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-606 - Rockland County CoC

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

1A-3. CoC Designation: UFA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

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

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

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

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

1B-2.	Open Invitation for New Members.	

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

(limit 2,500 characters)

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

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

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

(limit 2,500 characters)

A) The Rockland 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 Board reviews 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 Board and Membership. Community workshops, including livestreamed and recorded options, support accessibility, transparency, and meaningful engagement. B) The Rockland County CoC engages a diverse range of individuals and organizations with knowledge of or interest in preventing and ending homelessness. Participants include persons with lived experience, housing and homeless service providers, affordable housing organizations, local 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-606 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)

RCCoC 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, RCCoC 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, RCCoC 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, RCCoC 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, RCCoC 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. RCCoC will maintain a goal of at least 95% HMIS data completeness and accuracy across participating projects. Oversight will be provided by the Governance Committee, CoC Board, HMIS Lead, Coordinated Entry partners, and system committees, which will review progress, recommend adjustments, and ensure strategies remain responsive to community needs while reducing homelessness and increasing housing stability across all populations served.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	50%

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. The Center for Safety & Change Inc. (CSC) has a formal partnership with Samaritan Daytop Village, a substance use treatment and recovery provider. The partnership supports coordinated referrals and access to substance use treatment, recovery services, and supportive service coordination. CSC has a formal partnership with Hudson Mental Health Services PLLC (HMHS) which assists individuals in navigating behavioral health ensuring participants receive comprehensive mental health assessments, individual psychotherapy, crisis intervention, medication management, and direct referrals and coordinate service delivery. Within these MOU's, SUD & MH providers clearly outline the services to be provided to CoC funded participants. These partnerships support coordinated referrals, warm handoffs, and service coordination, helping directly connect people experiencing homelessness with behavioral health and recovery services across the CoC, and b.) finally, by engaging SUD & MH partners, both CoC & non-CoC members, to present at membership meetings to explain services availability and discuss openings and admissions criteria.

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

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

(limit 2,500 characters)

The CoC works with projects and community partners to connect individuals experiencing homelessness with substance use disorder (SUD) treatment, behavioral health services, recovery supports, and recovery navigation. The CoC engages CoC and non-CoC partners through monthly Membership Meetings, where providers share current information on treatment, recovery, and supportive services. Partners include Rockland Drug Rehab & Addiction Treatment Center, which provides SUD treatment and recovery services; County Mental Health; and Lexington Center for Recovery, which provides Health Home and Medicaid care management. This information is communicated directly to program staff, who use established referral pathways to connect participants with appropriate treatment and recovery resources based on individual needs.
Coordinated Entry (CE) provides an additional recovery navigation mechanism through case conferencing with the New York State Department of Mental Health through the Rockland County Department of Mental Health. This coordination allows providers to collaborate around participant needs and facilitate connections to appropriate behavioral health, SUD, treatment, and supportive services.
The CoC systematically shares updated information on SUD, behavioral health, recovery, and community resources through Membership Meetings and 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 and behavioral health providers to connect participants to appropriate services.
The CoC actively promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) training among member agencies through Membership Meetings.
Through recovery-focused provider partnerships, established referral pathways, CE case conferencing, care management, and SOAR navigation, the CoC provides multiple avenues for participants to access SUD treatment, behavioral health services, recovery supports, and 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 Rockland County Continuum of Care (RCCoC) identifies individuals experiencing Serious Mental Illness (SMI) through multiple coordinated access points, including Coordinated Entry, street outreach, emergency shelters, hospitals, crisis response systems, the Mental Health Association of Rockland County (MHARC), 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 Rockland County Assertive Community Treatment (ACT) Team, supportive housing, care coordination, and other community-based supports. MHARC plays a vital 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 Rockland 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, MHARC, the Rockland County ACT Team, and the SPOA process, the RCCoC 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)

RCCoC 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 Rockland County Drug Court and Rockland TASC provide 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)

RCCoC 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, RCCoC 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 Rockland County Behavioral Health Response 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.	11

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-606 maintains formal partnerships with treatment and recovery service providers to support individuals experiencing homelessness. One example is the MOU between Center for Safety & Change Inc. and Samaritan Daytop Village, a substance use treatment and recovery provider. The partnership supports coordinated referrals and access to substance use treatment, recovery services, and supportive service coordination.

