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: OH-500 - Cincinnati/Hamilton County CoC

1A-2. Collaborative Applicant Name: Strategies to End Homelessness, Inc.

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Strategies to End Homelessness, Inc.

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

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

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

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

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	9
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	4
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	9
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	3
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.	Legal Aid	Yes	0
47.	Veteran's Administration	Yes	1

1B-2.	Open Invitation for New Members.	

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

(limit 2,500 characters)

Strategies to End Homelessness (STEH), the CoC Lead Agency, maintains an open and transparent process to invite new organizations and individuals to participate in the Cincinnati/Hamilton County Continuum of Care (CoC). STEH actively solicits new members at least annually through public notices announcing the local CoC competition, its website, social media, and other community communication channels. STEH staff also regularly present in public forums on homelessness related issues and use these opportunities to educate other organizations about the availability of CoC funds. Such invitations provide opportunities for organizations throughout the CoC's geographic area to learn about the CoC and become involved in its activities, regardless of whether they are seeking CoC funding.

STEH hosts an annual CoC Orientation for new and existing community partners to learn about the CoC's structure, governance, funding opportunities, and local competition process. STEH also conducts CoC-wide meetings and individual meetings with interested organizations to provide information, answer questions, and offer technical assistance to entities new to the CoC.

CoC Board and workgroup meetings are held monthly through virtual or hybrid platforms and are open to the public. Meeting information, participation links, and recordings are made available on STEH's website. Recorded meetings include closed captions, and accompanying text files can be translated or used with text-to-speech tools to support accessibility and participation.

STEH also conducts outreach to community organizations and institutions throughout the CoC's geographic area, including faith-based organizations, local government agencies, public housing authorities, law enforcement, county disability services, community action agencies, public libraries, hospitals, schools, and other service providers. These efforts encourage participation from organizations that may not currently be involved in the CoC and promote collaboration among partners whose services, resources, and expertise can contribute to preventing and ending homelessness.

Through these ongoing efforts, STEH ensures that opportunities to join and participate in the CoC are publicly available, accessible, and communicated throughout the CoC's geographic area at least annually.

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

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

(limit 2,500 characters)

Strategies to End Homelessness (STEH), the CoC Lead Agency, maintains a transparent process to solicit and consider input on the CoC's performance, strategies, and priorities from individuals and organizations throughout Cincinnati/Hamilton County. Opportunities for participation are publicly announced through STEH's website, social media, community newsletters, and meeting notices. CoC Board and workgroup meetings are open to the public, held virtually or in hybrid formats, and announced in advance. Meeting recordings are available on STEH's website with closed captions and text files compatible with translation and text-to-speech tools.

The CoC engages people with lived experience of homelessness, housing and service providers, faith-based organizations, local government, public housing authorities, law enforcement, healthcare, education, workforce development, child welfare, criminal justice, advocates, private funders, and other community partners. Input is solicited through public meetings, monthly workgroups, focus groups, surveys, and direct outreach. People with lived experience also contribute through dedicated workgroups, representation on the CoC Board and Steering Team, and compensated participation in planning and policy development.

In 2026, the CoC undertook a comprehensive strategic planning process to evaluate system performance and establish community priorities. An independent consultant facilitated community engagement, including a survey completed by 73 individuals representing service providers, frontline staff, government partners, advocates, people with lived experience and others. Listening sessions engaged more than 60 individuals with current or former experience of homelessness to identify service gaps, barriers, and opportunities for improvement. The CoC also conducted leadership consultations and a community-wide strategic planning session to review performance data, consider feedback, and identify priorities and action steps.

Community input directly informed the CoC's updated Strategic Plan, including strategies to strengthen homelessness prevention, improve access to housing and services, enhance coordination, and improve long-term housing stability. The CoC Board and workgroups consider community feedback alongside system performance data, participant outcomes, and emerging needs when establishing priorities, developing policies, and evaluating opportunities for system improvement.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

STEH maintains a transparent and inclusive process to solicit, accept, and consider proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. STEH meets with interested organizations year-round and actively solicits new applicants through public competition notices, its website, social media, community newsletters, local government meetings, and other public communication channels. STEH also conducts direct outreach to organizations not currently receiving CoC funding and encourages community partners to share funding opportunities widely.
In 2026, STEH held its annual CoC Orientation, a public web conference providing information about the CoC Program, eligibility requirements, local funding process, competition timeline, CoC governance, and applicant responsibilities. STEH also held a public Scoring Criteria Explainer Event to review the CoC scoring methodology, evaluation criteria, project ranking process, and application requirements. Both events provided opportunities for questions and technical assistance. Meeting recordings and supporting materials are made available on STEH's website to ensure organizations can reference the information.
STEH publicly posts competition announcements, application instructions, eligibility requirements, scoring criteria, required forms, and submission deadlines on its website. Information is also distributed through community-wide communications and social media. All interested organizations, including faith-based organizations and those without previous CoC funding, have access to the same application materials, technical assistance, and opportunities to submit proposals.
In 2026, the CoC received proposals from organizations that had not previously received CoC Program funding. These proposals were accepted and considered through the same established local competition process used for existing applicants. Applications were evaluated using the CoC Board-approved scoring criteria and ranking methodology, ensuring that new applicants were considered through a consistent, objective, and transparent process. One new CoC partner is included in the CoC Priority listing.
Through public outreach, accessible application materials, technical assistance, & established review procedures, the CoC provides organizations new to CoC funding with meaningful opportunities to compete for funding and contribute to the community's efforts to prevent and end homelessness.

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

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

STEH, CoC Lead Agency, uses system performance data, HMIS, Coordinated Entry data, and community feedback to identify gaps and develop comprehensive strategies to reduce homelessness. The CoC's 2026 Strategic Plan establishes goals to make homelessness rare, brief, and non-recurring, with objectives, action steps, performance measures, timelines, and responsible parties.
A key gap is the need for earlier intervention to prevent homelessness and faster access to permanent housing. Data analysis and community feedback identified barriers to accessing prevention services, housing navigation, affordable housing, and ongoing stabilization services. The CoC's strategies address these gaps through targeted prevention, shelter diversion, housing-focused street outreach, coordinated entry, rapid rehousing, permanent supportive housing, transitional housing, and aftercare services.
Strategies address the needs of families, single adults, youth, veterans, survivors of domestic violence, and individuals with disabilities or behavioral health needs. The CoC collaborates with housing providers, public housing authorities, healthcare and behavioral health providers, government, law enforcement, faith-based organizations, and other partners to coordinate resources and services.
STEH's Housing Stability Collaborative uses predictive analytics to identify households at risk of homelessness and provide financial assistance and system navigation before eviction. Additional strategies include expanding shelter diversion, improving housing navigation, strengthening partnerships with CMHA to increase Housing Choice Voucher utilization, and providing aftercare to reduce returns to homelessness.
The CoC measures progress through HUD System Performance Measures and Built for Zero data, including first-time homelessness, length of time homeless, permanent housing placements, and returns to homelessness. The Strategic Plan establishes a two-year implementation period, with immediate priorities and action steps reviewed regularly.
Funding sources include HUD CoC, ESG, HOPWA, SSVF, YHDP, City and County funding, and private and philanthropic investments.
Responsible body: STEH, in consultation with the CoC Board and its workgroups, oversees implementation, monitors performance, and adjusts strategies based on data, participant feedback, and community needs.

1B-5a	Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes

6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	72%

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)

Not applicable

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 has a broad network of housing and supportive housing projects that partner with behavioral health and substance use disorder (SUD) providers to connect people experiencing homelessness to outpatient treatment and, when clinically indicated, more intensive care. Services include individual and group counseling, dual-diagnosis treatment, motivational interviewing, relapse prevention, psychoeducation, recovery planning, and care coordination. Projects use both on-site and community-based models to reduce access barriers.

Greater Cincinnati Behavioral Health Services (GCB), NeighborHub Health, BrightView, Talbert House, and other behavioral health partners provide outpatient mental health and SUD services within or in coordination with CoC housing programs. Services include assessment, individual and group counseling, psychiatric evaluation, medication management, and substance use treatment. Participants can be connected to higher levels of care when needed, including intensive outpatient treatment, medication-assisted treatment (MAT), residential treatment, and detoxification. Tender Mercies partners with GCB and Sunrise Treatment Center to provide onsite behavioral health and SUD services and coordinated access to these higher levels of care. P2R at Gloria's Place provides weekly SUD and mental health groups, onsite individual counseling through GCB, and medical and medication management through NeighborHub Health.

