

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-510 - Ithaca/Tompkins County CoC

1A-2. Collaborative Applicant Name: Human Services Coalition of Tompkins County, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sarah Schutt

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:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

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

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

NY-510 maintains an open and transparent process for community members and organizations to participate in the Continuum of Care. HSC, as Collaborative Applicant and lead agency, publicly communicates CoC meetings, membership opportunities, committees, workgroups, funding opportunities, and major planning activities through HSC and CoC communication channels and direct outreach to community partners. These opportunities are available throughout the CoC's geographic area and are not limited to organizations that have previously received CoC funding.

At least annually, HSC and the CoC provide an open invitation for new members and participants to join the CoC and engage in its planning and governance activities. The invitation is intended to reach organizations and individuals with knowledge of homelessness, housing, health and human services, public safety, employment, or other areas relevant to preventing and ending homelessness. New participants may join the CoC membership and may also engage through committees and workgroups without needing to assume a formal governance role.

NY-510 intentionally maintains broad community participation. Current CoC participation includes homeless service providers, affordable housing organizations, local government, health and behavioral health partners, employment assistance programs, law enforcement and courts, people with lived experience of homelessness, youth-serving organizations, faith-based organizations, victim-service organizations, and other community partners.

The CoC also uses committees and workgroups as an accessible entry point for new participation. Depending on community need, these groups address Coordinated Entry, housing and service planning, data and HMIS, youth and family homelessness, public safety and encampment coordination, and other system priorities. This structure allows the CoC to bring in additional expertise and perspectives throughout the year.

NY-510 does not require prior CoC funding, a particular organizational type, or a formal governance role to participate. The CoC actively seeks participation from people with lived experience and from populations, organizations, and systems that may otherwise be underrepresented in homelessness planning.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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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.
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(limit 2,500 characters)

NY-510 uses its governance structure, open membership, committees, public meetings, Coordinated Entry, HMIS data, and direct engagement with people with lived experience to solicit and consider community input in planning and priority setting.

The CoC's planning process intentionally extends beyond agencies receiving HUD funding. Participants include affordable housing providers, emergency shelter and outreach providers, behavioral health and healthcare partners, workforce development organizations, local government, law enforcement, courts, victim-service providers, youth-serving organizations, faith-based organizations, people with lived experience of homelessness, and other community partners. The CoC also engages systems that interact with people at risk of or experiencing homelessness outside the traditional homeless-services system, including healthcare, behavioral health, public safety, and other community systems.

NY-510 considers community input alongside quantitative information when identifying gaps and setting priorities. The CoC reviews PIT, HIC, HMIS, System Performance Measures, Coordinated Entry data, project performance, housing availability, and other local information. Case conferencing and system-level discussions provide an additional way to identify barriers and service gaps that may not be visible in aggregate data.

People with lived experience are included in CoC governance and planning. The FY2026 CoC participation record includes a formerly homeless person serving on the board, and the CoC incorporates lived-experience perspectives into discussions about housing, shelter, unsheltered homelessness, encampments, and access to services.

The CoC also uses focused workgroups when an issue requires additional expertise or community input. Recent examples include work addressing unsheltered homelessness and encampments, housing and healthcare coordination, Coordinated Entry, public safety, and Medicaid-related housing initiatives. These groups allow the CoC to hear directly from organizations and partners with relevant experience and bring that information back into broader system planning.

The CoC uses the information gathered through these structures to identify system gaps, assess progress, shape funding and planning priorities, and adjust strategies. This approach ensures that planning is informed by both measurable system performance and the experience of people and organizations working within the local system.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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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-510 uses a public, documented local competition process that is open to eligible organizations, including those that have not previously received CoC Program funding and faith-based organizations. HSC publishes the local competition opportunity, application materials, eligibility requirements, deadlines, review criteria, scoring tools, and submission procedures and communicates funding opportunities through CoC membership, community partners, HSC/CoC channels, media and social media.

The local competition is structured so that eligibility is determined separately from competitive scoring. New applicants must meet applicable CoC Program and HUD requirements and demonstrate the organizational capacity, financial and management capacity, and experience necessary to administer federal funds and carry out the proposed project. Requirements also address Coordinated Entry and HMIS participation or an appropriate plan to participate, monitoring and audit status, and project readiness.

Eligible proposals are reviewed using established, objective criteria rather than prior receipt of CoC funding. For FY2026, the new-project review considered project design and readiness, organizational capacity, service model, outcomes, trauma-informed practice, budget, and alignment with CoC priorities. Renewal projects were evaluated using established threshold requirements and a 100-point scoring framework that included housing outcomes, returns to homelessness, length of stay, income and self-sufficiency, service engagement, data quality, system participation, equity and access, and cost effectiveness, .

HSC provides applicants with information and clarification during the competition so organizations understand the requirements and can submit responsive proposals. Applications are reviewed and ranked through the CoC's established Rank and Review process, with recommendations reviewed through the CoC governance structure. Applicants receive written notification of their project status, score, ranking, and any reduction or rejection, with an opportunity to appeal scoring or ranking decisions under the local competition process.

This approach is intended to balance openness to new organizations with the need for a fair, consistent, and accountable competition. The CoC will continue to publicly communicate future opportunities and will not limit participation based solely on whether an organization has previously received CoC funding.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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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)

NY-510's primary system gap is the mismatch between the number and needs of people experiencing homelessness and the community's capacity to prevent homelessness, provide appropriate housing, and connect people to the supports needed to remain housed. Housing affordability is part of this gap. Tompkins County has high rents, limited affordable vacancies, and limited units that accept rental assistance. The gap is also evident in supportive housing, prevention, and behavioral health and substance use services.

The 2026 PIT/HIC data show both progress and continued need. NY-510 identified 170 people in emergency shelter and transitional housing, including 30 family households. The CoC has expanded its permanent housing inventory to 188 PSH beds, 31 RRH beds, and 92 other permanent housing beds. At the same time, average length of homelessness is approximately 132.8 days, above the CoC's 90-day goal. Approximately one-third of people exiting to permanent housing return to homelessness within 24 months. These measures point to a need for faster housing placement and stronger supports to remain housed.

NY-510 will strengthen prevention and diversion, expand and preserve affordable and supportive housing, improve Coordinated Entry and housing navigation, increase landlord engagement and case conferencing, and improve access to behavioral health, SUD, crisis, and recovery services. Local treatment and behavioral health capacity is limited for some needs, making coordination and warm hand-offs especially important. The CoC will also strengthen benefits connections, discharge planning, and outreach to people experiencing unsheltered homelessness.

NY-510 will use HMIS, Coordinated Entry, PIT/HIC, SPM, project outcomes, and feedback to identify where people are getting stuck and target resources. By September 2027, HSC will review these data quarterly and track length of homelessness, time to housing, housing exits, returns to homelessness, housing inventory, prevention, and unsheltered homelessness. The CoC will work toward reducing average length of homelessness from 132.8 days toward the 90-day goal and adjust strategies and resources when outcomes are not improving.

HSC will oversee implementation through the CoC governing structure, Coordinated Entry, HMIS, and annual project performance review, while coordinating HUD, ESG, HOME/CDBG, Medicaid 1115 Enhanced Housing/Care Compass, and local, philanthropic, and mainstream resources.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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	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?	13%

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)

NY-510 is a rural CoC, and substance use disorder treatment is primarily provided through community-based providers rather than on-site at CoC-funded housing projects. The local treatment continuum includes outpatient treatment, medication-assisted treatment, residential treatment, withdrawal and stabilization services, recovery supports, peer services, and harm reduction.

Cayuga Addiction Recovery Services (CARS) is the primary outpatient substance use treatment provider in Tompkins County. CARS provides assessments, individual and group counseling, case management, opioid treatment and medication-assisted treatment, and operates a 60-bed residential substance use disorder treatment program for men. REACH Medical also provides medical and behavioral health services, including medication treatment for opioid use disorder and harm reduction services.

