

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: NJ-503 - Camden City & County/Gloucester, Cape May, Cumberland Counties CoC

1A-2. Collaborative Applicant Name: Community Planning and Advocacy Council (CPAC)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJ HMFA

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	2
4.	Community Mental Health Center (CMHC)	Yes	4
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	1
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	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	

16.	Local Government Staff/Official(s)	Yes	7
17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	4
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

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

(limit 2,500 characters)

As a regional CoC, formal invitation for new regions to join the CoC is coordinated through an Ad Hoc Committee via a letter of invitation, facts about the CoC & questionnaire for the potential new region to complete. Interested regions submit the questionnaire and the Executive Committee makes final determinations about admitting the new region. Each member region of the CoC holds local CoC meetings monthly to ensure CoC information and strategic planning reaches the full range of providers throughout the regional continuum. Local meetings are open to all interested parties and meeting dates and materials are posted on the CoC lead's and local County's website ensuring that it is easily accessible to all interested parties. Notification about meetings are also sent out through a variety of County level list serves. All local CoCs encourage new organizations, businesses, faith based providers, developers and anyone who are serving or working with clients experiencing homelessness to join the local CoC membership. Each local CoC committee establishes criteria for voting membership of their respective regions, but members are welcoming to join on a rolling basis and are not limited to any one time of year. Voting members in each region select representation for their respective communities to the Executive Committee.

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

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

(limit 2,500 characters)

The CoC full committee and subcommittee meetings include a variety of individuals and organizations ranging from veteran, youth, mental health and substance abuse providers to housing authorities, federally qualified health centers and victim service providers. All CoC meetings, including subcommittees are open to all interested stakeholders regardless of voting status. Subcommittees have been created in accordance with the CoC bylaws, allowing for input from providers that may not always participate in the full CoC membership but have specific interest in a population or activity being discussed. In order to ensure key perspectives are integrated into the CoC planning, the CoC lead as well as the Executive Committee members conduct specific outreach to stakeholders to encourage participation. In addition to agency stakeholders, the CoC is working with Advisory Boards of persons with lived experience to ensure CoC planning efforts are in line with the needs of those accessing the system.

Notices for meetings are widely distributed, publicly posted on the regional websites and all full CoC meetings are advertised as open to any agency or person interested in attending, allowing for input and collaboration from a wide variety of agencies and advocates. Information regarding related regional events are also distributed to the full CoC via emails and flyers during meetings. The CoC has switched to all virtual meetings which include conference call options to allow for access to a broader range of organizations.

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

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

(limit 2,500 characters)

The CoC funding announcement encourages all agencies who are looking to serve persons experiencing homelessness to apply for funds and specifically states that "this includes first time applicants, agencies who have not previously received CoC funding, and faith-based agencies." The local application process is sent out through not only the CoC, but other local mailing lists, is announced at the CoC and regional CoC meetings and is posted on the CoC and local region's County websites for the public to see. The CoC also hosted a technical assistance session for anyone who was interested in the funding to learn about the process and ask any questions.

For FY2026, the CoC provided information about how to access the online application portal including the link, submission requirements, scoring and deadlines through the local announcements of funding which included multiple email and website postings on 6/8/26. The funding availability was also publicized at meetings throughout the month of June and the technical assistance session was held on 6/15/26 which provided a walkthrough of the online application portal to help address any questions. Ultimately the CoC received applications from 18 different organizations, including 9 organizations that do not currently have a CoC renewal grant. Of these 9 organizations, 5 have been included in the CoC's priority listing for funding.

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

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

(limit 2,500 characters)

At the end of 2022, the SNJ CoC developed a comprehensive plan to address unsheltered homelessness. This plan collected information regarding system gaps and service needs through HMIS data, focus groups and stakeholder meetings specifically targeting households experiencing unsheltered homelessness. The plan then highlighted a specific strategy, performance measure and if available, potential funding source to help address each gap/area of need. Some areas of focus from the plan included landlord recruitment; enhanced street outreach including coordination with local law enforcement, warm handoffs to community providers and housing focused case management; increased access to emergency shelter placements; and increasing the number of permanent housing placements available to quickly move households off of the street and into housing. The CoC Executive Board is the entity that had been identified as responsible for overseeing implementation of its specific strategies. Since the plan was adopted, the CoC has used it as a framework when funding new programs and identifying the work of subcommittees in the community.

