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-519 - Columbia, Greene Counties CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES of NY, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	0
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	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	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	No	0
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	11
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	0
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	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	No	
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	11
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	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, an elected official and law enforcement official for Hudson, NY are part of the Membership and Board. Further, new members are encouraged to watch the recorded CoC 101 series that is posted to CoC webpage which provides a comprehensive overview of the CoC, its benefits and requirements to encourage participation on the Board and Membership.

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

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

(limit 2,500 characters)

The Columbia Greene Housing Coalition (CGHC) CoC maintains a transparent, year-round process to gather and consider input on CoC performance, strategies, and priorities. Participation opportunities are communicated through the CoC website, which includes membership information, meeting materials, and a recorded CoC 101 training series. Input is collected through Membership and committee meetings, community and funding forums, targeted outreach, workshops, virtual meetings, email listservs, the Civic Roundtable platform, online submissions, and engagement with program participants. CGHC also partners with a local community college to host “Unhoused to Housed” forums focused on homelessness prevention, housing development, McKinney-Vento partnerships, and strengthening the regional homeless response system. Stakeholder feedback is used to evaluate CoC performance, update the Strategic Plan, develop strategies, and establish priorities. Concerns and recommendations are documented in meeting minutes and may be referred to standing committees for review and recommendation to the Board. Virtual and in-person meetings, recorded trainings, and community workshops support accessibility and meaningful engagement.The Columbia Greene Housing Coalition CoC engages a diverse 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 governments, law enforcement, faith-based organizations, community colleges, developers, elected officials, and other community partners. The CoC maintains open membership and recruits participants year-round through its website, listservs, meetings, invitations, and targeted outreach. Applications are accepted on a rolling basis, and organizations new to CoC funding are encouraged to participate. Through virtual and in-person engagement opportunities, accessible materials, electronic communications, and recorded trainings, the CoC ensures broad community participation and diverse input into local homelessness planning, strategies, and priorities.

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-519 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, 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)

CGHC 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, CGHC 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, CGHC 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, CGHC 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, CGHC 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. CGHC 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?	33%

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)

Columbia Greene Housing Coalition (CGHC) is a rural CoC but has met/ exceeded the 30% threshold of TH, RRH, or 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 Columbia Greene Addiction Coalition, Mental Health Association of Columbia-Greene Counties, and Pathways to Recovery. 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 a formal partnership with Mental Health Association of Columbia Green through a signed and annually updated service agreements and participation in the CoC Membership. St. Catherine's Center for Children partners with the Mental Health Association through a signed MOU. The partnership provides mental health screenings, assessments, treatment referrals, crisis intervention, case planning, and coordinated services for individuals and families experiencing homelessness. The agreement supports referrals, information sharing with consent, and access to behavioral health services. 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)

The CoC works with projects and community partners to connect individuals experiencing homelessness with substance use disorder (SUD) treatment, mental health services, recovery supports, and recovery navigation. The CoC engages CoC and non-CoC partners through biannual Membership Meetings, where providers share information on treatment, recovery, and supportive services. Partners include the Columbia-Greene Addiction Coalition and Twin County Recovery Services, which provide SUD and recovery services; the Mental Health Association of Columbia & Greene Counties; and Community Healthcare Collaborative, which provides Health Home and Medicaid care management. Program staff use these referral pathways to connect participants with services based on their individual recovery needs.

Coordinated Entry (CE) provides an additional mechanism for recovery navigation and service coordination. Columbia and Greene County Mental Health Departments coordinate with the New York State Department of Mental Health's Single Point of Access (SPOA), which brings resources to CE Case Conferencing sessions. Providers collaborate around participant needs and identify appropriate behavioral health, SUD, treatment, and supportive services.

The CoC shares updated recovery and behavioral health resources through Membership Meetings and email communications. When referral or access changes require additional support, the Collaborative Applicant provides technical assistance and webinars to help projects implement new referral pathways. Annual TA is also provided to new project applicants on coordinating with healthcare, behavioral health, and SUD providers.

The CoC promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) training through Membership Meetings. All CoC-funded agencies have staff who assist participants with SSI/SSDI applications and provide ongoing advocacy and support. This assistance helps participants access benefits that can provide greater financial stability and support continued engagement in treatment and recovery.