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

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

(limit 500 characters)

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

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

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

(limit 2,500 characters)

The Rockland County Continuum of Care (RCCoC) 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), RCCoC collaborates w/ Samaritan Daytop Village and Hudson Mental Health Services PLLC (HMHS) 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), RCCoC works w/ Rockland Drug Rehab & Addiction Treatment Center to connect participants to peer supports that promote recovery, treatment engagement, and service navigation while seeking or maintaining housing. Partners coordinate referrals & follow-up.
For serious mental illness services (1C-1c), RCCoC coordinates w/ the Mental Health Association of Rockland County (MHARC), which provides behavioral health services, referrals, and community supports to help individuals experiencing mental health challenges or housing instability access needed services and housing resources.
For drug courts (1C-1d), RCCoC works w/ the Rockland County Drug Court and Rockland TASC to provide court-supervised treatment. Court & service partners identify housing needs, refer participants to housing resources, & coordinate treatment and housing plans that support stability.
For local crisis services (1C-1e), RCCoC partners w/ the regional 988 Suicide & Crisis Lifeline center & mobile crisis outreach providers. The Rockland County Behavioral Health Response Team provides outreach, crisis intervention, stabilization, & referrals to social and community services. Crisis teams & housing providers coordinate immediate referrals when housing is at risk.
For CCBHC, CMHC, or PATH services (1C-1h), RCCoC coordinates w/ Samaritan Daytop Village to link eligible people to assessment, treatment, outreach, & housing-focused referrals. RCCoC promotes direct introductions, shared follow-up, & coordinated care to support stable housing.
For Sober Housing (1C-1i), Oxford House is an active CoC member that provides sober housing opportunities within the community. Through CE, case management, and partner referrals, RCCoC facilitates warm handoffs to Oxford House helping individuals in recovery access stable housing and supportive services that promote housing stability.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$2,107,355
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.	$924,578
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	44%

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.	$579,005
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).	71%

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 Rockland County Continuum of Care (RCCoC) 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 implementation of the standards throughout the CoC. The RCCoC Written Standards provide guidance for both CoC- and ESG-funded homelessness assistance and establish standards for homelessness prevention, street outreach, emergency shelter, rapid re-housing, HMIS, and supportive housing interventions. All projects receiving ESG or CoC funding are required to comply with the Written Standards. RCCoC's Coordinated Entry System serves as the standardized access, assessment, and referral process for CoC- and ESG-funded projects. The Coordinated Entry process assesses household needs and facilitates referrals to appropriate housing and services. CoC- and ESG-funded projects are required to follow the CoC's Coordinated Entry Policies and Procedures. RCCoC 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 CoC policies.

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). The Rockland County Department of Social Services coordinates emergency hotel/motel placements and operates a warming center. DSS is a key access point and partner in the CoC's coordinated entry system. In addition to DSS, Center for Safety and Change also runs a DV shelter in Rockland County. Center for Safety and Change and DSS work with individuals and families experiencing homelessness to connect them to CE, complete required assessments and documentation, and ensure their information is entered and maintained in HMIS. Individuals and families are then prioritized according to the CoC's established CE policies and referred to available CoC-funded housing programs, including transitional housing, rapid rehousing, permanent supportive housing, and joint TH-RRH projects.
Shelter providers also participate in CoC CE Case 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 also participate in CoC governance and CE planning through CoC Membership, CoC Board, and the CE Advisory Committee. Representatives from Center for Safety and Change and DSS are active members of the CoC Board and 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 Rockland County Continuum of Care (RCCoC) 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 Rockland 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 Rockland 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 Rockland 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 Rockland 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 Rockland 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 RCCoC partners with Rockland Works, the area's Workforce Development Board through Board members who also serve on Rockland Works. This board-level partnership strengthens coordination between the homelessness response system and the local workforce development system. This also supports communication about employment resources, workforce priorities, and opportunities to connect people experiencing homelessness with services that can increase earned income and housing stability.

