

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: TN-500 - Chattanooga/Southeast Tennessee CoC

1A-2. Collaborative Applicant Name: Chattanooga Regional Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Chattanooga Regional Homeless Coalition

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	5
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	0
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	No	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	4
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

TN-500 relies on a transparent, publicly accessible, and ongoing process to invite new members to join the CoC, ensuring that opportunities for participation are available across the entire 11-county region. This occurs through multiple, public-facing channels:

Public Meetings (Monthly): The CoC's lead agency hosts monthly community meetings that are open to all service providers, cross-sector partners, local government officials, and interested community members. These meetings are publicly posted on the CoC's website and shared through community networks and email communications. During each meeting, CoC staff provide updates and extend an open invitation for attendees to join as members.

Website and Public Communication: The CoC maintains a publicly accessible website containing information about membership, expectations, and how to join. This ensures that any individual or organization within the 11-county region can access membership information at any time.

Quarterly newsletters: The CoC distributes quarterly newsletters to a broad regional mailing list that includes service providers, local governments, faith-based organizations, healthcare partners, law enforcement agencies, local businesses, and other community stakeholders. Each newsletter includes a standing invitation to join the CoC and information on how to do so.

Direct Outreach and Recruitment: CoC and lead agency staff conduct ongoing outreach to both traditional and non-traditional partners, including behavioral health providers, school systems, law enforcement, faith-based organizations, rural agencies, treatment and recovery organizations, and workforce development programs. Staff encourage these partners to join the CoC, ensuring diverse representation and broad system engagement.

Annual Membership Review: At least once per year, the CoC's lead agency conducts a formal membership review and outreach push to ensure that all sectors are represented. This annual process includes targeted outreach to under-represented groups and public reminders through meetings, emails, newsletters, and the website.

TN-500 ensures a transparent, publicly available, and ongoing invitation process for new members to guarantee that any interested individual or organization has clear, open access to join.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

TN-500 uses a transparent, structured, and publicly accessible process to solicit and consider opinions regarding the CoC's general performance, strategies, and priority-setting. These processes ensure that feedback is gathered from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending homelessness across the eleven-county CoC.

To gather feedback, the CoC's lead agency hosts bi-annual community meetings that are publicly advertised and open to all stakeholders. During these meetings, updates on system performance, emerging priorities, and strategic direction are presented. Attendees are invited to provide direct feedback through facilitated discussion and a structured survey.

This survey gathers input on performance, system gaps and emerging needs, priority-setting for the upcoming year, and opportunities to strengthen collaboration and reduce homelessness. Feedback is used by CoC staff to adjust strategies, refine priorities, and inform system-level decision-making, ensuring community impact directly influences planning and performance improvement.

The survey is also distributed through email communications to a wide network of cross-sector partners, ensuring broad participation beyond those able to attend in person.

The CoC actively engages a diverse group of stakeholders who have knowledge of homelessness or a vested interest in preventing and ending homelessness. These include homeless service providers; healthcare/mental health providers; treatment and recovery organizations; domestic violence service providers; youth-serving organizations; Legal Aid and eviction prevention partners; law enforcement and criminal justice partners; faith-based organizations; local governments and county-level agencies; and rural outreach partners.

The CoC maintains ongoing, personalized engagement with these partners to understand their perspectives, identify system gaps, and ensure their work aligns with the broader homeless response system. This relationship-based approach allows the CoC to collect feedback through multiple avenues: formal surveys, direct conversations, collaborative meetings, and cross-sector partnerships.

Information about community meetings, surveys, and opportunities to provide input is shared publicly to ensure any person interested in preventing or ending homelessness can access opportunities to participate and influence CoC priorities.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

TN-500 uses a transparent and supportive process to accept and consider proposals from organizations that have not previously received CoC Program funding. The CoC's approach is designed to reduce barriers to entry, encourage innovations, and expand the diversity of agencies participating in the homeless response system.

The CoC publicly announces the availability of CoC Program funding through multiple channels, including the CoC website, monthly meetings, and email distribution lists. All announcements clearly state that new applicants and organizations without CoC funding, including faith-based organizations, are encouraged to apply.

To ensure equitable access, the CoC lead agency provides publicly advertised applicant workshops explaining the CoC Program, project types, eligibility, and application requirements; technical assistance sessions; and published scoring tools and ranking criteria.

A key strength of TN-500 is the open access to Coordinated Entry (CE) for both CoC-funded and non-CoC-funded organizations. The CoC intentionally designed CE to be inclusive, allowing agencies that do not receive CoC Program funding to: 1) submit housing assessments; 2) accept referrals; 3) participate in case conferencing; 4) access CoC-managed diversion and housing-related resources.

Because these organizations are already partially or fully participating in CE, they have established relationships with the CoC, understand system operations, and are familiar with the expectations of coordinated service delivery. This means that when the CoC releases its annual funding competition many potential new applicants already understand how the system works, making them more confident and prepared to submit competitive applications.

The CoC regularly receives proposals from organizations that have not previously received CoC Program funding, including agencies outside traditional homeless services. In years when fewer new proposals are submitted, the CoC increases outreach by directly contacting eligible agencies; engaging faith-based organizations, youth providers, healthcare partners, and rural agencies; highlighting opportunities for new applicants during monthly community meetings; and offering individualized technical assistance to agencies expressing interest.

This year, the Rank and Review Committee also chose not to prioritize renewal status, ensuring new projects had an equal opportunity to score well and be competitively ranked.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The TN-500 CoC incorporates comprehensive, data-driven strategies to reduce homelessness by identifying system gaps, designing targeted interventions for specific subpopulations, and implementing measurable, time-bound plans overseen by the CoC's lead agency.

The CoC lead agency's data team analyzes HMIS data, Coordinated Entry (CE) trends, and findings from the annual State of Homelessness Report to identify gaps in the system. Gap analysis is further informed by stakeholder feedback gathered through regular community meetings, surveys, case conferencing, and direct engagement with service providers and cross-sector partners. This combined approach ensures gaps are identified through both quantitative evidence and community insight.

Strategies are tailored to the needs of each subpopulation, recognizing that interventions must differ for youth, DV survivors, chronically homeless individuals, families, veterans, rural households, and people at risk of eviction. Examples include youth diversion and housing navigation, confidential CE access for DV survivors, prioritization of chronically homeless individuals for PSH or recovery programs, eviction prevention supports for families, and expanded rural outreach.

The CoC tracks quantifiable performance measures such as reductions in first-time homelessness, decreased length of time homeless, increased exits to permanent housing, improved housing retention, and reduced returns to homelessness. Data is reviewed quarterly and used to adjust strategies as needed.

The CoC follows an annual timeline: Quarter 1 focuses on gap identification and priority setting; Quarter 2 on funding alignment and project development; Quarter 3 on implementation and mid-year review; and Quarter 4 on evaluation and preparation for the next cycle. Subpopulation-specific initiatives include project-level timelines developed with partner agencies.

The CoC leverages multiple funding sources, including CoC Program funds, YHDP, local government allocations, HOME-ARP, ESG, and private philanthropy, to support targeted interventions and fill identified gaps.

The Chattanooga Regional Homeless Coalition, the CoC's lead agency, oversees implementation of all strategies. CRHC manages HMIS and CE, facilitates Governance Council decision-making, coordinated partnerships, monitors performance, and ensures interventions align with identified gaps and CoC priorities.

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

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

1C. Coordination and Engagement

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

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	1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
		You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
		What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

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)

Although no TH/RRH/PSH projects in TN-500 offer on-site substance use treatment, the CoC's 11-county region has a network of community-based providers offering full treatment care, including outpatient substance use counseling; IOPs; residential treatment and detox services; medication-assisted treatment; peer recovery and faith-based recovery programs; hospital-based behavioral health units; and telehealth substance use treatment options, which are especially critical in rural counties. These services are provided by community mental health centers, certified recovery programs, local hospitals, and faith-based organizations operating throughout the CoC's 11-county region.

Access to treatment relies on strong coordination rather than on-site service delivery. The CoC ensures access through: 1) Open Coordinated Entry participation: Many substance use treatment providers participate in CE even though they do not receive CoC funding by submitting assessments, attending case conferencing, and collaborating with homeless service providers. Their full participation creates established relationships and makes referrals seamless. 2) Direct referrals from outreach, housing programs, and shelters: Providers assist clients with scheduling appointments, completing intake paperwork, and coordinating/providing transportation. 3) Mobile crisis and telehealth services: These options reduce barriers for individuals in rural counties where transportation is limited. 4) Transportation support: Case managers help clients access treatment through public transit, agency-provided transportation, or partnerships with county-level recovery organizations. 5) Low-barrier financial access: Many local treatment providers accept TennCare, offer sliding-scale fees, or provide grant-funded services, ensuring individuals with limited income can receive care.

Although TN-500 does not have any CoC funded housing programs providing on-site substance use treatment, the CoC ensures full access to treatment through strong CE partnerships, coordinated referrals, rural outreach, and a diverse network of community-based providers.

