

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-500 - Rochester, Irondequoit, Greece/Monroe County CoC

1A-2. Collaborative Applicant Name: Rochester/Monroe County Homeless Continuum of Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rochester/Monroe County Homeless Continuum of Care

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	4
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	5
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	6
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	4
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	3
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	2
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	Yes	6
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	4
24.	Other nonprofit homeless assistance provider(s)	Yes	9
25.	Other social service provider(s)	Yes	9
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)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	8
32.	Substance Abuse Service Organization(s)	Yes	2
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	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
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	0
44.	Other Homeless Assistance Provider(s)	Yes	11
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Genesee Land Trust	Yes	1
47.	Insurance Consultant, Medical Consultant	Yes	1

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)

The CoC has two membership bodies: the CoC Board and its stakeholder body, the Homeless Services Network (HSN). HSN is open to anyone who wants to see homelessness addressed, and people can join at any point in the year. New members can take part fully, including voting, as soon as they join. HSN meets monthly on Zoom, and each meeting includes open discussion. HSN elects two of its members to the CoC Board.

The CoC's Policies & Procedures (approved 6/9/2026) require the CoC to invite new members to join publicly at least once a year. Each year Partners Ending Homelessness, the CoC's Collaborative Applicant and 501c3 for NY-500, sends the invitation to its 400+ member email list. The invitation is also announced at every HSN meeting and is open year-round on the CoC's website (letsendhomelessness.org), where anyone can join HSN. Current members are asked to pass it on to colleagues and partner networks. The HSN and CoC bylaws, which set out who can join, are posted on the website. PEH staff email signatures include a link to join HSN.

The CoC Board's Governance Committee recruits new Board members every year. It looks for people with experience in homelessness, health and behavioral health, housing development, finance, and law, and for people with lived experience of homelessness. Formerly homeless members vote on the Board and serve on the Rank and Review Committee and the Coordinated Entry Oversight Committee. PEH is forming a Lived Experience Advisory Board with funds from a local grant.

The Policies & Procedures list the groups the CoC seeks as members. These include homeless service providers, victim service providers, faith-based organizations, government, businesses, school districts, mental health providers, hospitals, universities, housing developers, law enforcement, veteran organizations, and people who have been homeless. Outreach targets sectors that are missing from current membership.

Meetings are accessible. They are held on Zoom or in accessible locations; closed captioning and phone dial-in are available, and sign language interpreters are provided at full membership meetings.

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)

The CoC gathers input on its performance, strategies, and priorities throughout the year.

HSN meets monthly on Zoom with open discussion at every meeting and added breakout sessions in 2025. In 2025, HSN held a mini-symposium in June and a fall discussion on HUD policy changes, and each drew more than 100 people. The full CoC membership meets twice a year, and the HSN Steering Committee holds an annual planning meeting.

Each year PEH asks HSN members to set Community Priorities. Members review the Housing Inventory Count, the Point-in-Time count, and what front-line staff are seeing. They then rank housing types, subpopulations, special needs, and barriers to housing. PEH tallies the results and shares them with the community and the CoC Board before the local competition opens. The rubrics used to score projects are built on those priorities. The 2026 priorities include:

- more prevention
- better coordination between street outreach teams
- links to RochesterWorks and ACCES-VR for job training
- medical, mental health, and substance use providers connected to shelters
- transitional housing as a short-term bridge to permanent housing

People with lived experience are part of this work. Formerly homeless members sit on the CoC Board, the Rank and Review Committee, and the CE Oversight Committee. In 2026, outreach staff gathered the reasons people give for turning down shelter, and a resident wrote an account of housing instability with ten recommendations.

Workgroups and partner tables add other perspectives. They include the Chronic Homeless Workgroup, the CE Oversight Committee, the City/County Unsheltered Homeless Advisory Council, the weekly Homeless Outreach Team with Rochester Police and County staff, landlord groups, and health partners such as Common Ground Health and the 1115 Waiver workgroup. City and County staff serve on the CoC Board.

The CoC reviews PIT/HIC results at a membership meeting and posts them on its website. The weekly newsletter reaches more than 400 people and invites feedback.

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)

The local competition is open to any eligible organization, including those that have never received CoC funds and faith-based groups. Under the CoC's Policies & Procedures, PEH issues a Request for Proposals after each NOFO. The RFP lists funding available, the scoring rubrics, the timeline, and how reallocation and appeals work. It is posted on the CoC's website, emailed to the 400+ member list and weekly newsletter, and announced at HSN meetings. PEH holds a training for applicants that covers budgets, match, and the scoring rubrics, and posts all questions and answers online. Applicants who cannot submit electronically can contact PEH for help.

Before each competition, PEH does targeted outreach to organizations that have not applied before. This includes new HSN members, the County Health Department, the Community Health Improvement Workgroup, and housing and service providers that have not received CoC funding.

A non-conflicted Review and Ranking Committee scores every new and renewal application using the published rubric. Members may not work for, fund, or sit on the board of any applicant. The New Project Rubric scores alignment with community priorities, population served, Coordinated Entry participation, HMIS use, leverage, and capacity. Every applicant gets a letter with its ranking and can appeal within three days. The final ranking is posted online after Board approval.

This year the CoC received new-project proposals from three organizations that have never received CoC Program funding in NY-500:

- Jewish Family Services of Rochester, an agency grounded in Jewish values, applied for an SSO project for adults 55 and older.
- Recovery Houses of Rochester, a peer-led recovery residence, applied for sober transitional housing.
- Center for Community Alternatives applied for an evening drop-in center for unsheltered people. CCA has CoC funding in Syracuse (NY-505) but none in NY-500.

All three were reviewed with the same rubric as other applicants.

All documents are posted as accessible PDFs. PEH communicates by email, phone, and TTY, and provides ASL interpretation on request.

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)

The gap we are focused on is people living outside with high behavioral health needs who will not or cannot use shelter. Unsheltered homelessness in the PIT rose from 73 people in 2025 to 92 in 2026, even as the total count fell from 1,194 to 859. Tents were seen at 35 sites on 8/7/2026 and 25 sites on 9/9/2026. When outreach staff asked people in June 2026 why they refused shelter, the answers were couples being split up, pets, DHS sanctions, fear of detox and drug use in shelters, language barriers, and overcrowding. City Council's 2026 Report on Homelessness also calls for a low-barrier option.

Our strategy has three parts. The HOME Team is a City and County case conference that meets every two weeks for high-acuity unsheltered people. It brings City DRHS, County DSS, the County Office of Mental Health, SUD providers, and outreach teams together under shared consent forms, and PEH helps facilitate the case conferences. Peace Village is a proposed low-barrier site of 15 two-bed pallet units run by PCHO. It would take people under DHS sanctions, require no ID, and connect guests to treatment, including Delphi Rise's 24/7 Open Access Center. The third piece is a new CoC Intensive Street Outreach project at PCHO, expected to reach 900 unsheltered people a year. Specific groups are also covered: older adults through the JFS SSO; transition-age youth through CFY TAY outreach; people with SUD through Delphi Rise Open Access (24/7); and families through DSS family shelter and CE.

Anyone scoring 10+ on the Street Outreach Triage Form should get a HOME case conference within 24 hours, though that threshold is under review. The CoC will measure progress through the unsheltered PIT count and SPM 7a.1 (successful street outreach exits).