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

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

(limit 2,500 characters)

NY-606 promotes positive interactions between people experiencing homelessness, law enforcement, first responders, and street outreach teams through coordinated outreach and collaboration across the CoC. Outreach providers, including Helping Hands, Project EMBRACE, and Catholic Charities, utilize mobile outreach strategies, including mobile showers, laundry services, and food distribution, to engage individuals experiencing unsheltered homelessness who may be least likely to seek assistance. Street outreach teams coordinate with local law enforcement agencies, including the Clarkstown Police Department, Spring Valley Police Department, and Rockland County Sheriff's Office, as well as hospitals, libraries, and other community partners to identify individuals experiencing homelessness and facilitate connections to housing and supportive services. These partnerships help ensure individuals encountered by law enforcement or other community stakeholders are connected to outreach teams and appropriate resources. The CoC also coordinates with specialized outreach programs serving veterans, including VA Outreach, Health Care for Homeless Veterans (HCHV), and Soldier On, as well as behavioral health partners such as County Mental Health Departments and Assertive Community Treatment (ACT) teams, to engage individuals experiencing mental health, substance use, or other service needs. The CoC further strengthens collaboration by providing law enforcement and community stakeholders with information on available outreach programs and community resources through regular meetings and community forums. Through coordinated outreach, referral partnerships, and ongoing collaboration among law enforcement, behavioral health providers, veteran service organizations, and community partners, the CoC increases housing and service engagement while promoting housing-focused responses to homelessness.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC recognizes that reconnecting individuals and families with safe and appropriate family members or support networks can be an effective strategy for resolving homelessness and promoting long-term housing stability. The CoC prioritizes family reunification and preservation when safe and appropriate. Providers recognize that strengthening family connections is a key strategy for preventing and ending homelessness and incorporating family engagement, counseling, and mediation to support housing stability and family preservation. Providers routinely coordinate with the Department of Social Services (DSS), social service agencies, veterans' programs, youth-serving organizations, behavioral health providers, and housing programs in other jurisdictions to ensure participants are connected to appropriate services and supports before relocation occurs. When appropriate, DSS in Rockland County assists with referrals, benefits, transportation resources, and connections to services in another geographic area. Rockland County DSS also conducts community outreach through schools, nonprofits, and local events to increase awareness of available resources and maintain a Family Services intake line (845-364-3050) to connect families with needed support. 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-606 CoC cooperates with local government, law enforcement, EMS, behavioral health providers, outreach organizations, and partners and does not impede lawful efforts addressing encampments, public drug use, safety crises, or SORNA information sharing. Rockland County DSS oversees the County's homelessness response and connects first responders with homeless services. After hours, police can contact the DSS on-call worker through the Rockland County Sheriff's Office for emergency shelter placement, providing a direct pathway to shelter.
During the annual PIT Count and ongoing outreach, the RCCoC and DSS coordinate with Clarkstown Police Department, Spring Valley Police Department, and the Sheriff's Office to identify unsheltered individuals, assess needs, and connect them to Coordinated Entry, housing, and services. Resources include Catholic Charities' mobile STEHP case managers, Helping Hands, and Haverstraw Center/Project EMBRACE.
The CoC supports efforts to decrease public use of illicit drugs by coordinating with first responders, behavioral health providers, hospitals, and SUD providers. The Behavioral Health Mobile Response Team works with police, EMS, and hospitals to provide crisis assessment, intervention, and referral. Haverstraw Center provides certified SUD prevention and intervention services for youth and families, connecting people to treatment and recovery resources.
The CoC supports crisis-response protocols when individuals may present a danger to themselves or others. Greater Mental Health's Rockland Youth ACT Team provides intensive behavioral health services for youth ages 10-21, while the Behavioral Health Mobile Response Team provides crisis assessment and referral with first responders. These partnerships connect individuals to appropriate services consistent with applicable laws and authorized professional determinations.
The RCCoC holds twice-yearly forums to update law enforcement and community partners on outreach, shelter, referral, and service resources. The Legal Aid Society of Rockland County's Executive Director serves as CoC Co-Chair, supporting coordination and housing access. Partners share permitted location and registry information consistent with SORNA and applicable confidentiality requirements.
Through these partnerships, the RCCoC assists first responders in connecting people experiencing homelessness to shelter, housing, behavioral health, SUD treatment, and other services.