In addition to the CoC-wide unsheltered plan, 3 of the 4 counties within the CoC have developed a plan to address homelessness within their region. While some of these plans were developed a number of years ago, the local regions evaluate their progress against these original strategies and expected outcomes and develop areas of focus for CoC subcommittees based on this progress. Lastly, the CoC Lead compiles an annual progress report for the CoC Executive Board, which the Executive Board then uses to develop strategies for the upcoming year to move the CoC forward which are then assigned to specific subcommittees or community partners for implementation. Most recently, the CoC has been receiving HUD Technical Assistance to improve their coordinated entry system after the CoC held a series of strategic planning meetings that highlighted the gaps in the current system.

1B-5a Confirmation of Plan Coverage.

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

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	No
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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

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

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A - the CoC is not a rural CoC

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The SNJ CoC has a number of services providers within its network that provide comprehensive services to address mental health and substance abuse among households experiencing homelessness. Upon intake to the system, clients work with staff to complete a screening to identify whether a connection to a mental health or substance abuse provider is needed. In some cases, the housing provider itself has access to mental health and substance abuse services on site, while in other circumstances, it would involve a warm hand off to the community provider who can assist.

Once a client is engaged, all mental health and substance use providers complete a thorough assessment to establish the appropriate services based on the client's need. Services can include outpatient mental health or substance abuse, detox, medication management, inpatient behavioral health services or residential substance abuse treatment. If there are instances where clients are not able to connect with a service provider directly, the community does work with providers who operate mobile crisis response and crisis stabilization services. These providers will conduct outreach directly to the client, instead of requiring them to go on site. They can then complete the assessment and connection to a longer term service provider once they have deescalated the client's immediate needs. If needed, the CoC also has access to suicide prevention providers who are available 24/7.

In addition to community providers, each County within the CoC has an Office of Mental Health and Addiction services who work to enhance the network of providers and access to these services for clients experiencing homelessness. These offices work closely with the CoC leadership to help address any gaps or provider connections as they come up.

Some specific providers of these services within the community include Collaborative Support Programs of NJ, CAMCare Health Center, Center for Family Services, Maryville, Inc., Cooper Center for Healing, Genesis Counsel Center and Oaks Integrated Care.

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)

A large majority of agencies in the CoC who provide mental health and substance abuse treatment services provide peer support and recovery navigation options recognizing how successful peer support is in initial engagement and long term service participation. As example, one of the primary mental health providers for the community, Collaborative Support Programs of NJ strive to primarily hire staff who may have had mental health or substance abuse needs in the past as they are able to provide a personal approach that enhances the connection to the client and in many cases. their willingness to accept services. Additionally, they provide a number of their services at peer-led drop in centers, providing a safe space for clients to seek assistance and remain engaged.

As another example, Acenda Integrated Health incorporates peer specialists in a number of their service programs such as their Early Intervention Support Services (Mental Health Urgent Care), Program for Assertive Community Treatment, Community Behavioral Health Clinics and Psychiatric Emergency Screening Services. Acenda's peer specialists utilize holistic, non-judgmental, motivational and strengths-based practices to support individuals in their journey to treatment and recovery.

As a last example, Maryville Integrated Care, one of the CoC's primary substance abuse providers as well as detox and inpatient facility, incorporate peer recovery specialists into all of their addition treatment programs recognizing that these mentors provide empathy, understanding and experience while serving clients. They are also trained by the agency to understand best practices and system resources that they use to help all clients move forward in their treatment work.

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)

SNJ CoC providers, including the CoC's coordinated entry, have incorporated mental health and substance abuse screening questions into many of their intake forms to help quickly identify clients who may need to be connected to substance abuse and mental health services. The CoC also relies on its PATH providers who provide community-based case management and outreach to help initially connect and provide treatments services to clients with persistent mental illness. In addition, all Counties within the CoC have an Arrive Together team which partners mental health providers with local police departments to help identify and address clients with mental health needs in real time. Lastly the CoC has a number of providers, including community based mental health providers, who offer community support services (CSS) throughout the region. These agencies provide outreach, engagement and intensive case management, medically assisted treatment programs and case coordination to those with serious mental illness.

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)

The CoC has a number of providers who are connected with Drug Court, probation and parole as well as Mental Health Court, two provider examples who are working in connection with both Drug and Mental Health Court are Resources for Human Development and Collaborative Support Programs of NJ.