Through provider partnerships, CE case conferencing, referral pathways, individualized advocacy, and technical assistance, the CoC provides multiple avenues for participants to access SUD treatment, behavioral health services, recovery supports, and recovery navigation.

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 Columbia Greene Housing Coalition (CGHC) CoC identifies individuals experiencing Serious Mental Illness through multiple coordinated access points, including Coordinated Entry (CE), street outreach, emergency shelters, hospitals, crisis response systems, Mental Health Association (MHA), and community-based organizations. Through standardized assessment and engagement practices, CE 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, supportive housing, care coordination, and other community-based supports. MHA 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, 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, MHA, and SPOA processes, the CGHC 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)

CGHC maintains partnerships through CoC Membership w/ local Drug Courts & Mental Health Courts, working w/ court coordinators, treatment providers, & probation to connect participants experiencing SUD/BH issues to services. The Columbia Regional Drug Court & Greene Cnty. Regional Treatment Court provides court-supervised treatment. These partnerships support housing stability, treatment engagement, & successful community integration for individuals w/ 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)

CGHC 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, CGHC 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 CGHC, Columbia & Greene County Mental Health (MCAT) provides MH outreach services, crisis intervention, referrals, & connections to services. Service providers can make referrals to them for crisis assessment, intervention, stabilization, and 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.	7

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-519 maintains a formal partnership between Mental Health Association of Columbia Greene and St. Catherine's Center for Children through a signed MOU. The partnership provides mental health screenings, assessments, treatment referrals, crisis intervention, case planning, and coordinated services for individuals and families experiencing homelessness. The agreement supports referrals, information sharing with consent, and access to behavioral health 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)

Columbia Greene Housing Coalition (CGHC) CoC does not currently have a CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5). However, Oxford House is an active participant in CoC membership and planning efforts. The CoC will continue collaborating with Oxford House and other recovery housing providers to explore opportunities for CoC funding, strengthen recovery housing resources, & support the future development of sober housing projects within the CoC.

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)

Columbia Greene Housing Coalition (CGHC) 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), CGHC collaborates w/ the Mental Health Association of Columbia Greene 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), CGHC works w/ Twin County 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), CGHC coordinates w/ the Mental Health Association (MHA), which provides behavioral health services, advocacy, referrals, & community supports to help individuals experiencing mental health challenges or housing instability access needed services & housing resources. For drug courts (1C-1d), CGHC works w/ the Columbia Regional Drug Court & Greene 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), CGHC partners w/ the regional 988 Suicide & Crisis Lifeline center & mobile crisis outreach providers. Columbia & Greene County Mental Health's Mobile Crisis Assessment Team (MCAT) provides 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), CGHC coordinates w/ the Mental Health Association of Columbia Greene to link eligible people to assessment, treatment, outreach, & housing-focused referrals. CGHC promotes direct introductions, shared follow-up & coordinated care to support stable housing. For Sober Housing (1C-1i), Oxford House is active in the CoC that provides sober housing opportunities w/in the community. Through coordinated entry, case management & partner referrals, CGHC facilitates warm handoffs to Oxford House helping individuals in recovery access supportive services that promote housing stability.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$739,855
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.	$382,107
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	52%

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.	$134,671
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).	70%

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 Columbia Greene Housing Coalition (CGHC) regularly consults with the New York State Office of Temporary and Disability Assistance (OTDA), the Emergency Solutions Grant (ESG) recipient for Columbia and Greene Counties. Consultation occurs through ongoing CoC planning efforts, implementation of the Coordinated Entry System, and the development and review of the CoC's Written Standards. The Written Standards were developed in conjunction with ESG recipients, the Collaborative Applicant, and service providers to establish standards, performance measures, and implementation processes for both ESG- and CoC-funded projects. CGHC works collaboratively with ESG recipients to ensure homeless assistance resources are coordinated and responsive to local needs. The Written Standards establish requirements for ESG-funded activities, including homelessness prevention, street outreach, emergency shelter, rapid rehousing, HMIS participation, coordinated access to services, and performance expectations. All projects receiving ESG or CoC funding are required to comply with these standards. CGHC and ESG recipients coordinate through the CoC's Coordinated Entry System. Coordinated Entry provides a standardized process for assessment, referral, and prioritization of households seeking assistance and is used to connect participants to appropriate housing and services while preventing duplication of benefits between ESG- and CoC-funded projects. All ESG- and CoC-funded projects are required to participate in Coordinated Entry and utilize referrals from the CoC's prioritized list. CGHC and ESG recipients also collaborate through ongoing review of project performance, HMIS data, Coordinated Entry tracking, and stakeholder input. This information is used to evaluate the effectiveness of the CoC's Written Standards and ensure that ESG- and CoC-funded projects remain compliant with HUD requirements and responsive to community needs. CGHC will continue to consult with ESG recipients through Coordinated Entry planning, Written Standards review, and broader CoC planning efforts to ensure ESG resources are aligned with community needs and support a coordinated response to homelessness throughout Columbia and Greene 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). Providers, such as St. Catherine's Center for Children, Columbia County Mental Health Association, Community Action of Greene County and Columbia Opportunities serve as key access points to the CoC's coordinated entry system by providing case management within local motel/hotels to individuals and families experiencing homelessness placed by Local Department of Social Services (DSS). Local Departments of Social Services (DSS), which also coordinate emergency hotel and motel placements, are additional partners in the CE system. 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.