The CoC network incorporates suicide prevention and crisis response into housing services. Medical case managers use the Columbia-Suicide Severity Rating Scale (C-SSRS), develop safety plans, and connect participants to crisis response providers as needed. Youth providers offer safety planning at shelter and housing entry and have embedded outpatient behavioral health clinicians who can respond to youth in crisis. Many PSH providers maintain 24/7/365 staffing trained in crisis intervention and de-escalation and partners with the University Hospital Mobile Crisis Team for behavioral health emergencies.

Recovery supports are integrated with housing case management. Projects provide recovery coaching, relapse prevention, peer support, transportation and appointment assistance, benefits and service navigation, and coordination between housing and clinical providers. This coordinated approach helps participants access treatment appropriate to their needs while maintaining housing and building supports for long-term stability.

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

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

(limit 2,500 characters)

The CoC has strong community partnerships that provide individuals experiencing homelessness with peer support, recovery navigation, and services grounded in lived experience. These resources are provided by homelessness service providers, behavioral health organizations, community-based organizations, and Medicaid Managed Care Organizations (MCOs).
Neighborhood Allies provides a highly successful peer support model in which staff walk alongside individuals navigating housing instability, recovery, and other challenges. Its approach emphasizes trust, participant choice, relationship-building, and practical support. Staff with lived experience provide encouragement and navigation that complement clinical and case management services, particularly for individuals hesitant to engage with traditional service systems.
The Hamilton County Quick Response Team (QRT) participates in the CoC's Homeless Outreach Group (HOG). QRT pairs trained peer navigators, including individuals with lived experience or behavioral health specialists, with law enforcement officers to create community-based, non-arrest pathways to substance use and mental health treatment, recovery supports, housing, case management, and other essential services.
The CoC maintains strong working relationships with MCOs, including CareSource, Humana, and other Medicaid plans. Through these partnerships, individuals are connected to peer support specialists, peer recovery supporters, recovery coaching, and care navigation. CoC and community providers coordinate with MCO partners to identify appropriate services, facilitate referrals, address barriers to engagement, and align services with participants' housing and health goals.
Across the homeless services system, peer support complements housing-focused case management, behavioral health treatment, and other supportive services. These partnerships provide multiple opportunities for individuals to receive encouragement and practical navigation grounded in lived experience, supporting treatment, recovery, housing stability, community connections, and greater independence.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC has established pathways for identifying individuals experiencing SMI and connecting them to behavioral health services based on clinical need. At every Coordinated Entry access point and housing enrollment, individuals are asked about recent emergency department visits related to MH or SA Those with identified behavioral health concerns are referred directly to their MCO, which connects them with care and recovery services.
Additional identification occurs through coordinated entry and homeless services assessments, shelter and housing case management, behavioral health assessments, crisis response, hospital discharge planning, and referrals from healthcare, behavioral health, and justice-system partners. Staff connect individuals who require clinical assessment to community behavioral health providers.
The CoC works closely with GCB and other BH providers to connect individuals with SMI to comprehensive Tx and intensive community-based supports. GCB operates a Homeless Assertive Community Treatment (ACT) team serving individuals experiencing homelessness with significant mental health needs. GCB also operates an Integrated Dual Disorder Team for people with co-occurring mental health and substance use disorders, as well as specialized teams serving individuals involved with mental health courts and the criminal justice system. These models combine intensive case management, psychiatric services, medication management, crisis intervention, community-based Tx, and assertive outreach.
The CoC also partners with the Hamilton County Mental Health and Recovery Services Board and its provider network to connect individuals to community psychiatric supportive Tx, outreach, crisis services, and other intensive services. Providers can facilitate access to ACT and other intensive models, including services delivered on-site for people who have difficulty engaging with traditional office-based Tx.
The CoC's approach emphasizes connecting people experiencing homelessness with appropriate Tx and recovery services as a central part of achieving housing stability and long-term independence. Housing providers, behavioral health providers, MCOs, and other partners coordinate around individual treatment and housing goals, helping participants remain in care, address barriers to Tx, manage symptoms, and access higher levels of intervention when needed.

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)

Many CoC projects partner with Greater Cincinnati Behavioral Health Services (GCB), which operates specialized teams serving individuals involved with mental health courts and the criminal justice system. Additionally, Joseph House coordinates medical and court appointments and uses a continuum of treatment and housing supports to help veterans move from crisis and homelessness toward stable housing and independence

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)

The CoC coordinates with specialty courts and justice-system partners through both formal partnerships and routine coordination by housing providers. GCB and Talbert House have formalized processes and contracts with court-related systems, while PSH, RRH, shelter, and other housing providers routinely work with courts, probation, and behavioral health partners to address treatment, housing, and compliance needs. GCB is deeply integrated into the homeless services system, with many programs providing GCB on-site office space and/or designated weekly office hours, allowing participants to access behavioral health and court-related services on-site where they already receive housing and case management.
GCB's court teams coordinate behavioral health treatment, intensive case management, psychiatric services, SUD treatment, and community supports. Hamilton County's specialty dockets use court-monitored, community-based treatment and intensive supervision for eligible individuals with mental health and/or SUD needs. Court orders can initiate assessment and treatment and provide an additional structure for maintaining engagement. Housing providers coordinate with treatment and court teams around housing, treatment, benefits, transportation, and other barriers to stability.
The CoC also has specialized veteran resources through Joseph House, which provides residential, IOP and outpatient SUD treatment, peer support, case management, transitional housing, and aftercare. The CoC's Central Access Point (CAP) connects veterans to Joseph House and other veteran-specific resources for treatment, housing, and supportive services. Joseph House coordinates medical and court appointments and uses a continuum of treatment and housing supports to help veterans move from crisis and homelessness toward stable housing and independence.
New in 2026, STEH is receiving data directly from our county jail regarding people who have been locked up that had previously been in the homeless services system. One purpose of this data exchange is to ensure that CoC organizations know where these individuals are and can use their temporary incarceration as an opportunity to facilitate their exit to treatment or other housing.

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

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

(limit 500 characters)

The CoC partners with HCMHRSB and its crisis system, including 988, mobile crisis, crisis stabilization, and the Hamilton County Crisis Center. GeneroCity513, a partnership including STEH and GCB, provides street outreach to people experiencing homelessness and connects them to behavioral health, crisis, housing, and other services. Housing providers also coordinate directly with behavioral health partners to respond to crises and support transitions back to housing.

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.	62

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 formal partnerships with behavioral health providers including Greater Cincinnati Behavioral Health Services (GCB), which operates as a community mental health provider and is integrated across the homeless services system. GCB provides street outreach, behavioral health treatment, SUD services, ACT, crisis response, and recovery supports through dedicated staff, on-site offices, and recurring service hours within CoC programs.

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 Hotel, CoC Project name “OTR PSH 0015”, Operated by Over-the-Rhine Community Housing

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)

Hamilton Co. has 24/7 access to detoxification, residential SUD treatment, psychiatric inpatient care, and crisis stabilization through providers such as CAT, Talbert House, University of Cincinnati/UC Health, and Mercy Hospital. CoC and behavioral health partners facilitate referrals and transportation when appropriate. The CoC has housing projects that require Tx engagement as a condition of continued participation, creating a direct pathway between treatment, recovery, and housing stability for individuals who benefit from this level of structure.
CAP and Coordinated Entry providers facilitate warm handoffs to shelter, RRH, PSH, prevention, veteran housing, and other resources based on household needs and eligibility. Veterans can be connected through CAP to Joseph House and other veteran-specific housing, treatment, and recovery resources. Housing providers maintain direct relationships with behavioral health and SUD providers, including GCB, Talbert House, NeighborHub Health, and others. Some providers have onsite offices or recurring service hours, allowing treatment providers to engage participants directly and coordinate with housing staff.
The CoC's MCO partnerships provide another pathway for warm handoffs. When CE access points and housing programs identify recent MH or SUD-related emergency department use, participants are referred to their MCO for prioritized outreach and connection to behavioral health, peer, recovery, and care management services. This allows health partners to proactively engage individuals before a crisis or loss of housing occurs.
The CoC also coordinates with crisis and specialty court systems when individuals experience behavioral health crises or have court-related treatment requirements. Housing providers work with GCB, Talbert House, courts, probation, mobile crisis, and other partners to maintain housing while participants engage in treatment and meet court requirements. When individuals transition from crisis stabilization, inpatient care, or other intensive services, providers can reconnect them to housing and ongoing community supports.
These relationships support prevention by identifying behavioral health and SUD risks early and connecting people to services before housing instability escalates. By linking treatment, recovery, crisis response, courts, healthcare, and housing through warm handoffs, the CoC creates multiple pathways to treatment and stable housing.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$31,496,065
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.	$12,494,857
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	40%
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.	$8,072,815
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).	65%

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)?	93.00%

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)