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 TN-500 CoC partners with a broad network of outpatient mental health and substance use treatment providers across its 11-county rural region to ensure people experiencing homelessness can access comprehensive treatment services. The CoC maintains strong relationships with community mental health centers, certified recovery programs, hospital-based behavioral health units, faith-based recovery organizations, and regional partners such as the Hamilton County Coalition (HCC), which provides peer recovery support and navigation assistance that help individuals engage in outpatient treatment.

These providers offer a full range of care, including outpatient counseling, intensive outpatient programs, medication-assisted treatment, psychiatric evaluations, medication management, and crisis stabilization. Many agencies also provide psychosocial interventions such as cognitive behavioral therapy, trauma-informed counseling, relapse-prevention planning, peer recovery supports, and suicide-prevention services. The HCC enhances this continuum by offering peer-led recovery navigation, overdose-prevention education, and direct linkage to treatment providers across the region.

Because the CoC's Coordinated Entry (CE) System is open to all service providers, including those not funded by the COC, many outpatient treatment agencies participate in CE by submitting assessments, attending case conferencing, and collaborating directly with homeless service providers. This participation creates strong working relationships and ensures individuals experiencing homelessness can be quickly connected to outpatient treatment through coordinated referrals.

Outreach teams, housing programs, and shelters assist clients with scheduling appointments, coordinating transportation, and navigating intake processes. In rural counties where transportation is limited, the CoC relies on telehealth counseling, mobile crisis services, and partnerships with county-level recovery organizations to ensure access. Many providers accept TennCare, offering sliding-scale fees, or provide grant-funded services, making outpatient treatment accessible to individuals with limited income.

Through CE participation, coordinated referrals, rural outreach, and strong partnerships with behavioral health agencies, the CoC ensures that people experiencing homelessness can access outpatient mental health and substance use treatment across all levels of care throughout the region.

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 TN-500 CoC partners with agencies that provide peer recovery support and recovery navigation to ensure individuals experiencing homelessness can access lived-experience-based guidance throughout their treatment and recovery process. The Hamilton County Coalition (HCC) operates a peer support program that provides certified peer recovery specialists who assist individuals with goal setting, relapse-prevention planning, connection to treatment, harm-reduction education, and ongoing recovery navigation. Their specialists work closely with homeless service providers, outreach teams, and Coordinated Entry (CE) partners to support individuals as they move from crisis to stability.

Across the region, many behavioral health and recovery organizations incorporate peer support into their outpatient services, including community mental health centers, faith-based recovery programs, recovery community organizations, and county-level recovery groups. These providers offer peer-led groups, one-on-one recovery coaching, harm-reduction outreach, and navigations assistance to help individuals access treatment, maintain engagement, and build long-term recovery plans. Several MAT providers and crisis stabilization units also employ peer specialists who help clients stay engaged in treatment, coordinate follow-up care, and support transitions from crisis stabilization back into the community.

Outreach teams frequently partner with peer recovery specialists during encampment visits and shelter outreach, ensuring individuals can connect to recovery supports even when they are unsheltered. Peer specialists assist with scheduling appointments, overcoming transportation barriers, and navigating intake processes. In rural counties, peer-led telehealth navigation and mobile crisis teams expand access where transportation and service availability are limited.

The CoC's open CE system strengthens these partnerships by allowing peer-support agencies, whether CoC-funded or not, to participate in case conferencing, receive referrals, and collaborate directly with homeless service providers. This structure ensures that individuals experiencing homelessness can be quickly connected to peer recovery supports regardless of where they enter the system.

Through CE participation and a wide range of partnerships, the TN-500 CoC ensures that people experiencing homelessness have consistent access to peer support and recovery navigation.

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

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

(limit 2,500 characters)

TN-500 prioritizes ensuring that people with SMI receive the level of care, treatment, and support needed to move toward stability, self-sufficiency, or long-term programs best suited to their needs.

The CoC's Coordinated Entry (CE) system uses a robust housing assessment designed to identify mental health diagnoses, functional impairments, and behavioral health needs. Individuals flagged through CE are connected to the most appropriate mental health services based on acuity and level of need. Outreach teams across the region are trained to identify signs of SMI during street outreach and shelter engagement. Outreach staff can make direct referrals to mental health providers, Assertive Community Treatment (ACT) teams, or crisis services when needed.

The CoC's ACT teams provide intensive, community-based services for individuals with the most significant mental health needs. The ACT teams offer assertive outreach, psychiatric care, medication management, crisis intervention, and wraparound supports. They work closely with CE, outreach teams, and housing providers to stabilize individuals and support long-term engagement in treatment.

The CoC partners with multiple agencies that operate programs designed specifically for individuals with serious mental health diagnoses, including: 1) Permanent Supportive Housing (PSH): PSH programs provide wraparound services, including case management, medication support, and ongoing behavioral health engagement. 2) Group Home Models: Group homes offer structured group living arrangements that provide supervision, daily living support, and access to mental health treatment. 3) Clubhouse Model: The clubhouse model offers psychosocial rehabilitation, peer support, employment readiness, and community integration for individuals with severe mental illness, as well as a PSH program for those who would most benefit.

Mental health providers participate in CE case conferencing, allowing housing programs and behavioral health agencies to coordinate care, share information, and ensure individuals with SMI are connected to appropriate services. Housing programs are able to link participants to outpatient treatment, psychiatric care, and medication management while they are enrolled. When a situation requires a more critical intervention, mental health providers and crisis teams are available to accept referrals immediately, ensuring safety and rapid stabilization.

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)

TN-500 partners with Hamilton County Recovery Court, which provides treatment, recovery navigation, and intensive case management for individuals involved in specialty courts. Through Coordinated Entry and case conferencing, the CoC connects participants to housing, mental health services, and ongoing recovery supports.

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)

TN-500 coordinates closely with Hamilton County Recovery Court to support housing stability and movement toward independence for individuals involved in specialty courts. Recovery Court provides intensive case management, treatment navigation, and structured accountability for participants with substance use disorders or co-occurring mental health needs. The CoC leverages this partnership to ensure participants can access housing resources, behavioral health services, and long-term supports.

Through the CoC's Coordinated Entry (CE) system, Recovery Court staff can directly refer participants for housing assessments, diversion resources, and direct connection to housing programs. CE case conferencing includes Recovery Court representatives, allowing housing providers, outreach teams, and court staff to coordinate care, share updates, and ensure participants remain engaged in both treatment and housing stabilization plans.

Recovery Court's structured program requirements, including treatment attendance, medication management, and regular check-ins, help reinforce housing stability. When court orders mandate participation in treatment or recovery activities, the CoC aligns housing plans with those requirements to support compliance and increase housing stability. Housing providers work with Recovery Court case managers to ensure participants can meet court-ordered obligations while maintaining progress towards self-sufficiency.

The CoC also collaborates with Recovery Court to address barriers such as transportation, documentation, and access to outpatient treatment. Recovery Court's intensive support model complements CoC housing interventions by providing accountability, relapse-prevention planning, and crisis response. When a participant requires a higher level of care, Recovery Court can facilitate connection to inpatient treatment or intensive stabilization services, and the CoC adjusts housing plans accordingly.

Through coordinated referrals and alignment with court-ordered requirements, TN-500 ensures that individuals involved in Hamilton County Recovery Court have a clear pathway to stable housing, recovery, and long-term independence.

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)

TN-500 partners with the Chattanooga Police Department's Crisis Intervention Team (CIT), which provides mobile crisis response, de-escalation, and direct connection to 988, crisis stabilization, and behavioral health providers. CIT collaborates with Coordinated Entry and outreach teams to ensure individuals in crisis are safely linked to treatment and housing supports.

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.	0
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

TN-500 has a formal partnership with Volunteer Behavioral Health's Joe Johnson CCBHC, which also operates the PATH program. VBH provides outpatient treatment, crisis services, and intensive case management, and partners with the CoC through Coordinated Entry, case conferencing, and by operating two PSH and two RRH programs that serve individuals with serious mental illness and substance use disorders.

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)

AIM HOME operates sober housing consistent with 24 CFR 578.93(b)(5). The project does not require sobriety or treatment and offers voluntary recovery-oriented supports through behavioral health services and peer recovery programming. Residents can maintain housing while accessing recovery resources as needed.

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)

TN-500 ensures warm hand-offs to stable housing providers through strong coordination with all programs identified in 1C-1a through 1C-1i, including outpatient treatment providers, Recovery Court, ACT teams, Crisis Intervention Teams, sober living programs, hospital-based behavioral health units, and CCBHCs. These partners actively participate in Coordinated Entry (CE) and case conferencing, creating a seamless, two-way referral system that prevents homelessness, rapidly resolves homelessness when necessary, and supports long-term stability.

All treatment, recovery, and crisis programs can directly refer individuals into CE for housing assessments, diversion resources, and placement into appropriate housing programs. Likewise, housing providers can refer participants to mental health, substance use, crisis stabilization, and specialty court programs when higher-level care is needed. This structure ensures that individuals moving between treatment and housing programs experience coordinated transitions rather than gaps in care.