Providers also participate in a CE Advisory Committee, 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.

Providers and their agencies also participate in CoC governance and CE planning through CoC Membership, CoC Board, and the CE Advisory Committee. Representatives from the local DSS offices, St. Catherine's Center for Children, and the Mental Health Association of Columbia Green sit on both the CoC Board and Membership. This participation gives providers opportunities to inform CE policies and processes, identify barriers to connecting shelter residents with housing assistance, and collaborate with the CoC on improvements to the homelessness response system.

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

(limit 2,500 characters)

To elevate the quality of care, optimize system performance, and drive measurable improvements in housing stability for individuals and families experiencing homelessness, the Columbia Greene Housing Coalition (CGHC) 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 populations.

A cornerstone of this initiative is the strategic use of New York State Department of Health (NYSDOH) resources. Through this collaboration, the CGHC 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 disparities 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 vulnerability, the CGHC 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 Columbia and Greene counties will allow us to prioritize support services in the area and help lower the crime index.

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

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 CGHC CoC partners with Columbia-Greene Workforce (CG Workforce) and maintains a formal referral process connecting participants to free employment, education, job-readiness activities and training programs. The CoC also uses 211 Northeastern NY for additional employment resources and coordinates with local DSS offices to educate providers on maintaining benefits as earned income increases. Employment supports are incorporated into housing stabilization planning and service coordination.

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 street outreach teams through coordinated outreach efforts tailored to the challenges of serving rural communities. Law enforcement is represented on the CoC Board, supporting ongoing collaboration on homelessness response strategies. Street outreach providers coordinate with the City of Hudson Police Department, Columbia County Sheriff's Office, Greene County Sheriff's Office, hospitals, public libraries, and community partners, including the Community Action Programs of Columbia and Greene Counties, to identify and engage individuals experiencing unsheltered homelessness and connect them to housing and supportive services. These partnerships help ensure individuals encountered by law enforcement, and other community stakeholders are referred to appropriate services. The CoC also collaborates with specialized outreach programs serving veterans, including VA Outreach, Health Care for Homeless Veterans (HCHV), and Soldier On, which engage unsheltered veterans and connect them to housing, healthcare, and supportive services. In addition, the CoC partners with Columbia and Greene County Mental Health Departments and Assertive Community Treatment (ACT) teams to engage individuals experiencing serious mental illness and connect them to care. Through community forums, referral coordination, resource sharing, and ongoing collaboration among law enforcement, behavioral health providers, veteran service organizations, and street outreach teams, the CoC increases housing and service engagement while promoting housing-focused responses to homelessness.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC recognizes that reconnecting individuals and families with safe and appropriate family members or support networks can be an effective strategy for resolving homelessness and promoting long-term housing stability. The CoC prioritizes family reunification and preservation when safe and appropriate. Providers recognize that strengthening family connections is a key strategy for preventing and ending homelessness and incorporating family engagement, counseling, and mediation to support housing stability and family preservation. Providers routinely coordinate with the Department of Social Services (DSS), social service agencies, veterans' programs, youth-serving organizations, behavioral health providers, and housing programs in other jurisdictions to ensure participants are connected to appropriate services and supports before relocation occurs. When appropriate, DSS in Columbia and Greene 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-519 Columbia-Greene Counties CoC cooperates with local governments, law enforcement, first responders, outreach, behavioral health and SUD providers, healthcare organizations, and partners to support public safety while connecting 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 community issues. It works with local partners to facilitate communication, outreach, referrals, and services. CoC-funded outreach and homeless service providers coordinate with local governments and first responders when people experiencing homelessness are encountered in public spaces or during public safety responses. Providers assist first responders by identifying shelter, housing, behavioral health, SUD treatment, healthcare, and other resources and facilitating connections. The CoC supports local efforts to clear tents and encampments on public property by coordinating outreach and connecting individuals to shelter, housing, and supportive services. When local authorities take action involving public spaces or encampments, providers coordinate outreach and referrals and do not obstruct lawful enforcement or public safety activities. The CoC works with behavioral health and SUD providers, law enforcement, EMS, and first responders when people experiencing homelessness use illicit substances in public or experience behavioral health or substance use crises. Providers facilitate connections to treatment, recovery, emergency, and supportive services consistent with applicable laws and local protocols. Through Coordinated Entry, case conferencing, and referral networks, the CoC supports responses when an individual may present a danger to themselves or others. Providers coordinate with behavioral health and emergency response systems to facilitate crisis intervention and appropriate services. The CoC shares information, including location information, with authorized partners consistent with SORNA and applicable privacy and confidentiality requirements. Through governance and community partnerships, NY-519 maintains communication among homeless service providers, local government, public safety agencies, and first responders. Through these partnerships, the CoC supports public safety, assists first responders, and facilitates access to outreach, shelter, housing, SUD treatment, behavioral health, healthcare, and other services.