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

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

(limit 2,500 characters)

While Rockland 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. Due to the rural geographic area, large-scale public encampments are not common, and the 2026 PIT Count identified 27 unsheltered individuals. Additionally, public areas like parks do not allow temporary housing or encampments and close in the evenings at dusk. The Rockland County CoC will continue implementing a coordinated, housing-focused encampment response strategy. The CoC will partner with the Rockland County Department of Mental Health, Rockland County Department of Social Services, Mental Health Association of Rockland County, BRIDGES, Good Samaritan Hospital, Montefiore Nyack Hospital, local municipalities, and law enforcement agencies to conduct proactive outreach, assess needs, and connect unsheltered individuals to 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 strengthening partnerships with landlords and housing providers. Through coordinated outreach, advance notice of closures, person-centered case management, and cross-system collaboration, the CoC will 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 Rockland County Continuum of Care (RCCoC) continues to experience unsheltered homelessness, with 27 individuals identified as unsheltered during the most recent Point-in-Time Count. Unsheltered individuals are typically found in tents, vehicles, wooded areas, abandoned structures, or other locations not intended for human habitation. While small, temporary campsites may occasionally be identified, large or long-term encampments are uncommon throughout Rockland County. The RCCoC utilizes Coordinated Entry, street outreach, emergency shelters, healthcare providers, behavioral health agencies, the Mental Health Association of Rockland County (MHARC), local governments, and community-based organizations. Outreach teams regularly monitor outdoor locations and respond to reports of tents, encampments, and youth sleeping in public spaces. As a result of these proactive efforts, individuals experiencing unsheltered homelessness are often identified and connected to shelter, housing resources, healthcare, behavioral health services, and other supports before larger encampments can become established. Community partners work collaboratively to assess needs, address barriers to housing, and connect individuals to behavioral health treatment, substance use services, supportive housing, and mainstream benefits. Local municipalities generally address unauthorized camping through park regulations, trespassing laws, public health and safety codes, and property maintenance ordinances. Throughout Rockland County, public parks are governed by local rules and permit requirements, and unauthorized overnight occupancy or camping may be restricted in parks and other public spaces. County parks operate under established park regulations and permitting processes designed to ensure the safe and appropriate use of public lands. In addition, camping on certain public lands in New York is governed by New York State Department of Environmental Conservation (DEC) regulations, which limit camping locations and duration of stays and prohibit unauthorized long-term encampments. Through ongoing collaboration among outreach providers, housing agencies, emergency shelters, and MHARC, the RCCoC works to identify unsheltered individuals quickly, prevent the development of larger encampments, reduce the duration of homelessness, and promote long-term housing stability and well-being throughout Rockland County.