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)

Both providers identified in 1C-1d work with clients who are connected to Drug Court or Mental health Court to connect them to substance abuse and mental health services to avoid clients having to be incarcerated or experience recidivism within the justice system. Agencies conduct an assessment with the client to determine the type of treatment that would be most beneficial and either provide those treatment opportunities directly or connects them with the providers identified above. Service referrals may include sober living and detox and well as inpatient or outpatient mental health and substance abuse services. Both agencies provide peer support, resource navigation and ongoing case management to help clients address not only their treatment goals, but also conduct housing plans, connect them with the CoC's coordinated entry and identify housing solutions as they are working through their substance abuse and mental health treatment services. This coordination helps clients avoid entering homelessness upon completion of their treatment and avoid any issues with their court proceedings.

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

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

(limit 500 characters)

The SNJ CoC has a 988 Mobile Crisis outreach response team through Legal Treatment Services who respond to non-life-threatening mental health, substance abuse, & suicidal crises throughout the region. The program utilizes trauma-informed, de-escalation & stabilization techniques & also offers safe & appropriate transportation to crisis stabilization & receiving centers, community behavioral health clinics, hospital EDs, and mental health and substance use providers.

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.	

You must enter a response in question 1C-1f.

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

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

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

(limit 500 characters)

The CoC works closely with all three PATH providers that cover the CoC's region, 2 of the 3 providers are CoC-funded providers which include Oaks Integrated Care and ACENDA. Both of these agencies are also Community Behavioral Health Clinics and provide a large number of behavioral and mental health services to the counties within the CoC. Both agencies are connected to the CoC's coordinated entry system.

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)

ACENDA operates two renewal permanent supportive housing programs through the SNJ CoC funding and operates sober housing through their A Place to Call Home programs which provides safe, sober, independent, short-term housing for pregnant and parenting women. The program offers a range of services to support mothers throughout pregnancy and early childhood, opioid and substance recovery and housing crises.

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

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

(limit 2,500 characters)

The CoC has established a large network of service and housing providers that coordinate to provide the full continuum of services needed to move clients from treatment to housing. Through these established partnerships, care coordinators, case managers and certified peer recovery specialists work directly with housing providers to identify appropriate placement options, complete referrals, address eligibility requirements, and coordinate services that promote housing stability. Warm hand-offs include direct communication between providers, scheduling appointments, confirming housing availability, assisting with transportation when needed and maintaining follow-up contact to address barriers and prevent disruptions in care. Housing planning is integrated into assessment, treatment, discharge planning, benefits navigation, and community reintegration services, ensuring individuals are connected to temporary, transitional, recovery, supportive, or permanent housing resources based on their needs. By combining housing navigation with ongoing behavioral health treatment, substance use disorder services, medical care, peer support, and care coordination, the network of providers are able to ensure individuals maintain housing stability and reduce the likelihood of entering or returning to homelessness.

1C-2.	Supportive Services Investment.	
-------	---------------------------------	--

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	
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.	
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
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.	
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).	0%

You must provide a response for elements 1, 2
and 4 in question 1C-2.

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)?

You must provide a response in question 1C-3.

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)

There are 3 entitlement communities with ESG funds within the CoC region: Camden County, Camden City and NJ Department of Community Affairs (DCA). The Executive Committee members participate in and provide comments on the DCA ESG funding priorities during public comment period and by providing letters of support to DCA ESG projects that are in compliance with local funding priorities and demonstrate the ability to partner with the CoC. Representatives from the CoC Executive Committee sit on the Camden County and Camden City ESG allocations committees and provide consultation on planning and funding. The CoC System Evaluation Committee completes and evaluates data quality and outcome reports for all projects in the system regardless of funding source, which includes an evaluation of all ESG funded projects. These reports are made available to the ESG entitlement communities. Any public meetings held by the ESG recipients are shared through the CoC mailing lists and many CoC partners participant in the Consolidated Planning and Annual Planning processes.

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)

All referrals for CoC funding assistance are provided the CoC's coordinated entry program which is administered by the Center for Family Services. While CFS is the agency that maintain the list and providers referrals to the housing providers, all emergency shelter providers throughout the CoC's region act as the front door to the coordinated entry system. Providers complete an initial screening and share the client's information with the coordinated entry program to be assessed and added to the CoC's housing prioritization list. When a client is selected for a CoC housing opportunity the coordinated entry providers connects the emergency shelter case manager to the CoC housing provider to share eligibility documentation and help facilitate the connection with the client directly. This system ensures that all emergency shelter clients are screened and have access to CoC programs when eligible. In addition, all emergency shelters in the region attend their local County CoC meetings to stay informed on new program opportunities and resources for their clients.

