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-601 - Poughkeepsie/Dutchess County 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)	No	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	No	
3.	Certified Community Behavioral Health Clinic (CCBHC)	No	
4.	Community Mental Health Center (CMHC)	No	
5.	Disability Advocate(s)	No	
6.	Disability Service Organization(s)	No	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	No	
9.	Faith-based Organzation(s)	Yes	
10.	Homeless or Formerly Homeless Person(s)	Yes	
11.	Hospital(s)	Yes	
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	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	No	
24.	Other nonprofit homeless assistance provider(s)	No	
25.	Other social service provider(s)	No	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	No	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	No	
37.	Domestic Violence Advocate(s)	No	
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	No	
44.	Other Homeless Assistance Provider(s)	No	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

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

(limit 2,500 characters)

1) The CoC communicates the invitation process transparently and publicly to solicit new members to join the CoC by a) sharing the invitation and New Member application via the CoC's website and the Civic Roundtable platform, b) asking listserv recipients to forward invitations, c) announcements at full Membership meetings encouraging current members to invite others, and d) phone conversations with key systems partners focusing on the benefits and responsibilities of CoC membership. The Membership application is posted year-round on the CoC's website and accepted on a rolling basis. Additionally, to solicit new members to join the CoC, the CoC assesses current members and conducts targeted outreach. 2) The CoC ensures this invitation process occurs annually. Annually, the CoC Steering Committee assesses what organizations participate in CoC Membership, on the Steering Committee, and on Committees, and identifies missing stakeholders to engage to support community efforts to address homelessness. The Steering Committee 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 Steering Committee levels through an annual Membership Assessment tool. The tool was created to assess the current capacity of the Steering Committee and membership and to identify strengths and deficits. This tool informs outreach for open/new Steering Committee positions and the CoC uses this tool to match knowledge, skills, and abilities that are most needed in the community. As a result, the City of Poughkeepsie and Hyde Park Police Departments, elected officials from the City of Beacon, Town of North East, and Village of Millbrook, and a business representative from a law office are part of the Membership and Steering Committee. 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 Steering Committee 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)

A) The Dutchess County 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, an online submission form, and a recorded CoC 101 training series. Input is collected through Membership and committee meetings, community and funding forums, workshops, targeted outreach, virtual meetings and trainings, email listservs, the Civic Roundtable platform, and engagement with program participants. Stakeholder feedback is used to evaluate CoC performance, inform strategic planning, update priorities, and guide funding decisions. The Steering and Planning Committees review input from community members, Membership meetings, committees, workshops, and funding forums. Recommendations are documented in meeting minutes, reviewed by committees as needed, and shared with the Steering Committee and Membership. Community workshops, including livestreamed and recorded options, support accessibility, transparency, and meaningful engagement. B) Participants include persons with lived experience, housing and homeless service providers, affordable housing organizations, local and county governments, law enforcement and parole representatives, faith-based organizations, and other community partners. The CoC maintains open membership and recruits participants year-round through its website, listservs, Membership meetings, invitations, and targeted outreach. Applications are accepted on a rolling basis, and organizations new to CoC funding are encouraged to participate. Through virtual and in-person engagement opportunities, accessible materials, electronic communications, and recorded trainings, the CoC ensures broad participation and diverse community 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-601 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)

DCCoC 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, DCCoC 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, DCCoC 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, DCCoC 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, DCCoC 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. DCCoC 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:

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	67%

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)

N/A

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 formal partnerships with behavioral health and recovery service providers throughout the CoC through signed and annually updated service agreements and participation in the CoC Membership. PEOPLE USA has a formal partnership with Mental Health America of Dutchess County, Inc. (MHADC), which provides peer support, recovery-oriented services, wellness planning, care coordination, supportive housing services, and referrals to behavioral health providers for individuals experiencing homelessness. MHADC has a formal partnership with Lexington Center for Recovery to provide coordinated services for individuals and families experiencing homelessness, housing instability, behavioral health challenges, and substance use disorders to ensure participants have access to comprehensive community-based services that promote housing stability, recovery, wellness and self-sufficiency. 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 & community partners to connect individuals experiencing homelessness with substance use disorder (SUD) treatment, behavioral health services, recovery supports, & recovery navigation. The CoC engages CoC & non-CoC partners through quarterly Membership Meetings, where providers share information on treatment, recovery, & supportive services. Partners include Mental Health America (MHA) of Dutchess County, which provides mental health & SUD services, and Community Healthcare Collaborative, which provides Health Home & Medicaid care management. This information is communicated directly to program staff, who use established referral pathways to connect participants with appropriate treatment & recovery resources.