The HOME Team process was drafted in April 2026, and the pilot that started in May 2026 is being revised to better meet the needs. Peace Village is targeted to open around November 1, 2026, and CoC outreach begins when the FY2026 grant starts.

The City funding request for Peace Village is about \$1.1 to 1.2M for 8 months, mainly opioid settlement funds plus HOME-ARP and ESG, and City Council held it on 9/8/2026. The CoC SSO project adds \$1,299,767, and County OMH and DSS contribute staff time.

The City/County Unsheltered Homeless Advisory Council oversees the HOME Team. The CoC Board will meet this fall to complete a new strategic plan that reflects our community's needs.

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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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	15%

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)

We are not a rural CoC.

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)

The CoC works with a set of licensed outpatient providers that together offer a full range of care. Several CoC projects, including PCHO, VOA, SCPO and JFS, have written agreements with them.

Delphi Rise runs an OASAS-licensed outpatient SUD clinic that offers medication-supported treatment, counseling and care coordination. Delphi is one of four agencies in NYS in an OASAS pilot that delivers outpatient treatment in community settings. Delphi's Open Access Center is Monroe County's only 24/7 SUD access center, open to walk-ins. No appointment or insurance is needed, and it serves more than 1,500 people a year. Clinicians assess each person and connect them to outpatient care, withdrawal management, inpatient care or medication treatment. Delphi has MOUs with several CoC applicants, including PCHO and VOA. Under the VOA MOU, Delphi runs counseling and weekly groups on site at VOA housing.

Huther Doyle provides outpatient treatment and medication for opioid use disorder, including methadone, often with same-day evaluations (MOU with Spiritus Christi Prison Outreach, 12/2025). Helio Health, Strong Ties (UR Medicine) and Rochester Regional Health provide outpatient mental health care, psychiatric evaluation and medication management. FLACRA, a Certified Community Behavioral Health Clinic, signed an MOU with PEH on 9/25/2026. It offers outpatient clinics, residential treatment, detox, care management and methadone through its Opioid Treatment Program, and PEH and FLACRA refer clients to each other. Villa of Hope (MOU with PEH, 7/27/2026) provides outpatient treatment, detox and inpatient care and accepts Coordinated Entry referrals.

For psychosocial support, VOA case managers use motivational interviewing, strengths-based case management and individual service plans. PCHO projects add clinical supervision and in-home groups, and PCHO's proposed outreach project budgets 8 hours a week of psychiatric support from Regional Health Reach. Villa of Hope's Hope Place, a psychiatric diversion drop-in center run by certified peer specialists, connects people in pre-crisis or crisis to treatment and housing.

For suicide prevention, partners do safety planning and coordinate with 988 and URM Mobile Crisis. MHA Rochester facilitates Partners for Suicide Prevention, a coalition covering awareness, intervention and postvention.

For recovery supports, VOA hosts weekly on-site AA and NA meetings, and MHA offers peer recovery coaching.

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)

Peer support is an important part of treatment and housing across the CoC.

Delphi Rise's Open Access Center has trained peers with lived experience on duty 24 hours a day, 365 days a year. They work alongside clinicians and meet people the moment they ask for help. Delphi employs more than 20 peer advocates, including 5 former clients.

MHA Rochester runs adult peer support and youth and family peer support, inpatient hospital peer support and community navigation, the Woods Center for Wellbeing, which has support groups and a crisis drop-in center, and Peer Training Academies that prepare people for peer careers. MHA also provides peer support in Drug Court and Family Court. VOA refers residents to MHA for recovery coaching, Certified Recovery Peer Advocate (CRPA) services, and help earn peer certification.

Several CoC projects employ peers directly. VOA has a Life Skills Specialist who is a Certified Peer Support Specialist and hosts weekly on-site AA and NA meetings.

Spiritus Christi Prison Outreach (SCPO) budgets a full-time peer specialist at Jennifer House and a part-time peer at Nielsen House. About 85% of SCPO direct-service staff have experience.

Recovery Houses of Rochester, a new applicant, has been peer-led since 2002 and budgets five full-time peer specialists.

CCA's CORE Center, an OASAS-licensed recovery center, has staff and volunteers who all have experienced substance use disorder.

Villa of Hope's Hope Place is a peer-run "Living Room" for people in a psychiatric crisis. It is covered by the Villa of Hope MOU with PEH (7/27/2026).

The CoC supports peers in its own work. The Homeless Services Network (HSN) training committee offers skills training that people with lived experience can attend, whether they work, volunteer, or are simply interested. People with lived experience also help shape the CoC through the CoC Board, Rank and Review, and the Point-in-Time count.

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)

People with Serious Mental Illness are identified using Coordinated Entry assessments with the Homelessness Assessment Tool (used since June 2025), which captures disability and daily functioning, disability verification at program intake, street outreach triage, and referrals from hospitals, CPEP, and behavioral health providers.

PSH, RRH, and TH case managers use an Acuity Index to track changes in functioning and increase service intensity when symptoms worsen, using this information to make referrals for more intensive services.

The main route to intensive services is the Monroe County Office of Mental Health's Single Point of Access (SPOA). Coordinated Entry works directly with County OMH and SPOA, and OMH wrote a letter supporting the CoC's Coordinated Entry application. Through SPOA, people are referred to Assertive Community Treatment (ACT) teams, including Project ACT at Strong Ties, intensive care coordination and Health Home care management, Assisted Outpatient Treatment when a court orders it, or OMH supportive housing. Under the 2026 OMH supportive housing guidelines, people on court-ordered outpatient treatment, people with high Medicaid costs, and people living on the street get priority. Those guidelines also require housing providers to coordinate with ACT, Health Homes, and other care teams. The CoC's Coordinated Entry also works with the SAMHSA-funded Crisis to Stability program.

The HOME Team reaches unsheltered people through a City and County case conference for people living on the street, designed to meet every two weeks (process drafted April 2026). PEH helps facilitate the case conferences. With the person's signed consent, County OMH shares information through the NYS OMH 11C release so the team can review a person's treatment history and plan care together. Anyone scoring 10 or higher on the Street Outreach Triage Form gets a case conference within 24 hours (threshold under review). The team makes one agency the lead for each person and follows up weekly until the person is connected to treatment and housing.

When a participant's condition worsens, housing staff increase contact and refer to crisis services or a higher level of care. In the process, they work with ACT teams and Health Home care managers, including through VOA's partnership with Elite Home Health Care.

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)

Spiritus Christi Prison Outreach (SCPO), a CoC-funded provider, has an MOU with Rochester Drug Treatment Court and Monroe County Mental Health Court, signed by Hon. John E. Elliott and effective 12/9/2025. MHA Rochester provides peer support in Drug Court and Family Court. The County Office of Mental Health's SPOA handles AOT referrals to housing.

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)

Under the MOU, SCPO, the Drug Treatment Court, and the Mental Health Court refer people to each other and share compliance information. The courts refer participants to SCPO's housing. SCPO has 20 transitional beds at Jennifer House and Nielsen House, plus 78 PSH units (including CoC-funded and ESSHI-funded units) for justice-involved people with disabilities. SCPO, in turn, tells the court how residents are doing and helps them meet the court's expectations.

The court order becomes a tool for stability. Residents know treatment is part of their court plan, and staff uses that structure to keep them engaged. The SCPO peer specialists and staff with lived experience help residents get through it.