Warm hand-offs are strengthened by shared case planning. Providers communicate through CE case conferencing, allowing outreach teams, housing programs, and behavioral health partners to coordinate services and ensure individuals remain engaged in both treatment and housing stabilization plans. When a participant is exiting inpatient treatment, crisis stabilization, or Recovery Court, CE ensures immediate connection to housing resources to prevent returns to homelessness.

To prevent housing loss during mental health or recovery crises, all partner programs have access to the Eviction Prevention Fund managed by the CoC's lead agency. These funds allow individuals to remain housed while receiving necessary treatment, reducing evictions and improving long-term outcomes.

The CoC's partnership with the CPD's Crisis Intervention Team (CIT) further strengthens crisis response. CIT helps divert individuals experiencing acute behavioral health episodes away from jail and into treatment, where CE and housing providers can intervene early to stabilize housing and support recovery.

The homeless response system recognizes that homelessness, mental health, and substance use are interconnected challenges. By maintaining a direct, two-way pipeline between treatment providers, crisis responders, and housing programs, the CoC ensures warm hand-offs, prevents homelessness, and supports movement toward stability.

1C-2.	Supportive Services Investment.
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$4,822,706
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.	\$2,325,847
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	48%
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.	\$550,084

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).

60%

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)?
	0.00%

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)

TN-500 consults closely with ESG recipients in planning and allocating ESG funds to ensure alignment with CoC priorities and full integration into the homeless response system. The CoC works directly with the Tennessee Housing Development Agency (THDA), the state ESG recipient, to review funding priorities, discuss emerging needs, and ensure ESG resources support agencies actively participating in the CoC.

TN-500 also consults with local ESG entitlement jurisdictions, including Hamilton County, the City of Chattanooga, and the City of Cleveland, all of which fund ESG projects within the CoC's geography. The CoC lead agency works collaboratively with these jurisdictions to ensure ESG-funded programs meet CoC standards, participate in CE, and support system-wide goals. These entities regularly attend CoC meetings, participate in planning discussions, and coordinate funding decisions with the CoC.

As a relatively small, close-knit CoC, TN-500 strategically discusses ESG applications collectively before submission to ensure resources are directed toward the most vulnerable populations and the highest-impact interventions. The CoC lead agency also works with THDA to support local ESG recipients and ensure consistency between state priorities and CoC needs.

Through ongoing consultation with THDA, local entitlement jurisdictions, and all ESG-funded programs, TN-500 ensures ESG funding is fully aligned with CoC priorities, supports coordinated system operations, and strengthens the region's ability to prevent and end 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)

TN-500 coordinates closely with all emergency shelter providers to ensure individuals and families experiencing homelessness are quickly connected to CoC assistance. The CoC has 488 total emergency shelter beds across the region, including 145 HMIS-participating year-round beds, 79 non-HMIS year-round beds, 190 overflow beds, and 74 year-round VSP beds. These beds span family shelters, domestic violence shelters, faith-based shelters, chronic homeless shelters, medical respite, cold-weather shelters, and overflow hotel placements.

Every HMIS-participating shelter enters data into the system and contributes to the annual Housing Inventory Count (HIC) and PIT Count, ensuring accurate system-wide data. Shelters such as Chattanooga Rescue Mission (77 beds), Maclellan Family Shelter (44 beds), Room in the Inn (32 beds), Bradley Cleveland Community Services (43 beds), and multiple faith-based and rural shelters all maintain active HMIS participation and coordination with the CoC.

Many shelters, regardless of HMIS participation, also serve as Coordinated Entry (CE) access points, completing assessments and making referrals to housing programs and diversion resources. Shelter staff regularly participate in case conferencing, allowing them to collaborate with outreach teams, housing providers, and behavioral health partners. This coordination ensures that individuals staying in shelter are prioritized appropriately, barriers are addressed quickly, and transitions to stable housing are supported through shared case planning.

Although TN-500 operates with a significant shelter bed deficit, demonstrated by high utilization rates across the system, shelters remain essential partners in preventing prolonged homelessness. They help clients gather documentation, complete CE assessments, access transportation, and connect with mental health, substance use, and recovery services.

Through HMIS participation, CE access, case conferencing, and ongoing communication, TN-500 maintains strong coordination with all emergency shelter providers to ensure individuals and families are connected to housing assistance as efficiently and effectively as possible.

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)

TN-500 shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government partners in full compliance with the CoC's HMIS Privacy Notice, Security Plan, and all HUD Data and Technical Standards. As outlined in the HMIS Privacy Policy, TN-500 may disclose aggregate, de-identified data for system planning, reporting, and coordination purposes, while protecting personally identifiable information (PII). The CoC's Privacy Notice specifies that disclosures must be limited to what is permitted by law and used only for coordination of services, administrative functions, or required reporting.

TN-500 regularly provides PIT, HIC, and SPM data to the Tennessee Housing Development Agency (THDA), local ESG entitlement jurisdictions, and municipal and county governments across the 11-county region. This data is shared through required HUD submissions, quarterly briefings, and direct consultation with government partners engaged in homelessness planning and funding.

The CoC also publishes annual State of Homelessness Reports, which include de-identified HMIS trend data, By-Name List inflow/outflow, subpopulation analysis, and housing inventory gaps. These reports are publicly available and widely distributed to local governments, elected officials, planning departments, and regional partners.

TN-500 maintains shared dashboards that display aggregate HMIS data, including bed utilization, inflow/outflow trends, chronic homelessness, veteran homelessness, and CE performance. These dashboards are accessible to government partners and community stakeholders and are updated in real-time to support informed, data-driven decision making.

All data sharing is governed by the CoC's HMIS Privacy Notice, which states that agencies "may use or disclose PII only if the use or disclosure is allowed by this document and is described in its privacy notice," and that disclosures for administrative or planning purposes must use de-identified data.

Through mandated HUD reporting, public dashboards, annual publications, and ongoing consultation with state and local government, TN-500 ensures that PIT, HIC, HMIS, and SPM data are used responsibly to inform policy, guide investment, and strengthen the homelessness response system while maintaining strict compliance with all privacy and 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)

TN-500 uses multiple data sources alongside HMIS to strengthen care coordination, improve system planning, and enhance the accuracy of the homelessness response. All cross-system data sharing is conducted in compliance with the CoC's HMIS Privacy Notice, which permits the use of aggregate, de-identified data for system planning, coordination of services, and administrative functions.

The CoC collaborates with a wide range of partners to integrate external data into planning and service delivery. As part of the annual State of Homelessness Report, TN-500 works with health care systems, hospitals, crisis stabilization units, and law enforcement agencies to analyze trends in emergency room utilization, behavioral health needs, crisis response patterns, and frequent system utilization. This data helps identify individuals with high service needs, improve diversion strategies, and guide investments in medical respite, crisis stabilization, and supportive housing.

TN-500 maintains formal data-sharing agreements with several partners, including local school districts, which provide information on youth homelessness, mobility, and educational impacts. This allows the CoC to better identify families and unaccompanied youth experiencing homelessness and coordinate referrals to CE and housing programs.

The CoC also collaborates with law enforcement and corrections partners, including the Chattanooga Police Department's Crisis Intervention Team (CIT), to understand crisis response trends, identify individuals cycling between homelessness and incarceration, and improve warm hand-offs to treatment and housing. Admission, discharge, and transfer data from hospitals and crisis units help the CoC anticipate inflow, coordinate post-discharge housing plans, and reduce returns to homelessness.

Health care partners share aggregate claims data, utilization trends, and discharge information, which the CoC uses to identify medically fragile individuals, prioritize medical respite placements, and strengthen partnerships between behavioral health providers and CCBHCs.

By combining HMIS data with health care, education, crisis response, and law enforcement data, always in accordance with privacy and security requirements, TN-500 gains a more complete understanding of homelessness, improves care coordination, and strengthens system-wide planning to reduce homelessness across the region.

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)

TN-500 maintains active partnerships with several workforce and employment organizations that support work-ready households in strengthening long-term housing and economic stability. Over the past year, the CoC Lead convened Connecting Systems: A Roundtable on Workforce and Housing Stability, a cross-sector conversation designed to bring employers, workforce agencies, education partners, and municipal leadership together to better understand how housing instability affects workforce participation.

The Southeast Tennessee Local Workforce Development Board and the American Job Center both participated in this roundtable and continue to serve as core partners to the CoC. These organizations provide job search assistance, career pathway navigation, training access, and supportive services that help individuals remain connected to employment. Their participation in the roundtable reinforced shared priorities around workforce reliability, early-intervention strategies, and the importance of stabilizing work-ready households who are at risk of losing employment due to housing or life instability.

The roundtable also included employers, workforce training organizations, community colleges, universities, and municipal partners, creating a coordinated space for identifying system friction points, barriers to hiring individuals experiencing instability, and opportunities for alignment between workforce and housing systems. Through this partnership network, TN-500 is able to connect households to employment supports, training programs, and career advancement pathways that improve long-term stability.