Access to treatment remains an important consideration in a rural county. Local data show substantial use of substance use treatment services, including 811.5 per 100,000 Tompkins County residents enrolled in OASAS treatment programs with opioids identified as their primary substance in 2024. At the same time, local community health data identify barriers to accessing substance use treatment, including provider availability, cost, and difficulty making appointments.

Participants served by NY-510 projects access treatment through direct referral, care coordination, transportation assistance, telehealth, and warm hand-offs. CARS offers open-access assessment and outpatient services, including telehealth. Housing and outreach providers play an important role in connecting people who are not currently engaged in treatment with available services.

CoC-funded housing and service providers coordinate with treatment providers so that participation in substance use treatment or recovery services is not a condition of obtaining or maintaining housing. Staff support each participant in identifying the level and type of treatment or recovery support that fits their individual needs and goals.

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)

NY-510 uses a community-based treatment network to connect people experiencing homelessness with mental health and substance use disorder services. Key partners include Tompkins County Whole Health, including the Community Mental Health Clinic, Mobile Crisis, CARE Team, and other behavioral health services, as well as Cayuga Addiction Recovery Services (CARS), REACH Medical, and other community providers. Together, these partnerships provide access to outpatient treatment, medication management, crisis intervention, psychosocial and recovery supports, care coordination, and referrals to higher levels of care when needed.

Tompkins County Whole Health provides open-access mental health services, including same-day intake, psychiatric services and medications, therapy, nursing services, PROS services, and 24/7 Mobile Crisis response. The county also coordinates suicide prevention and crisis response through 988, Suicide Prevention and Crisis Service, the Suicide Prevention Coalition, and other community partners.

CARS is the primary outpatient substance use treatment provider in the county and provides assessment, counseling, case management, opioid treatment, medication-assisted treatment, and residential treatment. REACH Medical provides medical and behavioral health services, including medication treatment for opioid use disorder and harm reduction services.

The CoC does not assume that one level of treatment is appropriate for every person. Housing providers, outreach teams, case managers, and behavioral health partners work with participants to identify the services that best meet their individual needs, which may include outpatient treatment, community-based supports, crisis response, residential treatment, or inpatient care. Providers use referral relationships, care coordination, transportation assistance, telehealth, and warm hand-offs to reduce barriers to accessing treatment.

The CoC's approach is to connect treatment and housing rather than require participants to navigate separate systems or complete treatment before receiving housing assistance. Housing and outreach staff help participants remain connected to care, obtain medications, maintain benefits, attend appointments, and address emerging behavioral health or substance use needs while maintaining housing stability. When needs change, providers can reconnect participants to the appropriate level of care through established referral and coordination pathways.

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)

Tompkins County has a growing network of Peer Specialists and Certified Recovery Peer Advocates. NY-510 connects people experiencing homelessness with peer support and recovery navigation through community behavioral health, recovery, health-care, outreach, and homeless-service partners. Key partners include the Mental Health Association in Tompkins County, Tompkins County Whole Health, including the Community Mental Health Clinic and Personalized Recovery Oriented Services (PROS) Program, the REACH Project, and Cayuga Addiction Recovery Services.

These partnerships give people opportunities to work with peers who have lived experience and can help individuals navigate behavioral health, substance use, housing, health care, and other community-based services. Peer staff and providers use participant centered engagement, recovery oriented case management, outreach, and warm hand-offs to build trust, connect people with treatment and other supports, and help individuals identify and pursue their own recovery goals. Peer support is particularly important for people who may not be ready to engage through a traditional treatment setting or who have experienced repeated homelessness or unsuccessful service connections.

As a rural county, providers use a combination of in person, community based services and telehealth to reduce transportation and other access barriers. Recovery support is incorporated into the broader housing stabilization process rather than treated as a separate requirement for obtaining housing. NY-510 will continue strengthening peer-based services and recovery navigation as part of its broader effort to improve engagement, housing stability, and long-term connections to community supports.

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)

Tompkins County has established systems for identifying individuals with serious mental illness and connecting them with intensive community-based services. The Single Point of Entry (SPOE) process accepts referrals from community providers, hospitals, and other systems and connects individuals to appropriate services, including the Assertive Community Treatment (ACT) Team. The SPOE Committee includes representatives from Cayuga Medical Center, care management agencies, the Tompkins County Mental Health Clinic, and Office of Mental Health-licensed and supported housing providers. The process also helps individuals access intensive care management and appropriate housing and residential services.

Tompkins County also has an established process for referrals for Assisted Outpatient Treatment (AOT) under New York State law. The AOT team includes the County Director of Community Services, County Clinic Medical Director, AOT Coordinator, County Clinic Director, CARE Team members, hospital discharge planners, and care managers. These systems create established pathways for connecting people with serious mental illness to intensive treatment, care coordination, crisis response, and housing supports.

NY-510 works with these systems when people experiencing homelessness have serious mental illness and need a higher level of behavioral health support. Street outreach, shelters, housing providers, and Coordinated Entry often serve as the bridge for people who are difficult to engage or who are not currently connected to behavioral health services. With appropriate consent and information-sharing protections, providers coordinate around housing, safety, benefits, treatment, medication, and other barriers to stability.

The CoC also uses case conferencing and Coordinated Entry to identify participants whose needs exceed the capacity of a single provider. When a participant needs more intensive services, providers work together to connect the individual with available options, including ACT, intensive care management, AOT-related services, crisis services, and higher levels of care when appropriate. When needed services are not available locally, partners coordinate referrals outside Tompkins County while maintaining connections to housing and other supports.

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)

NY-510 partners with Tompkins County Drug Treatment Court, specialty and alternatives-to-incarceration courts, Tompkins County Probation and Community Justice, and behavioral health providers involved in AOT and inpatient civil commitment. Probation and alternatives-to-incarceration court partners participate in CoC activities and are trained in Coordinated Entry, creating established pathways between the justice, behavioral health, and housing systems.

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

(limit 2,500 characters)

NY-510 coordinates with these partners through Coordinated Entry, case conferencing, housing navigation, and direct communication among authorized providers. Probation and alternatives-to-incarceration court partners are trained in Coordinated Entry and participate in CoC meetings, which helps connect court-involved individuals to housing resources while their treatment, supervision, and other requirements are being addressed.

When court requirements or AOT conditions are part of a participant's service plan, housing and service providers coordinate with authorized partners to help the participant meet those requirements while maintaining stable housing. Court orders can provide an important structure for connecting individuals to treatment, care management, recovery services, and other supports when appropriate. Providers work together to address housing barriers, maintain engagement with required services, and support progress toward greater independence.

The CoC's approach is to use court involvement as one part of a broader housing and service plan, rather than treating it as a substitute for housing assistance or supportive services. With appropriate consent and information-sharing protections, providers coordinate around changes in treatment, supervision, discharge, or other circumstances that could affect housing stability and work to prevent those transitions from resulting in homelessness.

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)

NY-510 partners with Tompkins County Whole Health, including Mobile Crisis and CARE Team services, and coordinates with 211, local crisis-response resources, and first responders. These partnerships support assessment, de-escalation, referral, and connection to ongoing behavioral health and housing 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.	9
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	No
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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-510 maintains ongoing partnerships with Tompkins County Whole Health and the County Director of Community Services, who oversees the Community Mental Health Center (CMHC), as well as the local SAMHSA PATH provider through Tompkins County Department of Social Services.

Both Whole Health and the PATH program are active CoC members and are trained in Coordinated Entry, creating shared knowledge and established referral pathways between behavioral health, homelessness, and housing systems.

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 proposed St. John's Community Services (SJCS) Transitional Housing Scattered Site Reintegration project will provide sober, recovery-oriented transitional housing in accordance with 24 CFR 578.93(b)(5). The project will operate in coordination with OASAS-licensed Part 820 services and provide structured housing, recovery supports, clinical services, employment assistance, and individualized transition planning.