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)

SNJ PIT Count data including the full final report is publicly posted and is shared with local governments to assist in their planning, including how they will adhere to the State of New Jersey's Code Blue requirements, which requires municipalities with more than 10 unsheltered clients on the night of the PIT to have a Code Blue response system. The CoC shares system performance data and other HMIS program outcome reports during public meetings and makes these reports as well as the HIC data available to any local government that requests the information. The CoC has always and continues to work with County and City Consolidated Plan jurisdictions to ensure they have access to the data needed to inform their Annual and Consolidated Plans.

The CoC's HMIS lead is a unit of NJ government which helps facilitate the sharing of system data for statewide system improvement. This structure has also led to a number of other State Departments requiring data entry into HMIS and their utilization of HMIS data in their system planning work.

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)

At the agency level, providers within the CoC operate a number of different program types and receive a variety of funding sources. This process assists with the integration of cross system data sharing. As an example Center for Family Services and Jewish Family Services are both homeless service providers within the CoC who provide coordinated entry, case management, street outreach and housing programs to households experiencing homelessness. In addition, both providers have also received a grant through the NJ Dept of Community Affairs for their Comprehensive Eviction Defense and Diversion program which offers free eviction prevention services and resource navigation. Through this program, these agencies are directly connected to the local courts and receive updated eviction data. This data is then used to help triage clients for homelessness prevention services and rental assistance. This also helps inform the CoC's recidivism work and strategies to reduce first time homelessness.

At a statewide level, the State of New Jersey recently rolled out its Medicaid Housing Supports Program which requires CMOs and Housing Supports Providers to utilize HMIS for client service tracking. This integration of health and housing services into the CoC's single HMIS platform not only improves the level of care coordination happening between the client's CMO, housing supports provider and coordinated entry case manager it is also a way for all providers to ensure there is no duplication of services and to streamline their efforts.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC's Mainstream Resources Committee works with CoC agencies to connect clients to job opportunities and employment counseling programs such as Gateway Community Action's Jump Start program for resume and job assistance. The committee also works with agencies to ensure they are connecting clients to the local Workforce Investment Boards to access training and employment supports. The local WIB One Stop agencies are active members of the regional CoC meetings and provide regular updates on new programs and work with the CoC to identify ways of expediting access to their services for people experiencing homelessness in 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)

The CoC has a number of street outreach providers that cover the full CoC region. While not all outreach teams are a primary contact to law enforcement, in all Counties within the CoC, there is a street outreach provider that is available and in many cases conducts outreach efforts in partnership with law enforcement. This is especially true when outreaching any encampments to ensure the safety of everyone involved. One example of a consistent partnership between street outreach and law enforcement is with ACENDA who is the PATH provider for 3 of the 4 Counties within the CoC. During their outreach, ACENDA acts as a liaison between law enforcement, social services providers and other community partners to successfully connect those experiencing unsheltered homelessness with services. Law enforcement is aware of ACENDA and will conduct outreach with them, when needed. Additionally, outreach teams will work with paramedics to help address any immediate needs of the clients they are engaging with and will provide warm handoffs to other crisis and mental and substance abuse partners.

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)

All case managers tied to CoC funded housing projects work with clients on a holistic level which includes not just financial, substance abuse and mental health support but also support in social and community needs. This includes focusing on building client support networks and assisting in family reunification efforts. Once households are successfully connected with services, case managers complete a service plan with the client with includes determining the level of family and community support the client currently has. If there is no support identified, this area will be flagged as an area of focus. CoC case managers have provided conflict resolution services, coordination with child welfare case workers and connection to diversion programs that can assist with relocation when appropriate. Many CoC programs have been very successful in reconnecting clients with family members as well as their children who can then reside with them in their permanent housing placements. About 15% of discharges from TH, RRH and PSH placements between 10/1/23-9/30/24 were clients discharged to permanent placements with friends or family.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	No	

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

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

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

(limit 2,500 characters)

All CoC providers act in partnership with law enforcement and first responders and do not interfere or impede their ability to advance public safety. As described above, in many cases street outreach coordinate with law enforcement to conduct outreach efforts when needed and many outreach providers are a primary point of contact for law enforcement agencies when someone experiencing homelessness needs assistance. Additionally all Counties within the CoC have an Arrive Together program in which law enforcement officers are trained in crisis intervention and paired with certified mental health screeners who respond together to calls involving behavioral health and mental health crises. These partnerships have been extremely successful and provide compassionate, specialized medical and mental health support while reducing injuries, arrests and uses of force during crisis calls.