These partnerships strengthen the CoC's ability to integrate employment supports into the homeless response system and improve outcomes for work-ready households across the region.

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)

TN-500's street outreach teams maintain strong, coordinated relationships with first responders and law enforcement to increase positive interactions, strengthen engagement, and promote connection to CoC services. In Hamilton County, outreach teams work closely with the Chattanooga Police Department's Crisis Intervention Team (CIT) and Homeless Engagement Team (HET), both of which include trained officers and CPD social workers who respond to calls involving individuals experiencing homelessness.

When first responders encounter someone whose homelessness is evident, CIT/HET deploys alongside police officers to provide crisis de-escalation, resource navigation, and direct connection to outreach. CIT/HET staff are trained to complete housing assessments when possible; when the situation does not allow, they immediately contact local street outreach teams to ensure follow-up. This partnership creates a seamless handoff between crisis response and housing engagement.

The City of Chattanooga employs dedicated street outreach workers whose role includes daily coordination with law enforcement. These outreach workers participate in CE case conferencing and often represent CIT/HET in those meetings, ensuring that individuals encountered by first responders are prioritized appropriately and connected to housing, behavioral health services, and diversion resources.

In TN-500's rural counties, relationships between service providers and law enforcement are less formalized but remain strong and collaborative. Across all ten rural counties, first responders regularly contact the primary local service provider when they encounter individuals experiencing homelessness. Rural law enforcement also plays a critical role in the annual PIT Count, assisting outreach teams with locating unsheltered individuals and strengthening trust between residents and the homeless response system.

Through coordinated crisis response, shared assessments, case conferencing participation, and active collaboration across urban and rural jurisdictions, TN-500's street outreach teams and first responders work together to increase positive interactions, reduce harm, and promote consistent engagement with CoC housing and service resources.

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)

TN-500 supports family and support-network reunification through multiple coordinated strategies designed to help individuals safely reconnect with natural supports whenever appropriate. The CoC prioritizes reunification as an early intervention and diversion tool, recognizing that reconnecting with family or supportive networks can often prevent homelessness or shorten its duration.

The CoC's Housing Forward Fund includes a dedicated relocation component that allows case managers to assist individuals who wish to reunify with family or supportive networks outside the region. When a client verifies that they have a safe and stable place to stay with family, the CoC can cover travel costs, relocation expenses, and short-term supports needed to facilitate the move. This resource is frequently used for individuals who can regain stability through reunification rather than entering the homeless system.

For youth ages 18-24, TN-500 offers kinship payments to help young adults remain safely housed with relatives or trusted adults. These payments can support rent contributions, utilities, food, or other household costs, allowing youth to avoid entering sheltered or unsheltered homelessness while maintaining connection to their natural support system.

Across all housing programs, case managers use diversion techniques at the front end of Coordinated Entry to explore family reunification before accessing limited housing resources. Diversion conversations help identify relatives or supportive individuals who may be able to provide temporary or long-term housing, and case managers assist with mediation, safety planning, and logistical coordination when appropriate.

In CoC-funded housing programs, case managers continue to support reunification efforts by helping clients reconnect with family, arranging transportation, coordinating services in another geographic area, and ensuring continuity of care when a client relocates. When reunification is not possible, case managers help clients build alternative support networks through community-based resources.

Through relocation assistance, kinship supports, diversion practices, and ongoing case management, TN-500 integrates family and support-network reunification into its systemwide approach to reducing homelessness and promoting long-term stability.

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

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

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

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

(limit 2,500 characters)

TN-500 maintains strong, coordinated partnerships with law enforcement and first responders to ensure public safety efforts complement, rather than conflict with, the CoC's housing-focused approach. The CoC does not impede local public safety strategies; instead, outreach teams and law enforcement work together to engage individuals experiencing homelessness in ways that reduce harm, improve safety, and support movement toward stable housing.

Street outreach teams collaborate daily with the Chattanooga Police Department's Crisis Intervention Team (CIT) and Homeless Engagement Team (HET). These units include officers trained in behavioral health response who work alongside outreach staff during encampment engagement, welfare checks, and crisis calls. This coordination ensures that first responders can immediately connect individuals to housing navigation, diversion resources, and service referrals, rather than relying solely on enforcement. Outreach teams also include staff trained in mental health response, crisis de-escalation, and substance-use harm reduction, allowing them to support first responders during incidents involving behavioral health crises or public drug use.

The City of Chattanooga employs a Lead Outreach Specialist whose primary role is maintaining communication and alignment between the CoC, law enforcement, and city departments on encampments, safety concerns, and unsheltered homelessness. This position ensures CoC activities do not interfere with local plans to address encampments, reduce public drug use, or respond to safety risks. The CoC shares information with law enforcement only as permitted under federal requirements, including SORNA, while maintaining strict HMIS privacy protections.

Through these partnerships, TN-500 supports first responders, advances local public safety objectives, and ensures individuals experiencing homelessness are engaged in ways that prioritize safety, dignity, and connection to housing.

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)

TN-500 works closely with the City of Chattanooga and local law enforcement to ensure encampments on public property are addressed in a coordinated, safety-focused, and housing-oriented manner. Local practices support the CoC's ability to quickly clear encampments while maintaining consistent engagement with individuals living there. The City's Lead Outreach Specialist serves as the primary liaison between the CoC, law enforcement, and other city departments, ensuring that encampment closures are planned collaboratively and do not occur without adequate outreach and service connection.

When the City determines that an encampment must be closed, the Lead Outreach Specialist works directly with law enforcement to establish a closure date and ensure that outreach teams have sufficient time to engage every resident. Outreach teams then visit the encampment daily leading up to the closure, conducting assessments, providing diversion and housing navigation, connecting individuals to shelter or treatment, and coordinating with partner agencies to address urgent needs. Public notices are posted in advance so residents understand the timeline and available resources. This approach allows the CoC to leverage supportive city policies that prioritize communication and coordinated engagement.

On the day of closure, the goal is for all residents to have already relocated to safer, longer-term options. This process has been highly effective, with most encampments only having a small number of individuals (if any) remaining on the final day, and outreach teams working with law enforcement to ensure those individuals are safely connected to services. While enforcement actions can limit flexibility, the CoC mitigates these challenges through continuous communication, shared planning, and a commitment to resolving encampments in ways that reduce harm and support housing outcomes.

Through this coordinated strategy, TN-500 ensures encampment closures occur quickly, safely, and with minimal disruption, while maintaining strong partnerships with law enforcement and prioritizing the needs of people experiencing 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)

TN-500 continues to see small, scattered encampments across Chattanooga and the rural counties of the CoC, with the largest concentrations occurring on public property within city limits. The City of Chattanooga's Encampment Protocol, established under municipal authority to regulate use of public spaces, guides how encampments are identified, posted, and closed. This policy supports the CoC's ability to quickly address encampments by requiring advance notice, coordinated outreach, and clear timelines for closure. While enforcement authority can limit flexibility, the CoC leverages the protocol's communication requirements to ensure outreach teams have adequate time to engage residents and connect them to services.

As of the most recent quarterly count, outreach teams identified 229 active encampments within Chattanooga, typically ranging from 3 to 15 residents each. Rural counties report fewer encampments, usually 1-3 tents near wooded areas or abandoned structures. Outreach teams conduct weekly monitoring and maintain a shared list of encampment locations, estimated population, and safety concerns. Over the past year, approximately 280 individuals have been engaged through encampment outreach, with 210 successfully connected to shelter, diversion resources, or housing navigation prior to closure.

Qualitatively, encampments tend to form in areas with limited visibility, access to transportation, and proximity to abandoned buildings or wooded trails. Outreach teams report that most residents express more willingness to relocate when provided with clear timelines and support. The City's practice of posting notices at least XXX hours before closure allows outreach teams to intensify engagement, conduct assessments, and coordinate with behavioral health, substance-use treatment, and shelter providers. This practice has significantly reduced the number of individuals present on closure days; most recent closures had fewer than three residents remaining.

To overcome restrictive elements, such as enforcement timelines that may be shorter than ideal, the CoC maintains daily communication with the City's Lead Outreach Specialist and law enforcement to negotiate reasonable timeframes and ensure outreach teams can engage every resident. Through this coordinated approach, TN-500 balances public safety requirements with a housing-focused strategy that prioritizes safety, dignity, and service connection for individuals living in encampments.

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)

TN-500 works closely with the municipalities, law enforcement, and behavioral health partners to ensure individuals using substances in public spaces are connected quickly to appropriate services. The Public Safety and Encampment Protocol, which authorizes law enforcement to intervene when drug use occurs on public property, both helps and hinders the CoC's ability to reduce public drug use. While enforcement authority can limit flexibility, the protocol's requirements for communication and coordinated response allow outreach teams to engage individuals before enforcement occurs.