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)

NY-510 uses Coordinated Entry, case conferencing, direct referrals, housing navigation, HMIS, and established provider relationships to facilitate warm hand-offs from treatment, recovery, crisis, health, and other systems to stable housing. The CoC's goal is to connect people to housing and services together, rather than requiring people to navigate multiple systems independently or complete treatment before accessing housing.

CoC providers including Tompkins Community Action, The Learning Web, and St. John's Community Services (SJCS) provide housing, shelter, outreach, and supportive services and serve as important connections between the homelessness response system and health and behavioral health systems. These providers coordinate with Tompkins County Whole Health, Cayuga Addiction Recovery Services (CARS), REACH Medical, and other treatment, recovery, crisis, and health care partners while housing needs are being addressed.

NY-510 has formal MOUs and agreements with Tompkins County Whole Health, CARS, and REACH Medical that support referrals, care coordination, and access to mental health, substance use disorder, recovery, and health services. These agreements strengthen referral pathways and provide a consistent structure for communication and follow-up.

When someone is identified through outreach, shelter, crisis response, health care, treatment, specialty courts, or another system, providers can connect the person to Coordinated Entry while simultaneously connecting them to needed services. Case conferencing and direct provider communication help identify barriers, coordinate documentation and benefits, determine appropriate housing options, and establish follow-up responsibilities. With appropriate consent and confidentiality protections, information can be shared so participants do not have to repeatedly navigate disconnected systems or retell their circumstances.

This approach is especially important for people with behavioral health or substance use needs, complex medical needs, repeated homelessness, or frequent crisis-system involvement. Treatment, recovery, and health providers can remain engaged before, during, and after housing placement to support continuity of care.

The CoC's goal is a true warm hand-off in which the receiving provider is identified, the participant is connected, barriers are addressed, and follow-up responsibility is clear.

1C-2. Supportive Services Investment.

Number

1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,590,935
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,236,882
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	78%
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.	\$322,242
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).	98%

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)

NY-510 consults with ESG recipients through CoC governance, Coordinated Entry planning, system-performance review, and regular discussions of shelter, prevention, outreach, and housing needs. HSC works with local government and ESG-funded partners to understand how ESG and CoC resources can work together, identify service and resource gaps, and avoid duplication.

The CoC uses PIT, HIC, HMIS, System Performance Measures, Coordinated Entry information, provider experience, and community feedback to inform planning and resource priorities. ESG-funded shelter and homelessness-prevention activities are considered as part of the broader local homelessness response system rather than as a separate funding stream.

NY-510 will continue this consultation as local needs, available resources, and federal and state funding requirements change, including through CoC meetings, planning discussions, Coordinated Entry work, and direct coordination with ESG recipients and local government.

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)

NY-510 maintains ongoing communication with Volunteers of America (VOA) through Coordinated Entry, HMIS, case conferencing, direct referrals, and regular convening among shelter, outreach, housing, and supportive-service providers.

VOA connect's eligible households to Coordinated Entry and other CoC resources. CoC staff and housing providers work with shelter staff to identify housing opportunities, address documentation and benefits barriers, and prepare households for permanent housing.

When a person or family cannot immediately move into housing, shelter and outreach providers continue to coordinate around service needs, housing navigation, benefits, and other stabilization supports. This creates a pathway from emergency shelter to permanent housing rather than treating shelter as a stand alone intervention.

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)

NY-510 uses HMIS, PIT, HIC, and System Performance Measures to understand the scope and characteristics of homelessness, measure system performance, identify gaps, and assess whether the homelessness response system is producing the intended outcomes. HSC also uses Coordinated Entry information, project performance data, and local stakeholder input to understand changes in homelessness and inform system planning.

NY-510 shares appropriate aggregate and de-identified information with Tompkins County, the City of Ithaca, New York State Office of Temporary Disability Assistance (OTDA), and other authorized partners for planning, policy development, resource allocation, and statewide data collection. NY-510 participates in a data-sharing MOU with OTDA for statewide aggregate data through NYSHADE. Locally, data are presented to government bodies, workgroups, and committees involved in homelessness and encampment response so that decisions about shelter funding, public space management, and homelessness response are informed by the same data used in CoC planning.

All data sharing follows applicable law, HMIS policies, the HMIS Privacy Notice, approved privacy and security procedures, confidentiality requirements, and participant consent where required. Information is shared in a form appropriate to the purpose and the legal requirements governing the data, with aggregate and de-identified information used for government and community planning rather than client-level protected information.

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)

NY-510 uses information from health, behavioral health, emergency response, justice-system, and community partners alongside HMIS when legally permitted and appropriate. Examples include health-care and behavioral-health coordination, discharge and referral information, public-safety information used for system planning, and community information about unsheltered homelessness and encampments.

These sources help the CoC identify people with complex or changing needs, coordinate referrals, understand barriers that may not be visible in HMIS, and improve connections among housing, health, behavioral health, and public systems. Information is shared and used consistent with applicable privacy requirements, confidentiality protections, participant consent, and the purpose for which the information was obtained.

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)

NY-510 partners with Tompkins Workforce NY and other workforce-development resources to connect people experiencing homelessness with employment services, career exploration, training, job placement, and benefits counseling.

Housing provider staff make referrals based on participant goals and barriers. Workforce partners help address employment barriers, while housing providers coordinate employment services with benefits, child care, transportation, and supportive services.

Employment is incorporated into housing stabilization based on each participant's goals and circumstances. Providers help participants obtain identification and documentation, address practical barriers to employment, and connect to training or job opportunities while maintaining the focus on 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-510 street outreach providers work with first responders and law enforcement when doing so improves safety, access to services, or housing engagement. Outreach providers maintain the primary service relationship with people experiencing unsheltered homelessness, while first responders can assist with immediate safety, crisis response, medical needs, or situations requiring law-enforcement intervention.

NY-510 has an established local framework for this coordination. Outreach providers participate in regular communication with the City of Ithaca, Ithaca Police Department (IPD), Tompkins County, the CARE Team, and other first responders around community concerns, referrals, encampments, and individual needs. The City's encampment response process was developed with local outreach agencies and CoC partners and has included an ongoing encampment response group involving outreach providers, City staff, and IPD leadership. This creates an established structure for outreach and public-safety partners to communicate before, during, and after an outreach or encampment response.

Outreach teams conduct targeted outreach in encampment areas and respond to referrals or emerging concerns. They focus on building relationships, understanding individual needs, and connecting people to Coordinated Entry, shelter, housing, benefits, health and behavioral health services, substance use treatment, and other supports. When first responders encounter someone who may benefit from services, communication with outreach or community responders can create a warm handoff rather than ending the interaction at the point of the emergency response.

The CoC emphasizes communication, relationship-building, and coordinated response rather than relying on enforcement as the primary means of connecting people to services. At the same time, NY-510 recognizes that outreach and public safety have different but complementary roles. Outreach providers do not interfere with lawful public-safety responsibilities, and public-safety partners can engage when a situation presents a safety or emergency concern.

This approach is intended to make interactions more productive and create repeated opportunities for engagement. By having trusted outreach staff remain connected to people after a first-responder contact, NY-510 can help turn a public-safety or community concern into a pathway toward Coordinated Entry, housing, shelter, and ongoing services.

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)

CoC-funded programs assess participant goals and available natural supports and help people reconnect with family or other supportive relationships when safe and desired. Case managers can assist with communication, planning, transportation, documentation, and referrals to services in another community.

When reunification or relocation is appropriate, providers help coordinate the practical supports needed for a successful transition and connect the participant with services in the receiving community. Reunification is participant-driven and is not used as a substitute for housing when a person does not have a safe or viable support network.