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)

There are currently now laws, policies or practices that hinder the CoC's ability to quickly clear tents and encampments. The partnerships with law enforcement explained above have improved the CoC's ability to address the needs of clients residing in encampments by allowing for early and safe engagement practices and service connection before encampments may be cleared. The biggest barrier that has been found to serving those in encampments is access to affordable housing to help end the homeless experience of those in encampments.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

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

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

(limit 2,500 characters)

There are currently no laws that hinder the CoC's ability to assist those experiencing homelessness and substance abuse. Because of the Arrive Together program, the CoC is able to quickly assess and connect clients to services who may need them. In cases where it is needed, NJ law does allow police officers to take someone who is publicly intoxicated into treatment, but because of the partnership built through the Arrive Together program, many times, the client can be connected to detox or treatment through the service provider connection.

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

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

(limit 2,500 characters)

The CoC does not maintain data tied to the current status of overdoses and illicit drug use in public spaces. As described above, the CoC and its partners are working with law enforcement when needed to provide service connection to any experiencing unsheltered homelessness who may need substance abuse treatment.

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)

There are currently no laws that hinder the CoC's ability to assist those experiencing homelessness and a mental health crisis. Because of the Arrive Together program and the statewide 988 Mobile Crisis Outreach Response Teams, the CoC is able to quickly assess and connect clients to services who may need them.

In cases where it is needed, NJ law does allow for involuntary commitment due to danger to self, other, or property. There is a Psychiatric Emergency Screening Service that can be initiated by anyone including housing providers or other community members. The PESS team provides mobile outreach for individuals experiencing acute psychiatric distress. The team conducts outreach with the police so in the instance that someone meets criteria for the program but is not cooperative, they can be transported for involuntary hospitalization to receive assessment and treatment planning.

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

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

(limit 2,500 characters)

The State of NJ aligns its sex offender tracking with federal Sex Offender Registration and Notification Act by updating state rules to match national minimum standards. NJ combines the federal rules with its Megan's Law framework. All CoC providers adhere to all Megan's Law requirements and encourage families who will be served in their housing programs to utilize the registry when identifying an apartment.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC's geographic region encompasses 4 counties that include urban centers, suburban communities, and rural geographies. Outreach supportive include formal outreach teams, drop-in community wellness center and faith based and informal outreach teams. Additionally, outreach and engagement occurs in partnership with local police departments, hospitals, feeding programs, libraries and the faith based community. Each county within the CoC has a designated primary outreach agency that fields all calls and coordinated efforts of formal and informal/community-based outreach teams. As mentioned above, through the Arrive Together program, outreach in NJ has expanded to more quickly connect clients in need of substance abuse and mental health services with appropriate providers in the community. With all outreach teams, consistent engagement and identification of housing supports is at the forefront of their services. Outreach teams are trained in trauma informed services and motivational interviewing and rely on peer support workers where possible. All agencies provide warm handoffs to any housing and service provider to help ensure clients remain engaged and continue to receive services. Outreach programs directly connect unsheltered clients with the CoC's coordinated entry system for housing prioritization and there is no shelter requirement for households to be accepted into longer term housing solutions.

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

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

	Written Agreement
1. Child Care (including Child Care and Development Fund)	Yes
2. Early Childhood Providers	Yes
3. Early Head Start	Yes
4. Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5. Head Start	Yes
6. Healthy Start	No

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

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

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	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)

All CoC-funded agencies that service families or youth up to 24 years of age must designate a staff person as their agency's "Youth Advocate" to ensure that:

1. All school-aged youth remain enrolled in school during periods of homelessness and/or during the transition into permanent housing.
2. All Youth Advocates gather the names of homeless school-aged youth and report the names to Regional Educational Services Commission.
3. All Youth Advocates inform homeless families of their children's educational rights under the McKinney-Vento Act and connect children with community services, including early childhood programs such as Head Start.
4. All Youth Advocates connect homeless families to their LEA McKinney-Vento Homeless Liaison or other designated staff person identified by the LEA.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the State. The local offices are directly connected with the SNJ CoC through a designated staff, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate supports to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing. Additionally, there are a number of providers within the CoC that are service providers of DCF and provide a connection between the child welfare services and the CoC work. Agencies include both Center for Family Services and Acenda who offer youth specific services such as shelter, permanent housing and ongoing supportive services.