SCPO links court participants to treatment through its MOU with Huther Doyle, which offers outpatient care and medication for opioid use disorder, often with a same-day evaluation. Its MOU with the Judicial Process Commission adds record sealing and certificates of rehabilitation, which remove barriers to jobs and housing.

As residents stabilize, SCPO helps them move into permanent housing, including its own PSH units or other housing through Coordinated Entry. In SCPO's joint TH-RRH project, 81% of RRH participants exited to permanent housing.

MHA Rochester peers work in Drug Court and Family Court. They support participants and help connect them to housing and community services.

For people under Assisted Outpatient Treatment (Kendra's Law), the County Office of Mental Health's SPOA coordinates housing. Under the 2026 OMH supportive housing guidelines, people on court-ordered outpatient treatment get priority for supportive housing. Housing providers then work with the person's ACT team or care manager to keep treatment and housing in step. The CoC's HOME Team can also plan for unsheltered people.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC works with Monroe County's crisis system:

- 988
- URMIC Mobile Crisis
- the City's Person in Crisis Team, which sends crisis workers in place of police
- CPEP
- Rochester Regional Health's Behavioral Health Access & Crisis Center
- Delphi Rise Open Access, 24/7
- MHA's crisis drop-in center
- Villa of Hope's Hope Place peer crisis center (MOU with PEH)
- FLACRA crisis services and Mobile Response Unit (CCBHC; MOU with PEH, 9/25/26)

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.	230

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC has a formal MOU with Finger Lakes Area Counseling and Recovery Agency (FLACRA), signed on 9/25/2026. FLACRA is a Certified Community Behavioral Health Clinic (CCBHC) and an OASAS Center of Treatment Innovation. It offers outpatient clinics, detox, residential treatment, crisis services, a Mobile Response Unit, and methadone treatment. PEH and FLACRA make and receive referrals and, with consent, share client progress.

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)

Recovery Houses of Rochester, a new TH applicant this year, proposes to run 30 sober recovery beds for men. The program includes 10 rooms at 720 West Main Street and two cottages on the Villa of Hope campus. Residents agree to stay alcohol- and drug-free under house guidelines based on NARR standards. The program is peer-led and would serve about 60 men a year.

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

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

(limit 2,500 characters)

The CoC's warm hand-offs are built on the agreements behind questions 1C-1a through 1C-1i, so that someone leaving treatment goes to a person, not a phone number.

Under PEH's MOU with FLACRA (9/25/2026), a CCBHC, the two agencies make and receive timely referrals and, with consent, share client progress so care is not duplicated. Under the Villa of Hope MOU (7/27/2026), Villa of Hope accepts Coordinated Entry referrals into its detox, inpatient and outpatient programs, assigns a CoC liaison and joins case conferencing. PEH provides warm hand-offs to CoC housing resources. The Delphi Rise-PCHO MOU commits both agencies to joint case conferencing and service planning. When someone who walks into Open Access has no stable housing, Delphi staff connect them to Coordinated Entry and to housing programs that partner with Delphi, including Home Safe, Delphi's own RRH project. Police also bring people directly to Open Access as an alternative to arrest, which gives staff a chance to start that connection.

For people in the court system, SCPO works with Drug Treatment Court, Mental Health Court and Huther Doyle. People are referred into SCPO housing as they enter or leave treatment. In The Center for Youth Services' transitional housing, youth keep their beds during inpatient stays of under six weeks. SCPO runs two weekly groups inside the Monroe County Jail and starts discharge planning before release, to reduce releases to homelessness.

For people with serious mental illness, County OMH's SPOA coordinates discharge from psychiatric units to supportive housing, ACT or care management. The HOME Team case conference adds DSS, OMH, outreach and treatment providers for people who are unsheltered. One lead agency is named for each person, and progress is tracked weekly.

To keep people from becoming homeless in the first place:

- VOA, PCHO and other providers help participants get to appointments.
- VOA case managers coordinate with treatment providers, with consent, after a participant moves in.
- The CoC's RRH Written Standards call for warm hand-offs to mainstream and community services. The PSH standards require case managers to stay in contact with a receiving agency until the participant engages.
- Recovery Houses of Rochester checks in with men 6 and 12 months after they leave.
- JFS and URMH are building a hospital-to-housing referral path for older adults, since hospital discharges to shelter rose from 52 in 2020 to 245 in 2024.

1C-2.	Supportive Services Investment.
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$17,046,741
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.	\$5,949,138
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	35%
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.	\$3,997,548

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).

58%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC area has two local ESG recipients: the City of Rochester and Monroe County, and New York State (OTDA) is the state recipient. The City and County pool their ESG planning. They issue one joint RFP, and agencies submit one application. The RFP is built on the CoC's priority needs as set by the Homeless Services Network. A joint committee of City and County staff, the CoC Board, and a formerly homeless community member scores and awards proposals.

The CoC consults with the ESG recipients in several ways:

- Planning meetings - the City, the County, and PEH meet throughout each program year to plan ESG together and meet monthly on homelessness coordination.
- Board and competition roles - City and County representatives sit on the CoC Board, where they see which agencies perform well and which do not. City staff also serve on the HSN Steering Committee and review projects in the CoC local competition.
- Performance standards - the City, County, and CoC confirm the ESG written performance standards each year, most recently for program year 2024-25. The ESG Proposal Review Committee scores projects against them each spring. The CoC charter also includes a written process for evaluating ESG recipients' outcomes.
- Data - PEH gives the recipients the HMIS data they need for the CAPER and for planning. It also provides HMIS licenses and training to ESG subrecipients at no cost.
- Consolidated Plan - The CoC's data and priorities feed into the City's Consolidated Plan and Annual Action Plan.

In FY2024, the City received \$714,761 in ESG. It allocated \$357,087 to shelter, \$184,000 to RRH, \$61,067 to outreach and Coordinated Entry, \$59,000 to prevention, and \$53,607 to administration. Shelter requests regularly exceed the City's 60% cap on shelter and outreach spending.

Going forward, PEH will continue to sit on the joint ESG review committee and provide HMIS data for the CAPER. It will also bring System Performance Measure results to the joint planning meetings, so ESG dollars follow what is working.

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)

In Monroe County, the County Department of Human Services (DHS/DSS) is the front door to shelter. DSS places people in emergency shelters and then connects them to Coordinated Entry (CE). Under an agreement between the DSS Housing Unit and CCSI, the CE lead DSS placements flow into CE. DSS values this work at \$210,901.60 a year. In 2025, DSS made 8,234 emergency housing placements, 93% of them in shelters.

The CoC has an Emergency Shelter Written Standards document that was approved by the CoC Board in November 2025. This document applies to all 19 shelters and states that shelters must: enter each guest in HMIS within 72 hours, complete the Homelessness Assessment Tool (HAT) within 96 hours, refer the guest to the CE Prioritization List and stay in contact while they wait. Once a housing provider is assigned, work with the housing case manager begins. Shelters also help guests with mainstream benefits and other housing options. HAT training is required before anyone can access the Prioritization List.