Coordinated Entry (CE) provides an additional recovery navigation mechanism through case conferencing with the Dutchess County Behavioral Mental Health Department's Single Point of Access, with MHA of Dutchess County participating in CE case conferencing sessions. This allows providers to discuss participant needs & connect them to behavioral health, SUD & supportive services. The CoC systematically shares updated information on behavioral health, SUD, recovery, and other community resources through Membership Meetings & email communications. When changes in referral or access processes require additional assistance, the Collaborative Applicant provides technical assistance and webinars. The CA also provides annual TA to new project applicants on coordinating with healthcare & behavioral health providers to connect participants to appropriate services.

The CoC actively promotes the SSI/SSDI Outreach, Access, & Recovery (SOAR) model and training through Membership Meetings. The CoC has previously convened the Social Security Administration to provide SOAR information & has incorporated the number of OATS applications submitted by SOAR-certified staff into the annual rank & review process. Three SOAR-certified agencies are currently available for participant referrals, providing individualized navigation & advocacy to help participants access benefits that can support financial stability & continued recovery.

Through recovery-focused provider partnerships, CE/SPOA case conferencing, established referral pathways & SOAR navigation, the CoC provides multiple avenues for participants to access SUD treatment, behavioral health services, recovery supports, & individualized 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 Dutchess County Continuum of Care (DCCoC) identifies individuals experiencing Serious Mental Illness (SMI) through multiple coordinated access points, including Coordinated Entry (CE), street outreach, emergency shelters, hospitals, crisis response systems, Mental Health America of Dutchess County (MHA), behavioral health providers, and community-based organizations. Through standardized assessment and engagement practices, Coordinated Entry helps identify individuals whose mental health needs contribute to housing instability, homelessness, frequent hospitalizations, or recurring crises. Individuals requiring intensive behavioral health interventions may be referred through the Single Point of Access (SPOA) process, which serves as a centralized mechanism for determining eligibility and connecting individuals to specialized services such as the Assertive Community Treatment (ACT) Team of Dutchess County, supportive housing, care coordination, and other community-based supports. Mental Health America of Dutchess County plays a critical role in engaging individuals who may be reluctant to access traditional services by providing peer support, wellness and recovery services, housing navigation, benefits assistance, and ongoing care coordination. For individuals with the most significant needs, the Dutchess County ACT Team delivers evidence-based, multidisciplinary services directly in the community through assertive outreach, psychiatric care, medication management, substance use treatment, crisis intervention, and housing support. By integrating housing providers, community healthcare systems, behavioral health agencies, Mental Health America of Dutchess County, the Dutchess County ACT Team, and the SPOA process, the DCCoC ensures that individuals with SMI are identified promptly and connected to the level of care and support necessary to achieve housing stability, reduce emergency service utilization and psychiatric hospitalizations, improve treatment engagement, and promote long-term recovery, community integration, independence, 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)

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

DCCoC 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, DCCoC 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. The Dutchess County Mobile Crisis Intervention Team provides MH outreach services, crisis intervention, referrals, & connections to social support & community-based services. Providers can make referrals to them for crisis assessment, intervention, stabilization, & ongoing housing-focused services.

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

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	38

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-601 maintains multiple formal partnerships with behavioral health and recovery service providers. One example is its MOU between Mental Health America of Dutchess County, Inc. and People USA, which provides peer support, recovery-oriented services, wellness planning, care coordination, supportive housing services, and referrals to behavioral health providers for individuals experiencing homelessness.

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)

Dutchess County Continuum of Care (DCCoC) has identified Hudson River Housing's Hillcrest Sober Housing as a new CoC-funded project that will operate sober housing in accordance with 24 CFR 578.93(b)(5). This project will provide 10 units of transitional housing for single adults experiencing homelessness who have substance use disorders & are committed to recovery. Referrals will be made through Coordinated Entry, helping address a significant gap in recovery-oriented housing 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)

Dutchess County Continuum of Care (DCCoC) 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), DCCoC collaborates w/ Mental Health America of Dutchess County, Inc. (MHADC) and Lexington Center for Recovery 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), DCCoC works w/ Mental Health America of Dutchess County (MHA) 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 SMI services (1C-1c), DCCoC coordinates w/ MHA, which provides advocacy, recovery supports, referrals, & behavioral health resources to help individuals experiencing mental health challenges or housing instability access needed services and housing resources.
For drug courts (1C-1d), DCCoC works w/ the Dutchess County Drug Treatment Court to provide court-supervised treatment. Court & service partners identify housing needs, refer participants to housing resources, & coordinate treatment & housing plans that support stability & community integration.
For local crisis services (1C-1e), DCCoC partners w/ the regional 988 Suicide & Crisis Lifeline center & mobile crisis outreach providers. The Dutchess County Mobile Crisis Intervention Team provides outreach, crisis assessment, intervention, stabilization, & referrals to social & community services. Crisis teams & housing providers coordinate immediate referrals & follow-up when a person's housing is at risk.
For CCBHC, CMHC, or PATH services (1C-1h), DCCoC coordinates w/ Mental Health America of Dutchess County to link eligible people to assessment, treatment, outreach, & housing-focused referrals. DCCoC promotes direct introductions, shared follow-up, & coordinated care so people receive timely support & a path to stable housing.
For Sober Housing (1C-1i), DCCoC coordinates w/ Hillcrest Sober Housing to facilitate warm handoffs for individuals in recovery who need stable housing. Through CE, case management, and direct referrals, participants are connected to Hillcrest Sober Housing when appropriate.