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 RCCoC, 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. The CoC leverages this law through outreach teams, who conduct outreach shifts throughout the geographic areas, maintaining a presence in the community, including at hotspot locations that individuals may congregate including parks, malls, drop-in centers & gas stations. This steady presence in the community helps decrease the public use of illicit drugs & enables staff to quickly connect individuals who are using illicit drugs with the appropriate services. Rockland County's Drug Treatment Alternative to Prison (DTAP) Program provides individuals facing felony drug charges with the opportunity to participate in community-based residential treatment programs in lieu of incarceration. Community members have access to referrals, education, recovery support, and treatment linkage services through the Rockland Council on Alcoholism and Other Drug Dependence (RCADD). These policies have coincided with a substantial decline in reported overdose deaths, from 75 during the 12-month period ending December 2021 to 34 during the 12-month period ending December 2025, according to CDC data. NY-606 will continue leveraging these partnerships and outreach practices to decrease public use of illicit drugs and quickly connect individuals with treatment, recovery, housing, and other supportive services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

According to the CDC, the status of overdose deaths reported during December 2024 to December 2025 stated Rockland County reported 34 deaths. Due to the rural geographic area, it is not common for there to be large gatherings of individuals using illicit drugs in public. The CoC will continue to partner with outreach teams, law-enforcement, local government, and recovery services to ensure the decrease in amount of overdoses and illicit drug use in public spaces.

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

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

(limit 2,500 characters)

Rockland 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 Rockland County Department of Mental Health, which oversees the county's behavioral health system and coordinates services among local providers. Through this partnership, individuals experiencing homelessness can be connected to mental health assessments, treatment, housing resources, and supportive services. The CoC also collaborates with the Behavioral Health Response Team (BHRT), a 24/7 mobile crisis intervention program that provides on-site behavioral health assessments, crisis intervention, supportive counseling, referrals, and transportation to appropriate treatment facilities when necessary. BHRT works directly with hospitals, mental health providers, law enforcement, and first responders, making it a critical partner in engaging unsheltered individuals experiencing psychiatric crises. By connecting behavioral health, housing & supportive service partners, outreach staff support timely intervention, public safety, long-term stability, housing access & continued behavioral health support.

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

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

(limit 2,500 characters)

The CoC has an established practice for sharing information related to Sex Offender Registry (SOR) status. During Coordinated Entry (CE) assessments, individuals are asked to disclose SOR status and potential barriers to housing and services. This information is documented, and staff coordinate with local law enforcement when an individual with SOR status reports relocating and location notification is appropriate. Staff use legally available public registry information for safety planning, housing, supervision, and services. Partners are informed of SOR status when legally appropriate, and referrals are made only to programs able to serve individuals with SOR status.
The CoC's confidentiality, consent, and authorized-disclosure requirements help ensure lawful information sharing, while privacy restrictions can limit disclosure of personally identifying and location information. The CoC mitigates these restrictions by obtaining consent when required, sharing only legally permitted information, using public registry information when authorized, and coordinating with law enforcement when notification or location information may legally be shared.
The CoC will leverage these practices by continuing to incorporate SOR and housing/service-barrier questions into CE assessments, training participating agencies, coordinating with law enforcement and service providers, and using outreach and CE to maintain contact when individuals relocate. These practices help providers identify appropriate housing and services while ensuring relevant partners have information needed for safety, supervision, and service coordination.
At the end of 2025, 43,064 individuals were registered sex offenders in New York State. This statewide quantitative data demonstrates the scale of the population potentially requiring housing and services. Qualitatively, the CoC's CE assessment process and provider coordination help identify barriers and connect individuals with appropriate housing and services while protecting confidentiality. The CoC will continue reviewing assessment information, referrals, case practices, and partner feedback to strengthen timely, lawful information sharing.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC utilizes a coordinated outreach strategy to identify, engage, and assist individuals and families experiencing homelessness throughout its geographic area, including people who are unsheltered and not otherwise connected to services. Outreach efforts focus on bringing services directly to individuals in locations where unsheltered homelessness is known to occur. The CoC supports outreach approaches that include mobile showers, laundry services, and food distribution through partnerships with Helping Hands, Project EMBRACE, and Catholic Charities, helping reduce barriers to engagement and connect individuals to housing and supportive services. The CoC collaborates with human service organizations, public libraries, hospitals, law enforcement agencies, and other community partners to identify individuals experiencing homelessness and facilitate referrals to available resources. The CoC also coordinates with specialized outreach programs serving veterans, including the VA Outreach Program, Soldier On, and Health Care for Homeless Veterans, which identify and engage unsheltered veterans and connect them to housing, healthcare, and supportive services. The CoC hosts community forums and membership meetings to inform stakeholders, including law enforcement and service providers, about available resources and outreach efforts and strengthening referral pathways throughout the community. The CoC also maintains partnerships with county mental health providers that administer Assertive Community Treatment (ACT) programs. These multidisciplinary teams engage individuals experiencing serious mental illness who may not be connected to traditional service systems and help connect them to appropriate services and supports. Outreach efforts occur year-round and are supplemented by the annual Unsheltered Point-in-Time Count. Additional outreach activities are conducted for populations that may be less likely to seek assistance, including veterans and individuals experiencing serious mental illness or substance use disorders. All outreach providers utilize client-centered and trauma-informed approaches, including staff with lived experience, to build trust, reduce barriers to assistance, and connect individuals and families experiencing homelessness to housing and supportive services.