All CoC-funded TH, RRH, and PSH openings are filled only through CE referrals, so a shelter stay is a direct path to CoC housing. In the last program year:

- 2,389 households were placed on the Prioritization List
- 740 were referred to CoC and ESG housing

The CoC has taken several steps to make this work:

- Shared data: a WellSky import tool now moves data from two of the county's largest shelters, which use Mission Tracker, into HMIS. This covers about 1,330 people a year without double entry, so these guests appear on the Prioritization List.
- Case conferencing: the HOME Team conferences bring shelter, outreach, DSS and OMH staff together for people who move between the street and shelter.
- Embedded staff: PCHO's new outreach project will place a DSS Emergency Shelter Outreach Worker at DSS. The worker would screen for TANF, SNAP, and Emergency Assistance and help people move from the street into shelter.

PEH also provides free HMIS licenses and training to ESG-funded shelters.

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)

PEH is both the Collaborative Applicant and the HMIS Lead. The CoC shares PIT, HIC, HMIS, and System Performance data with state and local government as its HMIS policies allow. The CoC's Policies & Procedures require the CoC to review and approve the HMIS privacy, security, and data quality plans with the HMIS Advisory Group. Participants sign the CoC Release of Information for HMIS and Coordinated Entry (updated 5/19/2026). That release lists the agencies that can receive shared data, including Monroe County DHS, NYS OTDA, the Rochester Housing Authority, and FLPPS.

The CoC shares data in a variety of ways:

- PIT and HIC - The CoC Board approves the results before PEH uploads them to HUD's HDX. The results are presented at a membership meeting and posted on PEH's website.
- State - HMIS data, including PIT data, is submitted to NYS OTDA.
- City and County - PEH gives the City of Rochester and Monroe County the HMIS reports they need for the ESG CAPER and for monitoring. The County contributes to and uses HMIS data to guide shelter funding and to ensure County-funded shelters use Coordinated Entry. The City has announced access to an HMIS dashboard for planning. In addition, PEH gave PIT and funding data to the Rochester City Council for its 2026 Report on Homelessness.
- System Performance Measures and APRs - PEH takes part in monthly City-County-CoC coordination meetings and presents SPM results to the CoC Board, where City and County staff sit.

Data quality supports this sharing. The CoC's HMIS (WellSky) covers 98% of beds on the 2024-2025 HIC, and the 2026 HIC/PIT, LSA, and SPM were all submitted to HUD on time. WellSky's Privacy and Security Incident Response Policy (version 3, effective 3/2025) requires it to notify client organizations of any breach.

Only aggregate or de-identified data is shared publicly. Client-level data is shared only with signed consent and coordinating care, as in the HOME Team case conferences. When a participant refuses consent, protected information is not shared.

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)

The CoC uses data from outside HMIS to plan care for high-need people and to see gaps HMIS does not show.

Case conferencing is the main place this happens. The HOME Team, a City and County case conference for people living on the street that PEH helps facilitate, combines, with the person's signed consent:

- HMIS history
- County DSS records
- County Office of Mental Health treatment information, shared through the NYS OMH 11C release

- contacts with police, EMS and hospitals, as reported by providers

The weekly tracking form records ED visits, arrests or jail stays, overdoses, and police or code enforcement contact at encampments. People are prioritized partly on how often they appear in these systems. Each person's plan is built on this full picture. When a person does not consent, protected information is left out.

Street outreach teams also bring in their own data. At the weekly Homeless Outreach Team meeting with Rochester Police and City DRHS, teams pull encampment and contact information straight from their own databases. The City's human services department sends weekly encampment lists to outreach partners such as Center for Community Alternatives (CCA), a reentry-focused organization. The Chronic Homeless Workgroup shares encampment locations and tracks closures, and PCHO is building a by-name list.

Other data sources the CoC uses:

- Health and Medicaid data: Many CoC providers belong to the Medicaid 1115 waiver Social Care Network run by Forward Leading IPA (FLIPA). Its Monroe County network list (12/10/2025) includes PCHO, Delphi Rise, Spiritus Christi, Recovery Houses of Rochester, MHA, Catholic Charities, and The Salvation Army. Staff screen for health-related social needs and share referrals through the network's platform, under HIPAA and 42 CFR Part 2 agreements.

- Shelter data: A WellSky import tool now moves data from two large shelters' Mission Tracker system into HMIS.

- Corrections data: The CoC's PSH, RRH, and TH Written Standards direct case managers who lose contact with a participant to check the Monroe County Sheriff's jail roster and the NYS Incarcerated Lookup, so no one is exited without an effort to find them.

- County data: Monroe County DHS reports shelter placements by cause, including 392 after release from jail or prison and 245 after hospital discharge in 2024. The CoC uses these figures to target reentry and hospital-discharge partnerships.

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)

RochesterWorks, the local workforce board and American Job Center, supports the CoC (letter to PEH, 8/4/2026) and has an MOU with CoC-funded Delphi Rise (6/24/2026) for job readiness, apprenticeships, and placement. SCPO has an MOU with MCC's Workforce Development Center (12/2/2025). Villa of Hope, which has a signed MOU with PEH, provides supported employment.

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

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

(limit 2,500 characters)

Street outreach in Rochester works closely with police and first responders. SPM 7a.1, the rate of successful exits from street outreach, rose from 69.0% in 2023 to 77.4% in 2024 and 80.0% in 2025.

Weekly Homeless Outreach Team. Outreach providers meet weekly with the Rochester Police Department (RPD), City Recreation and Human Services (DRHS), the County, County Office of Mental Health, faith partners, and health and SUD providers. They review encampments and plan the next day's outreach. Outreach goes first under the City's six-phase process, and sites with unsafe or illegal activity are referred to RPD for enforcement. PCHO, Monroe County, and City staff (RPD, Security, Neighborhood Service Centers, and Housing) wrote a joint police protocol for contact with unsheltered people, and RPD uses it in training.

Co-response and alternatives to arrest include the City's Person in Crisis Team sending trained crisis workers instead of police to mental health and substance use calls, 24/7; police bring people directly to Delphi Rise's 24/7 Open Access Center as a safe alternative to arrest; the County's OMH's Forensic Intervention Team pairs clinicians with all 11 law enforcement agencies in the county, 24/7, and in 2023 it served 2,389 people in 3,440 crisis encounters. The Center for Youth has an MOU with RPD, and its Safe Harbor program works with RPD to find and shelter trafficked and runaway youth.

Outreach providers, police, the City and County can refer people to the HOME Team case conference process facilitated by PEH. Frequent contact with police, EMS, or hospitals raises a person's priority. Outreach, DSS, OMH, and treatment providers then build one plan together.

Street Outreach Written Standards (PEH Board, 12/9/2025) require outreach providers to partner with law enforcement and first responders to help people reach shelter, treatment, housing, or family, without interfering with local laws or law enforcement.

PCHO outreach coordinates with RPD, the Department of Transportation, and RTS, and covers every quadrant of the city and each suburb. In 2025, 253 of 322 people who left PCHO outreach went to positive destinations. The Salvation Army's new outreach project works with police, fire, and EMS and joins planned outreach before and during encampment closures.

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)

Family and friends are the most common place people in Monroe County lose housing, and often the most realistic place to return to. In 2025, 67% of the County's 8,234 emergency housing placements (5,493) happened because a primary tenant, usually a relative or friend, asked the person to leave. That is why the CoC builds reunification into diversion, outreach, case management, and case conferencing.

At the front door, Monroe County DHS's Diversion Unit works with households before a shelter placement, including paying arrears so people can keep their housing.

