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: GA-500 - Atlanta CoC

1A-2. Collaborative Applicant Name: Partners for HOME, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead:

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
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	2
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	2
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	1
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)	No	
14.	Law Enforcement	Yes	1
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	1

17.	State Government Staff/Official(s)	Yes	2
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	2
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	0
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	Yes	0
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
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	0
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.	

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

(limit 2,500 characters)

The Atlanta CoC is committed to encourage new membership in the CoC at all times. Membership is open on a continuous basis, so any individual or organization may apply to join at any point during the year. The CoC maintains a dedicated membership webpage and an online membership application on Partners for HOME's (the Collaborative Applicant's) website, both publicly available at all times. The invitation is renewed and communicated repeatedly over the course of each year. At the CoC's bimonthly membership meetings, attendees are invited to complete the membership application online. Subscribers to the CoC's email list receive invitations to join in the CoC's regular email communications, and the CoC uses its social media channels to encourage community members to join. Prospective members are invited to the CoC's monthly orientations, to community meetings, and to other events where CoC members engage the public, including City Council meetings, neighborhood association gatherings, and community awareness forums. At least twice each year, a specific call for new members is issued through the CoC's social media channels and through current partner organizations.
The CoC makes the application accessible. The application can be completed online, and the CoC also provides a PDF version with read-aloud capability. For individuals who do not have access to computer technology or who need additional support, the CoC liaison provides hands-on assistance with completing the application. Full CoC meetings are held virtually with closed captioning, and committee and workgroup meetings are held in person, virtually, or both.

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 Atlanta CoC solicits opinions on its performance, strategies, and priority setting through standing bodies that meet on a regular, published schedule. The CoC has a Client Advisory Council and a Youth Advisory Board, both composed of people with lived experience of homelessness, a Governing Council, and eight additional committees and workgroups that meet regularly. All CoC policies are brought to the Client Advisory Council for review and discussion before they are presented to the Policy Committee and the Governing Council for approval, so that input is considered before decisions are made rather than after.

Opinions are solicited from a broad array of individuals and organizations with knowledge of homelessness or an interest in preventing and ending it, including service recipients, direct service case workers, government entities, and community members. Partners for HOME, the Collaborative Applicant, participates in government and business events, meets with stakeholders, and solicits feedback from state and city government, the public, CoC member organizations, clients, and community members through in-person events, digital communication, and virtual meetings. The CoC holds bimonthly orientations, town hall style events, and frequent trainings with the organizations that make up the CoC, including trainings on eviction prevention and mental health first aid.

The CoC publicizes opportunities to comment through its website, social media, a regular newsletter, and frequent community-oriented meetings and events held across the city. Agendas are shared before meetings and surveys are sent out to gather feedback on upcoming events and needs. Meetings are recorded, by video or by minutes, and virtual meetings are closed captioned. Digital communications use accessible color schemes and include options to request accommodation, and the CoC liaison is available to provide hands-on assistance to those who need additional support.

In addition, the CoC held public forums and conducted over 300 interviews with people with lived experience of homelessness to gather input on its 2023-2028 Strategic Plan. Partners for HOME staff regularly attend community events, have provided testimony at the Georgia State Capitol, and hold regular community meetings for the public on significant projects. Feedback received through these channels informs CoC policy decisions and priority setting.

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 Atlanta CoC runs a publicly advertised local competition open to organizations that have not previously received CoC Program funding. The CoC's community outreach focuses on building capacity within the homeless response system. Throughout the NOFO competition, notices specifically welcome new project applications and make clear that organizations do not need to be current CoC-funded providers to apply. The CoC intentionally communicates the opportunity beyond its existing network of funded providers to expand awareness and participation. This outreach has generated applications from new organizations, including churches and other faith-based organizations.

Before the competition opens, the CoC hosts a General NOFO Overview webinar for organizations unfamiliar with the CoC or NOFO funding. The webinar is advertised through the CoC email list, with a request that it be shared with other organizations, and through the CoC webpage and social media, including channels reaching mutual aid programs and other homelessness-focused organizations. The CoC emphasizes that the competition is open to new organizations and not limited to current grantees.