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?	No	

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)

NY-510 cooperates with local law enforcement, first responders, and municipal and County partners to support public safety while maintaining clear roles for outreach, housing, and service providers. The CoC does not interfere with lawful public-safety responsibilities. It supports coordinated responses that connect people experiencing homelessness with shelter, housing, treatment, health care, benefits, and other services.

The City of Ithaca's encampment policy provides a local framework for addressing encampments on City property. The policy recognizes safety and health concerns while calling for coordinated outreach, communication, and transition resources. It calls for outreach to identify alternative shelter, housing, and service options as part of the response. NY-510 providers cooperate with the City, County, DSS, IPD, and other partners and do not obstruct lawful enforcement or site-management actions.

NY-510 also supports first responders in addressing health and safety concerns. Under New York Mental Hygiene Law §9.41, police and peace officers may take a person into custody for emergency psychiatric evaluation when the statutory standard is met, including conduct likely to result in serious harm to the person or others. When intervention is necessary, CoC providers cooperate with responders and help maintain a pathway to behavioral health, medical, housing, and other services.

Regarding illicit drug use, NY-510 does not interfere with lawful enforcement of New York's controlled-substance laws. At the same time, outreach and housing providers offer voluntary connections to treatment, recovery, and harm-reduction services so public-safety contacts can also become opportunities for service engagement.

NY-510 also cooperates with law enforcement and other authorized entities regarding sex-offender information when disclosure or access is authorized or required by law. New York's Sex Offender Registration Act establishes specific rules governing registry information and its sharing. NY-510 providers follow applicable confidentiality and information-sharing requirements and do not independently distribute protected information.

Across these areas, NY-510's role is complementary: public agencies and first responders address lawful public-safety responsibilities, while CoC providers help people move from those contacts toward housing, treatment, health care, 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)

Tompkins County and the City of Ithaca have established policies and practices for addressing camping and encampments on public property. The City of Ithaca's Pilot Administrative Policy to Manage Homeless Encampments on City Property generally prohibits camping on City property while allowing temporary camping in a designated area of Southwest Ithaca when shelter and housing resources are not available. The policy also establishes an intervention framework centered on coordination with community partners and service providers.

NY-510 will leverage the beneficial parts of this framework by ensuring outreach, Coordinated Entry, housing navigation, DSS, and other service partners are engaged as early as possible when an encampment is identified. The City's current practice of connecting outreach providers with DSS and using weekly case conferencing creates an important opportunity to identify each person's housing, shelter, benefits, health, transportation, documentation, and service needs before a site must be closed.

At the same time, NY-510 recognizes that restrictive policies can have unintended effects when there are not sufficient alternatives available. Moving people from one public location to another without a realistic housing or shelter option does not resolve homelessness and can make engagement more difficult. Local qualitative experience shows that some people do not relocate because of concerns about safety, distance from medical or other services, or previous unsuccessful experiences in supportive housing.

The CoC will therefore use its role in local encampment planning to strengthen the connection between enforcement timelines and housing interventions. Before a planned closure, NY-510 partners will work to identify available shelter, housing, transportation, storage, benefits assistance, and appropriate supportive services; prioritize people with the greatest barriers for housing navigation and case conferencing; and maintain outreach after relocation. When immediate closure is required because of an emergency, or hazard, the City policy allows for that response, while NY-510 will continue working to connect affected individuals with services and housing afterward.

The goal is not simply to clear a location. It is to use local policies as an opportunity for earlier engagement, coordinated problem-solving, and movement toward permanent housing while recognizing the very real shortage of affordable housing and services.

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)

Unsheltered homelessness and encampment activity remain an important concern in the NY-510 geographic area, although the number and location of encampments change over time due to seasonal shelter availability, housing availability, weather, and individual circumstances.

The City of Ithaca's encampment policy defines a "campsite/encampment" as one or more tents, lean-tos, structures, tarpaulins, pallets, or other makeshift structures used for habitation or active occupation in an identifiable area, with evidence such as bedding, cooking materials, clothing, personal belongings, or other indications of habitation. NY-510 uses this definition when discussing identifiable encampments but recognizes that it does not represent the full scope of unsheltered homelessness. People may experience unsheltered homelessness while sleeping in vehicles, isolated outdoor locations, abandoned structures, or other locations that do not meet the definition of an encampment.

PIT data provide useful year to year context but are a single-night snapshot. In FY2024, NY-510 identified 210 people experiencing homelessness, including 16 who were unsheltered. In FY2025, the PIT identified 182 people, including 12 who were unsheltered, a decrease of 28 people overall and four people experiencing unsheltered homelessness. However, NY-510 did not conduct an unsheltered PIT count in FY2026.

During 2024, CoC and community partners identified multiple encampment sites and reduced the number of active sites. Approximately 25 people were successfully moved from encampments into housing when a local affordable housing development opened units set aside for people experiencing chronic homelessness. This experience demonstrates the importance of pairing encampment response with actual housing opportunities.

Conditions remain seasonal and change as shelter capacity changes. The most visible activity has historically occurred in and around Ithaca, including areas commonly referred to locally as the "Jungle," as well as other public and private locations. .

NY-510 responds through street outreach, shelter access, Coordinated Entry, housing navigation, DSS assessment, case conferencing, and with collaboration with public safety and other partners. The goal is to reduce unsafe unsheltered homelessness while creating viable pathways to shelter and permanent housing.

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)

NY-510 addresses public substance use through outreach, treatment referral, recovery support, crisis response, public-health interventions, and coordination with law enforcement when public safety requires it. Outreach providers recognize that engagement may be the first point of contact for people who are not yet ready to enter treatment and use these relationships to build trust, address immediate safety and health needs, and create voluntary pathways to treatment and recovery.

NY-510's approach is consistent with the City of Ithaca's Pilot Administrative Policy to Manage Homeless Encampments on City Property, which emphasizes coordinated outreach and connection to shelter, housing, health, and treatment services during encampment response. In 2024, the City responded to 3 large encampment sites involving approximately 45 people, with outreach providers playing a central role. This work has strengthened coordination among outreach providers, the City, and Ithaca Police Department (IPD).

Local data demonstrate the need for this coordinated approach. The FY2025 PIT identified 182 people experiencing homelessness, including 42 people identified as having a substance use disorder. The PIT is a single-night snapshot and does not capture the full year-round population experiencing homelessness or substance use.

NY-510 will continue strengthening warm hand-offs to treatment, recovery navigation, Whole Health services, crisis response, and community-based supports, including telehealth and low-barrier engagement. The CoC is also strengthening information sharing and coordination among housing and outreach providers, IPD, NYS Parole, courts, probation, and other partners when appropriate and permitted. These relationships can support continuity of care and housing stability when individuals are involved with treatment, supervision, or court processes.

When public conduct creates a safety concern or violates law, NY-510 coordinates with public-safety partners while continuing to identify opportunities for treatment, housing, and recovery connection. The CoC will leverage policies that promote coordinated outreach and public health while mitigating the harmful effects of restrictive responses by pairing enforcement, when necessary, with meaningful access to shelter, housing, treatment, recovery, 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)

Public substance use and overdose risk continue to be concerns in Tompkins County. NY-510 addresses these issues through outreach, treatment referral, recovery support, crisis response, and coordination with public-safety partners when necessary. We do not have a single HMIS or other public measure that tells us how many overdoses or instances of illicit drug use occur specifically in public spaces or among people experiencing homelessness, so we do not want to overstate what the available data can tell us.

Countywide data do show that overdose remains an important public-health concern. Tompkins County reported a 2023 overdose death rate of 26.1 per 100,000 residents for deaths involving any drug, including an opioid overdose death rate of 23.2 per 100,000. More recent data show improvement: the County reported three unintentional fatal overdoses from January through June 2025, a 77% decrease from the same period in 2024. The County also recorded 60 911 calls coded as “Overdose/Poisoning” in Q1 2025 and 59 in Q2, compared with 72 and 119 in the same quarters of 2024. These calls are not confirmed overdoses and do not identify whether an incident occurred in a public space, but they provide useful context about ongoing community need.