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)

Within the CoC, Center for Families Services is the only RHY funded provider. CFS receives funding for a Basic Center Program, Maternity Group Home, Prevention Demonstration, Transitional Living and Street Outreach. In addition to being a CoC funded provider, CFS also sits on the CoC Executive Board and operates the CoC's coordinated entry system. Through these roles, CFS ensures all RHY funded programs are integrated in as a resource to the CoC and youth experiencing homelessness. CFS ensures that any appropriate coordinated entry referrals can successfully be connected with RHY specific services as well as making sure that all youth are appropriately prioritized for non-RHY housing 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)

Center for Family Services: New Transitional Housing for DV survivors - this is a transition grant from a currently operating rapid rehousing program

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)

In successfully administering a number of CoC rapid rehousing and now transitional housing programs, CFS understands the need for all household's service plans to include budgeting and strategies to improve each household's individual income. CFS partners with a number of other community providers to ensure all participants have access to needed resources. Partnerships include, but are not limited to: People In Transition which provides career and education opportunities, Consumer Credit and Budget Counseling, Workforce Improvement Boards and local workforce programs administered through the local Board of Social Services.

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)

Upon intake, all clients are assessed to determine existing strengths, support systems, benefits and income. If through this assessment it is determined that the household is not connected to all eligible mainstream services that they could be, CFS will work with the client to establish their eligibility and apply for assistance. CFS is well versed in the mainstream benefits eligible to families such as TANF, but is also a DCF funded provider and so understands the DCF and child welfare services that families may be able to access while they are still experiencing homelessness. CFS leverages staff funded through DCF to help connect CoC clients to these services and benefits.

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)

Program participants in CFS housing programs are supported in developing individual goals & safety plans that meet their household needs. Case managers meet with household on a schedule that fits their needs with a typical schedule being bi-weekly meetings. Staff also engage participants in therapeutic enrichment activities that support their personal growth & empowerment. Staff support survivor households in identifying their strengths & use that as a basis for development of service plans rather than building off areas of deficiency that need to be addressed. As part of their services and while working on their housing plan, CFS offers joint parent-child counseling sessions & staff provide a safe & supportive environment to express emotions & explore nonviolent ways of managing anger. Counselors employ therapeutic methods to help participants feel empowered to make choices, improve their self-confidence, self-esteem, & heal from the trauma. CFS also partners with numerous agencies to provide services depending upon the need of each individual, including: People in Transition at Rowan College for career building; Allstate Financial for financial empowerment; People For People for empowerment workshops; and South Jersey Food Bank for meals on a budget.

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)

In 2025, the NJ Dept of Community Affairs & NJ Dept of Veterans Affairs launched its Bringing Veterans Home Initiative with the goal of ending veteran homelessness in NJ. The program assigned each County a regional veteran coordinator and provides a full scope of diversion, short term emergency placements, case management & housing coordination. The program works with all SSVF & VA providers in the region & as of 7/1/26, NJ reached "functional zero" for veteran homelessness.

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)

Center for Family Services is one of the CoC's primary victim service providers and is currently funded through the CoC for domestic violence specific housing programs. CFS provides the full range of services to victims including 24/7 hotline, crisis intervention, legal advocacy, safe housing, education and counseling support groups. CFS operates under a trauma-informed model and focuses all of its shelter, housing and supportive services around victim safety and long term stability.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The Safe Return program through Volunteers of America provides reentry assistance and a broad range of essential services for individuals returning to society within 3 years of being incarcerated. The program offers case management and family reunification, housing assistance, employment and education services, legal assistance and benefits assessments and reinstatement, substance abuse and mental health linkage.

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

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

(limit 500 characters)

The Regan Center is a 23 bed emergency shelter program that includes an 8 bed medical respite program that provides shelter for homeless men with a high level of medical needs. In addition, through a number of local initiatives there has been an increased level of training provided to ER doctors to help them better understand homelessness and substance abuse. This training also helps them identify resources and provide warm hand offs to providers to avoid ongoing ER recidivism.

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)

Senior Citizens United Community Services (SCUCS) is a non-profit CoC partner that is dedicated to providing a safe and supportive living environmental for the aging and elderly experiencing homelessness. SCUCS provides community and in-home services as well as support coordination and is also leading the community's shared housing efforts, which is an approach that has been successful with the aging population. The CoC has also approved a number of tax credit senior housing projects recently.

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)

Collaborative Support Programs of New Jersey (CSPNJ) operates a CoC Permanent Supportive Housing project: Camden PSH Expansion 2022 that provides PSH to 51 chronically homeless households.