1C-2.	Supportive Services Investment.		

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$2,646,214
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$1,758,192

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	66%
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.	$134,328
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).	72%

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 Dutchess County Continuum of Care (DCCoC) regularly consults with the New York State Office of Temporary and Disability Assistance (OTDA), the Emergency Solutions Grant (ESG) recipient for the CoC geographic area, regarding the planning and allocation of ESG funds. 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 CoC Collaborative Applicant, and service providers to allow input on standards, performance measures, and the implementation of the standards throughout the CoC. The DCCoC Written Standards provide guidance for both CoC- and ESG-funded projects and establish standards for homelessness prevention, street outreach, emergency shelter, rapid re-housing, HMIS, and other homeless housing and service interventions. All projects receiving ESG or CoC funding are required to comply with the Written Standards. The CoC has worked collaboratively with CoC and ESG recipients and subrecipients to help ensure compliance with HUD regulations governing both programs. DCCoC's Coordinated Entry System serves as the standardized access, assessment, and referral process for CoC- and ESG-funded projects. The Written Standards require CoC and ESG projects to follow the CoC's Coordinated Entry Policies and Procedures and use referrals from the CoC's single prioritized list. Coordinated Entry is designed to assess household needs, connect households to appropriate housing and services, and help ensure there is no duplication of benefits between CoC- and ESG-funded projects. The Written Standards are reviewed and revised as needed, and CoC- and ESG-funded projects agree to abide by the standards as a condition of being considered for funding. DCCoC will continue to consult with ESG recipients through Written Standards development and review, Coordinated Entry implementation, and ongoing CoC planning efforts to ensure ESG-funded activities remain aligned with community needs and HUD requirements.

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

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

(limit 2,500 characters)

The CoC coordinates with shelter providers to connect individuals and families with CoC assistance through Coordinated Entry (CE). Emergency shelter providers, such as Hudson River Housing, Community Housing Innovations, and the Grace Smith House serve as key access points to the CoC's coordinated entry system. The Dutchess Department of Children and Family Services which coordinates emergency hotel and motel placements, and code blue placements is another access point and partner in the CE system. Shelter providers and DSS work with individuals and families experiencing homelessness to connect them to CE, complete required assessments and documentation, and ensure their information is entered and maintained in HMIS. Individuals and families are then prioritized according to the CoC's established CE policies and referred to available CoC-funded housing programs, including transitional housing, rapid rehousing, permanent supportive housing, and joint TH-RRH projects.
Shelter providers also participate in CE Case Conferencing, where they communicate with CE staff regarding participants who may be eligible for available CoC housing opportunities, provide updates regarding participants' housing needs and circumstances, and coordinate referrals and next steps. This ongoing communication helps the CoC identify appropriate housing resources and facilitate connections between shelter residents and available CoC assistance.
Shelter providers and their agencies also participate in CoC governance and CE planning through CoC Membership, CoC Steering Committee, and the CE Advisory Committee. Representatives from Hudson River Housing and the Grace Smith House participate in the Steering Committee and Membership. Representatives from Community Housing Innovations participate in Membership. This participation gives shelter providers opportunities to inform CE policies and processes, identify barriers to connecting shelter residents with housing assistance, and collaborate with the CoC on improvements to the homelessness response system.

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

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

(limit 2,500 characters)

The CoC uses its Homeless Management Information System (HMIS) to collect, analyze, and report information about homelessness, including characteristics of individuals and households experiencing homelessness, services provided, housing outcomes, and system performance. HMIS data support required reporting, including the Point-in-Time (PIT) Count, Housing Inventory Chart (HIC), System Performance Measures (SPMs), demographic reports, and other system-level reports used for planning, performance evaluation, and resource allocation.
The CoC shares PIT, HIC, HMIS, and System Performance data with state and local government, as appropriate and permitted by law, through required reporting, aggregate reports, data analysis, and established data-sharing processes. Information is shared in accordance with HMIS policies and procedures, privacy requirements, federal and state laws, and applicable client consent and data-release protocols.
The 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 Dutchess County Continuum of Care (DCCoC) will implement a strategic integration of our Homeless Management Information System (HMIS) with external, cross-system datasets. This initiative will establish a robust multi-sector analytics framework designed to identify, prioritize, and serve high-utilization and highly vulnerable populations.