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 Columbia-Greene does not have a specific countywide preventive encampment ordinance, the Counties utilize homelessness prevention programs, emergency housing placements, coordinated outreach, behavioral health services, and affordable housing initiatives to reduce the conditions that lead to encampments. Due to the rural geographic area, large-scale public encampments are not common, and 14 unsheltered homeless individuals were identified in the 2026 PIT Count. Strong partnerships among the Columbia and Greene County Departments of Social Services, local behavioral health providers, healthcare systems, law enforcement agencies, emergency shelters, and homeless service organizations support coordinated outreach and service engagement for unsheltered individuals. To leverage beneficial policies and address these barriers, the CGHC CoC will continue implementing a coordinated, housing-focused response to unsheltered homelessness. The CoC will partner with county 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 both counties, conduct regular outreach to known locations where unsheltered individuals reside, and leverage available transportation resources to connect individuals to services and shelter. The CoC will prioritize unsheltered households for available permanent supportive housing, rapid rehousing, and other housing opportunities while continuing to strengthen partnerships with landlords and housing providers. Through coordinated outreach, advance notice of closures, person-centered case management, and collaboration across housing, healthcare, behavioral health, and public systems, the CGHC CoC will maximize opportunities to transition individuals from unsheltered locations into safe shelter, supportive services, and permanent 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)

The Columbia Greene Housing Coalition (CGHC) Continuum of Care experiences a relatively low level of unsheltered homelessness, with 14 individuals identified as unsheltered during the most recent Point-in-Time Count. Unsheltered individuals are typically found in tents, vehicles, wooded areas, abandoned structures, or other locations not intended for human habitation. Due to the rural nature of Columbia and Greene Counties and the proactive efforts of outreach providers, unsheltered homelessness is generally dispersed, and large, long-term encampments are uncommon. The CoC utilizes Coordinated Entry, street outreach, emergency shelters, healthcare systems, 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, individuals are often connected to shelter, housing resources, behavioral health services, and other supports before larger encampments can become established. In portions of the region that include New York State lands and parks, camping is regulated by New York State Department of Environmental Conservation (DEC) and State Parks regulations, which limit camping to designated areas and require compliance with established permitting and use requirements. Unauthorized or long-term camping on public lands is generally prohibited outside designated locations. When tents or encampments are identified, the CGHC CoC prioritizes outreach, engagement, diversion, shelter access, and housing placement over enforcement whenever possible. Community partners work collaboratively to assess needs, address barriers to housing, and connect individuals to behavioral health treatment, substance use services, supportive housing, mainstream benefits, and other community resources. Through ongoing coordination among local governments, outreach providers, housing agencies, healthcare organizations, behavioral health providers, emergency shelters, and community partners, the CGHC CoC works to quickly identify unsheltered individuals, prevent the development of larger encampments, reduce the duration of homelessness, and promote long-term housing stability and well-being throughout Columbia and Greene 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)