STEH, CoC Lead Agency, works with the City of Cincinnati and Hamilton County, the two ESG recipients for the CoC, to plan for and then allocate ESG funding. STEH administers ESG funds on behalf of both jurisdictions and facilitates the annual ESG funding application and prioritization process. The City and County maintain seats on the CoC Board and participate in the development of the CoC's Strategic Plan, ensuring that ESG funding decisions are informed by community priorities and coordinated with other homelessness prevention and assistance programs.
STEH provides the City and County with data on homelessness trends, system performance, service utilization, and gaps in the homeless services system to inform funding priorities. This information, along with input from ESG-funded agencies and community stakeholders, is used to identify unmet needs, evaluate existing services, and determine which types of ESG projects and interventions are most needed.
STEH facilitates the annual ESG application and prioritization process with participation from the City, County, ESG-funded agencies, and community stakeholders. Funding recommendations are developed using a locally established data-informed evaluation process approved by both jurisdictions. STEH submits allocation recommendations to the City and County for final approval, ensuring that funding decisions reflect community needs, available resources, and each jurisdiction's priorities.
Consultation continues throughout the year through CoC Board participation, workgroups, strategic planning, and ongoing communication between STEH and both jurisdictions. STEH also monitors ESG project performance and compliance and shares results with the City and County to inform future funding decisions. Through this ongoing collaboration, the CoC and both ESG recipients coordinate funding, identify service gaps, and adjust investments to strengthen the community's response to homelessness.

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)

STEH, CoC Lead Agency, coordinates with emergency shelter providers throughout Cincinnati/Hamilton County to connect individuals and families experiencing homelessness with housing assistance and supportive services.
All emergency shelters, including faith-based shelters, participate in HMIS, serve as Coordinated Entry access points, providing access to housing assessments, referrals, and available CoC and other housing resources.
The CoC maintains an Emergency Shelter Workgroup that includes all emergency shelters within its geographic area and partners with shelters in Northern Kentucky to strengthen regional coordination. The Workgroup Chair holds a seat on the CoC Board, ensuring shelter providers have a direct role in system planning, policy development, and decision-making.
The Workgroup meets regularly to share best practices and training opportunities, coordinate services, and identify system challenges. Members review System Performance Measures and shelter capacity data to identify opportunities to maximize resources, improve system efficiency, and strengthen housing outcomes.
Shelter staff coordinate with housing providers, street outreach teams, and the Centralized Access Point (CAP) to facilitate shelter and housing referrals, obtain documentation, and connect participants with needed services. Shelter providers also connect participants with employment opportunities, including CoC-coordinated employment fairs, job readiness training, and workforce development services. Partnerships with healthcare, behavioral health, and substance use treatment providers help participants address barriers to obtaining and maintaining housing.
The CoC also coordinates with the Long-Term Care Ombudsman program to address inappropriate discharges from nursing facilities directly to emergency shelter. This partnership supports discharge planning and helps identify appropriate housing and community-based resources before individuals exit institutional care, reducing the likelihood that shelter becomes the default discharge destination.
Through ongoing communication, data review, coordinated service delivery, and discharge planning partnerships, the CoC works with emergency shelter providers to reduce the length of time individuals and families experience homelessness, improve access to permanent housing, and strengthen the effectiveness of the homeless services system.

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

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

(limit 2,500 characters)

STEH, CoC & HMIS Lead Agency, shares Point-in-Time (PIT), Housing Inventory Count (HIC), HMIS, & System Performance data with the City of Cincinnati, Hamilton County, the State of Ohio, & other government partners to inform homelessness prevention, housing strategies, resource allocation, & system improvements.
STEH provides regular reports, dashboards, presentations, & custom analyses to government partners, including annual data that unduplicates those experiencing homelessness that were served in various program types over the year & shows trends year-over-year. Data is also incorporated into Consolidated Plans, Annual Action Plans, CAPERs, & other required reports.
PIT & HIC data identify the number & characteristics of people experiencing homelessness & available housing resources. HMIS & System Performance data provide information on demographics, service utilization, length of time homeless, housing placements, returns to homelessness, & other outcomes. Government partners use this information to identify unmet needs, evaluate program effectiveness, establish funding priorities, & develop strategies to improve the homelessness response system.
STEH contributes HMIS data to a statewide data warehouse to support coordinated planning & analysis across Ohio. Locally, STEH combines HMIS data with eviction records, emergency assistance data, court records, & other public data to identify trends, service gaps, & opportunities for earlier intervention. STEH also collects survey responses from renters to better understand housing instability & identify needs before households experience homelessness. These analyses inform prevention strategies, funding decisions, & the development of targeted interventions.
STEH shares data with Community Solutions through Built for Zero to track homelessness at the individual & system levels, identify barriers to housing, & develop strategies to reduce unsheltered & chronic homelessness in the CoC geography. Findings from this work also inform local government planning & resource allocation.
All data sharing is governed by the CoC's HMIS Privacy Notice, privacy & security plans, applicable data-sharing agreements, & federal, state, & local law. STEH generally provides aggregate or de-identified data to government partners. Identifiable or household-level information is shared only for authorized purposes & in accordance with applicable privacy & security requirements.

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)

STEH, CoC and HMIS Lead Agency, integrates HMIS with data from multiple other systems to identify housing instability, prevent homelessness, coordinate services, improve housing outcomes, and evaluate the effectiveness of the homelessness response system.
STEH receives and analyzes court eviction filings, emergency rental and utility assistance, food pantry, income, rental market, housing subsidy and TenantGuard.org self-report data alongside HMIS. Through the Housing Stability Collaborative, predictive analytics identify households at risk of eviction and homelessness, enabling proactive outreach, financial assistance, and system navigation before an eviction occurs. STEH also conducts environmental scans of available community services to identify additional data sources, gaps and improve access to resources.
The CoC partners with Medicaid Managed Care Organizations (MCOs) to connect individuals and families with housing stabilization services, including rental assistance, security deposits, and other resources. These partnerships support coordinated referrals and housing retention without requiring STEH to access medical records or individual diagnoses. Partnerships with Healthcare for the Homeless, behavioral health providers, and substance use treatment organizations further connect participants with healthcare, treatment, recovery, and supportive services.
The CoC also utilizes law enforcement and corrections information to identify service needs and coordinate assistance. Regular case conferencing brings together City officials, law enforcement, street outreach providers, and the Business Improvement District (BID) to identify individuals experiencing unsheltered homelessness, coordinate outreach, address encampments and barriers to services, and develop individualized housing solutions. These partnerships help connect individuals with housing, treatment, and other resources rather than relying solely on emergency responses and reduce the prevalence of encampments.
STEH combines information from these sources with HMIS and System Performance data to evaluate trends, identify unmet needs, improve housing placement and retention, and inform community planning and resource allocation. Data sharing and case conferencing are conducted in accordance with applicable privacy requirements and data-sharing agreements to protect participant information.

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)

OhioMeansJobs, Hamilton County Job and Family Services, Easterseals, the Urban League, and CincyWorks participate in the CoC's monthly Employment Subcommittee. CoC subrecipient Independence Alliance partners with the Southwest Ohio Workforce Investment Board. CityLink Center provides workforce support to Rapid Re-Housing and Shelter Diversion clients. Cincinnati State's Workforce Development Center and UC's Community Technology Access Program provide job training and career services.

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)

STEH, CoC Lead Agency, coordinates street outreach with first responders & law enforcement to build trust with individuals experiencing unsheltered homelessness & connect them with services. The CoC's monthly Homeless Outreach Group (HOG) includes the Cincinnati Police Department, Hamilton County Sheriff's Office, street outreach providers, behavioral health crisis response teams, & other partners. Both law enforcement agencies are represented on the CoC Board, supporting their involvement in system planning.

Law enforcement & outreach providers conduct joint outreach, participate in case conferencing, & coordinate responses to individuals experiencing homelessness. Outreach workers accompany officers during encounters, & officers connect individuals with familiar outreach staff who can assess needs & offer services. The Hamilton County Quick Response Team (QRT), which participates in HOG, pairs law enforcement officers with trained peer navigators or behavioral health specialists to create community-based, non-arrest pathways to treatment, recovery, case management, & other services. These approaches emphasize voluntary engagement & repeated interactions that build trust with individuals who may initially decline assistance.

Regular case conferencing brings together outreach teams, law enforcement, City officials, & the Business Improvement District to identify housing barriers & coordinate individualized responses. Joint training & information sharing improve partners' understanding of available resources & responses to behavioral health or substance use needs.

Law enforcement & first responders connect individuals with CoC outreach teams for Coordinated Entry assessments & access to emergency shelter or housing. Outreach staff also facilitate connections to healthcare, treatment, benefits, identification, & housing documentation. Coordination with crisis response teams helps connect individuals experiencing behavioral health emergencies with appropriate care.