The CoC also offers multiple new project webinars covering eligible project types, threshold requirements, scoring criteria, the review and ranking process, required attachments, deadlines, and e-snaps submission requirements. CoC staff provide technical assistance to help new organizations navigate the application process.

New project proposals are accepted through the local competition and considered using published requirements and scoring criteria for new projects. Competition policies are reviewed and approved by the Client Advisory Council, Policy Committee, and Governing Council. Scoring tools and rubrics are posted on the CoC webpage and shared with new and renewal applicants and webinar participants. These materials identify threshold requirements, accepted project types and CoC priorities, scoring questions and their justification, and the points available for each question. The full application is also posted for review.

Webinars are closed captioned, recorded, and posted with presentation materials for later viewing. The posted application supports read-aloud technology, and the CoC liaison provides hands-on assistance to organizations without adequate computer access or that otherwise need support.

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)

The Atlanta CoC identified a critical system gap requiring a coordinated response: reducing unsheltered homelessness while improving the safety, cleanliness, and livability of Downtown Atlanta. The strategy combines pathways to permanent housing with coordinated outreach, diversion, rapid rehousing, permanent supportive housing, public safety coordination, and encampment response.

Outreach teams canvassed Downtown and developed a By-Name List identifying more than 400 individuals experiencing unsheltered homelessness who needed housing. At the system level, the CoC used Stella M to determine that 2,150 individuals must exit homelessness to permanent destinations to address both existing homelessness and anticipated inflow. Using privately raised funds, the CoC set a goal of housing the 400 individuals identified Downtown by January 2026 and achieved that goal. The next performance target is 2,150 exits by the end of 2027. To date, 661 individuals have exited through diversion, rapid rehousing, and permanent supportive housing.

The CoC also engaged homeless service providers, the business community, and other partners to identify operational gaps affecting Downtown. Stakeholders prioritized dedicated street outreach, public safety coordination, effective encampment response, and improved use of existing resources. Partners for HOME (PFH) and stakeholders monitor KPIs focused on housing placements, reductions in downtown encampments and street feeding, resource utilization, and public perceptions of safety and cleanliness.

The CoC complements this place-based strategy with targeted approaches for subpopulations with distinct needs. PFH has a dedicated lead project manager who coordinates and expands resources for special populations. The special populations team works with providers to identify and resolve population-specific barriers, improve the speed at which people move through the homelessness response system, increase housing access and stability, and sustain dedicated resources. Population-specific workgroups include providers, CoC members, grassroots organizations, and community partners that provide ongoing feedback and help refine strategies based on emerging needs and system performance.

PFH oversees implementation, monitors performance and timelines, coordinates partners and funding, and uses data and stakeholder feedback to adjust strategies and investments.

1B-5a	Confirmation of Plan Coverage.

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

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

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

1C. Coordination and Engagement

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	58%

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

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 Atlanta CoC partners with Grady Health System and View Point Health to connect people experiencing homelessness to a range of behavioral health services. Grady provides outpatient psychiatric evaluation and counseling, medication management, case management, recovery support, inpatient psychiatric care, and emergency/crisis services. Grady and View Point Health also train CoC street outreach teams on accessing outpatient behavioral health services, Assertive Community Treatment (ACT), and Intensive Case Management for individuals who lack Medicaid coverage. ACT provides intensive, community-based care for individuals with serious mental illness who may not be adequately served through traditional outpatient treatment.

The CoC also partners with Mercy Care, the Federally Qualified Health Center for people experiencing homelessness, which operates 13 clinics across Atlanta, many within shelter provider organizations. Mercy Care's Community Health Outreach Program (CHOP), including Street Medicine, extends care to people in encampments and other unsheltered locations. Street Medicine provides medical and mental health care, including medications, and connections to ongoing services.

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is an active CoC partner and provides support through a State Team Lead. DBHDD's Projects for Assistance in Transition from Homelessness (PATH) program conducts outreach to people experiencing homelessness with serious mental illness, including co-occurring substance use disorders, and connects them to mental health and substance use treatment, case management, health care, housing, and other supports.