Street outreach teams regularly encounter individuals using substances in public spaces, particularly in areas near encampments or abandoned structures. Outreach staff are trained in harm reduction, crisis de-escalation, and behavioral health engagement, allowing them to respond alongside law enforcement when drug use is observed. When officers request support, outreach teams provide immediate connection to detox, treatment providers, or crisis stabilization services. Over the past year, outreach teams documented approximately 23 encounters involving public substance use, with about 45% resulting in successful referrals to detox, crisis stabilization, or shelter.

Outreach teams report that individuals are more likely to accept services when approached by outreach staff rather than law enforcement. Notifying outreach teams when repeated public drug use is observed allows the CoC to intensify engagement and coordinate with behavioral health partners. This practice has helped reduce repeated incidents in several high-visibility areas. However, enforcement timelines and the criminalization of public drug use can hinder engagement by creating fear or reluctance among individuals who need services.

To overcome restrictive elements, TN-500 maintains strong relationships with the Chattanooga Police Department's Crisis Intervention Team (CIT) and Homeless Engagement Team (HET). These units routinely request outreach involvement before taking enforcement action, allowing the CoC to prioritize service connection over punitive response. The CoC also collaborates with local treatment providers to ensure rapid access to detox and stabilization beds when outreach teams identify individuals at high risk.

Through these partnerships, TN-500 supports public safety efforts while maintaining a housing-focused approach that prioritizes connection to services.

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

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

(limit 2,500 characters)

TN-500 continues to see overdoses and public substance use concentrated in areas with higher levels of unsheltered homelessness, particularly within Chattanooga city limits. According to the Hamilton County Health Department, the CoC experienced a rise in non-fatal overdoses over the past year, with outreach teams documenting dozens of overdose-related encounters during routine engagement. Public drug use is most commonly observed near encampments, abandoned structures, and high-traffic public spaces.

The CoC's Public Safety and Encampment Protocol, which authorizes law enforcement and first responders to intervene when drug use occurs on public property, shapes how the CoC responds to these incidents. While enforcement authority can limit flexibility, the protocol's communication requirements allow outreach teams to be notified quickly when repeated public drug use or overdose activity is observed. This practice helps the CoC intensify engagement and coordinate with behavioral health partners before enforcement becomes necessary.

Qualitatively, outreach teams report that individuals using substances in public spaces often do so due to lack of private, safe locations and limited access to treatment or stabilization beds. Outreach staff trained in crisis response regularly accompany the Chattanooga Police Department's Crisis Intervention Team (CIT) and Homeless Engagement Team (HET) during overdose calls or public drug use incidents. Over the past year, approximately 50% of individuals encountered during overdose-related outreach accepted some form of service connection, including detox, crisis stabilization, or shelter.

The CoC leverages beneficial practices, such as coordinated response between outreach and law enforcement, to reduce repeated public drug use and ensure individuals experiencing overdoses receive immediate support. To mitigate restrictive elements of enforcement-driven policies, TN-500 prioritizes harm-reduction engagement, rapid referral pathways, and daily communication with first responders. This coordinated approach allows the CoC to support public safety efforts while maintaining a housing-focused strategy that prioritizes safety and access to treatment for individuals experiencing homelessness.

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)

TN-500 works closely with law enforcement, behavioral health providers, and first responders to ensure individuals experiencing homelessness who may pose a danger to themselves or others are connected quickly to appropriate services. Tennessee's Involuntary Commitment Statute authorizes law enforcement and designated professionals to initiate emergency commitment when an individual presents a substantial likelihood of serious harm. While this statute provides a pathway for crisis stabilization, it can also limit flexibility when individuals are reluctant to engage or when inpatient beds are scarce.

The CoC's Public Safety and Encampment Protocol further guides how first responders and outreach teams coordinate during behavioral health crises in public spaces. The protocol requires communication between law enforcement and outreach teams when safety concerns arise, allowing the CoC to engage individuals before enforcement becomes necessary. Outreach teams leverage this practice by responding alongside the police department's Crisis Intervention Team (CIT) and Homeless Engagement Team (HET), both of which include officers trained in mental health response.

Over the past year, outreach teams documented 48 behavioral health related crisis encounters involving self-harm, psychosis, or threats to others. Approximately 50% of these encounters resulted in successful connection to crisis stabilization, inpatient treatment, or emergency shelter. Outreach staff report that individuals are more likely to accept services when approached by trained outreach workers rather than solely by law enforcement, especially during episodes of acute distress.

Limited availability of crisis beds or the legal threshold required for involuntary commitment can hinder rapid intervention. To mitigate these challenges, TN-500 maintains daily communication with CITY/HET, coordinates with local hospitals and crisis stabilization units, and uses harm-reduction engagement to stabilize individuals until higher-level care is available. Outreach teams also work with the Lead Outreach Specialist to ensure encampment engagement plans incorporate safety assessments and early intervention for individuals exhibiting escalating behaviors.

Through these coordinated practices, TN-500 uses supportive policies to ensure individuals who pose a danger to themselves or others are engaged safely and with a clear pathway to stabilization and housing.

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)

TN-500 works closely with local law enforcement and partner agencies to ensure information is shared appropriately and in accordance with the Sex Offender Registry and Notification Act (SORNA) while maintaining strict HMIS privacy protections. Tennessee's Sex Offender and Violent Offender Registration Law requires individuals on the registry to provide accurate location information to law enforcement. This state law supports the CoC's ability to coordinate safely with first responders, but it can also limit flexibility when individuals experiencing homelessness struggle to meet reporting requirements due to lack of stable housing.

The CoC's Public Safety and Encampment Protocol further guides how law enforcement communicates safety concerns, including registry-related issues, to outreach teams. When officers identify a registrant living unsheltered or in an encampment, they notify the Lead Outreach Specialist, allowing outreach teams to engage quickly and help the individual comply with reporting requirements. This practice helps prevent enforcement actions and supports safer encampment engagement.

Over the past year, outreach teams documented more than 30 encounters involving individuals on the sex offender registry who were experiencing homelessness. Approximately 70% were successfully connected to shelter, housing navigation, or assistance with registry compliance. Qualitatively, outreach staff report that individuals are more likely to comply with SORNA requirements when supported by outreach teams who can help them navigate reporting processes, transportation barriers, and documentation needs.

Legal consequences for non-compliance or the requirement for registrants to provide a physical address, can hinder the CoC's ability to support individuals experiencing homelessness. To mitigate these challenges, TN-500 maintains regular communication with the Chattanooga Police Department's Homeless Engagement Team (HET) and coordinates with local probation and parole offices to ensure outreach teams can assist individuals in meeting reporting obligations. The CoC also adheres to strict HMIS privacy standards, sharing only the information permitted under federal law and never disclosing HMIS data beyond what SORNA requires.

TN-500 ensures information is shared appropriately, public safety concerns are addressed, and individuals experiencing homelessness receive assistance that promotes both compliance and housing stability.

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)

TN-500 uses a unified, region-wide outreach strategy to reach all individuals and families experiencing homelessness across its 11-county geography, including people not otherwise engaged in services. The CoC's outreach system is structured through the TN-500 Coordinated Street Outreach Policy, which establishes a regional backbone and distributed access model. The CoC Lead provides county-level access, shared field coordination, CES/HMIS integration, and gap coverage in counties with limited outreach capacity. Partner agencies serve as local access points, creating a no wrong door system where trained providers complete assessments and connected people to housing pathways.

Outreach coverage is organized into four regional hubs. Hamilton County receives field presence most weekdays, one rural hub receives weekly field days, and the remaining rural hubs receive at least twice-monthly field days. Every county has an access pathway through field presence, partner office hours, or phone access, ensuring outreach teams can locate individuals in encampments, wooded areas, abandoned structures, small towns, and other locations where homelessness is often hidden.

TN-500's outreach strategy includes identifying and engaging people not yet connected to services and locating individuals already assessed or on the By-Name List who need follow-up, transportation, document support, or other assistance. Outreach teams conduct repeated engagement to ensure individuals who are not otherwise engaged in services are consistently identified, revisited, and connected to CES.

Urban outreach in Chattanooga is high-frequency and relationship-based with repeated engagement at encampments, libraries, hospitals, meal sites, and public-space partners. Rural outreach relies on trusted community sites, partnerships with EMS, fire departments, schools, libraries, faith communities, and local businesses. These non-traditional partners help outreach teams reach individuals who may otherwise go unidentified.

TN-500 has also broadened CES access points to include public libraries, hospitals, and other community locations, allowing broadened access into the system. Through this coordinated, region-wide approach, TN-500 ensures that all individuals and families experiencing homelessness, including those not otherwise engaged in services, can be located, assessed, connected to coordinated entry, and supported in moving toward housing and stability.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	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	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

TN-500 has written policies and procedures to ensure that individuals and families experiencing homelessness are informed of their eligibility for educational services under the McKinney-Vento Act and related federal programs. These procedures are outlined in the TN-500 CE Policies and Procedures, Housing Forward Fund Guidelines, TN-500 CoC Written Standards, and reinforced through multiple MOUs and data-sharing agreements with local school districts and higher-education institutions.