On the street, the CoC's Street Outreach Written Standards (12/9/2025) direct outreach providers to work with law enforcement and first responders to help people reach shelter, treatment, housing, or reunification with family. PCHO outreach counts "family or natural support reunification" as a positive exit. The Salvation Army outreach team explores reunification during encampment response. The HOME Team case conference form includes a "Family housing / reunification" pathway, so the team plans for it intentionally rather than by chance.

In CoC projects, case managers help participants rebuild ties with family and support networks as part of service planning. This includes helping parents reunite with children who are in care. YWCA, for example, moves mothers from single rooms into apartments so their children can return to them. Center for Youth works with youth and their families on reunification when it is safe. Monroe County DHS also contracts with preventive programs at Hillside, Villa of Hope, Together for Youth, and Catholic Charities for families whose children are expected to return home within 3 to 6 months.

When domestic violence is a concern, staff use safety planning from Willow Domestic Violence Center, which has an MOU with PEH.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC works with local government and first responders on public safety and does not interfere with or impede their work. The CoC does this in various ways.

Regarding encampments, PEH and CoC outreach providers attend the City's weekly Homeless Outreach Team meeting. RPD, City DRHS, and County staff attend, review encampment locations, and plan the next day's outreach. The CoC's Street Outreach Written Standards (CoC Board, 12/9/2025) require outreach providers to partner with law enforcement and first responders and state that they "will not interfere with local laws and law enforcement." Outreach applicants PCHO and the Salvation Army also commit in their project applications not to interfere with the enforcement of camping or drug laws and to conduct outreach during planned closures. The City's encampment response guidance sets a phased process with advance notice, and sites with unsafe or illegal activity are referred to RPD for enforcement.

Regarding public drug use, outreach teams and Delphi Rise's Open Access Center give police a place to take people for treatment instead of jail. Under the Street Outreach Written Standards, outreach workers are trained to use Narcan whenever possible. They connect people to medication treatment and detox.

When a person may meet the standard for involuntary evaluation, outreach and housing staff call 911, the City's Person in Crisis Team, Mobile Crisis, or County OMH's Forensic Intervention Team. They give responders the background information they need. County OMH shares information at HOME Team conferences through the NYS OMH 11C release.

Regarding SORNA, CoC providers follow New York's Sex Offender Registration Act. The HOME Team documentation checklist includes a registry check where required. The Salvation Army's outreach project will provide location information when the law requires it.

The HOME Team, a City and County case conference that PEH helps facilitate, accepts referrals from outreach providers, police, the City and the County. People with frequent police, EMS, or hospital contact are prioritized. Every referral gets a lead agency and a housing plan.

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)

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)

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)

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)

Overdose and illicit drug use remain public health and public safety concerns in Monroe County, but overdose deaths have dropped sharply: from a record 512 in 2023 to 292 in 2024 and 243 in 2025, a decline of about 53%. Opioid-involved deaths fell from 433 to 216 to 135, and more deaths now involve cocaine. Local officials credit education and wide naloxone distribution, including more than 35,000 kits and about 600 public Naloxboxes. CCA reports xylazine and medetomidine in the local drug supply.

Public drug use is concentrated in parts of Rochester. At City Council hearings for the 2026 Report on Homelessness, residents of the Lyell-Otis, North Clinton and Monroe Avenue corridors described needles, open drug use and overdoses on church steps. At the City's four opioid input sessions (September 2024 to January 2025), residents described abandoned properties and vacant lots used for drug activity and more discarded drug paraphernalia. Local partners report use in wooded areas, parks, vehicles, transit locations, and abandoned buildings.

State and county data do not consistently record whether an overdose happened in a public space, an encampment, a residence, or a shelter. HMIS is not a public health surveillance system, and people not engaged with homeless services do not appear in it. The CoC therefore cannot reliably count public-space overdoses. It does not assume a person uses drugs because they are homeless or living outside.

To improve its picture, the CoC will request aggregate, non-identifying data from County Public Health, EMS, law enforcement, hospitals, OASAS providers, and outreach programs, including location categories, naloxone use, repeat overdoses, and treatment connections. It will use this to target outreach, naloxone access, and connections to treatment and housing. Within the homeless system, the HOME Team triage form already scores overdose in the past 90 days, and Helio Health joined street outreach in 2025 as an SUD-focused team.

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)

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)

New York State has not been found by the U.S. Department of Justice to have substantially implemented the federal Sex Offender Registration and Notification Act (SORNA). New York collects and discloses registry information under its Sex Offender Registration Act (SORA). The CoC does not run the registry and cannot change state registration or notification rules.

Practices that help: the Division of Criminal Justice Services (DCJS) Sex Offender Registry, its public online directory for Level 2 and Level 3 registrants, the DCJS information line, and state and local law enforcement registration and notification. CoC providers can use public registry information and law enforcement contacts to help participants understand and meet registration requirements, find legally permissible housing, and coordinate discharge or reentry planning when authorized. The HOME Team documentation checklist includes a registry check when required.

Things that hinder: differences between SORNA and SORA in classification, registration, and public disclosure; limits on public access to some registry information; and confidentiality rules for HMIS and participant records. The CoC cannot disclose confidential HMIS information just because a person may be subject to registration. HMIS information is disclosed only when authorized by law, participant consent, a valid court order or warrant, or another disclosure allowed by privacy policy. Victim service provider data keeps its stronger protections. Registrants also face severely limited housing options.

During the grant period, the CoC will: (1) consult with local law enforcement, DCJS, counsel, and the HMIS Lead to document what may lawfully be shared; (2) write referral and communication protocols that separate public registry information from protected HMIS information; (3) train providers on SORA, lawful disclosures, and participant privacy; and (4) help registrants meet reporting obligations and find housing that complies with lawful restrictions.

Data: Delphi Rise's Home Safe RRH project serves people returning from incarceration, including registered sex offenders. County data show 392 shelter placements after release from jail or prison in 2024, and Grace House, a reentry shelter, had 571 placements in 2025.

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)

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

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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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)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

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

(limit 2,500 characters)

CoC projects inform families of their children's educational rights through written participant agreements and case management. The PCHO participant occupancy agreement requires children under 18 to be enrolled and attending school, and tells families that the program tracks their children's education. YWCA case managers notify schools of address changes and arrange transportation so children can stay in the same school. Center for Youth staff are trained in McKinney-Vento rights, connect with liaisons across the county, and have staff in more than 50 schools.

The CoC works with the Rochester City School District's Families in Transition (FIT) program. FIT is the district's McKinney-Vento office. It makes sure homeless students are identified and enrolled right away, that students and families know their rights, and that barriers to attendance are removed. FIT runs a drop-in site where families get help with school registration, advocacy, case management, and referrals, including to housing, and coordinates transportation so students can attend consistently. RCSD's McKinney-Vento Liaison wrote in support of the CoC's 2026 application as an active CoC partner. Head Start and Early Head Start providers are also HSN members and share program information with the membership.

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)

Few youth enter the homeless system straight from foster care in Monroe County. The City's CAPER reports it happens once or twice a year. The CoC and County work to keep it that way.

Monroe County DHS runs child welfare and foster care. When a youth leaving care shows up at a shelter, the shelter must notify DHS so the failed discharge is reported and DHS can re-engage. The Center for Youth Services (CFY) works with Monroe County Child Protection and Foster Care Services and with the Attorney for the Child on youth in its programs. CFY has served runaway and homeless youth for more than 40 years, and since 2019 its shelter has been the county's only emergency shelter for minors. It provides assessment and, where safe, family reunification.