CGHC 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-519 leverages this policy by coordinating with law enforcement when public drug use creates an immediate safety concern while prioritizing referrals to treatment, housing, and recovery services whenever appropriate. The CoC works closely with local public health departments, substance use treatment providers, mental health providers, law enforcement agencies, healthcare organizations, and community-based service providers to deliver education, referrals, overdose response services, treatment connections, and recovery support. Providers report that trauma-informed services and consistent community engagement improve trust and increase acceptance of services among individuals who may otherwise remain disconnected from care. NY-519 prioritizes service-based interventions, warm handoffs to care, and strong coordination of service providers, housing programs, and law enforcement. This approach allows public safety concerns to be addressed while reducing barriers to treatment and recovery. This approach has resulted in a decrease in overdose events. According to Greene County Department of Public Health, overdose events in Greene County decreased by 48% between 2021 and 2025, and the approximate overdose fatality rate declined to 3% in 2025. In addition, 90% of overdose deaths from 2020 through 2025 occurred in private residences, demonstrating that laws regarding public drug use have been effective, and that overdose response and substance use interventions must extend beyond public spaces and reach individuals throughout the community. The CoC will continue to strengthen coordination among outreach providers, healthcare systems, housing providers, and law enforcement. Law enforcement involvement will remain focused on situations involving immediate public safety concerns.

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 Greene County Department of Public Health, overdose events in Greene County decreased 48% from 2021 to 2025, with the approximate fatality rate decreasing to 3% in 2025. Due to the rural geographic area, it is not common for there to be large gatherings of individuals using illicit drugs in public. From 2020 to 2025, 90% of overdose deaths occurred in a private home, demonstrating that overdoses in public spaces are not common. The CoC will continue to partner with outreach teams, law-enforcement, local government, and recovery services to ensure the decrease in amount of overdoses and illicit drug use in public spaces.

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

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

(limit 2,500 characters)

Columbia and Greene Counties use New York Mental Hygiene Law standards and its crisis-response system when a homeless individual may be a danger to self or others. Under NY Mental Hygiene Law §9.41, authorized police/peace officers may take a person into custody and direct removal to an authorized hospital or Comprehensive Psychiatric Emergency Program when the person appears mentally ill and is behaving in a manner likely to result in serious harm to self or others (Involuntary Commitment). The law allows for emergency mental health evaluations when a person presents a substantial risk of harm to themselves or others or is unable to meet essential needs such as food, shelter, personal safety, or medical care due to mental illness. The CoC collaborates closely with the Columbia County Mental Health Center and the Greene County Department of Mental Health to ensure individuals experiencing homelessness have access to crisis services, psychiatric assessments, treatment referrals, care coordination, and supportive housing resources. These county agencies play a critical role in responding to behavioral health crises and supporting individuals with serious mental illness who are at risk of homelessness or housing instability. Additionally, the Mental Health Association of Columbia-Greene Counties (MHACG) operates the Mobile Crisis Assessment Team (MCAT). MCAT provides on-site crisis assessments, emotional support, referrals, wellness checks, follow-up services, and crisis intervention throughout both counties. Through collaboration with the CoC, outreach workers and housing providers can engage MCAT when individuals experiencing homelessness require immediate behavioral health support or evaluation. The CoC also partners with Columbia Memorial Hospital, providing psychiatric emergency and inpatient behavioral health services to those in need of them. There are a variety of community-based organizations as well, such as Twin County Recovery Services, Catholic Charities of Columbia and Greene Counties, and peer-support providers including the Apogee Center. By connecting behavioral health, housing & supportive service partners, outreach staff support timely intervention, public safety, long-term stability, housing access & continued behavioral health support.