Through these written policies, all access points, including street outreach, shelters, and coordinated entry assessors, are required to inform families and unaccompanied youth of their rights to educational stability, transportation, immediate school enrollment, and access to school-based supports. When a household with school-aged children or an unaccompanied youth is identified, staff provide verbal notification of educational rights and immediately offer connection to the appropriate MKV Homeless Liaison. These procedures are embedded in CE assessment workflows and reinforced through shared training with school district partners.

TN-500 maintains strong, formalized partnerships with public school systems across the region. School districts have special privileges to access CoC-managed funds based on McKinney-Vento eligibility, and the CoC has executed multiple MOUs and data-sharing agreements that allow school homeless liaisons to participate directly in coordinated entry, case conferencing, and referral processes. The CoC also created a dedicated housing program for one school district to ensure rapid stabilization for families identified through McKinney-Vento. These partnerships ensure that families and youth are informed of their educational rights not only at CE access points, but also through school-based staff who are trained to identify homelessness and provide immediate support.

TN-500 also maintains strong relationships with homeless liaisons at local colleges and universities. These partners notify students experiencing homelessness of their educational rights and connect them to CE access points, ensuring that youth who may not present at traditional homelessness providers are still informed of available educational supports.

Through written policies, shared training, formal agreements, and strong operational partnerships, TN-500 ensures that all families and youth experiencing homelessness are connected to appropriate services.

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)

TN-500 maintains strong coordination with foster care and child welfare agencies to support youth transitioning from public systems of care. The CoC works closely with the Tennessee Department of Children's Services (DCS), Extension of Foster Care (EFC), and youth-serving partners to ensure young people exiting foster care have immediate access to housing resources, case management, and Coordinated Entry.

YHDP programs maintain direct referral pathways with DCS and EFC so youth approaching discharge are connected early to diversion, assessment, and youth-specific housing programs. DCS caseworkers and EFC specialists participate in case conferencing, warm handoffs, and shared planning to prevent youth from exiting care without a housing plan.

TN-500 also partners with local housing authorities to connect eligible youth to Foster Youth to Independence (FYI) and Family Unification Program (FUP) vouchers. CoC and YHDP providers assist with eligibility, documentation, lease-up, landlord engagement, and stabilization services.

The CoC created a dedicated housing program with the local school district to support youth experiencing homelessness or instability due to foster care involvement. Developed with MKV liaisons and DCS staff, this program provides rapid access to housing for youth who might otherwise enter homelessness after exiting care.

TN-500 also collaborates with homeless liaisons at colleges and universities, who frequently support students exiting foster care. These partners coordinate directly with CoC access points to connect youth to navigation, rental assistance, and supportive services.

Child welfare partners participate in multidisciplinary outreach, case conferencing, and crisis planning. When DCS identifies a youth at risk, due to placement disruption, aging out, or family instability, the CoC provides rapid assessment, diversion problem-solving, and connection to youth-specific housing programs. YHDP providers also support safety planning, behavioral health referrals, and stabilization for youth with complex needs.

Through these coordinated efforts, formal referral pathways, shared case conferencing, voucher access, youth-specific programs, and strong partnerships with DCS, EFC, schools, and colleges, TN-500 ensures youth transitioning from foster care have consistent access to housing, services, and long-term stability supports.

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)

TN-500 maintains strong coordination with Runaway and Homeless Youth (RHY)-funded providers to ensure youth experiencing homelessness have seamless access to crisis response, housing, and supportive services. The CoC works closely with Helen Ross McNabb Center, the region's primary RHY provider, whose youth services teams participate in CoC operations for youth identified in the community. RHY outreach staff share location information, conduct joint engagement with CoC outreach teams, and provide immediate crisis intervention for youth who may not present at traditional homelessness providers.

The CoC also partners with Chattanooga Room in the Inn (CRITI), which recently launched a new RHY-focused program serving runaway and homeless youth. This program functions as a youth-specific access point to the Coordinated Entry (CE) System, allowing youth to complete assessments, receive diversion support, and connect to housing navigation through a provider they already trust. CRITI staff participate in youth case conferencing and coordinate directly with YHDP providers to ensure youth receive rapid access to stabilization and housing resources.

TN-500 further coordinates with the Chambliss Center for Children Transitional Living Program, which provides longer-term residential stability for youth ages 16-22. Chambliss staff work closely with CoC youth providers to identify youth exiting foster care, juvenile justice, or unstable family situations who need structured transitional housing. The program shares data, participates in warm handoffs, and collaborates with YHDP case managers to support youth transitioning from Chambliss into permanent housing.

Across all RHY partnerships, TN-500 ensures that RHY-funded providers are fully integrated into CE, RHY staff complete all UHAs, participate in case conferencing, and coordinate with YHDP programs, DCS, Extension of Foster Care, and school-based McKinney-Vento liaisons. RHY providers also collaborate with the CoC to identify youth eligible for FYI and FUP vouchers, ensuring youth have access to long-term housing supports.

Through these coordinated efforts, shared outreach, joint case conferencing, youth-specific access points, transitional housing partnerships, and voucher coordination, TN-500 ensures that runaway and homeless youth have consistent access to crisis services, safe housing options, and long-term stability supports.

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)

TN-500 includes multiple projects serving families with children. Partnership for Families, Children, and Adults operates an RRH program dedicated to families and is transitioning to TH to expand capacity and stability. Additional CoC- and partner-funded programs also prioritize families, ensuring households with minors access safe housing, services, and CE pathways tailored to their needs.

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)

The Partnership for Families, Children, and Adults (PFCA) RRH project provides supportive services designed to help families with children increase income and sustain housing long-term. PFCA case managers work with each household to develop individualized employment and income-stability plans that include job-readiness coaching, resume development, interview preparation, and assistance completing online job applications. PFCA also connects participants to local workforce development partners, including American Job Center programs, short-term job-training opportunities, and employment placement resources that support rapid entry into the labor market.

For households needing more intensive support, PFCA staff coordinated referrals to job-training and certification programs offered through regional workforce agencies and community colleges, including programs that lead to industry-recognized credentials. Case managers help participants enroll in these programs, navigate transportation or childcare barriers, and maintain participation so they can secure higher-wage employment. PFCA also assists households in accessing mainstream benefits such as SNAP, childcare subsidies, and TANF work-participation programs, all of which strengthen a family's ability to maintain stable income and pay rent.

As PFCA transitions this RRH project into the new PFCA TH model, the program will expand income-focused supportive services by incorporating structured workforce development pathways into transitional housing case management. The TH model will provide on-site employment support, direct coordination with job-training providers, and facilitated access to registered apprenticeship programs where available. This enhanced service structure ensures that families with children not only obtain housing but also build the income necessary to sustain it independently.

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)

The Partnership for Families, Children, and Adults (PFCA) RRH project leverages multiple mainstream family-service funding streams to help families with children increase income and maintain stable housing. Case managers work closely with households to connect them to Temporary Assistance for Needy Families (TANF), including TANF cash assistance, work-participation programs, and supportive services such as transportation stipends and childcare subsidies. These TANF resources reduce the financial burden on families during the early stages of housing stabilization and help ensure they can meet rental obligations while pursuing employment.

PFCA also assists families in accessing SNAP Employment and Training (SNAP E&T), which provides job-training support, certification pathways, and work-related reimbursements. Case managers coordinate with the local Department of Human Services to ensure families receive eligible benefits that supplement income and reduce the cost of basic needs, allowing more household resources to be directed toward rent.

For families with young children, PFCA helps secure childcare vouchers and state childcare subsidy programs, which are essential for parents entering the workforce or participating in job-training programs. These subsidies significantly increase a family's ability to maintain employment and pay rent consistently.

As PFCA transitions the RRH project into the PFCA TH model, the program will strengthen these collaborations by embedding TANF-aligned supports directly into transitional housing case management. The TH model will include structured coordination with TANF caseworkers, streamlined referrals to work-participation programs, and proactive assistance accessing childcare subsidies and other family-service benefits. This approach ensures that families not only obtain housing but also leverage mainstream funding sources that increase income and support long-term housing stability.

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)

The PFCA RRH project combines housing assistance with a comprehensive set of supports designed to meet the needs of families with children. Case managers work with parents to ensure that housing stabilization is paired with childcare access, parenting support, and connections to pregnancy-related and child healthcare services. PFCA assists families in applying for childcare subsidies, Head Start/Early Head Start, and after-school programs, ensuring parents can maintain employment, and children have safe, developmentally appropriate care.

PFCA integrates parenting support into case management by helping families connect to evidence-based parenting programs offered through local family-service agencies, including classes focused on child development, positive parenting, and family safety. Case managers also help parents navigate school enrollment, transportation barriers, and communication with teachers to ensure children remain engaged in education during housing transitions.

For families who are pregnant or have infants, PFCA coordinates referrals to pregnancy-related healthcare, including prenatal care, postpartum supports, WIC services, and home-visiting programs. PFCA also helps families access child healthcare, such as pediatric care, immunizations, developmental screenings, and behavioral health services. These supports ensure that children's health needs are addressed alongside housing stabilization.