Several shelters within the CoC provide structured mental health and substance use programming and require sobriety for continued participation. Services include psychosocial therapy, recovery and peer support, and life-skills development. Following successful completion of substance use treatment, participants transition to workforce development and employment activities. These coordinated supports contribute to permanent housing exits and housing retention.

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 Atlanta CoC provides access to peer recovery specialists and other peer supports through CoC-funded projects, service provider partnerships, and its Client Advisory Council (CAC). The CoC supports CAC members with lived experience who are interested in becoming Certified Peer Specialists through referrals and scholarship assistance for certification. CAC members also participate alongside outreach staff in field engagement and site visits, bringing lived experience into engagement with people experiencing unsheltered homelessness.
CoC-funded projects and their service provider partners provide peer recovery support through Certified Peer Specialists, recovery coaching, peer-led groups, and connections to community-based peer supports. CaringWorks provides Certified Peer Specialist services as part of its behavioral health programming. Peer Specialists with mental health and/or substance use recovery experience provide support focused on recovery, wellness, self-advocacy, independent living, relapse prevention, employment, and natural supports. Peer programming also includes skill-building groups addressing stress management, communication, resiliency, sobriety, and relationships.
GHRC provides peer recovery support through its counseling center and substance use prevention and treatment programming. Participants are assigned a Peer Support Specialist who uses lived experience to help identify goals, navigate services, and address recovery needs. Support is available in person, virtually, and in participants' homes.
GHFA's projects provide peer support through 3Keys' supportive services teams and community partners. Peer specialists help participants build trust, reduce isolation, strengthen self-advocacy, develop coping skills, pursue recovery goals, and navigate community resources.
Mercy Care PSH provides Certified Peer Specialist support directly through program staff, integrated with behavioral health and substance use assessments, crisis intervention, psychiatry, counseling, and treatment groups. Participants can also access Claratel Behavioral Health's Certified Peer Specialists, recovery coaching, peer groups, recovery education, and skill-building.
Quest projects connect participants to peer support and recovery navigation through case management, veteran-centered engagement, group activities, and referrals to peer-led and recovery-oriented community supports based on participant choice and need.

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

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

(limit 2,500 characters)

The Atlanta CoC identifies individuals experiencing Serious Mental Illness (SMI) through street outreach, coordinated entry assessment, and ongoing engagement with individuals experiencing unsheltered homelessness. Clinical personnel are embedded in some CoC street outreach teams and work directly with individuals with significant behavioral health needs, allowing clinical needs to be identified during outreach.
Grady Health System and Viewpoint train CoC outreach teams on accessing outpatient behavioral health services, Assertive Community Treatment (ACT), and Intensive Case Management (ICM), including pathways for individuals without Medicaid. The Georgia Department of Behavioral Health and Developmental Disabilities is also an active CoC partner. The CoC has established processes with DeKalb Crisis, Grady Mobile Crisis, and 988 to triage individuals experiencing behavioral health crises or SMI. Outreach teams are trained on which partner to contact and when to initiate an immediate crisis response versus connection to ongoing treatment and supports.
The CoC also uses a weekly multisector workgroup that brings together behavioral health, medical, aging, criminal justice, and homelessness outreach partners to case conference individuals experiencing unsheltered homelessness with SMI, physical disabilities, or other complex needs. Partners identify appropriate treatment and housing interventions, remove administrative barriers, expedite referrals and eligibility determinations, and coordinate services with housing placement. Behavioral health and medical partners can assess eligibility and initiate services through the workgroup, while outreach providers assist with intake appointments and transitions into housing. The workgroup also reviews individuals whose whereabouts are unknown, allowing partners to search their systems for recent contacts and coordinate re-engagement. This intensive coordination helps maintain continuity of care when traditional processes do not adequately address complex needs.
Project HEAL further supports high-acuity individuals through a partnership with Emory, Piedmont, Northside, Grady, and Wellstar. It serves chronically homeless individuals with significant medical and behavioral health needs who lack a safe discharge destination through 60 dedicated housing units with embedded medical and behavioral health teams.