Within the homeless system, the FY2025 PIT reported 182 people experiencing homelessness, including 42 people identified as having a substance use disorder. Outreach providers, Whole Health, health-care partners, first responders, and other community agencies use both available data and direct observations to identify where additional outreach, naloxone, treatment connections, crisis response, or other supports are needed.

NY-510 will continue to strengthen information sharing and coordination while protecting participant confidentiality. Our approach is to meet people where they are, reduce immediate risk, and create real opportunities to connect to treatment, recovery, shelter, and permanent housing. When public conduct creates an immediate safety concern, we also coordinate with public-safety partners.

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)

NY-510 works within New York State's existing legal and behavioral health framework for situations in which a person experiencing homelessness may present a documented danger to themselves or others. This includes New York's Assisted Outpatient Treatment (AOT) framework, commonly known as Kendra's Law, as well as local crisis response, emergency evaluation, and behavioral health systems.

AOT is actively used in Tompkins County. NYS Office of Mental Health data for 2023 show 6.3 AOT orders per 1,000 adults in the county Medicaid behavioral health population. This provides a useful local measure of how often the system is using this legal intervention, while also demonstrating that AOT is one part of a much larger behavioral health system.

The CoC's role is not to make clinical determinations or decide whether someone meets the legal criteria for involuntary treatment. Instead, the CoC will strengthen coordination among outreach and housing providers, Tompkins County Whole Health, AOT coordinators, crisis services, hospitals, law enforcement, and other authorized partners. When an individual is subject to an AOT order, NY-510 can help connect that person to Coordinated Entry, housing navigation, and the services identified in their treatment plan. Stable housing can be an important foundation for maintaining community-based treatment and reducing future crises.

Local capacity is also an important consideration. Cayuga Medical Center provides inpatient behavioral health services, but the local unit has 20 adult beds and 6 adolescent beds. This means that inpatient hospitalization is an important resource, but it is not a substitute for a strong community-based system. NY-510 will continue to support less restrictive interventions whenever appropriate, including outreach, peer engagement, mobile crisis response, treatment referrals, and warm hand-offs.

When a higher level of intervention is necessary under state law, providers will coordinate with the appropriate clinical and public-safety systems while working to maintain connections to housing, benefits, treatment, and supportive services. NY-510 will also support discharge planning so that a hospitalization or other involuntary intervention does not unnecessarily result in a return to homelessness.

This approach allows the CoC to use the legal and clinical tools that already exist while keeping housing, treatment, recovery, and community support connected.

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)

NY-510 works within New York State's established Sex Offender Registration Act (SORA) framework and will leverage the existing registration, verification, and information-sharing systems maintained by the New York State Division of Criminal Justice Services (DCJS) and local law enforcement. New York's SORA framework provides established mechanisms for sharing information about registered sex offenders, including residence information and other information relevant to public safety, with authorized agencies and, in certain circumstances, entities serving vulnerable populations.

NY-510 will strengthen coordination with local law enforcement, including the Tompkins County Sheriff's Office and Ithaca Police Department, so that housing and outreach providers can appropriately respond when a participant's registration status or location creates a legal or public-safety concern. When information is needed for a housing placement or service connection, providers will use established law-enforcement and DCJS processes rather than creating separate or informal databases.

The CoC will use existing SORA requirements for address reporting and verification to support accurate information about individuals who are required to register. This is particularly relevant when people experiencing homelessness move between shelters, temporary locations, supportive housing, and other living arrangements. NY-510 will coordinate with authorized agencies when changes in residence or other information require attention under applicable law.

NY-510 will protect confidential participant information and limit information sharing to what is legally authorized and necessary for the purpose. Housing providers will not independently make legal determinations about registration requirements or risk levels. When a question arises, providers will refer it to the appropriate law-enforcement or state authority.

This approach allows NY-510 to complement an existing statewide public-safety infrastructure while maintaining clear roles, lawful information-sharing practices, and a coordinated pathway to housing and services.

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)

NY-510's outreach strategy is locally developed, countywide, and built around a network of trusted organizations that reach people in different settings and through different points of contact. Street outreach is provided by OAR, REACH Medical, Second Wind Cottages, an OMH-funded SOS project, and a violence interrupter supported in partnership with the Ithaca Police Department. These providers have distinct organizational missions, but coordinate closely with one another and with the CARE Team to identify needs, respond to referrals, and connect people to housing and other services.

Street outreach is recognized as a crucial component of the community's homelessness response and is incorporated into the City of Ithaca's policy and strategic framework for responding to encampments. Outreach occurs throughout Tompkins County through regular visits, weekly targeted outreach to known encampments, and deployment in response to community concerns or referrals about people experiencing homelessness.

Teams provide immediate basic needs such as clothing, personal care items, and first aid, while also helping people obtain identification and complete paperwork, apply for employment and mainstream benefits, access health care, and connect to Coordinated Entry and housing navigation. Across the network, providers share a housing-focused approach and work to build relationships that support movement toward stable housing.

A particular strength of the system is its ability to reach people who are not otherwise engaged with homeless services. Outreach providers are well known and trusted in the community, and word of mouth, peer relationships, and peer informed engagement help people learn about available assistance. This allows outreach to continue even when someone is not ready or willing to enter a traditional service setting.

Because several outreach efforts are community-based initiatives rather than NY-510 HMIS-participating projects, their outreach contacts are not fully represented in HMIS. NY-510 therefore relies on active coordination among outreach providers, the CARE Team, Coordinated Entry, and community partners to identify people, make referrals, and connect individuals and families to the broader homelessness response system. Together, these efforts provide multiple pathways to engagement for people experiencing homelessness across Tompkins County, including people who are not already connected to services.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	No

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
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.	
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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)	No
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

NY-510's written policies and procedures for informing individuals and families experiencing homelessness of their rights and eligibility for educational services are included in the NY-510 CoC Written Standards. The Written Standards state that each housing and case management program must be aware of and inform households of the educational rights of children and unaccompanied youth in their programs. Programs are expected to provide clear, accessible information about these rights to applicable households and to coordinate, as appropriate, with McKinney-Vento homeless education liaisons and other school officials.

This requirement is incorporated into the CoC's broader approach to housing stabilization. When a family or youth enters a shelter, housing, or case management program, staff identify needs that may affect housing stability, including school enrollment, attendance, transportation, documentation, and continuity of education. Staff provide information about educational rights and help households connect with the appropriate school district or McKinney-Vento liaison when additional assistance is needed. Providers may also assist families in communicating with schools and addressing barriers that could prevent a child or youth from maintaining educational stability while experiencing homelessness.

NY-510 works through existing school, family-serving, and community systems rather than creating a separate education-services structure within the homelessness system. Housing and shelter providers are expected to maintain awareness of local school resources and referral pathways and to make appropriate connections for families and unaccompanied youth. With appropriate releases and consistent with applicable privacy requirements, providers can coordinate with schools and other child-serving partners when doing so supports the household.

The CoC recognizes that homelessness can disrupt a child's education even when a family is receiving housing assistance. For that reason, educational rights and needs are addressed as part of the household's overall housing stabilization process rather than only after an educational problem becomes a crisis. This written policy helps ensure that families and youth experiencing homelessness receive clear information about their educational rights and know where to go for additional assistance.

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)

NY-510 coordinates with Tompkins County Department of Social Services (DSS), child welfare, foster care, and other youth-serving systems when young people are transitioning from foster care or other public systems of care. The CoC works to identify housing needs before a young person exits care and to prevent a transition from public care directly into homelessness whenever possible.

NY-510 leverages existing child welfare and transition-planning structures rather than creating a separate process within the homelessness system. When appropriate, housing providers and youth-serving organizations participate in transition planning and coordinate with DSS and other involved systems to develop a housing and service plan before a young person leaves care. Planning considers the young person's age, family and other supportive relationships, education, employment, benefits, transportation, safety, and other factors that affect the ability to obtain and maintain housing.