As PFCA transitions the RRH project into the PFCA TH model, the program will strengthen these combined supports by embedding them directly into the TH service structure. The TH model will include more frequent case-management contact, on-site coordination with childcare and early-education providers, and structured partnerships with maternal-health and pediatric-care agencies. Families will receive assistance navigating school continuity, accessing childcare subsidies, and connecting to parenting and early-childhood programs, ensuring that housing assistance is fully integrated with the supports families need to maintain stability and promote child well-being.

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)

TN-500 partners closely with the VA Homeless programs, PATH, MASH, and local veteran-serving nonprofits such as Connecting Vets to Resources. All are fully integrated into Coordinated Entry, participate in case conferencing, and collaborate through the Southeast Tennessee Veterans' Coalition, ensuring veterans experiencing homelessness are rapidly connected to housing and services.

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

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

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

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

(limit 500 characters)

TN-500 partners closely with the Partnership for Families, Children, and Adults to fully integrate their DV shelter, TH, and RRH programs into Coordinated Entry. The CoC also collaborates with the Family Justice Center and Her Song to ensure survivors of domestic violence, dating violence, sexual assault, and trafficking are quickly connected to safe housing and supportive services.

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)

TN-500 partners with RHD's ACT team to support people exiting jails with housing and services. The CoC also collaborates with Project Return to connect individuals leaving incarceration to housing resources and works closely with Recovery Court to ensure participants have stable housing while completing court-ordered programs.

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)

TN-500 partners with regional hospitals that serve as Coordinated Entry (CE) access points for high-utilizers of emergency care. One hospital's Nurse Family Partnership works with the CoC to house medically vulnerable families, and the CoC coordinates with three medical respite providers to offer specialized care and stabilization for individuals with high medical needs.

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)

TN-500 partners with aging-focused housing providers and prioritizes elderly individuals for referrals through Coordinated Entry. Welcome Home of Chattanooga provides medical respite and transitional housing for medically fragile and elderly people, receives CE referrals, and participates in case conferencing to ensure safe, stable housing and supportive 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)

Volunteer Behavioral Health Care System and SETHRA operate CoC-funded PSH projects that exclusively serve people experiencing chronic homelessness. AIM Center provides on-site PSH with intensive supports. Chronic individuals are identified through outreach and prioritized through Coordinated Entry for referral into these PSH programs.

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)

The CoC-funded Permanent Supportive Housing (PSH) projects identified in 1C-19 provide robust on-site and coordinated behavioral health services to ensure individuals experiencing chronic homelessness receive the intensive supports needed to stabilize in housing.

Volunteer Behavioral Health Care System (VBHCS) operates two PSH projects and is itself a comprehensive behavioral health provider. VBHCS delivers on-site behavioral health services directly to all PSH participants, including psychiatric care, therapy, medication management, and crisis intervention. Because VBHCS staff are co-located within the agency's housing programs, participants have immediate access to clinical support, reducing barriers to care and improving long-term housing stability.

SETHRA, which operates scattered-site PSH across ten rural and suburban counties, ensures on-site behavioral health access through formal partnerships with multiple regional behavioral health providers. These providers deliver services directly in participants' homes or at nearby community locations, depending on the individual's needs and geography. SETHRA maintains contracts and MOUs with these agencies to guarantee timely access to mental health treatment, substance use counseling, and crisis response. This flexible model ensures that participants in remote areas receive the same level of behavioral health support as those in more centralized locations.

AIM Center operates a single-site PSH program with 60 units, offering a highly integrated behavioral health model. As a psychosocial rehabilitation organization, AIM Center provides in-house behavioral health services, including counseling, peer support, psychiatric coordination, and daily therapeutic programming. Because AIM Center's clinical and housing staff work in the same building, participants benefit from continuous engagement, rapid intervention during crises, and a supportive community environment that promotes recovery and stability.

Across all three PSH projects, TN-500 ensures that individuals experiencing chronic homelessness receive consistent, accessible behavioral health care that is fully integrated with housing supports. These on-site and coordinated services are essential to maintaining stability for participants with complex behavioral health needs and align with HUD's expectations for high-quality PSH programming.

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)

TN-500 ensures that all Permanent Supportive Housing (PSH) projects have a consistent policy for assessing when a participant may need a higher level of care, such as assisted living or residential treatment. Volunteer Behavioral Health Care System (VBHCS), SETHRA, and AIM Center each follow the CoC's Higher-Level of Care Assessment protocol, which is integrated into case management, case conferencing, and Coordinated Entry (CE) follow-up.

VBHCS, as a behavioral health provider, conducts clinical assessments during intake and ongoing case management. When participants exhibit increasing medical or psychiatric needs, VBHCS clinicians evaluate whether the individual meets criteria for crisis stabilization, residential treatment, or supportive living environments and coordinate referrals accordingly.

SETHRA uses a standardized functional needs screening tool during home visits and case management contacts. If a participant shows declining ability to perform daily living tasks, escalating behavioral health symptoms, or safety concerns, SETHRA consults with regional behavioral health partners and long-term care providers to determine whether assisted living or residential treatment is appropriate.

AIM Center, which operates a single-site PSH program with on-site psychosocial rehabilitation services, monitors participants functioning through daily engagement. When members demonstrate significant deterioration, AIM Center's clinical team conducts a higher-level-care review and coordinates referrals to inpatient treatment, crisis stabilization, or supportive living programs.

Across all PSH projects, TN-500 reinforces this process through multidisciplinary case conferencing, where outreach teams, housing providers, and behavioral health partners jointly review cases and determine when a participant's needs exceed what PSH can safely support. When higher level care is indicated, the CoC assists with referral documentation and transition planning to ensure continuity of care.

Through coordination and ongoing needs assessments, TN-500 ensures that PSH providers can identify when participants need to be connected quickly to appropriate medical, psychiatric, or residential treatment resources.

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

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

(limit 2,500 characters)

The PSH projects identified in 1C-19 each maintain structured policies and practices for assessing participant readiness to “move on” to unsubsidized or other permanent housing. These approaches ensure that individuals experiencing chronic homelessness transition only when they have achieved the stability, income, and independent living skills needed for long-term success.

SETHRA, serving ten rural counties, utilizes a formal “moving up” voucher process to support participants who are ready to transition from PSH to greater independence. Case managers regularly assess participant progress, stability, and service needs. When a participant demonstrates they no longer require the intensive supports of PSH, SETHRA issues a moving-up voucher that gradually reduces the rental subsidy on a sliding scale. Participants increase their portion of rent over time until they reach full self-payment, at which point they have demonstrated readiness for self-sufficiency and formally exit PSH. The voucher is then reassigned to the next PSH participant preparing for graduation, creating a sustainable pathway for moving on.

Volunteer Behavioral Health Care System (VBHCS) uses a structured readiness assessment completed monthly with each participant. Case managers evaluate stability, engagement in services, income growth, daily living skills, and ability to maintain housing without intensive supports. As participants progress, their scores increase, signaling readiness for transition. When a participant is determined ready to move on, VBHCS graduates them from the PSH program while allowing them to remain in their existing housing unit, eliminating the disruption of relocation and increasing the likelihood of long-term stability.

AIM Center provides daily on-site supports within its single-site PSH program and uses ongoing engagement to assess readiness for moving on. When a participant demonstrates sufficient stability, AIM Center connects them with a housing navigator who identifies appropriate independent housing options. AIM Center then provides post-move case management for at least six months, ensuring participants maintain housing, continue accessing needed services, and successfully adjust to living independently.

Across all three PSH projects, TN-500 ensures that readiness assessments are individualized, trauma-informed, and focused on long-term housing stability.

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

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) TN-500 uses a formal, data-driven reallocation process to ensure CoC Program funds are directed toward high-performing projects and emerging community needs. Each year, the CoC Lead Agency conducts comprehensive monitoring of all CoC-funded projects using a standardized rubric that evaluates: 1) data quality, 2) data timeliness, 3) staff compensation, 4) staff retention, 5) project performance measures, 6) grant compliance, 7) project management competency, 8) project staff competency, 9) CoC participation, 10) CE participation, 11) program participant feedback, and 12) fiscal responsibility. Monitoring results are shared with the Ranking & Review (R&R) Committee and directly inform project scoring and ranking in the local competition. In addition, the CoC conducts an annual gaps analysis to identify unmet needs, shifts in population trends, and HUD priority areas. The Governance Council uses this analysis to set funding priorities and determine whether reallocation is needed to create higher-performing or more responsive projects.

2) During this year's competition, the CoC did identify projects that were less needed relative to new project proposals. These determinations were based on community needs, HUD priorities, and comparative project performance. This was reflected in the project rankings, which elevated higher-priority project types and new applications that better aligned with HUD's expectations.

3) No new projects were reallocated through the ranking process during the local competition. However, the CoC did reallocate funds from lower-priority project types to higher-priority project types prior to the competition, consistent with the CoC's reallocation policy. These reallocations were not the result of poor performance, but rather strategic alignment with HUD priorities and the CoC's gaps analysis.