For youth aging out, Monroe County DHS's foster care team continues to serve youth ages 16-21, and independent living programs at Villa of Hope and Hillside Children's Center prepare young people for adult housing. Through the Family Unification Program, Rochester Housing Authority provides Housing Choice Vouchers, on DHS referral, to youth ages 18-21 who left foster care at 16 or older and lack adequate housing, and to families whose housing threatens a child's placement in or return from foster care. Youth 18-24 who need housing are assessed through Coordinated Entry and, under the CoC's TH Written Standards (7/1/2026), placed in youth TH whenever possible, such as CFY's transitional living program and its proposed Transition Age Youth projects. Villa of Hope (MOU with PEH, 7/27/2026) runs a program for youth 13-21 and accepts Coordinated Entry referrals.

New York regulation 18 NYCRR 430.12(f), overseen by the Office of Children and Family Services, bars discharging youth in foster care to an adult shelter, family shelter, SRO hotel, or other congregate setting housing more than 10 unrelated people. The discharge residence must be expected to remain available for at least 12 months. The County must refer the youth to needed services, including the Monroe County RHY Coordinator at DHS, who sits on the CoC Board.

The CoC also plans with these systems. The Monroe County Department of Planning and Development and the Department of Human Services hold seats on the CoC Board, bringing guidance and expertise on foster care and child welfare. Organizations serving youth and young adults take part in all CoC planning committees and workgroups.

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

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

(limit 2,500 characters)

The Center for Youth Services (CFY) is the only agency in Monroe County with HHS-funded Runaway and Homeless Youth (RHY) programs. Other providers have closed their programs over the years. CFY runs HHS-funded Basic Center (shelter for youth ages 12-17), Transitional Living and Maternity Group Home programs, and HHS-funded Street Outreach through September 29, 2026. The Basic Center grant was renewed for another three years, and CFY will continue street outreach with ESG funds and agency fundraising.

In 2023, CFY made over 400 contacts with street-involved youth under 18, sheltered 105 youth ages 12-17 for over 1,200 nights, and served 66 youth ages 16-24 in its Maternity Group Home and Transitional Living programs. Chrysalis House, its maternity group home, has six rooms for pregnant and parenting youth with staff on site 24/7.

The CoC coordinates with CFY and the County in several ways:

- Governance. The Monroe County RHY Coordinator, who oversees services for all runaway and homeless youth and the cooperation between community providers and public systems of care, is a member of the CoC Board.
- Coordinated Entry. The RHY Coordinator, staff, and youth from CFY's RHY programs take part in Coordinated Entry. CFY programs for youth 18 and older accept Coordinated Entry referrals, and minors are served through CFY's own RHY intake so they stay out of adult shelters.
- Planning. The RHY Coordinator, CFY staff, and youth participate in the Homeless Services Network and other workgroups led by, or informing, the CoC. CFY applied in this competition for a Transition Age Youth outreach project and a TH project for ages 18-24.
- Data. CFY uses HMIS.
- Outreach and safety. CFY works with RPD through an MOU and its Safe Harbor program to find and shelter trafficked and runaway youth, and is present in more than 50 schools.
- Consent. New York's FY2026 budget lets runaway and homeless youth consent to their own services.

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)

YWCA of Rochester & Monroe County's DV Rapid Rehousing project (NY1189) serves domestic violence survivors, and all 30 households it served last year were families with children (50 children). It has 15 units. PCHO's Family First transitional housing project (new, 11 units) mainly serves families with children and parenting youth.

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)

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)

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)

YWCA DV Rapid Rehousing. Families move into their own apartments with rental assistance, and children stay with their parents throughout. RRH advocates:

- tell schools about each change of address and arrange transportation so children can stay in the same school
 - help with school supplies
 - connect parents to child care assistance so they can work or attend school
- Willow Domestic Violence Center provides counseling and safety planning for parents and children. Mental health treatment is available on site at YWCA's 175 N. Clinton Avenue building. Advocates connect families to WIC and Medicaid. Legal Aid Society of Rochester helps with custody, family court, and education law issues.

PCHO Family First. Families live in scattered-site apartments, 1 one-bedroom, 5 two-bedroom, and 5 three-bedroom units, each with its own kitchen and bath. Units are chosen with school stability in mind. Parenting activities count toward each adult's 20 weekly hours of activity. Case managers coordinate child care and school enrollment, and the participant agreement requires children to be enrolled in and attending school. The budget funds family therapy and household management training. PCHO Health Home care managers keep parents and children connected to primary care, prenatal care, and pediatric care through Medicaid. In the most recent APR, the project served 16 children in 9 households with children, and all 32 people who left moved to permanent housing.

Across the CoC, families also have access to Center for Youth's Crisis Nursery for emergency child care and Skill Builders parenting classes. Pregnant and parenting youth can stay at CFY's Chrysalis House. Monroe County DHS gives families experiencing homelessness a Child Care Certificate that guarantees 30 days of child care assistance while eligibility is determined, so parents can work, look for work, or attend school right away.

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)

PEH has MOUs with two veteran-serving organizations. Soldier On (signed 2/9/2026) provides transitional housing, RRH, PSH, and wraparound services for veterans and their families. Eagle Star Housing (signed 1/9/2026) provides veteran TH and PSH. Both accept referrals and coordinate through the CoC. The Salvation Army Safe Haven also reserves 25% of its beds for chronically homeless veterans.

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?	No
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	No

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)

PEH has an MOU with Willow Domestic Violence Center, the only state-licensed DV provider in Monroe County (signed 3/31/2026). Willow provides referrals, safety planning, danger assessment, court accompaniment, and housing navigation, and trains CoC staff. Willow sits on the CE Oversight Committee, runs a 49-bed shelter and a 24/7 hotline, and partners with YWCA DV RRH.

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)

Spiritus Christi Prison Outreach (SCPO) has an MOU with the Monroe County Sheriff's Office and runs two weekly groups in the County Jail. Staff there identify people who would be released into homelessness and plan their housing before release. SCPO also has MOUs with Drug Treatment Court and Mental Health Court, and provides 20 TH beds and 78 PSH units for justice-involved people. Under its MOU with PEH (9/25/2026), FLACRA also offers reentry services.

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)

Jewish Family Services' new Older Adult Housing Stability & Wellness project will serve 76 adults 55+ a year, including people discharged from hospitals, and is building a hospital-to-housing pathway with URM. PCHO has an MOU with His Branches (signed 7/9/2026) for street medicine by an RN and nurse practitioners. YWCA and URM Strong run an enhanced shelter for people leaving the hospital.

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)

Jewish Family Services' new Older Adult Housing Stability & Wellness project (SSO) will serve 76 people aged 55+ each year. It has a full-time Behavioral Health Specialist and partners with URM. In 2025, 738 adults aged 55+ used shelter or outreach. Episcopal SeniorLife wrote in support of the CoC's Coordinated Entry project.

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)

PCHO's Permanent Supportive Housing project (100 units) is 100% dedicated to chronically homeless households referred through Coordinated Entry. VOA's Home Today PSH (20 units) and YWCA's PSH for Chronically Homeless (10 units) are also 100% dedicated to chronically homeless households.

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)

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)

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)

The CoC's PSH Written Standards (approved 6/23/2026) set no length of stay. They direct projects to focus on moving toward self-sufficiency and exiting to permanent housing without subsidy. Case managers track readiness through the Supportive Housing Assessment and Acuity Index, which they complete within 30 days of move-in and update at least yearly. PCHO Permanent Supportive Housing and VOA Home Today follow this in regular service planning.