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)

Claratel Behavioral Health
CaringWorks
Project Community Connections, Inc. (PCCI)

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

(limit 2,500 characters)

The CoC coordinates with CoC-funded providers Claratel Behavioral Health, CaringWorks, and PCCI, which provide services in connection with specialty courts and other justice-system programs serving individuals with mental health and substance use disorders. These partnerships connect participants to behavioral health treatment, housing, case management, employment, and other supports that promote housing stability and independence.
Claratel partners with local Drug Courts, Mental Health Courts, and diversion programs to provide clinical assessments, therapy, substance use treatment, Medication Assisted Treatment, crisis services, and case management. Claratel staff coordinate with court personnel, probation officers, and legal representatives to align services with court-ordered treatment requirements and recovery goals. With appropriate consent, staff provide progress information and help participants attend required treatment, adhere to medication plans, address employment barriers, and maintain engagement with court programs. Claratel's crisis stabilization and psychiatric observation services provide additional support when participants require immediate stabilization.
CaringWorks coordinates with the Fulton County Public Defender's Office to support justice-involved participants. The Public Defender's Office refers individuals to CaringWorks, and a representative involved with Accountability Courts serves on CaringWorks' Board. CaringWorks also connects justice-involved participants to employment through its Employment Specialist and an Employment HUB in Downtown Atlanta. These relationships help participants address employment and other barriers that can affect housing stability and community reintegration.
PCCI partners with the Fulton County Accountability Court to address housing needs for individuals participating in the Adult Drug Court, Behavioral Health Treatment Court, Misdemeanor Mental Health Court, and Veterans Treatment Court. PCCI coordinates with court personnel, behavioral health and treatment providers, and case managers to assess housing barriers, develop individualized housing plans, identify appropriate housing, and connect participants to services that support compliance with court requirements and community integration. PCCI also coordinates with the juvenile court system and CASA programs to identify safe and stable housing options for youth and families involved with the juvenile justice or child welfare systems.

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)

Grady Mobile Crisis Unit,
988 Mobile Crisis
Fulton County Behavioral Health Crisis Center

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.	573

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)

Claratel Behavioral Health
Intown Cares
Hope Atlanta
View Point Health
Mercy Care

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)

Salvation Army -Transitional housing
Gateway Center’s Transitional Housing
CaringWorks Rise Atlanta TH

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)

Partners for HOME (PFH), the Collaborative Applicant, coordinates with healthcare, behavioral health, and justice-system partners to facilitate warm hand-offs to housing and prevent individuals from entering or returning to homelessness when exiting hospitals, treatment settings, crisis services, and other systems. PFH staff hold weekly calls with hospital care coordinators, train healthcare partners on accessing the CoC's homeless response system, and assist with complex cases. PFH also employs a Housing Navigator who works with medical professionals to address health and housing needs before discharge.

The CoC coordinates with Emory, Piedmont, Wellstar, Northside, AvitaCare, and Mercy Care to identify patients with housing needs and connect them to housing and services. Project HEAL provides a housing pathway for medically vulnerable individuals who cannot be safely discharged to shelter or other settings because of medical complexity. Its prioritization process considers medical acuity, hospital utilization, extended hospitalization due to homelessness, and risk of continued homelessness or institutional cycling. Weekly referral reviews coordinate eligibility, unit availability, and placement.

Behavioral health partners include Claratel Behavioral Health, Mercy Care, Grady Mobile Crisis, 988 Mobile Crisis, and the Fulton County Behavioral Health Crisis Center. Coordination connects individuals to assessment, treatment, crisis stabilization, and ongoing services while maintaining connections to housing, helping prevent discharge from crisis or treatment settings without an appropriate housing and service plan.

The CoC's weekly multisector workgroup brings together behavioral health, medical, aging, criminal justice, outreach, and housing partners to case conference individuals with complex needs, resolve barriers, and coordinate housing and services. PCCI and CaringWorks also coordinate with specialty courts and justice-system partners to address housing, treatment, employment, and service needs that could contribute to homelessness.