A cornerstone of this initiative is the strategic use of New York State Department of Health (NYSDOH) resources. Through this collaboration, the Dutchess County 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 Dutchess County 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 Dutchess County 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 Dutchess County 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 Dutchess County.

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 DCCoC partners with Gateway to provide individual vocational counseling that helps participants achieve employment goals. Gateway offers training, internships, and employment services for people with a primary mental health diagnosis. Services include career exploration, skills assessments, referrals to training, application and resume assistance, interview preparation, school-to-work transition, benefits counseling, job-retention assistance and continued support throughout employment.

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)

NY-601 promotes positive interactions between people experiencing homelessness, law enforcement, first responders, and service providers through coordinated outreach and co-response efforts. Law enforcement is represented on the CoC Board, supporting ongoing collaboration and communication regarding homelessness response strategies. Street outreach providers, including HRHCare outreach staff, work with law enforcement, emergency responders, and community partners to engage individuals experiencing unsheltered homelessness and connect them to housing and supportive services. Outreach teams collaborate with law enforcement during encampment responses and other situations involving people experiencing homelessness to facilitate service engagement and housing-focused interventions. The CoC also benefits from specialized partnerships, including Mental Health Association (MHA) case managers embedded with local police departments and Mobile Crisis teams, the Law Enforcement Assisted Diversion (LEAD) Program, and the HONOR Program. These partnerships support coordinated responses for individuals experiencing homelessness and behavioral health challenges, helping connect individuals to housing, healthcare, and supportive services. The CoC and its outreach providers provide law enforcement and first responders with homelessness-related resource information, referral pathways, and training opportunities to strengthen coordinated responses. Through board participation, coordinated encampment engagement, co-response models, and ongoing cross-system collaboration, the CoC increases housing and service engagement while promoting positive, housing-focused interactions.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC recognizes that reconnecting individuals and families with safe and appropriate family members or support networks can be an effective strategy for resolving homelessness and promoting long-term housing stability. The CoC prioritizes family reunification and preservation when safe and appropriate. Providers recognize that strengthening family connections is a key strategy for preventing and ending homelessness and incorporating family engagement, counseling, and mediation to support housing stability and family preservation. 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 Dutchess County assists 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-601 CoC cooperates with and does not interfere with or impede lawful efforts by local governments, law enforcement, EMS, Mobile Crisis, behavioral health agencies, and community partners to advance public safety while connecting people experiencing homelessness, including youth, to appropriate services.
The CoC supports local efforts to address tents and encampments through coordinated outreach and engagement. HRH operates street outreach in Poughkeepsie and a federally funded outreach team for runaway, homeless, and at-risk youth. Outreach staff coordinate with police, EMS, Mobile Crisis, Dutchess County DCFS, the Department of Behavioral and Community Health, shelters, and service providers to engage individuals and connect them to emergency shelter, housing, behavioral health, substance use services, and other resources. The CoC does not obstruct lawful actions involving public spaces or encampments and facilitates appropriate service connections.
The CoC supports efforts to decrease public use of illicit drugs by coordinating with law enforcement, EMS, Mobile Crisis, behavioral health, and SUD providers. When people experiencing homelessness are encountered during substance use incidents or crises, outreach and homeless service providers assist with referrals to treatment, recovery, healthcare and supportive services while coordinating with first responders.
The CoC supports behavioral health crisis protocols when individuals may present a danger to themselves or others. Through coordination with Mobile Crisis, behavioral health agencies, EMS, law enforcement, and other authorities, providers facilitate crisis intervention and connections to emergency or behavioral health services consistent with applicable laws and local standards, including when authorized professionals determine involuntary intervention is appropriate.
The CoC shares information with authorized partners consistent with SORNA and applicable privacy and confidentiality requirements. Two law enforcement officers serve on the CoC Board, and youth-serving providers participate in the Dutchess County Community Solutions Committee, Homeless Outreach Team, Court Involved Youth Committee and Human Trafficking Task Force, supporting communication and coordination.
Through these partnerships, the DCCoC assists first responders by connecting people to outreach, shelter, housing, behavioral health, SUD treatment, and other services while supporting lawful local public safety efforts.