The CoC uses Coordinated Entry to connect youth transitioning from public systems of care with appropriate housing resources and supportive services. Youth who are at risk of or experiencing homelessness can be connected to Coordinated Entry and, when appropriate, assessed for available housing interventions. Case conferencing and ongoing communication among providers help ensure that information about housing needs, barriers, and available resources is shared across systems, consistent with applicable confidentiality requirements and releases.

NY-510 also works with youth-serving and family-serving providers to connect young people with mainstream resources that support a successful transition to independence, including benefits, education, employment, behavioral health services, transportation, and life-skills supports. Where a young person has family or other supportive relationships, providers consider those relationships as part of housing planning and stabilization.

The goal is to create a coordinated transition in which housing planning begins before a young person exits care, rather than waiting until homelessness occurs. By connecting child welfare transition planning with Coordinated Entry and the broader homelessness response system, NY-510 helps ensure that young people leaving public systems of care have a clear pathway to housing and the supports needed to maintain it.

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)

NY-510 coordinates with RHY-funded and other youth-serving providers to ensure that young people experiencing or at risk of homelessness can access youth-specific services while remaining connected to the broader homelessness response system. **The Learning Web operates the local youth drop-in site and is an RHY-funded provider. Tompkins County Youth Services provides oversight for RHY-funded services and participates on the NY-510 CoC governance committee, creating a direct connection between RHY-funded youth services and CoC planning and decision-making.** NY-510 also coordinates with Village at Ithaca and other community partners serving youth.

The CoC maintains referral pathways between RHY-funded programs, Coordinated Entry, housing providers, and other community resources. Youth can be connected to housing assessment and navigation, Coordinated Entry, case management, education and employment resources, benefits, and other supports based on their individual circumstances. Providers use case conferencing and direct coordination, when appropriate and consistent with confidentiality requirements, to address housing barriers and support continuity of care.

NY-510 sees the importance of youth-specific and developmentally appropriate services. RHY-funded providers bring specialized expertise and relationships with young people who may not otherwise engage with the broader homelessness system. The CoC works to preserve those relationships while ensuring that youth are not disconnected from available housing resources and system-level supports.

The Learning Web and other youth-serving partners can identify young people experiencing housing instability, provide appropriate referrals, and facilitate connections to Coordinated Entry and other housing resources when needed. Coordination may also include transition planning for youth moving between systems or programs, with attention to housing, education, employment, family and supportive relationships, safety, and other factors affecting long-term stability.

This structure allows NY-510 to coordinate youth-specific RHY services within the broader CoC rather than creating a separate youth homelessness pathway. The participation of Tompkins County Youth Services on the CoC governance committee also helps ensure that the perspectives and expertise of youth-serving systems are incorporated into CoC planning and coordination.

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)

Tompkins County DSS operates the Solutions to End Homelessness Program (STEHP) Rapid Rehousing program, an HIC-listed RRH resource serving households experiencing homelessness, including families with children. STEHP is not funded through the HUD CoC Program; it is supported through HUD Emergency Solutions Grants (ESG) and New York State funding.** The program provides rental assistance, housing search assistance, and case management to help households obtain and maintain permanent housing. N

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)

For families with children, STEHP Rapid Rehousing addresses housing instability alongside the practical needs that affect a parent's ability to maintain housing. Case management can help families connect with child care, employment, public benefits, health care, education, transportation, and other community supports based on the household's circumstances and goals.

Tompkins County's DSS system provides access to a range of family supports, including child care assistance, Temporary Assistance, Medicaid, employment services, and youth and family services. Families experiencing homelessness receive priority consideration in the County's child care assistance system, and DSS employment services are available to help participants address employment and financial stability.

STEHP does not need to duplicate these services within the RRH program. Instead, housing assistance creates the stability needed for parents to engage with the mainstream systems responsible for child care, education, health, employment, and family support, while case management helps coordinate those connections.

NY-510 supports this approach through Coordinated Entry, community partnerships, and system-level coordination. The result is a housing intervention that addresses the immediate crisis of homelessness while connecting families to the services and resources that can help them remain housed after temporary rental assistance ends.

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)

Tompkins County's Solutions to End Homelessness Program (STEHP) demonstrates how the local homelessness response leverages resources outside the HUD CoC Program and connects households to mainstream family-service systems. STEHP is administered by Tompkins County Department of Social Services (DSS) and supported through New York State funding and HUD Emergency Solutions Grant (ESG) resources. TANF does not fund STEHP, but households participating in STEHP can be connected to Temporary Assistance and other mainstream services administered through DSS based on their eligibility and individual circumstances.

Because STEHP is administered within DSS, households experiencing homelessness can be connected to the broader public-benefit system while receiving homelessness assistance. Depending on their circumstances, this may include Temporary Assistance, SNAP, Medicaid, child care assistance, employment services, and other benefits or supports that can help address the financial and practical barriers that contribute to housing instability.

This connection is particularly important for families with children. Housing assistance alone may not be enough to sustain a household after an episode of homelessness. Access to income supports, child care, health coverage, employment services, and other mainstream resources can help families stabilize their finances and address needs that affect their ability to obtain and maintain housing.

NY-510 also coordinates with DSS and community providers through Coordinated Entry and other system-level partnerships. Households can be connected to the housing intervention for which they are eligible while also being referred to mainstream benefits and family services. Providers can coordinate around housing stability, benefits, employment, child care, and other needs, consistent with applicable confidentiality requirements and releases.

This approach allows the local homelessness system to combine homelessness-specific resources with existing public programs rather than relying exclusively on CoC funding. STEHP is one part of that broader system, bringing NYS and HUD ESG resources into the community's response while DSS and its partners connect households to the mainstream services for which they may be eligible.

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)

For families with children, STEHP Rapid Rehousing combines housing assistance with connections to the family supports that help households achieve and maintain stability. Case management helps families identify barriers and connect with child care, parenting and family supports, pregnancy-related and child health care, education, employment, public benefits, transportation, and other community resources based on the household's circumstances and goals.

Tompkins County Department of Social Services (DSS) provides access to a range of mainstream family services, including child care assistance, Temporary Assistance, Medicaid, employment services, and youth and family supports. Families experiencing homelessness receive priority consideration in the County's child care assistance system. DSS and community partners can also help families connect with health care coverage and services for pregnant people and children, as well as educational and developmental supports.

STEHP does not need to duplicate these services within the Rapid Rehousing program. Instead, housing assistance provides the stability families need to engage with the systems responsible for child care, parenting support, health care, education, and other family services. Case management helps families navigate those systems, complete applications, address transportation or documentation barriers, and coordinate services when multiple supports are needed.

NY-510 supports this approach through Coordinated Entry, partnerships with DSS and other family-serving organizations, and ongoing coordination among housing and service providers. When appropriate, providers can coordinate around a family's housing stability and related needs, consistent with confidentiality requirements and applicable releases. Families can receive housing assistance while remaining connected to the mainstream programs for which they are eligible.

This approach recognizes that ending an episode of homelessness requires more than securing a lease. For families with children, stable housing creates a foundation for children's health, education, development, and well-being while allowing parents to address employment, child care, parenting, and other needs. By connecting STEHP housing assistance with existing family services, NY-510 helps families build the stability needed to remain housed after temporary rental assistance ends.

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)

NY-510 coordinates with Tompkins County Veterans Services, Volunteers of America and Tompkins County DSS to identify veterans experiencing homelessness and connect or re-connect them with VA and Soldier On to access healthcare, benefits, employment, and supportive services.

NY-510 has an especially strong partnership with the VA HUD-VASH provider staff and have developed an internal system to nearly instantly connect veterans experiencing homelessness with VA services.