At PCHO, changes in the Acuity Index help staff decide whether a participant still needs intensive support or can move to a lower level of service. The participant agreement commits staff to "work towards a graduation of the program" when possible, with links to supports such as funding sources like Section 8. The case manager and participant review readiness together. If the participant is ready, staff help them apply for a Housing Choice Voucher or affordable housing and keep working with them through the move. PCHO Health Home care management can continue after the move to keep Medicaid, benefits, and treatment in place.

VOA Home Today uses service planning and Acuity Index assessments in the same way. Participants "ultimately graduate to permanent housing that they can independently maintain."

System supports:

- OMH housing. OMH supportive housing guidelines include move-on planning through the County's single point of access.
- County help with the move. Monroe County DSS pays the first month's rent for eligible households. PSH participants who may lose PSH because of funding cuts qualify for Project Anchor, the County's state-funded Rental Supplement Program run by Catholic Charities Family and Community Services, though capacity is limited.
- Coordinated Entry. Each PSH unit freed by a move-on returns to Coordinated Entry to the next chronically homeless household on the Prioritization List.

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.	09/28/2026
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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.	09/28/2026
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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.	
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

You must select a response for element 1 or 3— if you select Yes, you must enter a date in element 2 in question 1D-2d.

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.	07/31/2026
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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.
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(limit 2,500 characters)

1. Process. Reallocation is written into the CoC Policies & Procedures (approved 6/9/2026, Section VI.F and Appendix VI-1). Renewal projects are scored each year on an APR pulled from HMIS for one common date range, covering utilization, exits to permanent housing, income, returns to homelessness, data quality and Coordinated Entry use. Scoring also counts CoC and HUD monitoring results, spending, and timely APRs and drawdowns. CoC monitoring scores also go to the Committee. The Committee is trained on how to identify low performers and on the reallocation process. It makes reallocation recommendations at its ranking meeting. A project can be reallocated in whole or in part if:

- it has a history of under-performance and has not followed an improvement plan
- it has ongoing operating problems
- it has underspent HUD funds
- it has been under-utilized
- the applicant chooses not to renew, or asks to reallocate to a new project

2. Low performers identified this year: Yes. Renewal scoring showed performance concerns in:

- the Salvation Army Safe Haven (51.7% stayed in or exited to permanent housing)
- YWCA DV RRH (36% exits to permanent housing; 68% utilization in 2025)
- RHA #18 and #27 (late APRs and recaptured funds)
- RHA/VOA #21 (71% utilization)
- Shelter Star PSH (61-66% utilization)

3. Reallocation this year: Yes. VOA reallocated Project ReDirect (reduced to \$95,000) and its RRH project to fund a new supportive services project. The Salvation Army's new outreach project also uses reallocated funds. PCHO voluntarily moved two PSH projects, ODM and Providence PBV, into transitional housing through transition grants. The PBV move was a performance improvement step after PCHO took over lower-ranked Providence projects. Applicants were notified in writing on 7/31/2026.

4. Low performers not reallocated, and why: Shelter Star was moved to a new operator, PCHO, in June 2026 and is under a corrective plan. The Salvation Army Safe Haven was placed on an improvement plan in 2023, and the Salvation Army reports it scored 21 points above the community average in 2025. YWCA DV RRH filled a vacant staff position in August 2026 after vacancies slowed referrals. It serves domestic violence survivors with children, a population the CoC does not want to lose capacity for.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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Applicant: Rochester/Irondequoit/Greece/Monroe County CoC

NY-500

Project: NY-500 CoC Registration FY2026

COC_REG_2026_228355

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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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
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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)

For the 2026 count, the CoC strengthened its unsheltered count in several ways:

- Earlier outreach. Street outreach workers did extra outreach in the weeks before the count.
- Abandoned buildings. Volunteers are not allowed into abandoned buildings, so outreach staff who know where people stay left posters and brochures ahead of time. These asked people to come outside at a set time on the night of the count, and workers met them there.
- Better encampment data. PEH now attends the City's weekly Homeless Outreach Team meeting with Police, City and County staff, and outreach providers. That gave the CoC a current list of encampment locations to assign to count teams.
- Survey language was updated to more accurately collect disability data. For example, ""Do you have any substance use problems, such as drug or alcohol use?"" was changed to ""Does drug use prevent you from maintaining housing?"" and ""Does alcohol use prevent you from maintaining housing?"" We also changed our online survey programming to more accurately capture unsheltered families.

Better encampment data and earlier outreach (especially with persons staying in abandoned buildings) helped the CoC find more people living outside, especially in not easily visible encampments and abandoned buildings that were hard to reach in past years. The unsheltered count rose from 73 people in 2025 to 92 in 2026. The total count fell from 1,194 to 859. The CoC believes much of the unsheltered increase reflects the count changes implemented, not only more people outside. Encampment locations and abandoned buildings that volunteers could not reach before were covered by outreach staff who already knew the people staying there.

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)

Evaluation period: January 1 to December 31, 2025.

During this period, the City of Rochester, Monroe County and the CoC changed how the community responds to encampments. The response put outreach first, with police support.

Actions taken:

- Weekly Homeless Outreach Team. PEH joined the team, facilitated by RPD in 2025, which brings together RPD, City Recreation and Human Services, County DSS and the County Office of Mental Health. Faith partners, health and SUD providers, and crisis teams also take part. The team meets weekly to review every known encampment and plan the next day's outreach.
- Six-phase engagement. In 2025 the City drafted encampment response guidance with a six-phase process. Outreach happens first, people get advance notice, belongings are stored for 90 days, and sites with unsafe or illegal activity are referred to RPD.
- Joint police protocol. PCHO, the County and City staff wrote a joint police protocol for contact with people living outside, and RPD uses it in training.
- More outreach teams. Helio Health and House of Mercy were added as outreach teams. Helio is focused on people who use drugs. PEH started a shared outreach calendar so teams cover more ground without overlap.
- Tracking encampments. The Chronic Homeless Workgroup began sharing encampment locations and tracking closures, and started work on heat maps and a by-name list.
- State land. The team coordinated with NYS DOT to reach people camping on state property.
- Code Blue. Warming sites were expanded, including the first one in Brockport.
- Longer-term capacity. The City, PCHO and partners planned Peace Village as a low-barrier alternative, with County housing staff joining, and monthly City-County-CoC coordination meetings began.

In 2025, PCHO's outreach team served 420 people in 269 households. Of the 322 people who left outreach, 253 moved to shelter, housing or another positive destination. Successful exits from street outreach (SPM 7a.1) rose from 77.4% in 2024 to 80.0% in 2025.

The CoC did not have a consistent count of encampments or of people in them at the start and end of 2025. Weekly tracking of tent locations began in 2026

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.	16
2. Enter the reduction in the number of encampments during your evaluation period.	13

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.	16
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2. Enter the reduction in the number of people in encampments during your evaluation period.	13
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2A-4c. Reduce Encampments—Plans to Reduce Encampments.
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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)

The CoC plans to reduce encampments and the number of people living in them through five steps. Progress will be reported to the City/County Unsheltered Homeless Advisory Council and the CoC Board.