Warm hand-offs continue through Coordinated Entry and case conferencing. PFH works with project teams to resolve barriers before participants lose housing opportunities. Coordinated Entry staff also review provider referral denials and identify alternative placements so individuals remain connected to housing assistance rather than entering or returning to homelessness.

1C-2.	Supportive Services Investment.		

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$14,098,403
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.	$7,864,324
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	56%
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.	$4,497,011

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).	88%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The City of Atlanta is the ESG recipient within the CoC's geographic area and participates in CoC meetings, providing an ongoing structure for consultation on ESG planning and funding priorities. Several ESG subrecipients also participate in CoC meetings, allowing organizations directly delivering ESG-funded services to contribute to planning discussions and identify emerging needs and service gaps.
The CoC also works with the City through the Governing Council to identify community needs, service gaps, system priorities, and strategies for ESG resources. These discussions are informed by CoC system-level data, including System Performance Measures, the Longitudinal Systems Analysis (LSA), Point-in-Time (PIT) Count, Housing Inventory Count (HIC), and project performance information. The Governing Council reviews this information to identify opportunities to improve system and project performance. The City uses this consultation and CoC data to inform ESG priorities and allocation decisions and promote alignment between ESG investments and broader CoC priorities.
Coordination continues through implementation of ESG-funded activities. ESG projects are expected to operate as part of the CoC's coordinated homelessness response system and align with CoC priorities. All ESG-funded projects are required to participate in and comply with the CoC's Coordinated Entry System (CES), ensuring consistent access, assessment, referral, and coordination across the homelessness response system. In addition, ESG-funded shelter projects must adhere to Atlanta CoC Policies and Procedures. These requirements integrate ESG-funded activities into the broader CoC system and promote coordination among ESG and CoC-funded providers.
The CoC also coordinates with the City through the Consolidated Planning process by providing PIT, HIC, and other homelessness data to support identification of needs and funding priorities.
The CoC will continue consulting with the City through CoC and Governing Council participation, Consolidated Planning, coordination with ESG subrecipients, and implementation of ESG-funded activities. This ongoing consultation ensures ESG planning and allocation decisions are informed by CoC priorities, system performance, identified service gaps, and the needs of people experiencing or at risk of 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)

Emergency shelter is an access point to the Atlanta CoC's Coordinated Entry (CE) system. Gateway Center is the CoC's largest CE access point and offers site-based, telephone, and mobile access for individuals and families. Additional access points include SafeHouse Outreach and First Presbyterian Church, with youth-specific access for ages 18-24 and a dedicated process for survivors of domestic violence. CE has also expanded into large shelters to identify households with longer shelter stays and connect them to permanent housing. CE-participating shelters use HMIS to post available beds and receive referrals. Non-CE shelters communicate availability through email and FindHelp and receive referrals from CoC partners. Shelter providers submit quarterly updates on intake processes, contacts, populations served, and other information to support accurate referrals.

The CoC also coordinates with shelters through Rapid Resolution, initially piloted with two CoC agencies using 100% of their shelter beds. The model focuses on quickly identifying each household's pathway to a permanent destination and pairing participants with navigation assistance to achieve that exit. Navigators help participants identify housing and apply for apartments, while a community partner supports unit acquisition to expand housing options. This approach reduced length of time (LOT) in shelter by 16 days and increased exits to permanent housing by 40%. The CoC has continued this model to increase permanent housing exits and make shelter beds available for other households.

The Accelerated Shelter Exit Program (ASEP) connects individuals encountered during nighttime outreach to available shelter. Staff verify shelter capacity, accommodations, transportation needs, and eligibility. During shelter placement, staff offer available beds, address access barriers, coordinate transportation, and document placements for follow-up.

The CoC provides bimonthly training for CE assessors, quarterly training for CE providers, weekly office hours, and on-call assistance. Shelter providers also participate in case conferencing to coordinate housing assistance and mitigate terminations. CoC policy requires referral denials to be reviewed with CE and housing leadership so households can be connected to alternative housing assistance when needed.