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

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

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

9.		

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

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

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

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

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

(limit 2,500 characters)

The CoC has adopted policies & procedures within its Written Standards to ensure all programs consistently & accurately inform individuals & families who have recently begun experiencing homelessness about available education services & related eligibility. This CoC policy requires CoC providers serving households w/children 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 homeless liaisons by encouraging liaison participation on the CoC Board & relevant committee work. The CoC meets at least annually w/McKinney-Vento liaisons to specifically review CoC policies & procedures to ensure full compliance & best practice w/regulations. Lastly, the Department of Social Services links individuals & families to 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 Rockland County CoC to support youth as they transition to independent adulthood. The CoC has established strong partnerships with the Rockland County Department of Social Services (DSS), which serves as both the county's child welfare agency and administrator of the Housing Choice Voucher Program. Through collaboration with DSS, public housing partners, and youth-serving organizations, youth transitioning from foster care are connected to Family Unification Program (FUP) vouchers, housing navigation, case management, and supportive services that promote housing stability and successful transitions to independent adulthood. Through these partnerships, the CoC and child welfare systems work together to identify emerging needs, coordinate system planning, strengthen referral pathways, and improve outcomes for youth who are at risk of homelessness as they exit foster care. These collaborative relationships create direct connections between child welfare and homeless response systems, ensuring youth receive housing-focused case management, coordinated service planning, and warm handoffs to community resources prior to discharge from care. By integrating child welfare partners into regional planning and leveraging targeted housing resources such as the Family Unification Program (FUP) and other housing assistance programs available through local housing partners, the CoC has developed a coordinated system that prioritizes prevention, rapid connection to housing, and sustained support for youth transitioning from foster care. The partnership between the CoC, and child welfare agencies including the Department of Social Services helps ensure that vulnerable youth have access to the housing and supportive services necessary to achieve long-term stability and successful transitions to adulthood.

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

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

(limit 2,500 characters)

The CoC 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. The RHY grantee for NY-606 is The Salvation Army Eastern Territory in West Nyack. The Salvation Army Eastern Territory provides a variety of youth-focused services, including mentoring, after-school programming, summer camps, family support services, and assistance with basic needs. These programs help youth develop life skills, strengthen educational outcomes, build supportive relationships, and access critical community resources. The CoC partners with The Salvation Army Eastern Territory to provide coordinated assistance for youth experiencing homelessness or housing instability. Through referrals, case management, and collaborative service planning, youth are connected to emergency and transitional shelter, rent and utility assistance, food programs, and recovery support. This partnership strengthens the community's homelessness response system and helps vulnerable households achieve housing stability and long-term self-sufficiency.