The City of Cincinnati regularly clears encampments; however, clearings follow weeks or months of outreach engagement. The City posts notice 72 hours in advance & provides advance notice to outreach & other service providers, allowing additional opportunities to engage affected individuals & offer connections to services.

These partnerships promote positive interactions, engagement with CoC services, & pathways from unsheltered homelessness to housing stability.

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)

STEH, CoC Lead Agency, promotes family and support-network reunification as a potential housing solution for individuals experiencing homelessness or living in CoC-funded housing. During intake and case management, providers explore participants' existing relationships, help them reconnect with family members or other supportive people, and assess whether reunification is safe and appropriate for the participant.
Family reunification has long been a focus of the CoC's Youth Homelessness Demonstration Program (YHDP). The CoC is expanding this approach through Housing Problem Solving (HPS), a coordinated, person-centered strategy that draws on participants' strengths and resources to identify housing options beyond traditional homeless assistance programs.
STEH has invested funding to bring in the Cleveland Mediation Center to train local HPS trainers. STEH is now bringing training directly to partner agencies, tailoring it to the work of shelters staff and street outreach providers to reduce encampments. Staff learn to conduct housing-focused conversations, identify supportive relationships, explore reunification with family or friends, mediate conflicts, negotiate with landlords, and connect participants with community resources. The goal is to identify safe, sustainable housing solutions before people enter a shelter or an encampment whenever possible.
When reunification is a viable option, providers work with participants to explore the practical steps needed to reconnect with their support networks. HPS encourages staff to look beyond their own agency's program eligibility and consider available community resources and alternative housing arrangements. Reunification assistance is currently largely unfunded, limiting the CoC's ability to consistently address financial barriers such as travel costs. STEH is preparing to launch an initiative with Clutch Consulting and Community Solutions to reduce unsheltered and chronic homelessness in Cincinnati/Hamilton County. The initiative is expected to include flexible funding for reunification, expanding the resources available to help participants reconnect with supportive people when doing so offers a safe and stable housing solution.

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)

STEH, CoC Lead Agency, partners with local government, law enforcement, and first responders to advance public safety while connecting people experiencing homelessness with housing and services. The Cincinnati Police Department (CPD) and Hamilton County Sheriff's Office serve on the CoC Board and participate in the monthly Homeless Outreach Group (HOG) with outreach providers and other partners.

The CoC coordinates with the City under its Response to Homeless Encampments on Public Property SOP. The City leads encampment responses with CPD, its Alternative Response to Crisis (ARC) team, 311 Community Responders, and outreach providers. STEH receives advance notice of planned cleanups and trespass actions so outreach teams can engage occupants and offer shelter, housing, and services. Outreach teams also alert City staff to new encampments so the City can follow its SOP. The CoC does not direct or obstruct lawful enforcement actions.

Joint outreach and case conferencing bring together law enforcement, City officials, outreach teams, crisis responders, and downtown partners to identify needs and coordinate responses. Outreach staff assist first responders with engagement, Coordinated Entry assessments, and connections to shelter, housing, healthcare, behavioral health and substance use treatment, and other services. The Hamilton County Quick Response Team (QRT) participates in HOG. QRT pairs officers with trained peer navigators or behavioral health specialists to create community-based, non-arrest pathways to treatment, recovery supports, housing, case management, and other services.

The City's SOP directs that observed legal violations unrelated to lack of shelter, including illicit drug use or physical assault, be reported to 911. The CoC connects individuals with crisis and treatment services while law enforcement carries out its public safety responsibilities. The CoC does not make involuntary commitment or enforcement decisions.

STEH developed the StreetReach app, which allows community members to report encampments. STEH shares reports with outreach workers and brings reported encampments to HOG for coordination with law enforcement.

STEH and its partners share information for authorized service coordination in accordance with applicable privacy and legal requirements. Law enforcement retains responsibility for statutory notification and registry obligations.

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)

The City of Cincinnati's Response to Homeless Encampments on Public Property SOP (revised April 24, 2025) establishes a coordinated process for addressing encampments. Reports are recorded through 311 & validated by the next business day. The City then assesses conditions & engages residents. The SOP generally provides at least 72 hours' notice before cleanup or trespass enforcement, with exceptions for immediate hazards, & requires notification to STEH within 24 hours after a notice is posted.
The City reports approximately 46 active encampments on public & private property, with the number remaining between 40 & 50 throughout 2026. Approximately 60 encampments have been cleared in 2026 by the City, ODOT, or private property owners. The City does not track how many people entered shelter or housing through these efforts.
In practice, STEH receives emails when the City posts cleanup notices, including information about which residents want shelter & which do not. This communication helps STEH & outreach providers identify immediate needs & coordinate services before a scheduled clearing. It also demonstrates that not every resident accepts a shelter offer & that clearing an encampment does not necessarily resolve homelessness.
STEH will continue using the SOP's notification process & its relationships with City officials, law enforcement, & street outreach providers to coordinate timely engagement. Outreach teams will first offer shelter & Coordinated Entry connections, explore housing options, & make referrals to behavioral health, substance use treatment, & other services. Case conferencing will support individualized problem-solving & follow-up for people who remain unsheltered. The City retains responsibility for enforcement decisions.
The CoC is also working with Clutch Consulting & Community Solutions on a coordinated, area-by-area strategy to end unsheltered homelessness. Partners will identify everyone sleeping outside in a targeted area, assess each person's circumstances, & offer an appropriate housing intervention. They will coordinate the resources & services needed to help people move indoors, including pathways directly from unsheltered homelessness to housing. As people are connected with housing interventions, the City & its partners will work to close public locations to outdoor sleeping & sustain progress through continued outreach & coordinated responses to new instances of unsheltered homelessness.

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)

Tents and encampments remain a public safety and housing concern in the CoC. As of September 2026, the CoC has approximately 46 active encampments. The number has remained relatively stable throughout 2026, ranging from 40 to 50 active encampments at any given time. Since January, approximately 60 encampments have been cleared by the City of Cincinnati, the Ohio Department of Transportation (ODOT), or private property owners.
The StreetReach app allows anyone in the community to report encampments ensuring they are identified and addressed quickly. Once identified, they follow the City's SOP if within city limits.
The City's Response to Homeless Encampments on Public Property SOP establishes a coordinated process for addressing encampments on public property. When the City posts a cleanup or trespass notice, Strategies to End Homelessness (STEH) is notified and receives information about whether individuals at the location have requested or declined shelter. All individuals encountered through this process are offered shelter or a connection to street outreach. Most are already connected to an outreach provider; when they are not, outreach is deployed. The CoC does not separately track the percentage requesting shelter during clearances but tracks outcomes for individuals enrolled in street outreach projects.
In FY2025, 2,031 people exited street outreach projects. Of those, 1,068 (52.5%) exited to temporary or certain institutional destinations, and 168 (8.3%) exited to permanent housing destinations, for a reported 60.86% successful exit rate. These are CoC-wide street outreach outcomes, not specifically attributable to encampment clearances, but frequently to ongoing outreach and engagement services.
The CoC's Homeless Outreach Group coordinates responses to unsheltered homelessness and public safety concerns with street outreach providers and law enforcement. The City of Cincinnati, Hamilton County, the Business Improvement District (BID), CoC leadership, and others are jointly participating in planning with Clutch Consulting to reduce encampments and eliminate outdoor sleeping in identified public spaces. The plan will offer every individual sleeping outdoors a housing intervention and then close encampments and other public sleeping locations to outdoor sleeping. This coordinated approach will reduce recurring encampments, restore public spaces to their intended use, and improve public safety while providing pathways to housing.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The Cincinnati/Hamilton County CoC works with law enforcement, behavioral health providers, first responders, & street outreach teams to reduce illicit drug use in public spaces, respond to safety concerns, & quickly connect individuals with services.
The City of Cincinnati's Response to Homeless Encampments on Public Property SOP establishes a process for responding to conditions affecting public spaces. When the City posts a cleanup or trespass notice, STEH is notified & receives information about individuals requesting or declining shelter. Individuals encountered are offered shelter or a connection to street outreach; most are already connected to an outreach provider.
The CoC will use this process & its monthly Homeless Outreach Group (HOG), which includes Cincinnati Police, the Hamilton County Sheriff's Office, & outreach providers, to coordinate responses to public illicit drug use. The Hamilton County Quick Response Team (QRT) also participates in HOG. QRT pairs law enforcement officers with peer navigators or behavioral health specialists to create community-based, non-arrest pathways to substance use & mental health treatment, recovery supports, housing, & case management. Outreach providers connect individuals with services while law enforcement addresses public safety concerns.
Restrictions on public sleeping & encampment clearances can interrupt engagement with individuals who have not accepted services. To mitigate this risk, the CoC coordinates with the City when notices are posted, identifies individuals needing outreach, & offers services before locations are cleared. The CoC is also working with Clutch Consulting on a coordinated approach to offer people sleeping outdoors a housing intervention, then closing public locations to outdoor sleeping.
As of September 2026, the community has approximately 46 active encampments, with 40–50 active at any given time during 2026. About 60 encampments have been cleared since January by the City, ODOT, or private property owners. These figures describe the scale of the public-space response, not illicit drug use or treatment outcomes. Outreach providers report that some individuals they encounter use illicit drugs; many do not. The CoC assesses individual circumstances rather than treating homelessness or outdoor sleeping as evidence of drug use. In calendar year 2025, street outreach served 1,044 people; 22.9% had a drug use disorder & 9.7% had both a drug & alcohol use disorder.