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

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

(limit 2,500 characters)

While Dutchess County does not have a specific countywide preventive encampment ordinance, the County utilizes homelessness prevention programs, emergency housing placements, coordinated outreach, behavioral health services, and affordable housing initiatives to reduce the conditions that lead to encampments. Large, fixed encampments are uncommon countywide, but outreach partners report periodic smaller encampments and congregations. The DCCoC's 2026 PIT Count identified 35 unsheltered homeless people. Additionally, Dutchess County Parks rules prohibit camps or temporary sleeping places without a permit, allowing prompt action on public property. To leverage beneficial policies, the Dutchess County CoC will continue implementing a coordinated, housing-focused encampment response strategy. The CoC will partner with the Dutchess County Department of Community and Family Services, Dutchess County Department of Behavioral & Community Health, Hudson River Housing, Mental Health America of Dutchess County, Mid-Hudson Regional Hospital, local municipalities, and law enforcement agencies to conduct proactive outreach, assess needs, and connect unsheltered individuals to appropriate services before any encampment closure occurs. Multidisciplinary outreach teams will prioritize enrollment in Coordinated Entry, behavioral health treatment, substance use services, healthcare, benefits assistance, veteran services, and housing navigation. 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 healthcare, behavioral health, housing, and public systems, the CoC will minimize the impact of restrictive factors and maximize opportunities to transition individuals from encampments 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 Dutchess County Continuum of Care (DCCoC) continues to experience unsheltered homelessness, with approximately 35 unsheltered persons identified across the CoC. While individuals are periodically found sleeping in tents, makeshift shelters, wooded areas, parks, and other outdoor locations, large or sustained encampments are uncommon. This is largely due to the proactive efforts of outreach teams that regularly monitor known outdoor locations, respond to community reports of tents or youth sleeping in public spaces, and engage individuals quickly to connect them with shelter, housing, behavioral health services, and other supports. Dutchess County maintains a coordinated outreach system involving the Department of Community and Family Services (DCFS), Hudson River Housing street outreach staff, Mental Health America of Dutchess County, law enforcement partners, and other community providers, which helps identify and assist unsheltered individuals before larger encampments can develop. The CoC has observed that unsheltered homelessness is generally dispersed throughout the county rather than concentrated in large encampments. When tents or encampments are identified, outreach workers prioritize engagement, housing navigation, crisis intervention, and referrals through the Coordinated Entry system. Individuals residing outdoors are offered shelter and housing resources whenever available, with particular attention given to youth, veterans, and persons experiencing serious mental illness or substance use disorders. Municipalities within Dutchess County generally prohibit camping, overnight occupancy, or unauthorized use of public property, parks, and recreational facilities through local ordinances and park regulations. As a result, tents and encampments on public property are typically addressed through a combination of outreach, code enforcement, public safety responses, and efforts to connect individuals to services rather than allowing long-term encampment establishment. Overall, coordinated street outreach, regular monitoring of outdoor locations, and collaboration among service providers and local governments have limited the formation of large encampments and improved the community's ability to engage unsheltered residents and connect them to housing opportunities.

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)

In the DCCoC, public drug use is addressed through coordinated outreach, overdose prevention, treatment engagement, and public safety partnerships. New York State law prohibits appearing in a public place under the influence of narcotics or another drug when the person may endanger themselves or others. NY-601 will leverage this policy by coordinating with law enforcement when public drug use creates an immediate safety concern while also connecting individuals with appropriate treatment and supportive services. Dutchess County's Overdose Response and Recovery Alliance brings together County departments, law enforcement, treatment providers, and community partners to coordinate overdose prevention, treatment, and recovery services. The County's Drug Task Force also uses data to identify areas where dangerous drugs are being distributed and coordinates investigations and enforcement efforts. Outreach teams conduct outreach throughout the geographic area, maintaining a presence in the community, and connecting individuals experiencing homelessness and substance use disorders with appropriate services. Local outreach includes Mental Health America (MHA) of Dutchess County through MCIT and BEAT/ECHO; PEOPLE USA with Poughkeepsie Police through LEAD; and HONOR. The County's Empowerment Center provides support from recovery coaches and peers, while the Stabilization Center provides 24/7 support for individuals experiencing a mental health crisis or substance use concern. These policies have coincided with decreases in overdose deaths. According to Dutchess County, the County reported 63 overdose deaths in 2025, representing a nearly 50% decrease in overdose deaths since 2022. NY-601 will continue leveraging these partnerships and outreach practices to decrease public use of illicit drugs and quickly connect individuals with substance use treatment, mental health services, housing, and recovery supports. The CoC will continue strengthening coordination between outreach providers, law enforcement, behavioral health providers, and community organizations while utilizing service-based responses when appropriate and coordinating with law enforcement when there are 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 Dutchess County, the County reported 63 overdose deaths in 2025, representing a nearly 50% decrease in overdose deaths since 2022. Due to the geographic area, public use of illicit drugs can occur throughout the community. 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)