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)

RCCoC has two projects that primarily serve families with children experiencing homelessness: Rockland County DV TH, and Center for Safety & Change DV RRH Combined. These projects provide temporary housing or rapid rehousing assistance, case management, housing stabilization services, & supportive resources for families, including survivors of domestic violence. They partner with local providers & community organizations to promote housing stability & 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)

RCCoC has two domestic violence-focused projects that primarily serve families with children experiencing homelessness: Rockland County DV TH and Center for Safety & Change DV RRH Combined. These projects provide housing or rapid rehousing assistance, case management, housing stabilization services, safety planning, and supportive services designed to increase family income, promote self-sufficiency, and support long-term housing stability for survivors of domestic violence and their families. Through case management, program staff assess employment, education, financial, and safety needs and develop service plans that include income growth and housing goals. The projects offer employment-focused services such as job readiness preparation, resume development, interview coaching, referrals to workforce development programs, educational/vocational opportunities. Participants receive assistance addressing barriers to employment, including transportation challenges, childcare needs, the effects of domestic violence, 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 projects provide 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 plans for increasing earned income, managing household expenses, and assuming long-term rental obligations. Progress toward employment and income goals is reviewed regularly and service plans are adjusted as needed to support successful outcomes. Rockland County DV TH and Center for Safety & Change DV RRH Combined collaborate with domestic violence service providers, workforce development agencies, schools, local service providers, and community organizations to connect families with employment, training, educational, and supportive services. These partnerships help participants access opportunities that contribute to increased income, safety, and housing stability. Partnerships are formalized through written agreements and updated as needed to ensure coordinated service delivery and continued access to resources. Through these combined efforts, the projects help families increase income, improve financial stability, enhance safety, 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)

RCCoC has two domestic violence-focused projects that primarily serve families with children experiencing homelessness: Rockland County DV TH and Center for Safety & Change DV RRH Combined. These projects leverage funding and resources from mainstream family service systems, including Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, childcare assistance, rental and utility assistance, and other supports available through local Departments of Social Services (DSS). Through 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 projects partner with local DSS offices, schools, healthcare providers, SOAR providers, workforce development agencies, domestic violence 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, safety, 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, Rockland County DV TH and Center for Safety & Change DV RRH Combined help families maximize available resources, increase financial stability, enhance safety, 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)

RCCoC has two projects that primarily serve families with children experiencing homelessness: Rockland County DV TH and Center for Safety & Change DV RRH Combined. These projects combine temporary housing or rapid rehousing assistance, case management, housing stabilization services, and supportive resources with family-centered services that promote housing stability, child well-being, safety, and long-term self-sufficiency for survivors of domestic violence and their children. 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 projects also connect families to pediatric healthcare, Medicaid, behavioral health services, developmental screenings, immunizations, and other healthcare resources that support healthy child development. Children and youth are connected to local schools, early learning programs, tutoring services, transportation resources, and educational supports, while parents are linked to adult education, financial literacy, workforce development, and employment resources. Staff also help families access mainstream benefits and community resources that reduce household expenses and support housing retention. Rockland County DV TH and Center for Safety & Change DV RRH Combined partner with local schools, childcare providers, healthcare organizations, Departments of Social Services, early childhood service providers, domestic violence service organizations, 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, safety planning, and other resources that contribute to housing stability and positive outcomes for children. Partnerships are formalized through written MOUs, collaborative agreements, and referral networks and are updated as needed to ensure coordinated service delivery. Through these combined efforts, the projects help families achieve safe, stable housing while supporting the health, education, safety, and well-being of both parents and children.

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

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

(limit 500 characters)

The CoC’s membership includes representatives from the U.S. Department of Veterans Affairs (VA) and Soldier On. The CoC partners with 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. The Center for Safety and Change, which is a VSP and part of the NYS DV and Sexual Assault Coalitions, actively participates on the CoC Board and has agency line staff that attend CoC membership meetings. The Center for Safety and Change has been involved in the process of updating the CoC governance charter and Written Standards. The Center for Safety and Change 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 the Rockland County Reentry Task Force, BRIDGES, and DOCCS parole staff to prevent homelessness among individuals exiting incarceration. DOCCS parole staff are active CoC partners and collaborate on reentry planning, housing referrals, case management, employment services, and supportive resource connections. These coordinated efforts help individuals secure stable housing and successfully reintegrate into the community.