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)

The CoC recognizes that overdoses and illicit drug use in public spaces require coordinated responses from healthcare providers, first responders, law enforcement, and homeless service providers. However, public drug use and homelessness are distinct issues. Street outreach providers report that some individuals experiencing homelessness use illicit drugs, while many do not.
No local agency directly tracks the prevalence of illicit drug use in public spaces. Overdose-related 911 calls and drug-related crime data provide indirect indicators, but neither measures how frequently public drug use occurs. Over the past 12 months, Hamilton County averaged 37.6 overdose-related 911 calls per month, with no more than 30% occurring within Cincinnati city limits. Reported drug-related crime is more concentrated in the city, particularly downtown, Over-the-Rhine, and the west side. These data indicate that overdose emergencies occur throughout the county, while reported drug-related crime is more concentrated in the urban core.
Hamilton County Public Health's overdose surveillance includes incidents in public and private settings. It does not identify how many overdoses occur in public spaces or involve people experiencing homelessness. The CoC considers these data alongside street outreach observations and information from first responders to understand local conditions and coordinate responses.
The CoC's Homeless Outreach Group (HOG) brings law enforcement, outreach teams, and behavioral health partners together to coordinate responses to unsheltered homelessness and public safety concerns. Police contact outreach providers when individuals need services and participate in targeted joint outreach. Outreach team works with the Sheriff's Office on post-overdose outreach, using overdose reports to identify individuals for follow-up and connection to treatment. The Hamilton County Quick Response Team (QRT) also participates in HOG, strengthening coordination through its peer navigation and non-arrest pathways to treatment, recovery supports, and other services.
In one case, CPD contacted an outreach team about a woman using illicit drugs and appearing to respond to people who were not present. An outreach worker engaged her, assessed her treatment needs, and helped her enter a housing project with recovery treatment. She has remained stably housed in the project for more than a year.

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)

The Cincinnati/Hamilton County CoC (OH-500) coordinates with law enforcement, emergency responders, BH providers, & healthcare systems to respond to individuals experiencing homelessness who may present a danger to themselves or others.
Ohio Revised Code 5122.10 establishes procedures for emergency hospitalization when an individual with a mental illness meets statutory criteria for presenting a substantial risk of physical harm to themselves or others. It enables authorized professionals & law enforcement to facilitate emergency psychiatric evaluation. CoC outreach staff identify & communicate safety concerns but do not make involuntary hospitalization decisions.
The CoC's monthly Homeless Outreach Group (HOG) includes Cincinnati Police, the Hamilton County Sheriff's Office, & street outreach providers. Mobile crisis teams provide additional support during BH emergencies. The VA's Vet Response Team (VRT) uses trained law enforcement personnel & defined protocols to connect veterans experiencing substance use or other crises with VA & community resources. Since its inception, VRT has increased law enforcement referrals of veterans to VA treatment by an average of 6.5 times annually compared with the period before implementation.
University Hospital & Summit Behavioral provide psychiatric evaluation & treatment. However, limited psychiatric bed availability restricts access to care, & some individuals are discharged into homelessness. Others have significant BH needs but do not meet the legal criteria for emergency hospitalization.
The CoC will leverage partnerships with law enforcement, mobile crisis teams, & BH providers to facilitate timely assessment & intervention when safety concerns arise. When individuals do not meet emergency hospitalization criteria, outreach providers will continue voluntary engagement & offer treatment, shelter, housing, & supportive services. The Hamilton County Quick Response Team (QRT), which participates in HOG, pairs officers with peer navigators or BH specialists to provide community-based, non-arrest pathways to treatment, recovery supports, housing, & case management.
To address gaps following hospitalization, the CoC will coordinate with hospital discharge staff, BH providers, outreach teams, & housing partners to arrange follow-up care & available shelter or housing before discharge when possible. Psychiatric bed shortages remain outside the CoC's direct control at this time.

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)

STEH, CoC Lead Agency, coordinates information sharing among outreach providers, housing programs, and public partners to assist people experiencing homelessness and understand how the homeless response system is functioning. Through the Homeless Outreach Group (HOG), providers share information about outdoor sleeping locations to coordinate engagement and avoid duplicating outreach efforts. Providers also use HMIS and case conferencing to coordinate services, track system activity, and identify service gaps. Outreach teams share encampment locations with City staff and first responders when needed.

The CoC can share information necessary for service coordination and system planning while complying with applicable privacy, consent, and confidentiality requirements. Providers may have different confidentiality policies or interpretations of what they can disclose, and the locations of people experiencing unsheltered homelessness may change frequently. These factors require ongoing coordination but do not prevent appropriate information sharing. Ohio's sex offender registration requirements address location reporting for individuals without a fixed residence, including descriptions of where they intend to stay. Ohio law also requires shelters and other residential premises to respond to qualifying sheriff's requests to confirm whether a registrant resides at a location.

Housing providers check applicable registration-related location restrictions to determine whether a proposed housing placement is permissible and coordinate with registration authorities when legally required. Location restrictions can limit available housing options, while frequent moves can complicate the maintenance of accurate registration information.

The CoC will continue using HOG, HMIS, and case conferencing to share information needed for service coordination and system planning. STEH will work with providers to clarify permissible information-sharing practices, and outreach teams will coordinate to keep location information current. When registration-related restrictions affect a housing placement, providers will identify other permissible options and coordinate with the appropriate authorities as required. These practices support effective information sharing, compliance with applicable requirements, and access to housing and services.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

STEH, CoC Lead Agency, coordinates a multi-channel strategy to reach individuals and families experiencing homelessness throughout Cincinnati and Hamilton County, including people who are not connected to homeless services. The strategy combines centralized access, street and shelter outreach, and partnerships with organizations that regularly encounter people experiencing homelessness, and the general public.
The Central Access Point (CAP) is the primary entry point for people seeking homeless services. CAP information is disseminated year-round through an annual outreach plan targeting agencies, institutions, and community locations where people may seek help. Information is also promoted through 513Relief.org and community resource networks. CAP offers translation services, a TTY line, and additional accessibility accommodations as needed.
Street outreach teams regularly visit known outdoor sleeping locations and encampments, respond to referrals from community members and first responders, and make repeated contact with people who initially decline assistance. The public can also report unsheltered homelessness through the StreetReach app. Teams coordinate coverage and referrals across the CoC's geographic area through the Homeless Outreach Group and case conferencing. GeneroCity513 conducts direct outreach downtown, while other providers offer outreach tailored to youth, families, veterans, and people with behavioral health needs.
Outreach workers connect unsheltered people with Coordinated Entry, shelter, housing navigation, healthcare, treatment, benefits, and other services. When families report unsheltered homelessness to CAP, street outreach workers visit them to verify their circumstances and connect them with services. The HMIS Street Pop program allows outreach workers to record people experiencing unsheltered homelessness even when they do not fall within the worker's target population, supporting systemwide coordination.
The CoC also reaches people through shelters, libraries, healthcare providers, meal programs, day centers, and other trusted community partners. The 513Relief Bus brings resources directly into neighborhoods, reducing transportation and technology barriers. Together, these approaches create multiple opportunities to identify and engage people experiencing homelessness without requiring them to find or navigate the homeless services system on their own.

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

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

		Written Agreement
1.	**Child Care (including Child Care and Development Fund)**	Yes
2.	**Early Childhood Providers**	Yes
3.	**Early Head Start**	Yes
4.	**Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	Yes
5.	**Head Start**	Yes
6.	**Healthy Start**	Yes

7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

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

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

(limit 2,500 characters)

STEH, CoC Lead Agency, establishes written requirements for informing children, youth, and families experiencing homelessness of their eligibility for educational services in the CoC funding agreement, Child Services Coordinator funding agreement, and CoC Comprehensive Policies and Procedures. All CoC-funded projects must designate a staff person responsible for ensuring that children and youth are informed of and connected with educational services. STEH monitors projects to verify that a designated staff person is in place.