Dutchess County uses 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 works closely with the Dutchess County Department of Behavioral & Community Health, which oversees crisis services, behavioral health coordination, and community-based mental health resources. Through the County's HELPLINE, Stabilization Center, and behavioral health programs, individuals experiencing homelessness can be connected to immediate crisis intervention, mental health assessments, treatment referrals, and housing-related supports. A key partner is Mental Health America of Dutchess County (MHA Dutchess), which operates the countywide Mobile Crisis Intervention Team (MCIT). Available 24/7, MCIT provides community-based crisis response, behavioral health assessments, outreach, and stabilization services designed to reduce unnecessary emergency room visits, psychiatric hospitalizations, and justice system involvement. The CoC can coordinate with MCIT when outreach teams encounter individuals whose mental illness places them at risk of harm or prevents them from safely maintaining housing. The CoC also collaborates with MidHudson Regional Hospital of Westchester Medical Center, local behavioral health providers, and community-based organizations to ensure individuals who require emergency psychiatric evaluation or inpatient care are connected to appropriate treatment and discharge planning services. People USA provides a emergency mental health services through the Crisis Stabilization 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 uses a coordinated outreach strategy to identify, engage, and assist individuals and families experiencing homelessness across its geographic area, including people who are unsheltered or not connected to services. Outreach is conducted through partnerships with human service, youth-serving, faith-based, healthcare, public library, law enforcement, behavioral health, and crisis response partners. The CoC's outreach system includes People USA's LEAD team, Hudson River Housing's Street Outreach team, and HONOR, which coordinate with community partners to engage people experiencing unsheltered homelessness and connect them to housing, healthcare, behavioral health services, and other supports. Outreach teams maintain a regular presence in locations frequented by unsheltered individuals and work with service providers to reduce barriers to assistance. Individuals identified through outreach are connected to Coordinated Entry through bi-weekly case conferencing and by-name list processes that support ongoing engagement and service coordination. The CoC also coordinates with behavioral health outreach initiatives, including partnerships between local police departments and Mental Health America, whose case managers engage individuals experiencing homelessness and support referrals to services. Mental Health America case managers are also embedded in the Mobile Crisis unit. HONOR administers a New York State Office of Mental Health-funded outreach program that provides daily street outreach in coordination with Mobile Crisis and includes clinical staff. The CoC also coordinates with VA Outreach, Soldier On, and Health Care for Homeless Veterans to identify and assist unsheltered veterans, and partners with County Mental Health and its Assertive Community Treatment (ACT) program to engage people with serious mental illness who may not use traditional service systems. All outreach providers use client-centered, trauma-informed practices, including staff with lived experience, to build trust, reduce barriers, and connect households to housing and supportive services.

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

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

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

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	No
5.	Technical College(s)	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 has adopted policies & procedures within its Written Standards to ensure all programs consistently & accurately inform individuals & families who have recently begun experiencing homelessness about available education services & related eligibility. This CoC policy requires CoC providers serving households w/children designate a specialized staff person to serve as the educational liaison to inform individuals & families of their eligibility for schooling & to provide direct support to set up services to ensure 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 Steering Committee & 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 the Dutchess County CoC to support youth as they transition to independent adulthood. The CoC has established strong partnerships with the Dutchess County Department of Community and Family Services (DCFS), local public housing authorities, child welfare agencies, and youth-serving organizations including Hudson River Housing to ensure that youth transitioning from foster care are identified early, connected to housing resources, and supported throughout their transition to independent adulthood. Through these partnerships, the CoC and child welfare systems work together to identify emerging needs, coordinate system planning, strengthen referral pathways, and improve outcomes for youth who are at risk of homelessness as they exit foster care. These collaborative relationships create direct connections between child welfare and homeless response systems, ensuring youth receive housing-focused case management, coordinated service planning, and warm handoffs to community resources prior to discharge from care. By integrating child welfare partners into regional planning and leveraging targeted housing resources such as the Family Unification Program (FUP) and other housing assistance programs available through local housing partners, the CoC has developed a coordinated system that prioritizes prevention, rapid connection to housing, and sustained support for youth transitioning from foster care. The partnership between the CoC, the Department of Social Services and housing providers 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 collaborates extensively with various youth providers, including those who receive the Runaway and Homeless Youth (RHY) grant. The RHY program provides significant benefits to communities by supporting vulnerable youth who are experiencing homelessness, housing instability, family conflict, or exploitation. Through emergency shelter, street outreach, transitional living programs, and supportive services, RHY-funded programs help young people access safe housing, basic necessities, education, healthcare, and employment opportunities. These services reduce the immediate risks associated with youth homelessness, including victimization, human trafficking, substance use, and poor health outcomes. Hudson River Housing (HRH) is the RHY grantee for NY-601, and this funding greatly assists the community and youth. HRH operates a comprehensive youth homelessness response system that includes emergency shelter, drop-in services, transitional housing, and supportive services for runaway, homeless, and at-risk youth. Through programs such as River Haven Youth Shelter, Pete's Place, Pat's Place, and River Haven Transitional Living Center (TLC), the organization helps young people access safe housing, counseling, case management, education and employment support, and independent living skills. The CoC coordinates with HRH through referrals, coordinated entry, case conferencing, service planning, and information sharing to ensure youth experiencing homelessness are quickly connected to appropriate resources. CoC member agencies, schools, healthcare providers, outreach teams, and other community partners work collaboratively with HRH to identify vulnerable youth, address immediate housing needs, and develop individualized service plans.