1. Weekly tracking. Outreach providers, RPD and City and County staff will keep recording tent locations every week and begin recording the number of people at each site. Tents were seen at 35 locations on 8/7/2026 and 25 locations on 9/9/2026. This gives the CoC a baseline for measuring progress. The City also logs each encampment on City property in an internal dashboard, and plans to map outreach data in City GIS and match it to HMIS.

2. HOME Team case conferencing. The City and County run a case conference every two weeks for people living outside, and PEH helps facilitate it. It includes PEH, City DRHS, County DSS, County OMH, SUD providers and outreach teams. Anyone scoring 10 or more on the Street Outreach Triage Form is conferenced within 24 hours (threshold under review). One lead agency is named for each person, weekly tasks are set, and a housing stage from 0 to 5 is recorded until the person is housed.

3. Somewhere to go. Peace Village would add 15 low-barrier pallet units for up to 30 people who will not use shelter. It would accept people under DHS sanctions and people with substance use disorders, with on-site staff, links to treatment and a housing plan from day one. Opening is targeted for about November 1, 2026, with City funding pending Council approval.

4. More outreach. PCHO's new CoC Intensive Street Outreach project would serve 900 people a year. It would place a DSS worker to screen people for benefits and shelter on the spot. Center for Youth's Transition Age Youth outreach and the Salvation Army outreach projects would add coverage for youth and for people leaving shelter.

5. Closures. PCHO and the City are finalizing an MOU so that outreach is involved before, during and after any closure under the City's encampment response guidance.

Progress will be measured by the weekly tent-location count and the unsheltered PIT count.

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)

First-time homelessness (SPM 5.2) fell from 4,056 people in FY2023 to 3,841 in FY2024, then held nearly flat at 3,861 in FY2025. That is about 5% below FY2023. The share of system entries who were homeless for the first time fell from 75% (3,841 of 5,155) to 70% (3,861 of 5,526).

Data on causes. In 2025, 67% of Monroe County's 8,234 emergency housing placements (5,493) happened because a friend or relative asked the person to leave. Release from hospitals, treatment programs, jails or prisons caused 10%, and landlord evictions 7%.

Strategies:

1. Diversion at the front door. County DHS's Diversion Unit works with households before a shelter placement to find a safe alternative, including staying with family or friends. DHS staff are at Rochester Housing Court's Eviction Diversion Resource Center every week to take applications for state Shelter Arrears Eviction Forestallment funds.
2. Prevention and legal help.
 - City and County ESG and CCSI's ESG prevention program pay arrears for households at risk.
 - The City funds tenant-landlord services and legal advocacy for 467 people a year.
 - Empire Justice Center represents tenants at settlement hearings.
 - The City passed Good Cause Eviction in December 2024. Evictions fell from 3,144 in 2024 to 2,545 in 2025.
3. County subsidies. DHS pays rent arrears through public assistance and emergency grants. It also runs a TANF shelter supplement for families facing imminent homelessness, Keep the Keys (a rental subsidy for up to 100 TANF families facing eviction), and Project Anchor, a rental supplement for about 210 families run by Catholic Charities. DHS, ROC the Future and RMAPI are starting early outreach to public assistance households facing eviction.
4. County housing plan. Monroe County's \$7.8 million plan funds housing search navigators and aftercare, landlord incentives and landlord-tenant mediation. ARPA-funded mediation helped more than 100 households keep their housing.
5. Institutional discharge.
 - SCPO runs two weekly groups inside the County Jail to plan housing before release.
 - JFS's new project for adults 55+ is building a hospital-to-housing pathway with URM.

Measure: progress is tracked through SPM 5.2 (first-time homelessness).

Oversight: PEH and Monroe County DHS lead these strategies, with the CE Oversight Committee reviewing results.

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)

Length of time homeless (SPM 1.2., which counts ES, SH and TH stays) rose slightly. The average went from 71.0 nights in FY 2024 to 72.8 FY 2025, and the median stayed at 42 nights. The main cause is the lack of affordable units. The public assistance shelter allowance for a two-bedroom is \$450 a month against a Fair Market Rent of \$1,573, and fewer than 5,000 rental units in the City are affordable to about 25,000 extremely low-income households.

Strategies:

1. Increased Coordinated Entry efficiency. The new Homeless Assessment Tool, launched in June 2025, requires annual training and updated how households are prioritized for more appropriate placements.
2. More landlords. The CE Landlord Engagement Committee runs a free website where landlords list units for case managers. Monroe County's \$7.8 million housing plan adds landlord incentives and housing search navigators with aftercare. The Rochester Housing Stability Fund, launched in 2024, supports anti-displacement work.
3. There were decreased CoC beds available from the Tier 2 funding cut in 2025, however PEH is working with NYS to increase participation with ESSHI providers through CE to ensure that street homeless and other vulnerable populations are prioritized for these units. There are new ESSHI projects currently leasing up and more are scheduled to come online in coming months and years.
4. PEH is beginning the process of collaboration with Monroe County OMH to prioritize street homeless individuals for specialized OMH mental health housing and will increase this partnership throughout the fiscal year.
5. Quicker RRH move-ins. Delphi Rise Reentry RRH averaged 29.75 days from start to move-in. The CoC will share Delphi Rise's approach with other RRH projects.
6. Case conferencing. The Home Team sets weekly tasks and a housing stage for each high-need unsheltered person to ensure that no one stalls in the process of securing housing.

The CoC Written Standards set targets that drive this work:

- Emergency shelter stays average under 30 days;
- Program entry required within 14 days of receiving a referral;
- RRH move-in within 30 days and PSH move-in within 45 days of program entry

PEH will work to bring the SPM 1.2 average back below 71 nights, and the median below 42, by FY2027 SPM.

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?	49.00%

Describe how you calculated the data for this response.**(limit 2,500 characters)**

The CoC ran a report pulling exit destinations from CoC-funded Projects in HMIS from all persons with exits between 10/01/2024 - 09/30/2025, a 12-month period within October 1, 2023 to December 31, 2025. The universe was every person who exited a CoC-funded Transitional Housing, Rapid Rehousing or Permanent Supportive Housing project during that period: 546 leavers from 28 projects. Street outreach, emergency shelter, Safe Haven and SSO projects were excluded.

We counted exits to the following four HMIS Data Element 3.12 destinations, adding them together to arrive at our total unsubsidized housing exits:

- staying or living with family, permanent tenure
- staying or living with friends, permanent tenure
- rental by client, no ongoing housing subsidy
- owned by client, no ongoing housing subsidy

266 people exited to unsubsidized housing. 266 divided by 546 leavers is 49%. Each person was counted once, at their last exit in the period. If we remove people who exited due to being deceased, we have 266 people exiting to unsubsidized housing divided by 528 leavers, which is 50%.

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.	01/22/2026
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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	731	49	716	91.79%
2. Safe Haven (SH) beds	12	0	12	100.00%
3. Transitional Housing (TH) beds	165	0	165	100.00%
4. Rapid Re-Housing (RRH) beds	272	0	272	100.00%
5. Permanent Supportive Housing (PSH) beds	1,537	0	1,537	100.00%
6. Other Permanent Housing (OPH) beds	363	0	363	100.00%

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)

All project bed coverage rates were above 85%.

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		
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		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

06. 1D-2c. Local Competition Selection Results	Yes		
07. 2A-8b. FY 2026 HDX Competition Report	Yes		
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		
11. Other	No		

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required