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

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

(limit 2,500 characters)

CSPNJ assess all participants upon intake and sets up an individualized service plan determining all needs including behavioral health. Those who qualify for and have a need for Community Support Services (CSS) will receive an initial Comprehensive Rehabilitation Plan Needs Assessment (CRNA) and Preliminary Individualized Rehabilitation Plan (PIRP) from CSP's staff licensed clinician which will identify the level of service needs provided by certified peer or licensed behavioral health staff at intervals determined in their PIRP. Clients will then receive an updated IRP at the required intervals. Areas identified and goals worked on include illness management, crisis intervention an coordination of permanent housing and natural supports.

For those that either do not have a qualifying diagnosis for CSS or are not Medicaid billing eligible for other reasons, a similar structure is followed, where at least annual services plans are completed and client goals are identified. Case workers and peer support workers meet with individuals within their homes to work on the 8 dimensions of wellness including: physical, spiritual, social, intellectual, emotional/mental, occupational, environmental and financial health.

For any of the above, if a worker identifies a program participant in crisis, first an attempt will be made to stabilize the individual within the residence, second option is to see if a respite bed is appropriate and available, last measure is to call or transport the individual to the local screening center should they prove to be a danger to themselves, others or property.

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)

During visits and annual assessments CSPNJ observes and documents each client's activity of daily living skills. Should an individual show signs of inability to clean, cook, or maintain lease requirements, the first step is to see if increased support from CSPNJ staff and/or community care managers will allow the individual to remain independent or if the behavior is related to a temporary crisis that will pass. Should the individual continue to show a decline in the above skills or exhibit behaviors that could be dangerous to themselves or others in the community (hoarding, leaving cooking appliances on and unattended) a plan would be made to work toward alternate placement.

For physical health situations, an inability to safely ambulate in the community would lead to assessment for rehabilitation or long-term care through linkage to the program participants medical professionals.

Should the situation be related to a relapse in substance use, if the individual is no longer able to remain sober with outpatient treatment models, a residential substance use treatment cetner would be located and the process of referral begins.

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)

When a client in the CSPNJ PSH program is able to demonstrate stable adequate income such that they are paying 75% or higher of their unit rent, the individual will be assessed for moving on to a non-CoC voucher. Assessment would also include ability to follow lease terms and demonstrate positive landlord tenant and community relations. When a client is paying 95-100% of the rent on their unit, should they remain at this level of income for 6 months or more, they would be moved off the voucher program and the voucher would be reissued to another individual off of the CoC's coordinated entry list.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

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

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

You must enter a date in question 1D-2a.

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

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

You must enter a date in question 1D-2b.

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/04/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/04/2026
--	---	------------

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

	Describe:	
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,	

3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC conduct a multi-step process annually to determine the effectiveness and compliance of each project funded through the CoC. This review process includes a monitoring, performance outcome evaluation and local application process. The monitoring includes a review of compliance with HUD and CoC regulations/policies, implementation of local CoC best practices, fiscal administration and rate of returned funds. The performance review evaluates program outcomes tied to housing utilization, increasing housing income, ensuring PH stability for both clients remaining in and being discharged from programs. Projects demonstrating consistently poor performance, compliance concerns, or multiple years of underspent funds without clear effort to avoid underspending, are at risk for reallocation during the review and ranking process.

2. Yes, the CoC identified a number of projects that were underspending and two projects that were underperforming. The CoC also took new federal priorities and scoring factors into consideration during the reallocation review for FY2026.

3. Yes, there were 6 renewal projects that were reallocated fully in FY2026 with an additional 9 projects that received partial reallocation.

4. N/A

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

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

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

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Foothold
--	---	----------

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
--	--	---------------

2A-3.	PIT Count—Methodology Change.	
-------	-------------------------------	--

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

(limit 2,500 characters)

N/A - there were not major methodology changes between the 2025 and 2026 Point in Time Count for SNJ CoC.

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

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

(limit 2,500 characters)

The CoC has a number a street outreach providers that work in partnership with local officials and law enforcement to quickly engage clients residing in encampments. Providers conduct outreach with police officers to ensure safety of everyone involved and offer emergency placements as well as connection to substance and mental health services when needed. From the start of engagement, the goal of the outreach providers it to connect all clients with a safe place to sleep and continue service engagement. Outreach teams will also connect clients with the CoC's coordinated entry system for housing prioritization. Starting in 2026, the counties within the CoC increased their tracking of encampments including outcomes and ongoing service connection. This tracking is done in partnership with law enforcement so ongoing outreach can be targeted to those that have been reluctant to engage.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	7
2. Enter the reduction in the number of encampments during your evaluation period.	0

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	19
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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)

While there was no reduction in the number of encampments or people within encampments during the evaluation period, the CoC has since enhanced their tracking of encampments and coordination with local law enforcement to quickly address and engage clients residing in encampments. The integration of the Arrive Together program has also led to significant improvements in service engagement and outcomes for clients residing in encampments.