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)

NY-510 has a formal partnership with the Advocacy Center, which participates in CoC planning and supports survivors of domestic violence, sexual assault, stalking, and related trauma.

The Advocacy Center participates in CoC and housing-system planning, while survivors may access specialized confidential services and a separate domestic violence Coordinated Entry process designed to protect safety and confidentiality.

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)

NY-510 partners with Tompkins County Probation and Community Justice, OAR, and specialty-court partners to identify housing needs and prevent homelessness among people leaving incarceration or participating in court-ordered programs.

The CoC works with existing re-entry and community-supervision relationships to identify housing needs earlier, connect individuals to Coordinated Entry and housing resources, and coordinate benefits, treatment, employment, and other supports.

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)

NY-510 partners with REACH Medical, Cayuga Health/Cayuga Medical Center, Cayuga Addiction Recovery Services (CARS), Tompkins County Whole Health, and housing providers to support people experiencing homelessness with complex medical needs. Cayuga Health regularly participates in CoC activities, and health and behavioral health staff are trained in Coordinated Entry. These partnerships support warm hand-offs, care coordination, treatment, benefits navigation, and housing stabilization.

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)

NY-510 collaborates with the Tompkins County Office for the Aging and NY Connects to connect older adults experiencing homelessness with housing, benefits, health, long-term-care, and other aging-related services.

The CoC benefits from the specialized expertise and existing service infrastructure of aging-service providers rather than attempting to duplicate those services through homeless programs.

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)

Tompkins Community Action permanent supportive housing programs all provide dedicated supportive housing for people experiencing chronic homelessness and significant or long-term housing barriers.

Their projects combine permanent housing with supportive services and ongoing housing stabilization.

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)

Tompkins Community Action (TCA) has up to 10 hours per week on-site behavioral health services across its sites and provides access to behavioral health care through supportive-service staff and formal MOUs with community behavioral health providers including Tompkins County Whole Health and REACH medical. Where clinical services are not physically located at the housing site, staff facilitate referrals, appointments, transportation, telehealth connections, and ongoing coordination with community providers.

The project leverages existing behavioral health resources so residents can access the appropriate level of care without requiring the housing program to duplicate clinical services. Housing staff remain engaged with residents while outside providers deliver clinical treatment, helping maintain continuity between behavioral health care and housing stability.

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)

Tompkins Community Action uses ongoing contact and supportive-service relationships to identify when a participant's needs may exceed what can reasonably be supported in the current housing setting. Staff coordinate with the participant and appropriate clinical or service providers to assess whether a higher level of care, such as residential treatment, assisted living, or another supportive setting, may be appropriate.

The assessment considers the participant's current housing stability, support network, functional needs, existing services, preferences, and available alternatives. When a higher level of care is appropriate, staff can assist with referrals, applications, documentation, transportation, benefits, and transition planning.

The project accesses existing health, behavioral health, aging, and residential-care systems rather than treating PSH as a substitute for a higher level of care. At the same time, a need for additional services is addressed as a service-planning issue and does not automatically result in loss of housing.

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)

Tompkins Community Action's (TCA) supportive housing programs create housing goals with residents throughout their participation and support residents in developing the skills and connections needed for long-term housing stability. When a resident may no longer need the level of intensive supportive housing services provided through the program, staff can assess whether another permanent housing option may be appropriate.

NY-510 can leverage TCA's role as both a supportive housing provider and Housing Choice Voucher administrator to support these transitions. TCA's Housing Choice Voucher program has a documented preference for current PSH participants who no longer need intensive supportive services, providing an established pathway for eligible residents to move to less intensive, permanent housing while preserving PSH capacity for people with greater service needs.

TCA also offers housing navigation, providing housing search assistance, pre- and post-move coaching, and assistance with certain move-related costs. These existing housing mobility resources can further support successful transitions when a resident is ready and an appropriate housing option is available.

Moving on is based on resident goals, housing stability, income and benefits, ability to manage a lease, service needs, affordability, and the availability of an appropriate housing option. It is not required simply because a resident has achieved greater stability. When a resident chooses to move, staff can assist with applications, documentation, housing search, benefits, and coordination of continuing supports as appropriate.

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.	
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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.	
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	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.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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.	09/29/2026
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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
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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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.	09/22/2026
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.	
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	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.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	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)

1. NY-510's local competition manual establishes a process for reallocating funds from lower-performing or less-needed renewal projects to new projects or higher-performing projects. Renewal projects may be reduced or eliminated through reallocation when a project declines to renew, voluntarily reduces its budget, voluntarily reallocates funds, or when the Rank and Review Committee determines that partial or full reallocation is warranted based on project performance or HUD priorities. The local standards identify potential indicators of underperformance or reduced need, including low utilization, failure to participate in Coordinated Entry, failure to serve the intended population, a project design that is no longer aligned with HUD priorities, misuse of federal funds, or a negative impact on system performance and the overall CoC score. The Committee considers prior-year APR, HIC, Daily Unit, Coordinated Entry participation, and other available performance information in assessing projects. These standards are included in NY-510's written competition procedures and are made available to applicants.

2. NY-510 did not identify any existing renewal project as a low-performing or less-needed project warranting reallocation through this process during the FY2026 local competition. Projects were nevertheless reviewed through the established Rank and Review process using the applicable performance, compliance, system-participation, and project-level criteria.

3. No existing renewal project was fully reallocated because of low performance or reduced need. The Learning Web elected to submit a replacement project changing its component from Rapid Rehousing to Transitional Housing. This was a voluntary project redesign intended to align the project with the priorities of the FY2026 NOFO, rather than a CoC-directed reallocation based on poor performance. The resulting replacement project was included in the local ranking as a new/replacement project.

4. Because no renewal projects met the local criteria for reallocation based on low performance or reduced need, there was no performance-based reallocation to undertake. The CoC instead preserved existing renewal capacity while using the local competition to consider project design, system needs, and alignment with the FY2026 NOFO. NY-510 did reduce a new project request because the applicant requested more funding than was available within the CoC's Annual Renewal Demand and available bonus resources.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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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)	WellSky Community Services
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	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)

1. Not Applicable. NY-510 did not conduct an unsheltered PIT count in 2026. HUD requires unsheltered counts at least biennially, traditionally in odd-numbered years; the 2026 PIT reporting guidance permits CoCs that did not conduct an unsheltered count to report a sheltered-only PIT count.

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

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

(limit 2,500 characters)

During the evaluation period of October 1, 2023 through September 30, 2024, NY-510's actions directly reduced the number of people residing in encampments by connecting people experiencing unsheltered homelessness to permanent housing and supportive services. NY-510 worked with the City of Ithaca, Tompkins County, outreach providers, housing partners, and more than 15 local organizations to coordinate outreach, Coordinated Entry, case conferencing, housing navigation, and supportive-service connections.

During this period, the City responded to three larger encampment areas containing approximately 20 individual tent sites and about 25 people. Rather than relying on relocation alone, NY-510 and its partners used the Housing Surge Workgroup and Coordinated Entry to identify people with the greatest barriers and develop individualized pathways to housing.

The availability of 40 new permanent supportive housing opportunities at Asteri Ithaca through NYS ESSHI funding was critical to this effort. Approximately 25 people residing in an encampment were connected to these housing opportunities. This provided a direct pathway from encampment living to permanent housing and ongoing supports and helped the City address the larger encampment areas.

The results demonstrate the value of pairing encampment response with actual housing capacity. The City's review also documented the seasonal nature of unsheltered homelessness, finding an average of approximately 13 people sleeping outdoors during the last 10 days of January from 2022–2024, compared with approximately 65 people in July. This reinforces the need for sustained outreach and housing coordination rather than short-term responses based only on individual site closures.