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 community action programs, public libraries, hospitals, law enforcement agencies, and county mental health providers to identify individuals experiencing homelessness and connect them to available resources. The CoC coordinates with specialized outreach programs serving veterans, including the VA Outreach Program, Soldier On, and Health Care for Homeless Veterans (HCHV). These programs identify and engage unsheltered veterans and connect them to housing, healthcare, and supportive services. The CoC also works with community partners and stakeholders to increase awareness of available resources and strengthen referral pathways for individuals experiencing homelessness. The CoC maintains partnerships with the Columbia and Greene County Mental Health Departments, which administer Assertive Community Treatment (ACT) programs. These multidisciplinary teams engage individuals experiencing serious mental illness who may not be connected to traditional service systems and help connect them to appropriate services and supports. Outreach efforts occur year-round and are supplemented by the annual Unsheltered Point-in-Time Count. Additional outreach activities are conducted for populations that may be less likely to seek assistance, including veterans and individuals experiencing serious mental illness or substance use disorders. Community forums are held twice annually to inform stakeholders, including law enforcement and service providers, about available resources and outreach efforts. 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	No
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

The CoC 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 designate a specialized staff person to serve as the educational liaison to inform individuals & families of their eligibility for schooling & provide direct support to set up services, ensuring no disruption in current education services for students entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring 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 connect & work w/homeless individuals, families, schools, & education programs to ensure the most appropriate educational services are made available & 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/ the 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 across Columbia and Greene counties to support youth as they transition to independent adulthood. The CoC has established strong partnerships with the Columbia County Department of Social Services (DSS) and the Greene County Department of Social Services (DSS), along with public housing authorities, child welfare agencies, and youth-serving organizations, to ensure that youth transitioning from foster care are identified early, connected to housing resources, and supported throughout their transition to independent adulthood. Both county DSS agencies administer foster care and child welfare services and serve as key referral partners for eligible youth and families seeking housing assistance and supportive services. 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, the Columbia County Department of Social Services, and the Greene County Department of Social Services helps ensure that vulnerable youth have access to the housing and supportive services necessary to achieve long-term stability and successful transitions to adulthood.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

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

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

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

(limit 500 characters)

CGHC will prioritize outreach for those agencies that prioritize families. St. Catherine's Center for Children's Permanent Supportive Housing (PSH) program prioritizes families experiencing homelessness. Services could include temporary housing, case management, housing stabilization support, and connections to community resources. They collaborate with local service providers, schools, and community partners to help families achieve safe, stable housing 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)

CGHC will prioritize efforts to ensure that families with children experiencing homelessness are identified, engaged, and connected to appropriate housing and supportive services. The CoC will continue to strengthen partnerships and pursue opportunities with providers that prioritize family households. St. Catherine's Center for Children's Permanent Supportive Housing (PSH) program prioritizes families experiencing homelessness and is prepared to provide comprehensive supportive services that promote housing stability, increased income, and long-term self-sufficiency. Services may include housing assistance, intensive case management, housing stabilization planning, benefit enrollment assistance, financial literacy education, budgeting support, and referrals to workforce development and employment resources. Program staff work with families to identify barriers to housing and employment, develop individualized service plans, and connect participants to educational opportunities, job readiness training, childcare resources, transportation assistance, and other supports that can improve household income and the ability to maintain housing. St. Catherine's Center also collaborates with local service providers, schools, workforce development agencies, healthcare providers, and community-based organizations to ensure families have access to comprehensive services that address their needs. These partnerships help families connect to employment opportunities, mainstream benefits, educational supports, and other resources that contribute to long-term housing stability. Formal partnerships are maintained and updated as needed to promote coordinated service delivery and improve outcomes for families experiencing homelessness. Through these efforts, CGHC seeks to expand access to family-centered housing resources and ensure that families with children receive the support necessary to achieve stable housing, increase income, and maintain permanent housing over the long term.

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

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

(limit 2,500 characters)

CGHC does not currently have a RRH or TH project that primarily serves families with children experiencing homelessness. To address this gap, CGHC will prioritize outreach, engagement, and partnership development with agencies that are willing to serve and prioritize families experiencing homelessness. St. Catherine's Center for Children's Permanent Supportive Housing (PSH) program prioritizes families experiencing homelessness and serves as an important community resource for family households. Through coordinated outreach and referral efforts, families may be connected to temporary or permanent housing opportunities, case management, housing stabilization services, and community-based supports that promote long-term self-sufficiency. St. Catherine's works with local service providers, schools, healthcare organizations, workforce development agencies, Departments of Social Services (DSS), SOAR providers, and community partners to connect families to mainstream family service systems, including Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, childcare assistance, rental and utility assistance, SSI/SSDI, and other supports that increase household resources and housing stability. Staff assist families with benefit applications, eligibility reviews, referrals, and connections to educational, employment, and supportive services that help address barriers to long-term stability. The CoC's strategy for increasing non-employment cash income focuses on strengthening relationships with community stakeholders and ensuring providers are aware of available benefits, qualifying factors, and referral processes. DSS partners regularly share updates regarding public benefits and resources, while SOAR providers support access to disability benefits for eligible adults and children. Families may also be connected to food pantries, prepared meals, clothing assistance, healthcare services, and other supports that reduce household expenses and help families maintain housing. These partnerships are formalized through written MOUs or collaborative agreements and are updated as needed to ensure coordinated service delivery. Through these efforts, CGHC seeks to expand access to family-centered housing resources, increase household financial stability, and help families achieve and maintain safe, stable housing.