Using private funding, STEH funds a Child Services Coordinator in every family shelter. Within the first few days of shelter intake, coordinators assess the needs of children ages 0–17 and inform families of their children's eligibility for educational services and how to access them. They refer school-age children attending Cincinnati Public Schools to Project Connect, the district's McKinney-Vento liaison program, and children attending other districts to their respective liaisons.

Child Services Coordinators serve as school liaisons and advocate for children's enrollment, special education, and transportation needs. They help parents advocate for their children, including attending Individualized Education Program (IEP) meetings when appropriate. Coordinators also work with housing case managers to help educational services established during a shelter stay continue after the family moves into housing.

Project Connect holds a seat on the CoC Board, providing a direct connection between the homeless response system and educational services. It also operates a safe sleep lot for families experiencing unsheltered homelessness in partnership with the CoC, creating another opportunity to connect children and families with educational and other supports.

The CoC recognizes that education is essential to children's development, stability, and long-term success, and that homelessness can disrupt learning. By informing families of their educational rights early and helping children maintain access to school and supportive services, the CoC works to minimize those disruptions during homelessness and the transition to permanent housing.

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)

STEH, the CoC Lead Agency, coordinates with Hamilton County Job and Family Services (HCJFS), Lighthouse Youth & Family Services, and other youth-serving partners to connect youth transitioning from foster care and other child welfare services with housing and supportive resources. CEO of STEH serves on HCJFS Planning Committee and has input into strategy and operations of HCJFS. HCJFS participates in CoC planning and workgroups and works closely with Lighthouse to refer youth preparing to emancipate from foster care, helping align child welfare and homelessness response efforts. Lighthouse plays a central role in this coordination as both a foster care provider and the lead agency for the CoC's Youth Homelessness Demonstration Program (YHDP). Lighthouse also chairs the CoC Board, participates in the Youth and Family Homelessness Workgroup, and operates the Youth Advisory Board. These roles connect child welfare expertise, homeless youth services, and input from young people with lived experience to CoC planning and service delivery.

Lighthouse also advocated for dedicated housing resources for youth leaving foster care through a partnership with the Cincinnati Metropolitan Housing Authority (CMHA). CMHA initially made 30 Housing Choice Vouchers available to address this need, and the annual allocation has increased to 100 over time due to the success of the project. This partnership provides a housing pathway for youth transitioning out of foster care.

Child welfare staff refer youth experiencing homelessness or housing instability to Coordinated Entry and appropriate housing programs. Lighthouse and other youth-serving providers coordinate youth-specific street outreach, shelter, housing assessments, referrals, case management, and housing navigation. Providers also help youth obtain identification and benefits, connect with education and employment resources, and identify safe family or support-network reunification opportunities when appropriate and desired by the youth. Through HCJFS referrals, the CMHA voucher partnership, YHDP, and ongoing coordination among providers, the CoC connects youth leaving public systems of care with housing options and services that support long-term stability.

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)

STEH, CoC Lead Agency, coordinates closely with Lighthouse Youth & Family Services, the CoC's only HHS Runaway and Homeless Youth (RHY)-funded provider. Lighthouse operates CoC and RHY-funded [KF6.1]Street Outreach, Basic Center, and Transitional Living Programs, providing outreach, emergency shelter, housing, and supportive services to youth experiencing homelessness. Lighthouse plays a central role in CoC governance and planning. It chairs the CoC Board, leads the CoC's Youth Homelessness Demonstration Program (YHDP), and participates in the Youth and Family Homelessness Workgroup. Lighthouse also operates the Youth Advisory Board, ensuring that young people with lived experience help inform youth homelessness strategies, program design, and service delivery.

RHY-funded services are integrated into the CoC's broader homelessness response through Coordinated Entry, street outreach, housing referrals, case conferencing, and HMIS participation. Lighthouse's youth outreach staff identify and engage young people experiencing homelessness and connect them with age-appropriate shelter, housing assessments, and supportive services. Through Coordinated Entry and case conferencing, Lighthouse and other CoC partners coordinate individualized housing plans and referrals to youth-specific and other available housing resources.

Lighthouse's RHY and YHDP programs work together to provide a continuum of services, from early intervention and emergency shelter to transitional and permanent housing opportunities. Case management includes identifying safe family or support-network reunification opportunities and connecting youth with education, employment, behavioral health, and other resources that support long-term housing stability.

Lighthouse's role as a foster care provider also supports coordination for youth involved in or transitioning from the child welfare system. Its participation in CoC governance, planning, data collection, and direct service delivery helps ensure that RHY-funded programs are connected to the community's broader youth homelessness response rather than operating as a separate service system.

Although the CoC does not have an RHY-funded Maternity Group Home, other community providers, including Mater Filius Queen City and Lydia's House, offer residential support for pregnant women and mothers with young children. These programs provide additional housing options for eligible pregnant and parenting young adults.

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)

Found House Interfaith Housing Network's "FHIHN RRH 0403 – Transition" and "FHIHN RRH 0721 – Transition

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)

Found House Interfaith Housing Network's "FHIHN RRH 0403 – Transition" and "FHIHN RRH 0721 – Transition" projects combine rental assistance with individualized case management to help families increase earned income, achieve greater financial independence, and sustain housing after assistance ends. Case managers assess each household's income, employment history, education, skills, and barriers to employment, then incorporate individualized employment and income goals into the family's housing stabilization plan. Staff help parents obtain documents, complete job applications, pursue employment opportunities, and connect with workforce development resources. Based on each participant's needs and goals, Found House refers families to Cincinnati Works, CityLink, Easterseals, Dress for Success, and other workforce partners for job readiness, employment coaching, training, and career development. Representatives from these agencies have presented to Found House staff to strengthen referral relationships and facilitate access to services. Case managers help families overcome barriers to participation.

To support employment and training, case managers help parents identify childcare options, complete applications for childcare assistance, and access transportation resources when eligible. Staff also connect families with public benefits and other income supports to strengthen financial stability as earned income increases.

Increasing income is a consistent focus of housing case management. Employment and income were discussed in more than 36% of general case management meeting notes. In FY24, 51% of adults increased their income during program participation, including 24% who increased earned income, with an average earned-income gain of $983.

During home visits, office visits, and phone contacts, case managers monitor employment progress, income changes, and each household's ability to meet ongoing housing expenses. Staff adjust stabilization plans as circumstances change and help families prepare to assume housing costs when RRH assistance ends. By combining employment support, income growth, and financial planning with housing assistance, Found House helps families build the economic stability needed to maintain permanent housing.

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

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

(limit 2,500 characters)

Found House Interfaith Housing Network's "FHIHN RRH 0403 – Transition" and "FHIHN RRH 0721 – Transition projects connect families with mainstream benefits and services that supplement CoC-funded rental assistance, increase household resources, and support long-term housing stability. Case managers assess each household's income, benefits, childcare, healthcare, and other needs as part of its individualized housing stabilization plan. Staff then help families access resources for which they may qualify through Hamilton County Job & Family Services (JFS) and other mainstream service systems.
Staff assist families with applications for TANF cash assistance, SNAP, Medicaid, and publicly funded childcare when eligible. They help participants gather documentation, complete applications, respond to verification requests, and follow up on pending decisions. Authorized representative forms are included in Found House's intake packets. With participant consent, staff can receive benefit notices, assist with reporting changes, and help families complete renewals to prevent interruptions in assistance.
Access to mainstream benefits is an ongoing focus of case management. Benefits were discussed in more than 20% of case management notes, and 87% of program leavers exited with health insurance.
The CoC's partnerships with Medicaid Managed Care Organizations (MCOs) provide additional opportunities to connect Medicaid-enrolled families with covered services. Housing providers coordinate with MCOs to facilitate access to care management, behavioral health services, peer support, transportation, and other eligible services that address health and social needs affecting housing stability. These partnerships allow CoC-funded projects to leverage Medicaid-funded resources rather than duplicate services using CoC funds.
During home visits, office visits, and phone contacts, case managers review benefit status, changes in income, and each household's ability to meet ongoing housing expenses. Staff help families resolve benefit delays, denials, and renewal issues while incorporating available resources into their housing stabilization plans. By coordinating rental assistance with mainstream benefits, healthcare, and supportive services, both RRH projects help families maximize available resources, reduce financial barriers, and maintain permanent housing after CoC assistance ends.