Overall, NY-510 reduced encampments by combining coordinated outreach and public-space response with meaningful housing opportunities, supportive services, and individualized housing planning.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	3
2. Enter the reduction in the number of encampments during your evaluation period.	2

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	45
2. Enter the reduction in the number of people in encampments during your evaluation period.	25

2A-4c. Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Although NY-510 demonstrated a reduction in encampments and people residing in encampments during the evaluation period, the CoC remains committed to continuing this work. Our goal is not simply to reduce the number of visible encampments, but to help people experiencing unsheltered homelessness move into safe, decent, and stable housing while addressing health, safety, and community concerns.

NY-510 will continue working with the City of Ithaca, Tompkins County, outreach providers, housing partners, and community organizations to coordinate encampment response and longer-term housing solutions. This includes continued use of Coordinated Entry, street outreach, case conferencing, housing navigation, and DSS to identify people with the greatest barriers and develop individualized pathways to shelter and permanent housing.

The CoC will also continue participating in City and County planning for additional emergency shelter capacity and affordable and supportive housing. Our experience with the housing surge demonstrated that meaningful housing capacity is essential to reducing encampments. Without realistic housing and shelter options, moving people from one location to another does not resolve homelessness.

NY-510 will continue using PIT, HMIS, Coordinated Entry, outreach information, and community partner feedback to monitor changes in unsheltered homelessness and identify emerging needs. Seasonal patterns are also important to planning, as local review has found substantially more people sleeping outdoors during summer months than in late winter.

Going forward, NY-510 will continue to pair coordinated public-space response with sustained outreach, housing navigation, supportive services, and increased housing and shelter capacity. This approach supports lasting reductions in encampments while keeping the focus on housing stability and the individual needs of people experiencing homelessness.

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)

NY-510's plan to reduce first-time homelessness is to identify housing instability earlier and intervene before households enter the homeless response system.

HUD System Performance Measure data show progress: the number of people identified as experiencing homelessness for the first time decreased from 506 in 2022 to 352 in 2025, a reduction of 154 people, or 30.4%. This exceeds the NOFO's 20% benchmark, but 352 people still entered homelessness for the first time in 2025. NY-510 will seek an additional 20% reduction from the 2025 baseline, to 282 or fewer people.

Over the next year, NY-510 will strengthen a coordinated prevention network connecting HSC, Tompkins County DSS, eviction prevention and legal resources, landlords, health and behavioral health providers, Coordinated Entry, and community organizations. HSC Housing Specialists will focus on households at imminent risk of losing housing, including those identified through eviction proceedings and community referrals. Assistance will include housing problem-solving, landlord engagement, housing navigation, benefits and emergency assistance, legal referrals, and connections to mainstream resources.

Housing affordability remains a major prevention challenge. High rents, limited affordable vacancies, and limited rental assistance can turn a short-term financial crisis into homelessness. NY-510 will strengthen connections to rental assistance, Housing Choice Vouchers, eviction prevention, mainstream resources, and Medicaid 1115 Enhanced Housing resources for eligible individuals.

NY-510 will use HMIS, Coordinated Entry, prevention referrals, eviction data, and provider feedback to identify who is entering homelessness and where gaps occur. The CoC will track prevention referrals, assistance provided, housing retention, successful placements, and subsequent entry into homelessness. Results will inform CoC performance reviews, referral improvements, resource gaps, and future prevention strategies.

NY-510's goal is to move intervention earlier, resolve housing instability before it becomes homelessness, and sustain the reduction already demonstrated in local data.

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)

NY-510 treats Length of Time Homeless (LOT) as a core system performance measure and uses HMIS and Coordinated Entry data to identify where delays occur between identification and housing placement. FY2025 HDX System Performance Measure data show an average LOT of 132.8 days for 584 people, with a median of 80 days. NY-510 will use 132.8 days as the baseline and establish a goal of reducing average LOT by 10%, to 119.5 days or fewer.

NY-510 will focus on reducing delays at the points where people are most likely to remain homeless. Coordinated Entry and HMIS will be used to monitor the flow from identification and assessment through referral, housing search, and placement. Case conferencing and by-name list work will identify people experiencing the longest periods of homelessness and the specific barrier preventing a housing outcome. The CoC will use this information to address barriers directly rather than continuing unsuccessful referrals.

Housing availability is a significant constraint in Tompkins County. High rents, limited affordable vacancies, and scarce rental assistance can extend the time people remain homeless. NY-510 will strengthen landlord engagement, housing navigation, and coordination with housing providers while maximizing available rental assistance, Housing Choice Vouchers, and other housing resources. Housing Specialists and other housing focused staff will address practical barriers including identification and documentation, benefits, applications, landlord requirements, and timing of available units. The CoC will also continue lower-barrier approaches and targeted housing problem-solving to prevent shorter episodes from becoming prolonged homelessness.

NY-510 will monitor LOT alongside related measures, including time from Coordinated Entry referral to housing placement, shelter stays, housing placement outcomes, and the number of people experiencing extended homelessness. Results will be reviewed through CoC performance monitoring to identify provider- and system-level bottlenecks and target corrective action.

NY-510's goal is not simply to move people through the system faster. It is to make the system more coordinated and responsive so that once a person is identified as homeless, there is a clear, active path toward resolving their homelessness as quickly as local housing resources allow.

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?	21.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

28 program participants were exited from TH, RRH, and PSH projects and between 12/31/24-12/31/25 in NY-510. Of those 28 program participants, 1 exited to staying with family/friends on a permanent tenure, 1 exited to home ownership with no subsidy, and 4 exited to a rental with no ongoing subsidy. The total of 6 exits of that nature make up 21% of 28 program participants exited from TH, RRH, PSH projects. A reporting group of every TH, RRH, and PSH project in NY-510 CoC was created in HMIS to run an APR in the above state time period. Data was gathered from APR section 23c from the permanent situations subcategory. Only data from unsubsidized permanent housing situations was counted in this measure.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	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
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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
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	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
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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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	65	65	74	100.00%

2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	32	32	32	100.00%
4. Rapid Re-Housing (RRH) beds	31	31	31	100.00%
5. Permanent Supportive Housing (PSH) beds	200	188	188	94.00%
6. Other Permanent Housing (OPH) beds	92	0	0	0.00%

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

1. NY-510's FY2026 HDX data show 0% HMIS/comparable-database coverage for Other Permanent Housing (OPH). The OPH inventory includes Emergency Housing Voucher-assisted housing, a faith-based tiny-home project, and rental assistance administered through DSS.

Over the next 12 months, NY-510 will work directly with each OPH provider to confirm the inventory, housing model, funding source, and data system currently being used. The CoC will provide education, HMIS training, and technical assistance and work with providers to address concerns related to privacy, staffing, cost, and workload. NY-510 will also move forward with its proposed HMIS expansion, which would help cover essential HMIS license costs for all projects included in the HIC. Where provider capacity is limited, the CoC will explore additional data-entry assistance. Coverage will be reviewed quarterly, with the largest gaps addressed first, with the goal of reaching at least 85% OPH bed coverage.

2. HSC will coordinate implementation through the CoC's HMIS Lead and individual OPH providers. We will begin by matching the HDX inventory to the providers, beds, and data systems currently being used. This is important because OPH includes different models, including Emergency Housing Vouchers, a faith-based tiny-home project, and DSS rental assistance.

HSC will work directly with each provider rather than relying on a general meeting. Providers will receive education and training and have an opportunity to raise concerns about privacy, staffing, cost, and workflow. The HMIS Lead will provide onboarding, training, data-quality support, and help establishing workable data-entry procedures. NY-510's proposed HMIS expansion would help cover essential HMIS license costs for all HIC-included projects. Where needed, NY-510 will explore data-entry assistance. Coverage will be reviewed quarterly and progress tracked toward at least 85% OPH coverage.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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

4A. Attachments Screen For All Application Questions

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

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	No Attachment
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP Your CoC's ...	09/29/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description:

Attachment Details

Document Description: 1C-3. Language from Project Supportive Services Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP Your CoC's Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required