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)

DCCoC has one Transitional Housing project that primarily serves families with children experiencing homelessness: Hudson River Housing Family Bridges TH Housing Program. The project provides temporary housing, case management, housing stabilization services, and connections to community resources that support family well-being. It partners with local service providers and community organizations 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)

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

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

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

(limit 2,500 characters)

DCCoC has one Transitional Housing project that primarily serves families with children experiencing homelessness: Hudson River Housing Family Bridges TH Housing Program. The project leverages funding and resources from mainstream family service systems, including Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, childcare assistance, rental and utility assistance, and other supports available through local Departments of Social Services (DSS). Through individualized case management, staff assist families with benefit applications, eligibility reviews, documentation collection, and enrollment in programs that increase household income and financial stability. The project partners with local DSS offices, schools, healthcare providers, SOAR providers, workforce development agencies, service providers, and community organizations to connect families to cash and non-cash benefits, SSI/SSDI, educational opportunities, childcare resources, and other supports that promote housing stability and long-term self-sufficiency. The CoC's strategy for increasing non-employment cash income focuses on building strong relationships with community stakeholders and educating homeless service providers on available benefits, qualifying factors, and referral processes. DSS representatives regularly engage with the CoC to provide updates on benefit programs and resources, helping providers better support families in accessing income and public assistance. The CoC also collaborates with SOAR providers to improve access to SSI/SSDI benefits for eligible adults and children. In addition, families are connected to food pantries, prepared meals, clothing resources, healthcare services, and other community supports that reduce household expenses and allow more income to be directed toward housing costs. These partnerships are formalized through written MOUs or collaborative agreements and are updated as needed to ensure coordinated service delivery. Through these efforts, Hudson River Housing Family Bridges TH Housing Program helps families maximize available resources, increase financial stability, and maintain permanent housing over the long term.

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

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

(limit 2,500 characters)

DCCoC has one Transitional Housing project that primarily serves families with children experiencing homelessness: Hudson River Housing Family Bridges TH Housing Program. The project combines temporary housing, case management, housing stabilization services, and connections to community resources with family-centered services that promote housing stability, child well-being, and long-term self-sufficiency. Through individualized service planning, families are connected to childcare resources, parenting education and support programs, early childhood services, school-based supports, and community programs that strengthen family stability. The project also connects families to pediatric healthcare, Medicaid, behavioral health services, developmental screenings, immunizations, and other healthcare resources that support healthy child development. Children and youth are connected to local schools, early learning programs, tutoring services, transportation resources, and educational supports, while parents are linked to adult education, financial literacy, workforce development, and employment resources. Staff also help families access mainstream benefits and community resources that reduce household expenses and support housing retention. Hudson River Housing Family Bridges TH Housing Program partners 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. Partnerships are formalized through written MOUs, collaborative agreements, and referral networks and are updated as needed to ensure coordinated service delivery. Through these combined efforts, the project helps families achieve safe, stable housing while supporting the health, education, and well-being of both parents and children.

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

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

(limit 500 characters)

The CoC’s membership includes representatives from the U.S. Department of Veterans Affairs (VA) and WESTCOP. The CoC partners with VA programs, including HUD-VASH and Supportive Services for Veteran Families (SSVF), to connect veterans experiencing homelessness with housing and supportive services. Partners coordinate through Coordinated Entry to facilitate referrals, identify housing needs, and connect veterans to housing, healthcare, and other resources.

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

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

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

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

(limit 500 characters)

The CoC has partnerships with NYS DV coalitions & VSP's. Grace Smith House, which is a VSP & part of the NYS DV and Sexual Assault Coalitions, participates on the CoC Steering Committee & has staff that attend CoC membership. Grace Smith House has helped update the CoC governance charter and Written Standards. Grace Smith House partners with CARES of NY Inc., on the parallel DV CE system that serves survivors of domestic violence and is active in developing CE processes within the CoC.

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

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

(limit 500 characters)

The CoC partners with Family Services RESTART (Re-Entry Stabilization, Transition, and Reintegration Track) program to prevent homelessness among individuals exiting incarceration. RESTART provides reentry planning, counseling, case management, and transition support, connecting participants to housing resources and community-based services prior to release. This partnership promotes successful community reintegration and reduces the risk of homelessness.