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

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

(limit 2,500 characters)

CGHC will prioritize outreach, engagement, and partnership development with agencies that serve and prioritize families experiencing homelessness. St. Catherine's Center for Children's Permanent Supportive Housing (PSH) program prioritizes families experiencing homelessness and can provide housing assistance, case management, housing stabilization support, and connections to community resources that promote family well-being and long-term self-sufficiency. Through coordinated outreach and referrals, families may be connected to childcare resources, parenting education and support programs, early childhood services, school-based supports, and community programs that strengthen family stability. Families may also be connected to pediatric healthcare, Medicaid, behavioral health services, developmental screenings, immunizations, and other healthcare resources that support healthy child development. Children and youth can be connected to local schools, early learning programs, tutoring services, transportation resources, and educational supports, while parents may be linked to adult education, financial literacy, workforce development, and employment resources. Staff help families access mainstream benefits and community resources that reduce household expenses and support housing retention. St. Catherine's collaborates with local schools, childcare providers, healthcare organizations, Departments of Social Services, early childhood service providers, workforce development agencies, local service providers, and community organizations to provide coordinated services for families. These partnerships help ensure families have access to childcare, parenting support, healthcare, educational services, and other resources that contribute to housing stability and positive outcomes for children. Referral networks are updated as needed to ensure coordinated service delivery. Through these efforts, CGHC seeks to expand family-centered housing resources and help families achieve safe, stable housing while supporting the health, education, and well-being of both parents and children.

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

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

(limit 500 characters)

The CoC partners with Soldier On, the VA Outreach Program, HCHV, and local Veterans Service Officers to identify and refer veterans to appropriate services. Partners coordinate outreach, emergency shelter, housing, supportive services, benefits, and employment/education resources. The CoC and veteran providers also coordinate and share appropriate data to identify service gaps, track needs, and ensure veterans are connected to available VA and community 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. Community Action of Greene Counties (CAGC) Inc., a DV service provider & part of the NYS DV and Sexual Assault Coalitions, participates as the Co-Chair of the Columbia Greene CoC serving on the CoC Board. CAGC is involved in the process of updating the CoC governance charter & Written Standards. CAGC partners with CARES of NY Inc., the lead agency for the parallel DV Coordinated Entry system serving survivors of domestic violence.

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 coordinates with ReEntry Columbia and other justice-system partners to prevent homelessness among individuals leaving jails, prisons, or court-ordered programs. Coordination connects individuals to housing, employment, transportation, benefits, and supportive services before and after release, with the goal of preventing discharge to the streets or emergency shelter and supporting successful community reentry.

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 support individuals experiencing homelessness with complex medical needs through coordinated housing, healthcare, and case management services. Through Healthy Alliance and the Columbia County Community Healthcare Consortium, clients access healthcare, transportation, insurance enrollment, and prescription assistance. These partnerships improve health outcomes, reduce emergency service use, and promote housing stability.

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

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

(limit 500 characters)

The CoC coordinates with Columbia and Greene County Offices for the Aging and NY Connects to serve older adults experiencing or at risk of homelessness. Partners connect individuals to housing and long-term care options, including assisted living, nursing care, home healthcare, transportation, benefits, and care coordination, while CoC housing programs can prioritize individuals with significant age-related vulnerabilities.

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)

Community Action of Greene County operates PSH Chronic, a project that also prioritizes individuals who are chronically homeless.

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

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

(limit 2,500 characters)

St. Catherine's Center for Children CG PSH, a PH project that prioritizes those experiencing chronic homelessness, provides on-site behavioral healthcare services to support housing stability, overall wellness, and successful community integration for program participants.