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)

Found House Interfaith Housing Network's "FHIHN RRH 0403 – Transition" & "FHIHN RRH 0721 – Transition projects combine rental assistance with individualized services that address the needs of parents & children, promote family well-being, & support long-term housing stability. Case managers assess each family's childcare, parenting, healthcare, & education needs & incorporate related goals into the household's housing stabilization plan. Staff connect families with appropriate resources & follow up as needs change.
To help parents obtain employment, attend training, & maintain appointments, staff assist families in identifying childcare options & completing applications for publicly funded childcare. They also connect families with parenting & family support resources, including Help Me Grow, Cradle Cincinnati, Family Solutions, & other community providers. Based on each family's needs, referrals may include parenting education, child development services, prenatal & postpartum care, pediatric healthcare, & other pregnancy-related supports. Case managers help families navigate appointments, access available services, & address barriers to participation.
FHIHN's Child Enrichment Coordinator works directly with families & Project Connect, Cincinnati Public Schools' program serving students experiencing homelessness, to ensure children can access educational services & maintain school connections during housing transitions. This coordination includes assistance with school enrollment, identification of educational needs, & connections to school-based resources & mental health services when needed. Case managers & the Child Enrichment Coordinator work together to incorporate children's educational & developmental needs into the family's overall housing stabilization plan.
Representatives from community partner agencies present to FHIHN staff about available services & referral processes, strengthening staff knowledge & coordination with community resources. During ongoing case management contacts, staff review families' progress, follow up on referrals, & adjust service plans as circumstances change.
By combining rental assistance with childcare, parenting support, pregnancy-related & pediatric healthcare, & educational services, both RRH projects help families address barriers to employment, promote healthy child development, maintain educational continuity, & build the stability needed to sustain permanent housing.

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)

Talbert House, Ohio Valley Goodwill, Joseph House, Volunteers of America

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

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

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

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

(limit 500 characters)

YWCA of Greater Cincinnati, Women Helping Women

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)

Talbert House

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)

Greater Cincinnati Behavioral Health Services

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)

Center for Respite Care

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)

National Church Residences Permanent Supportive Housing project name: Commons at South Cumminsville aka “NCR PSH FY26 New” ; Over the Rhine Community Housing Permanent Supportive Housing project name: Jimmy Heath House aka “OTR PSH 0003”

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)

Jimmy Heath House (OTR PSH 0003), operated by Over-the-Rhine Community Housing, provides on-site behavioral healthcare to chronically homeless individuals through partnerships with Greater Cincinnati Behavioral Health Services (GCB) and NeighborHub Health. GCB provides support and education groups addressing mental health and substance use disorders, as well as individual counseling tailored to residents' mental health, substance use, and co-occurring disorders. GCB's specialized substance use disorder case management team provides ongoing engagement and individualized support. NeighborHub Health has doctors and nurses on-site to address medical needs, manage psychiatric and other medications, and facilitate referrals to higher levels of care. Residents have access to peer recovery support through GCB, Hamilton County's Quick Response Team, and The Hope Line.
The building is staffed 24/7 by personnel trained in de-escalation and trauma-informed care who identify emerging behavioral health concerns and coordinate appropriate interventions. Residents requiring additional treatment may be referred to community outpatient programs, including the Center for Addiction Treatment, University Hospital's Methadone Clinic, and Sunrise Treatment Center.
Through these on-site services and community partnerships, Jimmy Heath House provides residents with access to behavioral healthcare, substance use treatment, medication management, crisis intervention, and recovery support while promoting long-term housing stability.
Commons at South Cumminsville, operated by National Church Residences (NCR), provides on-site behavioral healthcare through its partnership with GCB. GCB delivers outpatient mental health and substance use services for residents with co-occurring disorders and other disabilities. Services include treatment, psychosocial interventions, education, prevention, and recovery support tailored to residents' individual needs. The project funds two GCB case management positions and a part-time peer support position to provide individualized assistance and support residents' engagement in treatment and recovery. On-site behavioral health services are integrated with housing stabilization, case management, and peer support to address residents' behavioral health needs, promote recovery, and support long-term housing stability.

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

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

(limit 2,500 characters)

Jimmy Heath House (OTR PSH 0003), operated by Over-the-Rhine Community Housing (OTRCH), provides permanent supportive housing for chronically homeless individuals with complex behavioral health and medical needs. The CoC utilizes a coordinated process to assess participants' needs before referral to housing and to identify and respond to needs for a higher level of care after enrollment.

Prior to referral, individuals are assessed through the CoC's Coordinated Entry system to identify their housing and supportive service needs and determine the most appropriate housing intervention. Only individuals whose needs can be appropriately addressed through permanent supportive housing are referred to Jimmy Heath House.

Following enrollment, OTRCH works with Greater Cincinnati Behavioral Health Services (GCB) and NeighborHub Health to provide on-site behavioral healthcare, medical services, and ongoing support. GCB provides individual counseling, substance use disorder services, and recovery support. NeighborHub Health brings doctors and nurses on-site to address residents' medical and psychiatric needs, manage medications, and facilitate referrals to higher levels of care.

Through ongoing engagement, case management, and on-site healthcare services, project staff and healthcare partners identify changes in residents' physical health, mental health, substance use, and ability to live independently that may indicate a need for a higher level of care.

If a participant's needs exceed the services available through permanent supportive housing, OTRCH coordinates with healthcare and behavioral health providers to facilitate evaluation and placement in an appropriate institutional setting, such as assisted living, residential treatment, or another specialized care facility.

This coordinated approach ensures that participants are initially referred to housing interventions appropriate for their needs and that individuals whose needs change after enrollment are connected to higher levels of care when necessary.

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

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

(limit 2,500 characters)

Jimmy Heath House (OTR PSH 0003), operated by Over-the-Rhine Community Housing (OTRCH), assesses residents' readiness to move from permanent supportive housing (PSH) to unsubsidized or other permanent housing when appropriate. Through ongoing case management, staff discuss residents' housing goals and evaluate whether they can maintain housing with less intensive support. This assessment considers each resident's income, ability to pay rent, ongoing service needs, and access to an affordable permanent housing option.

When a resident is interested in moving on and another housing option can meet their needs, OTRCH helps identify suitable housing and coordinates the transition. The CoC's partnership with the Cincinnati Metropolitan Housing Authority (CMHA) provides an important resource for these transitions. Through this partnership, the CoC has access to 1,150 referrals for Housing Choice Vouchers (HCV), creating opportunities for eligible PSH residents to move into other permanent housing while retaining rental assistance. OTRCH also assists residents in transitioning to unsubsidized housing after they have secured or increase their income, or their circumstances make that practical.

Moving on is an individualized process rather than a requirement triggered by a certain amount of time. Residents who continue to need PSH may remain in the program. By regularly assessing residents' housing goals and readiness, ongoing need for services, connecting them to appropriate housing resources, and supporting transitions when practical, Jimmy Heath House helps residents move toward greater independence while making PSH resources available to other individuals experiencing chronic homelessness.

This practice extends across the CoC's permanent housing projects. Through its partnership with the Cincinnati Metropolitan Housing Authority (CMHA), the CoC has access to 1,150 referrals for Housing Choice Vouchers, prioritized for use by CoC permanent housing projects to help participants move on to other permanent housing. Projects also assist participants in transitioning to unsubsidized housing when practical. The CoC reinforces these efforts through its local project prioritization process, which incentivizes exits to permanent housing destinations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/21/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026

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

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

(limit 2,500 characters)

1.STEH, CoC Lead Agency, reviews existing CoC-funded projects through annual local competition scoring, HMIS performance and data quality reports, financial and grant utilization reviews, and system modeling. The review considers housing outcomes, length of time homeless, reporting compliance, spending, and whether the distribution of funding across project types aligns with current system needs. Lower-scoring projects and projects whose funding exceeds modeled need are considered for reallocation to new projects that address identified gaps and/or show potential to produce better outcomes.
Non-CoC-funded members of the CoC Board conducted a threshold review of each FY 2026 application using requirements from the NOFO. This review assessed whether proposed projects met applicable requirements and aligned with the NOFO's stated priorities. Projects that passed threshold review were then considered through the local scoring, ranking, and funding allocation process.
STEH also reviews renewal-project spending throughout the operating year under the CoC's Expenditure Threshold Policy. STEH discusses underspending with providers and recaptures funds when established quarterly spending thresholds are not met. Repeated recapture reduces a project's eligible renewal funding level. Recaptured funds are redistributed under the CoC's Reallocation of CoC Funding Policy, which accounts for project spending, capacity, performance, and unmet system needs.
2 & 3. During the FY 2026 local competition, the CoC identified lower-performing and less-needed funding allocations and reallocated funds to new projects. Three renewal projects received reductions. Each scored below projects whose funding was retained in full. One was reduced because its original request extended across Tier 1 and Tier 2; the other two were reduced because system modeling indicated that the proposed funding would allocate a disproportionate share of resources to their respective project types relative to identified need. The resulting Priority List includes new projects designated for reallocation.
4. N/A

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

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

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

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Clarity by Bitfocus

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

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

2A-3.	PIT Count–Methodology Change.	