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

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

(limit 500 characters)

The CoC partners with organizations such as NP Concierge Service to support individuals experiencing homelessness with complex medical needs. Through care coordination, healthcare access, and personalized support, clients receive assistance managing chronic conditions and navigating services. This partnership improves health outcomes, reduces emergency service use, and promotes stability, independence, and housing success.

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, 606 CoC Membership features representation from Rockland 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-606 CoC, Rockland County DSS operates a PSH project that prioritizes individuals experiencing chronic homelessness.

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

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

(limit 2,500 characters)

Rockland County DSS PSH, a PH project that prioritizes those experiencing chronic homelessness, provides on-site behavioral healthcare services to support housing stability, overall wellness, and successful community integration for program participants.
Rockland County DSS provides these services in-house through Credentialed Alcoholism and Substance Abuse Counselor (CASAC). Staff and participants have access to on-site behavioral healthcare services that include mental health and substance use. 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, Rockland County DSS 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)

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

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

As a CoC-funded project, Rockland County DSS 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-606 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, Rockland County DSS 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.	08/04/2026
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.	08/04/2026

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

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

(limit 2,500 characters)

The reallocation process is outlined in the Rank & Review (R&R) Written Process, which is reviewed, updated, posted for public comment, and approved annually by the Performance & Evaluation (P&E) Committee and CoC Board. The process begins with UFA fiscal monitoring, as required by the UFA Standard Operating Procedure (SOP). The P&E and Fiscal Committees regularly review expenditure percentages and SOP benchmarks to ensure funds will be fully utilized, identify projects with a history of inadequate financial management or recaptured funds, and recommend reallocation of poor-performing projects to the Board. The R&R Team flags projects with inadequate financial management, a history of expenditures for ineligible activities, returned funds that could have been utilized, ongoing poor performance outcomes, or consistently low R&R scores. Recommendations from R&R and monitoring are presented to the Board, which makes the final reallocation decision based on project performance, populations served, and community need. If a project is needed because it uniquely serves a hard-to-serve population, the Board works with the Collaborative Applicant to provide technical assistance to address underperformance. If reallocation is determined to better serve homeless clients, funding is made available through the new project R&R process.
The CoC did not identify any low-performing or less-needed projects through this process this year. High performance was demonstrated through R&R and monitoring, and the need for each project is demonstrated by CoC projects actively accepting the most vulnerable clients from the CE waitlist. No projects were identified for reallocation during the local competition. Between 2019–2024, no CoC funding was reallocated. This reflects the CoC's UFA structure, which allows funds to be seamlessly moved between projects as needed. Through the local competition, the CoC determined that all projects are high-performing and fulfilling identified community needs. Therefore, no CoC funds were required to be reallocated.

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 4 in 2025 to 27 in 2026. Enhanced methodology, to survey additional clients on the day of the count, consisted of the CoC hosting outreach events that included food, warm clothing, access to showers, laundry, and other essential items which were well advertised.

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.	1
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.	36

2. Enter the reduction in the number of people in encampments during your evaluation period.	32

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

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

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

(limit 2,500 characters)

The CoC's strategy to reduce the length of time (LOT) individuals and families remain homeless includes: a) increasing the number of 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. 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?	47.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

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

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

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

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	35	24	59	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	0	0	0	0.00%
4. Rapid Re-Housing (RRH) beds	43	42	85	100.00%
5. Permanent Supportive Housing (PSH) beds	87	0	87	100.00%
6. Other Permanent Housing (OPH) beds	53	0	53	100.00%

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

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

(limit 2,500 characters)

N/A

3A. Policy Initiatives

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

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

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	No
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

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	09/28/2026
3A. Policy Initiatives	09/25/2026
Submission Summary	No Input Required