St. Catherine's Center for Children CG PSH provides these services in-house and participants have access to on-site behavioral healthcare services that include peer recovery support. 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, St. Catherine’s helps participants address behavioral health challenges, maintain stable housing, and progress toward their individual goals.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

St. Catherine's Center for Children CG PSH and Community Action of Greene County PSH Chronic, both PH projects that prioritizes those experiencing chronic homelessness, assess 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 CoC-funded projects, St. Catherine's Center for Children's CG PSH and Community Action of Greene County's PSH Chronic 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-519 CoC's policy for assessing participant readiness for moving on to unsubsidized or other permanent housing is outlined in the CoC's Move On Strategy which is noted in the CoC's Written Standards. The strategy is designed to promote tenant independence, self-sufficiency, and housing choice while ensuring that supportive housing resources remain available for households with the highest needs. Through ongoing case management, project staff regularly meet with participants to establish goals, evaluate progress, and support housing stability using a strength-based and recovery-focused approach. Participants are informed that moving on is voluntary and driven by client choice. Housing providers evaluate whether participants have demonstrated the ability to maintain stable housing, meet the screening requirements of affordable housing providers or public housing authorities, and sustain a level of independence that no longer requires intensive supportive housing services.

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

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

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

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

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/04/2026

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 a 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 NOFA Committee and CoC Board annually. The project review team flags 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 considered 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.

The CoC did not identify any low-performing or less-needed projects through this process this year. High project performance was demonstrated through Rank & Review and monitoring, and the need for each project was demonstrated by CoC projects actively accepting the most vulnerable clients from the CE waitlist. As such, no projects were required to be reallocated in this funding cycle. Through the local competition, it was 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)	Foothold

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

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

2A-3.	PIT Count–Methodology Change.	

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

(limit 2,500 characters)

The CoC implemented data quality actions, including increased training of volunteers to improve the validity of the unsheltered PIT count. No methodology changes were made. The unsheltered PIT count was improved through increased/improved training to ensure de-duplication and effective interview techniques. As a result of the increased/improved training in 2026, the CoC was able to administer a more accurate unsheltered PIT count which indicated an increase from 6 in 2025 to 14 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.	0
2. Enter the reduction in the number of encampments during your evaluation period.	0

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.	12
2. Enter the reduction in the number of people in encampments during your evaluation period.	6

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)

This CoC does not have any encampments

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

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

(limit 2,500 characters)

The CoC 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. The strategies include a) to educate community providers (i.e. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those individuals & families; b) to communicate risk factors for first time homelessness identified through data analysis with CE- the CE committee utilizes this data to continually update the CE vulnerability index w/characteristics associated with first time homelessness; c) to increase the amount of prevention funding available in the community on an ongoing basis (i.e. STEHP) an essential component of increasing the number of individuals & families able to remain stably housed, preventing new episodes of homelessness; & d) advocating to NYS for affordable housing development.

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 & families remain homeless includes: a) increasing the number of affordable housing options through advocacy for affordable housing development and engaging systems of care to provide and increase units of homeless and affordable housing (DV, Mental Health, PHAs, etc.) and engaging landlords to rent to tenants using subsidies in the region; b) ensuring CoC and program policies remove systemic barriers to rapid housing & c) coordinating housing opportunities through the Coordinated Entry (CE) program. To increase the number of affordable housing options, the CoC advocates for & supports increasing permanent housing units. Specifically, the CoC collaborates w/ the Galvin Housing Dev. Corporation on the creation of emergency & permanent housing for both individuals & families to ensure rents and utilities are within FMR. Providers around the CoC gathered at a summit to share resources & connect about housing options that could be utilized to house families w/ high LOT. The CoC also uses housing navigators & peer outreach approaches to assist those w/ high LOT in attaining permanent housing. The CoC identifies, prioritizes, & houses individuals & families w/ 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 program 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 to those coming through CE. Specifically, the CE Lead connects w/ the Residential Division Director of the Mental Health Association of Columbia-Greene Counties, thus creating a connection for households coming through CE to OMH housing. 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?	60.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

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

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	18	0	18	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	9	0	9	100.00%
4. Rapid Re-Housing (RRH) beds	1	0	1	100.00%
5. Permanent Supportive Housing (PSH) beds	54	0	54	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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	09/29/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/25/2026
Submission Summary	No Input Required