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

(limit 2,500 characters)

The CoC made no substantive changes to its unsheltered Point-in-Time (PIT) count methodology or written policy between 2025 and 2026. It continued using its established known-locations approach, identifying geographic zones and count locations with input from street outreach providers and community partners. The policy directs STEH to contact municipalities throughout Hamilton County during count planning to identify locations where people may be experiencing unsheltered homelessness.
One improvement in implementation developed organically through stronger relationships with municipalities throughout the county. Municipal partners now contact STEH throughout the year to share information about locations where people may be sleeping outside, rather than communicating primarily during annual count planning. This ongoing contact helps the CoC maintain awareness of unsheltered locations broadly throughout the county and provides additional information for planning the annual count. However, it was an evolution in practice, not a change to the written policy or count methodology.

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)

The Cincinnati/Hamilton County CoC will continue working to reduce the number of people residing in encampments by strengthening coordination among street outreach providers, housing programs, local governments, and other community partners. STEH, CoC Lead Agency, convenes the Homeless Outreach Group (HOG), which brings together outreach providers, law enforcement, and other partners to share information about unsheltered locations, coordinate engagement, and connect individuals with available resources.
The CoC has recently engaged with Clutch Consulting and community partners on a coordinated approach to reducing public sleeping in downtown Cincinnati. This work will focus on connecting people with appropriate shelter, housing, and services rather than relying on encampment clearings alone. The CoC will also continue its Built for Zero work with Community Solutions to strengthen pathways from unsheltered homelessness directly into permanent housing. Through Coordinated Entry, street outreach teams will continue identifying individuals' housing needs, making referrals, and coordinating with housing providers to resolve barriers to placement. Outreach teams will maintain engagement with people who initially decline assistance and work with shelter partners to identify appropriate options for those ready to come inside.
STEH will continue coordinating with municipalities throughout Hamilton County, which increasingly contact STEH year-round about locations where people are sleeping outside. This communication will help outreach teams identify where engagement is needed and coordinate responses with local partners.
The CoC will use its unsheltered PIT count, HMIS Street Outreach data, and other available system data to assess changes in unsheltered homelessness and the outcomes of its outreach and housing efforts. These measures will inform adjustments to the CoC's approach, while recognizing that Street Outreach outcomes and the PIT count do not independently measure the number of encampments.

2A-4a.	Reduce Encampments—Number of Encampments.	

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

You must provide a response for elements 1 through 2 in the question 2A-4a.

2A-4b.	Reduce Encampments—Number of People in Encampments.	

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

You must select a response for elements above in the question 2A-4b.

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

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

(limit 2,500 characters)

The Cincinnati/Hamilton County CoC will continue working to reduce the number of people residing in encampments by strengthening coordination among street outreach providers, housing programs, local governments, and other community partners. STEH, CoC Lead Agency, convenes the Homeless Outreach Group (HOG), which brings together outreach providers, law enforcement, and other partners to share information about unsheltered locations, coordinate engagement, and connect individuals with available resources.
The CoC has recently engaged with Clutch Consulting and community partners on a coordinated approach to reducing public sleeping in downtown Cincinnati. This work will focus on connecting people with appropriate shelter, housing, and services rather than relying on encampment clearings alone. The CoC will also continue its Built for Zero work with Community Solutions to strengthen pathways from unsheltered homelessness directly into permanent housing. Through Coordinated Entry, street outreach teams will continue identifying individuals' housing needs, making referrals, and coordinating with housing providers to resolve barriers to placement. Outreach teams will maintain engagement with people who initially decline assistance and work with shelter partners to identify appropriate options for those ready to come inside.
STEH will continue coordinating with municipalities throughout Hamilton County, which increasingly contact STEH year-round about locations where people are sleeping outside. This communication will help outreach teams identify where engagement is needed and coordinate responses with local partners.
The CoC will use its unsheltered PIT count, HMIS Street Outreach data, and other available system data to assess changes in unsheltered homelessness and the outcomes of its outreach and housing efforts. These measures will inform adjustments to the CoC's approach, while recognizing that Street Outreach outcomes and the PIT count do not independently measure the number of encampments.

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

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

(limit 2,500 characters)

STEH, CoC Lead Agency, works with community partners to reduce first-time homelessness by identifying households at risk of losing housing, coordinating prevention outreach, and connecting households with assistance before they enter the homeless response system.
The CoC developed a coordinated prevention outreach approach through a pilot with Community Solutions several years ago. Building on this work, the Housing Stability Collaborative (HSC) uses community data and predictive analytics to identify households at risk of eviction before a court filing occurs, including from the CoC's Tenant Guard Survey. which screens them for HSC or other appropriate prevention programs. STEH coordinates eligibility screening and referrals, while partner agencies provide individualized system navigation and assistance to help households maintain housing.
The CoC also operates Shelter Diversion through the Centralized Access Point (CAP). Staff work with households who are doubled up or at risk of losing housing to identify safe alternatives to shelter and connect them with resources such as mediation, legal assistance, rental assistance and other supports appropriate to their circumstances. These efforts aim to resolve housing crises before households experience homelessness for the first time.
STEH is engaged in research studies with the University of Notre Dame's Wilson Sheehan Lab for Economic Opportunities (LEO) to evaluate the effectiveness of both HSC and Shelter Diversion. Findings will help the CoC understand which interventions best prevent homelessness and inform improvements to program design and resource allocation.
STEH will monitor System Performance Measure 5.2 and other available data to assess first-time homelessness and guide its prevention efforts. By coordinating outreach, screening households for appropriate assistance, and evaluating program effectiveness, the CoC aims to reach households earlier and reduce entries into homelessness.

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)

STEH, CoC Lead Agency, will work with community partners to reduce the length of time individuals and families remain homeless by accelerating housing placements, strengthening pathways from street homelessness to permanent housing, and using system modeling to serve more people with available resources.
The CoC is redesigning Coordinated Entry to streamline assessment, referral, and matching processes. The redesign includes a single assessment tailored to household circumstances, clearer responsibilities for managing the housing queue and making matches, and expectations for timely action on referrals. STEH has established timeliness and match-accuracy standards for Coordinated Entry staff and will incorporate additional standards into revised policies and procedures. These changes are intended to reduce delays between a household's request for assistance and placement into housing.
The CoC's work with Clutch Consulting will add dedicated resources focused on people experiencing street homelessness, who often have some of the longest stays in the homeless response system. Through this work, the CoC will strengthen coordination among outreach, shelter, and housing providers to help people move from unsheltered locations into permanent housing. The CoC's chronic homelessness efforts also target people with the longest histories of homelessness, prioritizing housing assistance for those who have experienced extended periods without housing.
The CoC's RentConnect project helps participants find available housing and connects them with landlords willing to rent to people experiencing homelessness. By expanding access to housing opportunities and reducing the time spent searching for housing, RentConnect will improve the timeline for moving households into permanent housing.
In addition, STEH will use system modeling developed with Clutch Consulting to refine program design and the allocation of resources across interventions, with the goal of serving more people with existing funding and helping them obtain housing faster. STEH will monitor System Performance Measure 1.2 and HMIS data to identify delays, assess progress, and guide further improvements to housing placement processes.

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?	38.70%

Describe how you calculated the data for this response.

(limit 2,500 characters)

STEH, CoC Lead Agency, will work with community partners to reduce the length of time individuals and families remain homeless by accelerating housing placements, strengthening pathways from street homelessness to permanent housing, and using system modeling to serve more people with available resources.
The CoC is redesigning Coordinated Entry to streamline assessment, referral, and matching processes. The redesign includes a single assessment tailored to household circumstances, clearer responsibilities for managing the housing queue and making matches, and expectations for timely action on referrals. STEH has established timeliness and match-accuracy standards for Coordinated Entry staff and will incorporate additional standards into revised policies and procedures. These changes are intended to reduce delays between a household's request for assistance and placement into housing.
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2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

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

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	611	81	692	100.00%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	141	50	191	100.00%
4. Rapid Re-Housing (RRH) beds	1,232	85	1,314	100.00%
5. Permanent Supportive Housing (PSH) beds	1,734	0	1,734	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

Not applicable

3A. Policy Initiatives

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

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

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	List of TH/RRH/PS...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Progr...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD-2996 Opportun...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC’s Policy or Statement to Advance Recovery	No	CoC's Statement t...	09/28/2026
11. Other	No	Other Financial A...	04/21/2026

Attachment Details

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

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Services Agreements

Attachment Details

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

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description: HUD-2996 Opportunity Zone Preference Points

Attachment Details

Document Description:

Attachment Details

Document Description: CoC's Statement to Advance Recovery

Attachment Details

Document Description: Other Financial Attachments

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	Please Complete
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required