHY recipient for NY-511 is Catholic Charities of Broome County. Catholic Charities of Broome County provides a wide range of services for youth and young adults, particularly those experiencing homelessness, mental health challenges, family conflict, or emotional and behavioral difficulties. Catholic Charities of Broome County provides a comprehensive continuum of services for youth, including transitional housing for homeless youth, counseling, care management, behavioral health services, family support, and residential treatment programs. Through programs such as the Teen Transitional Living Program and Gateway Center for Youth, the organization helps youth access safe housing, mental health services, educational support, life-skills training, and employment resources, promoting long-term stability and self-sufficiency. The CoC partners with Catholic Charities of Broome County to provide coordinated housing and supportive services for youth experiencing homelessness or housing instability. Through referrals, case management, and collaborative service planning, youth are connected to the Teen Transitional Living Program, counseling services, education and employment support, and life-skills development. This partnership helps youth access safe housing, build self-sufficiency, and achieve long-term stability and positive outcomes.

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)

STHC has one Transitional Housing project that will primarily serve families with children experiencing homelessness: Chenango Family Transitions. The project will provide temporary housing, case management, housing stabilization services, and connections to community resources that support family well-being. Chenango Family Transitions will work with local service providers, schools, and community partners to help families achieve 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)

STHC has one Transitional Housing project that will primarily serve families with children experiencing homelessness: Chenango Family Transitions. The project will provide safe housing and comprehensive supportive services designed to increase family income, promote self-sufficiency, and support long-term housing stability. Through individualized case management, program staff will work with participants to assess employment, education, and financial needs and develop service plans that include income growth and housing goals. The project will offer employment-focused services such as job readiness preparation, resume development, interview coaching, referrals to workforce development programs, educational opportunities, and vocational training resources. Participants will receive assistance identifying and addressing barriers to employment, including transportation challenges, childcare needs, and gaps in education or work history. Families will also be connected to mainstream benefits and community resources that help stabilize household finances while employment goals are pursued. In addition, the project will provide financial literacy education, budgeting assistance, money management support, and housing stabilization services to help participants prepare for and maintain permanent housing. Staff will help families develop realistic plans for increasing earned income, managing household expenses, and assuming long-term rental obligations. Progress toward employment and income goals will be regularly reviewed and service plans are adjusted as needed to support successful outcomes. Chenango Family Transitions partners with local service providers, schools, workforce development agencies, and community organizations to connect families with employment, training, educational, and supportive services. These partnerships will help participants access opportunities that contribute to increased income and housing stability. Partnerships are formalized through written agreements and are updated as needed to ensure coordinated service delivery and continued access to resources for participating families. Through these combined efforts, the project will help families increase their income, improve financial stability, and build the resources necessary to successfully pay rent and maintain permanent housing.

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

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

(limit 2,500 characters)

STHC has one Transitional Housing project that will primarily serve families with children experiencing homelessness: Chenango Family Transitions. The project will 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 individualized case management, staff will assist families with benefit applications, eligibility reviews, documentation collection, and enrollment in programs that increase household income and financial stability. The project will partner with local DSS offices, schools, healthcare providers, SOAR providers, workforce development agencies, service providers, and community organizations to connect families to cash and non-cash benefits, SSI/SSDI, educational opportunities, childcare resources, and other supports that promote housing stability and long-term 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 will 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 collaborates 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, Chenango Family Transitions will 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)

STHC has one Transitional Housing project that will primarily serve families with children experiencing homelessness: Chenango Family Transitions. The project will combine temporary housing with family-centered services that promote housing stability, child well-being, and long-term self-sufficiency. Through case management, housing stabilization services, and individualized service planning, families will be connected to childcare resources, parenting education and support programs, early childhood services, school-based supports, and community programs that strengthen family stability. The project will 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 will be 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. Chenango Family Transitions will partner with local schools, childcare providers, healthcare organizations, Departments of Social Services, early childhood service providers, workforce development agencies, service providers, and community organizations to provide coordinated services for families. These partnerships will 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 project helps 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’s membership includes representatives from the U.S. Department of Veterans Affairs (VA) and Soldier On. The CoC partners with the VA through HUD-VASH and Supportive Services for Veteran Families (SSVF) to connect veterans experiencing homelessness with housing and supportive services. Partners coordinate through Coordinated Entry to facilitate referrals, identify housing needs, and connect veterans to housing, healthcare, and other 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. YWCA of Binghamton and Broome (YWCA), and Delaware Opportunities, which are all domestic violence service providers and part of the NYS DV and Sexual Assault Coalitions, actively participate on both the CoC Board and CoC committees, and staff attend CoC membership meetings. The YWCA has been involved in the process of updating the CoC governance charter and Written Standards.

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 Catholic Charities, the Broome County Sheriff's Office, the Safe Options Support (SOS) team, and reentry providers to prevent homelessness among individuals exiting incarceration. Through coordinated reentry planning and case management, partners connect individuals to housing, behavioral health, employment, and supportive services, promoting successful community reintegration and housing stability.