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)

The Atlanta CoC participates in a statewide HMIS implementation administered by the Georgia Department of Community Affairs, which is the CoC's HMIS Lead and a state agency. The HMIS comparable database used by victim service providers in the CoC is also managed by the Georgia Department of Community Affairs. Because the implementation is administered at the state level, the CoC's HMIS data is collected and maintained within a state-administered system.
The CoC provides Point-in-Time count and Housing Inventory Count data to the Consolidated Plan jurisdiction within its geographic area, which is the City of Atlanta, and works to ensure that local homelessness information is communicated and addressed in Consolidated Plan updates. The CoC hosts a PIT Count briefing for elected officials, and a CoC briefing to which elected officials are invited. The CoC provides a City Council PIT briefing as well. The CoC consults with ESG Program recipients in the planning and allocation of ESG funds and coordinates with ESG recipients in evaluating and reporting the performance of ESG recipients and subrecipients. Partners for HOME, the collaborative applicant, provides a quarterly update on performance to the Community Development/Human Services committee.
The CoC publishes system performance data. System performance dashboards are published on the Partners for HOME website and track progress on CoC measures. These are updated on a quarterly basis. Project performance on measures including exits to and retention of permanent housing, returns to homelessness, and length of time from project start to move-in is reviewed and published quarterly. The CoC has expanded its performance reporting to provide data on households experiencing homelessness for the first time through digital dashboards that track progress and reveal trends within the CoC's geographic area.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Atlanta CoC is the first CoC in Georgia to participate in GeorgiaUnify, a social care integration platform that leverages the Georgia Health Information Network (GaHIN) and technology to improve coordination between social services and healthcare systems. Atlanta CoC HMIS users can access GeorgiaUnify directly through HMIS, helping providers coordinate whole-person care across systems rather than relying solely on homelessness program data. Through GeorgiaUnify, the CoC can coordinate with the state housing finance agency, state behavioral health agency, state corrections system, social service providers, and healthcare providers through a statewide shared database system. This broader system coordination helps providers understand clients' interactions with multiple systems, identify service needs, reduce duplication, and coordinate housing, healthcare, behavioral health, and other interventions. Bi-directional data sharing is in progress and, once implemented, will allow the CoC to align housing data with behavioral health, corrections, and healthcare data to better understand patterns of system use and improve care coordination.

The CoC also works with partners outside HMIS to identify households at risk of homelessness and coordinate services. The CoC partners with the Atlanta Volunteer Lawyers Foundation, Atlanta Public Schools, and healthcare providers to identify highly transient families, which the CoC uses as an indicator that a family may be at risk of homelessness. These partnerships allow the CoC to identify housing instability before a household enters the homeless response system and connect families to appropriate prevention and community resources.

Partners for HOME also employs a staff person dedicated to healthcare system coordination. This staff member holds weekly calls with health system partners and serves as the point of contact for healthcare systems supporting clients with complex needs. This structure allows healthcare and homeless service providers to coordinate discharge planning, housing and service connections, and responses for individuals with significant medical or behavioral health needs. Together, these data-sharing and cross-system partnerships allow the CoC to use information beyond HMIS to identify risks earlier, coordinate care across systems, and improve housing and service outcomes.

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)

Atlanta Workforce Development
First Step Staffing
West Side Works
Center for Employment Opportunities