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

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

(limit 2,500 characters)

The CoC provides training and support to all agencies to ensure their understanding of prevention programs available in the community. The CoC has developed an information system (MyResourcePal) that provides updated guidance on resources available such as prevention, legal assistance and other items that may support households in maintaining their housing, as well as several hundred landlords who provide affordable housing. The CoC works closely with legal services, local welfare agencies and prevention programs to ensure persons at risk of homelessness are connected to financial supports that can aid them in maintaining housing. Additionally, the CoC recently secured funding through the NJ Office of Eviction Prevention for a Comprehensive Eviction Defense and Diversion program that provides low-income households facing eviction with free and quality access to both an attorney and resource navigator to connect them with necessary rental assistance and relocation support.

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

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

(limit 2,500 characters)

The primary strategy to reduce the length of time homeless is through prioritization on the Coordinated Entry (CE) waitlist, housing readiness and housing navigation services. The CoC's coordinated entry process prioritizes households with the highest vulnerability & longest histories of homelessness ensuring households with the longest histories get into housing as quickly as possible. While waiting for a housing opportunity to come up, all agencies are working to ensure clients have access to all documents and eligibility forms so they are ready to move into housing as quickly as possible. The CoC's Housing Navigator program works to identify landlords within the community ready and willing to work with individuals experiencing homelessness and/or who may have a rental assistance voucher. The list of landlords is coordinated through a single database accessible to agency staff, homeless individuals & landlords through MyResourcepal.org. The list of vetted landlords provides an opportunity for rapid exit once households are connected to voucher resources. Lastly, the CoC has access to an increased number of housing navigation providers through the State's Medicaid Housing Supports program. Through the program, all clients that are experiencing homelessness and eligible for Medicaid can be connected to a housing supports providers who can work with them to get housing ready and in identifying housing opportunities and landlords in the community.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
-------	---	--

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	59.00%
---	--------

Describe how you calculated the data for this response.

(limit 2,500 characters)

HMIS data was pulled for all Transitional Housing, PH Rapid Rehousing, PH – Permanent Supportive housing programs for 10/1/24-9/30/25. Because the reports included everyone enrolled during the period, records were filtered by discharge date so that only exits occurring within the reporting period were counted. Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations: “Staying or living with family, permanent tenure”; “Staying or living with friends, permanent tenure”; “Rental by client, no ongoing housing subsidy”; “Owned by client, no ongoing housing subsidy”. The sum of the four destination totals was used as the numerator. The denominator was the total number of TH, RRH and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH and PSH collectively to unsubsidized housing.

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
--	---	------------

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

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

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

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	No
--	---	----

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	524	0	510	97.33%
2. Safe Haven (SH) beds	30	0	30	100.00%
3. Transitional Housing (TH) beds	346	36	373	97.00%
4. Rapid Re-Housing (RRH) beds	254	0	169	65.54%
5. Permanent Supportive Housing (PSH) beds	986	0	679	68.86%
6. Other Permanent Housing (OPH) beds	8	0	8	100.00%

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

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

The HMIS bed coverage rate for RRH programs is incorrect. There were two rapid rehousing programs that were listed as non-HMIS participating, but both programs have client level data entered into HMIS and included in reports such as the LSA and system performance measures. The bed coverage rate for RRH with these adjustments should be 100%.

The HMIS bed coverage rate for PSH is greatly impacted by the HUD VASH programs that are available throughout the 4 Counties within the CoC. On the night of the PIT count, there were 217 people housed through HUD VASH vouchers, which is what led to the lower than 85% coverage rate. While initial conversations have been had regarding getting VASH beds into HMIS, so far, no progress has been made in getting those beds in the system. In the next year the CoC will engage with the Bringing Veterans Home Initiative partners to see if VASH beds can be integrated into the CoC's HMIS through a partner agency or uploading process.

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?	No

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

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

4A. Attachments Screen For All Application Questions

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

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

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes		

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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	09/27/2026
1C. Coordination and Engagement	Please Complete
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/27/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required