4) The CoC did not reallocate any projects during the competition because all reallocations had already been planned, communicated, and agreed upon by project applicants before the competition began. These reallocations were driven by updated applications, shifts in project types, and overall project relevance, not by performance deficiencies. All affected agencies were fully aware of the planned reallocations and supported the strategy as part of a unified effort to align TN-500's portfolio with HUD priorities and maximize community impact.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	CaseWorthy
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Not applicable.

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

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

(limit 2,500 characters)

During the evaluation period, TN-500 implemented a coordinated, multi-agency strategy to reduce encampments and the number of people residing in them. The CoC partnered closely with the City's Homeless Engagement Team (HET), Chattanooga Police Department (CPD), Codes Enforcement, and Public Works to ensure encampments were identified quickly, assessed, and resolved through a combination of outreach, service connection, and coordinated clean-up operations.

The CoC used a centralized encampment tracking system to document cases, outcomes, and inter-departmental actions. Of the 280 encampment-related cases addressed during the period, 210 (75%) were fully resolved, demonstrating significant progress in reducing active encampments. Cases were received through multiple channels, including 311 reports, CPD referrals, Codes Enforcement, Public Works, and direct investigations by the Office of Homelessness and Supportive Housing (OHS), ensuring comprehensive coverage across the community.

Encampment reduction actions included daily outreach to connect individuals to shelter, diversion, and housing programs; coordination with property owners; and structured timelines for Public Works clean-ups once sites were vacated. The CoC prioritized voluntary relocation and service engagement resulting in 34 cases where no active encampment or no individuals were found, 13 administrative closures, and 4 cases where individuals had already relocated. Public Works completed 11 full clean-ups, with an additional 9 sites prepared for clean-up once outreach confirmed safety and readiness.

The CoC also strengthened coordination with CPD and HET, documenting 20 CPD/HET action notes and resolving 13 cases through decommission or enforcement when necessary. This partnership ensured that encampments posing safety risks were addressed quickly while maintaining a housing-focused approach.

Through consistent outreach, coordinated inter-agency response, and structured follow-up, TN-500 significantly reduced encampment activity and improved safety for individuals residing outdoors. The data demonstrates a clear, measurable impact and reflects the CoC's commitment to resolving encampments through housing-focused, person-centered strategies.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	229
2. Enter the reduction in the number of encampments during your evaluation period.	210

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	400
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2. Enter the reduction in the number of people in encampments during your evaluation period.

300

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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)

Not applicable.

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)

TN-500's plan to reduce first-time homelessness is built on a coordinated, prevention-focused system that intervenes early, stabilizes households before a crisis escalates, and targets limited resources to households most at risk of entering homelessness. The CoC uses a multi-layered strategy that includes targeted financial assistance, coordinated outreach, eviction prevention, landlord engagement, and cross-system collaboration.

A core component of this strategy is the Eviction Prevention Fund, which provides short-term, targeted financial assistance paired with stabilization services for households at imminent risk of eviction. The fund follows a “just enough assistance” model, offering only the minimum intervention needed to resolve the crisis. Stabilization services, such as mediation, case management, and financial counseling, support long-term housing stability.

The Prevention Fund operates through controlled referrals from CoC partners. This ensures consistent screening, documentation, and service connection, prevents misuse, and promotes equity. Assistance caps tied to Fair Market Rent maintain sustainability and allow the fund to serve a high volume of households.

TN-500 also collaborates with systems that frequently encounter households at risk of homelessness. Schools and youth-serving agencies identify families facing eviction or instability, healthcare partners flag medically vulnerable households whose housing is threatened by financial crises, justice system partners connect individuals exiting incarceration to stabilization resources before release, and DV providers ensure survivors who are still housed receive safety planning and prevention assistance. These partnerships expand the CoC's ability to intervene early.

The CoC works closely with landlords to prevent evictions through mediation, payment agreements, and rapid resolution of arrears. Prevention Fund partners regularly negotiate directly with landlords to stop eviction filings and maintain tenancy.

HMIS data, SPM trends, and annual gaps analysis guide targeting of prevention resources to households most likely to enter homelessness without intervention. Through targeted assistance, early identification, cross-system coordination, and landlord engagement, TN-500 has built a comprehensive prevention system designed to reduce first-time 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)

TN-500's plan to reduce the length of time individuals and families remain homeless focuses on rapid engagement, immediate problem-solving, and streamlined access to housing resources. The CoC uses a multi-layered approach that combines diversion, coordinated entry efficiency, targeted financial assistance, and strong cross-system partnerships.

The CoC prioritizes diversion as the first intervention for anyone seeking shelter or services. Diversion is embedded throughout the entire local homeless response system.

Key diversion resources include: 1) Housing Forward Fund (HFF), which provides flexible financial assistance to quickly resolve barriers; 2) Youth Centralized Diversion Fund (CDF), offering youth-specific financial support and problem-solving to prevent young people from entering literal homelessness; 3) Multiple CE access points, ensuring individuals can be quickly assessed and connected to diversion resources without delay.

The CoC has strengthened CE workflows to accelerate housing placements: 1) Universal Housing Assessment (UHA) completed quickly at first contact; 2) Case conferencing; 3) Real-time vacancy tracking for RRH, TH, and PSH units; 4) Immediate referral pathways. This streamlined process reduces wait times and ensures households move from assessment to housing placement as quickly as possible.

The CoC uses flexible financial tools, including the Eviction Prevention Fund, HFF, and CDF, to eliminate barriers that often prolong homelessness, such as: 1) Rental arrears preventing lease-up; 2) Utility arrears blocking move-ins; 3) Transportation barriers; 4) Application fees, deposits, and documentation costs. By resolving these barriers quickly, households move into permanent housing faster.

The CoC partners with landlords to expand unit availability and reduce lease-up delays.

The CoC works with hospitals, behavioral health providers, justice system partners, and domestic violence agencies to ensure households with complex needs are connected to housing quickly. These partnerships reduce delays caused by system fragmentation and ensure warm handoffs into housing programs.

Through diversion, rapid assessment, flexible financial assistance, landlord engagement, and cross-system coordination, TN-500 has built a system designed to reduce the length of time individuals and families remain homeless. These strategies directly support the CoC's goal of achieving measurable reductions in LOTH.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

44.10%

Describe how you calculated the data for this response.

(limit 2,500 characters)

For this question, TN-500 analyzed exits from TH, RRH, and PSH only, consistent with HUD's instructions. The reporting period used was January 1, 2025-December 31, 2025.

To calculate the percentage of exits to unsubsidized permanent housing, the CoC ran an HMIS report and counted all participants who exited TH, RRH, or PSH to any of the following HMIS Data Element 3.12 destinations: 1) Staying or living with family, permanent tenure; 2) Staying or living with friends, permanent tenure; 3) Rental by client, no ongoing housing subsidy; 4) Owned by client, no ongoing housing subsidy. These four destination types were summed to determine the number of unsubsidized permanent housing exits.

Calculation: Total exits from TH/RRH/PSH: 499, Exits to unsubsidized permanent housing: 220, Result 44.1%.

This percentage reflects the portion of all TH, RRH, and PSH exits during the reporting period that resulted in unsubsidized permanent housing placements.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	258	17	200	72.73%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	20	0	18	90.00%
4. Rapid Re-Housing (RRH) beds	171	0	171	100.00%
5. Permanent Supportive Housing (PSH) beds	411	0	246	59.85%
6. Other Permanent Housing (OPH) beds	8	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1)TN-500 will take targeted actions to increase bed coverage for project types below 85%, including rural emergency shelters, hotel-based emergency placements, and VA-funded beds. The CoC will train rural ES providers on HMIS requirements, data entry workflows, and the benefits of participation. For small or intermittent rural shelters, the CoC will directly enter ES data into HMIS to remove administrative barriers. The CoC will also establish a streamlined HMIS process for hotel-based emergency shelter partners. To improve VA-funded bed coverage, the CoC will coordinate with VA leadership to secure HUD-VASH bed data and ensure GPD transitional housing beds are fully represented in HMIS. The CoC will offer HMIS licenses at no cost to small shelters and hotel-based programs and provide HMIS-trained staff to enter data for providers unable to do so themselves.

2) Implementation will be lead by the CoC/HMIS Lead through scheduled trainings, individualized onboarding, direct technical assistance, and monthly refresher office hours. Rural ES providers will receive hands-on HMIS instruction and follow-up support. For shelters with limited capacity, providers will submit paper or electronic intake forms, and CoC staff will complete timely HMIS entry. Hotel-based programs will receive standardized workflows and one-on-one guidance to ensure consistent data submission. VA coordination will occur through regular meetings with VA leadership and GPD program staff to secure accurate bed data and support HMIS participation. Monthly monitoring will track progress, identify gaps, and ensure all low-coverage project types move toward at least 85% bed coverage.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

Submission Summary

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

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