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 organizations that provide healthcare and supportive services for people experiencing homelessness with complex medical and behavioral health needs. Through coordinated housing, healthcare, and case management, clients receive wraparound support. Cornerstone Family Healthcare provides integrated medical, dental, and behavioral health services, helping improve health outcomes, increase access to care, and promote housing stability for individuals.

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 Greater Opportunities Transitional Housing Program project within the CoC serves aging and elderly individuals experiencing homelessness. This project offers transitional housing through Coordinated Entry with priority given to the 55 and up population. Aging and elderly are supported through housing workers to address their physical, mental and social health needs.

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-511 CoC, Catholic Charities operates Shelter Plus Care PSH, a PSH project that prioritizes individuals experiencing chronic homelessness.

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)

Catholic Charities' Shelter Plus Care PSH project prioritizes those experiencing chronic homelessness and provides on-site behavioral healthcare services. Similarly, Greater Opportunities of Broome and Chenango and Delaware Opportunities operate PSH and RRH programs that do provide on-site behavioral healthcare services to support housing stability, overall wellness, and successful community integration for program participants. This is done through the Shelter Plus Care Consolidated CoC PSH and Ending Homelessness for DV Victims RRH programs. All organizations provide these services in-house, with Delaware Opportunities utilizing their Recovery Peer Program. Participants in the Catholic Charities program have access to peer recovery supports. Similarly, Greater Opportunities program participants have access to on-site behavioral healthcare services that include mental health, substance use, and peer recovery support, and participants in the Delaware Opportunities program have access to mental health and substance use supports. Services are delivered at the project site, allowing participants to receive care in a familiar and accessible 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, Catholic Charities, Greater Opportunities, and Delaware Opportunities help 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)

Catholic Charities' Shelter Plus Care 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, Catholic Charities' Shelter Plus Care PSH 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-511 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. 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, Catholic Charities' 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.	07/30/2026

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 as an important tool to make strategic improvements to the homeless system. The reallocation process is outlined in the Rank & Review Written Process, which is reviewed, updated, posted for public comment, and approved by the NOFO Committee, CoC Membership, and CoC Board annually. The NOFO Committee and project review team flag projects that demonstrate inadequate financial management, a history of expending funds on ineligible activities, a history of returning funds that could have been utilized, ongoing poor project 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, and shares its decision with CoC Membership. If a project is needed in the community, such as one uniquely serving a hard-to-serve population, the Board works with the Collaborative Applicant 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.

For the FY2026 local competition, the CoC did not identify any low-performing or less-needed projects through this process. High project performance was demonstrated through Rank & Review and monitoring, and the need for each project was demonstrated by CoC projects actively accepting clients from the CE waitlist.

As no low-performing or less-needed projects were identified, no projects were required to be reallocated in this funding cycle. Through the local competition, the CoC determined that all projects are high performing and fulfilling identified 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)	Clienttrack

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 a decrease from 91 in 2025 to 88 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.	5
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.	68

2. Enter the reduction in the number of people in encampments during your evaluation period.	5

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 four strategies to address individuals & families at risk of becoming homeless for the first time. These strategies include a) educate community providers who serve at-risk populations (i.e. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those households; b) communicate risk factors for first time homelessness identified through data analysis w/CE- the CE committee utilizes this info to continually update the CE index w/characteristics associated w/first time homelessness; c)increase the amount of prevention funding available in the community on an ongoing basis (i.e. Prevention Based Vouchers, HOME-ARP & ESG allocations), an essential component of increasing the number of individuals & families able to remain stably housed, preventing new episodes of homelessness; and d) advocating to the City of Binghamton for affordable housing development through ARPA funds.

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 housing options through affordable housing development and engaging systems of care to provide and increase units of homeless & 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 barriers to rapid housing & c) coordinate housing opportunities through the Coordinated Entry (CE) program. The CoC routinely advocates for and supports the increase of permanent housing options through letters of support & data demonstrating need. For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH; partnered with the State and Binghamton Housing Authority to implement HUD's Emergency Housing Vouchers (EHV) Program; and advocated to the City of Binghamton to increase affordable rental housing stock through ARPA funding. The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE program. 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 partners with Delaware County DSS to prioritize clients for Housing Choice vouchers, increasing options for Permanent Supportive Housing to those with the most severe service needs. 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?	38.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The information was generated from the ICA HMIS Database for the reporting period of January,1 2025 through December 31, 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	160	38	198	93.94%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	64	0	64	100.00%
4. Rapid Re-Housing (RRH) beds	149	0	149	100.00%
5. Permanent Supportive Housing (PSH) beds	402	32	434	89.86%
6. Other Permanent Housing (OPH) beds	167	0	167	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)

N/A

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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/25/2026
Submission Summary	No Input Required