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 Sun River Health to support individuals experiencing homelessness with complex medical and behavioral health needs. Through primary care, preventive services, behavioral health treatment, substance use services, and care coordination, clients receive comprehensive support to manage chronic conditions, access specialty care, improve health outcomes, reduce barriers to treatment, and achieve long-term housing stability and overall well-being.

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)

While the CoC does not currently have any CoC funded projects dedicated to serving the aging and elderly, 601 CoC Membership features representation from Dutchess County Department of Social Services who works closely with Adult Protective Services (APS). APS streamlines referrals, offers case management, long term planning, benefits assistance and housing assistance. The CoC will work to recruit further partnerships to address aging and elderly individuals experiencing homelessness.

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

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

(limit 500 characters)

Within the NY-601 CoC, Hudson River Housing operates the Home Base I PSH project, the 81 Garden St. PSH project, and the Noxon Street PSH project, all being PSH projects that prioritize individuals experiencing chronic homelessness.

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

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

(limit 2,500 characters)

Hudson River Housing operates Home Base I PSH, Noxon Street PSH, and 81 Garden St. PSH, all PH projects that prioritize those experiencing chronic homelessness. All projects provide on-site behavioral healthcare services to support housing stability, overall wellness, and successful community integration for program participants.
Hudson River Housing provides these services in-house through Hudson River Healing Services and participants have access to on-site behavioral healthcare services that include mental health, substance use, and peer recovery support. Services are delivered at the project site, allowing participants to receive care in a familiar 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, Hudson River Housing 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)

Hudson River Housing operates Home Base I PSH, Noxon Street PSH, and 81 Garden St. PSH, all PH projects that prioritize those experiencing chronic homelessness. All projects also 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, Hudson River Housing's Home Base I PSH, 81 Garden St. PSH, and Noxon Street PSH follows the CoC's approved Move On Strategy to assess whether participants are ready to transition from permanent supportive housing to unsubsidized housing or other permanent housing options. The NY-601 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, Hudson River Housing 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?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/05/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

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

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

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

(limit 2,500 characters)

The CoC determines candidates for reallocation due to low performance or less-needed projects 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 Program Review Committee and CoC Steering Committee 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 Steering Committee. The Steering Committee 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 Steering Committee 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 identify one low-performing project through this process this year due to the project's low data performance and inability to meet the established threshold score. Funds were reallocated to a higher performing project. However, the remaining projects demonstrated strong performance through Rank & Review and monitoring, and the need for these projects was demonstrated by their continued acceptance of the most vulnerable clients from the CE waitlist. Based on the local competition and review of project performance and community need, no additional projects were required to be reallocated. The CoC determined that the remaining projects are performing effectively 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. 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 22 in 2025 to 35 in 2026. Enhanced methodology included using Service based locations, food programs and drop-in centers to survey clients on the day of the count.

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.	2
2. Enter the reduction in the number of encampments during your evaluation period.	1

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.	47
2. Enter the reduction in the number of people in encampments during your evaluation period.	25

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)

N/A

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

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

(limit 2,500 characters)

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

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

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

(limit 2,500 characters)

The CoC's strategy to reduce the length of time (LOT) individuals and families remain homeless includes: a) increasing the number of affordable housing options through advocacy for affordable housing development and engaging systems of care to provide and increase homeless and affordable housing (DV, Mental Health, PHAs, etc.) and engaging landlords in the region to rent to tenants using subsidies; b) ensuring CoC and program policies remove systemic barriers to rapid housing & c) coordinating housing opportunities through the Coordinated Entry (CE) program. The CoC routinely advocates for and supports the increase of permanent housing options with letters of support and data demonstrating need. For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH; is partnering with the State to implement HUD's Emergency Housing Voucher (EHV); and is implementing its Moving On Strategy to ensure PSH units are available for the most vulnerable and hardest to serve. Specifically, both the City of Poughkeepsie & the County of Dutchess prepared Housing Needs Assessments that included action steps to create additional affordable housing as well as receiving site approval for a new Emergency Shelter. The CoC identifies, prioritizes, and houses individuals and families with the longest LOT homeless through the CE program. During bi-weekly CE case conferencing, staff discuss barriers to housing persons who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate/appropriate housing for these households. The CE 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 (e.g. Housing Choice & ESSHI Housing) to increase the number of appropriate housing options for those coming through CE. The CoC also collaborates with affordable housing developers who then work with support services agencies in the CoC to provide PSH. Together, these strategies result in an increase in immediate housing opportunities for those who are homeless.

2A-7.	Successful Permanent Housing Placement–Exits to Unsubsidized Housing.	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	23.00%

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.	01/23/2026
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	431	0	431	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	182	0	182	100.00%
4. Rapid Re-Housing (RRH) beds	6	0	6	100.00%
5. Permanent Supportive Housing (PSH) beds	272	0	256	94.12%
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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/28/2026
Submission Summary	No Input Required