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 Atlanta CoC coordinates street outreach, first responders, law enforcement, and other public partners so that public safety responses also create opportunities for engagement with housing and services. The CoC establishes clear roles and communication among law enforcement, fire, private security, property owners, public works, sanitation, outreach providers, and the CoC so partners operate in coordination rather than independently.
When enforcement or site restrictions are necessary, outreach teams engage individuals in advance, assess housing and service needs, connect them to shelter, housing, behavioral healthcare, and other services, and maintain engagement following site resolution. Public safety partners address safety concerns and management of public spaces, while outreach staff focus on engagement and housing. Following resolution, partners monitor locations, re-engage individuals who remain unsheltered, and address repopulation. This makes enforcement one component of a coordinated response focused on housing and service engagement rather than a standalone intervention.
The CoC coordinates with Atlanta's 311 system to identify encampments and reach individuals who may not independently seek assistance. 311 and United Way 211 share information on accessing CoC housing and services, creating pathways from community and first responder contacts to outreach.
The Police Alternative and Diversion Initiative (PAD) provides a social services-led response as an alternative to a law enforcement-only response and responds to eligible calls within 20 minutes. A contracted crisis team responds to calls within 24 hours. These partnerships give law enforcement and first responders pathways to connect individuals experiencing homelessness to outreach and services.
Street outreach covers the CoC's geographic area, including wooded areas and the airport, through dedicated outreach projects and crisis response partners. Outreach staff build rapport, assess needs, and complete on-site assessments for individuals who accept services while continuing to engage those who initially decline. Some teams include clinical personnel to address behavioral health needs. Outreach workers can place eligible households on the Coordinated Entry community queue at the point of contact, allowing interactions initiated by first responders or law enforcement to result in movement toward CoC housing assistance and services.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The Atlanta CoC supports family and support-network reunification as a diversion strategy for individuals and families whose safest and most sustainable path out of homelessness is reconnection with an existing support network outside Atlanta. CoC recipients and partners provide case management, verify safe destinations, coordinate with receiving households, and assist with transportation.

Hope Atlanta provides direct reunification assistance, including travel coordination and transportation. Before travel, staff verify that the individual or family has identification and a safe, stable destination. When returning to family or friends, the receiving contact must agree to provide housing for at least 90 days. Staff also consider travel restrictions for individuals on probation or parole and sobriety requirements on the date of travel. Hope Atlanta's airport-based reunification program restarted in June 2024 and has directly reunified six families and more than 20 individuals, while using CoC diversion resources to connect others to reunification through partner agencies.

The Atlanta Downtown Improvement District (ADID) operates Pathway Home, a low-barrier reunification initiative launched in January 2024. Through street outreach and interim housing connections, ADID identifies individuals seeking to reconnect with family or other supports. The program requires only a name, date of birth, and destination contact and phone number. ID is required only for air travel, and no formal assessment is required. An ADID Case Manager contacts the receiving support system to confirm the destination and then arranges and funds bus, train, or air travel. When travel is scheduled for the following day, staff coordinate shelter, and travelers receive food, snacks, and hygiene items.

Pathway Home receives referrals from street outreach, Central Outreach and Advocacy, Gateway Center, Fulton County Central Library, GSU Police, and Greyhound Station engagements. The program reunified 124 individuals in 2024 and 301 in 2025, a 143% increase. Through July 2026, 329 individuals had been reunified, already exceeding the 2025 total. Of the 2026 reunifications, 138 had a documented history in HMIS ClientTrack. By confirming a stable destination and providing transportation, the CoC offers an immediate alternative to shelter or street homelessness while preserving shelter and housing resources for households without a safe reunification option.

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

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

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

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

(limit 2,500 characters)

The Atlanta CoC cooperates with local public safety efforts and assists first responders in connecting individuals experiencing homelessness to appropriate services. The CoC works with the City of Atlanta, Atlanta Police Department (APD), Department of Public Works, Atlanta Department of Transportation (ATLDOT), Georgia Department of Transportation (GDOT), Atlanta Fire Rescue, and the Mayor's Office of Emergency Preparedness to coordinate responses to encampments and public safety concerns.
For encampments, the CoC helped develop Atlanta's Encampment Decommissioning SOP. Partners for HOME (PFH) coordinates outreach teams, service providers, case managers, and City agencies before and during closures. Prior to decommissioning, outreach teams establish a By-Name List to identify each resident and assess housing, behavioral health, medical, substance use, and other service needs. Outreach is coordinated with behavioral health and/or street medicine partners, allowing individuals with significant behavioral health or substance use needs to be connected to assessment, mental health care, residential treatment, or other services.
When an individual may present a danger to self or others, the CoC supports first responders and qualified behavioral health professionals in conducting appropriate assessments and facilitating connections to emergency or ongoing care. The CoC also cooperates with law enforcement and other responsible agencies regarding individuals subject to sex offender registration requirements and does not impede required information sharing. PFH coordinates identified needs with Coordinated Entry and other partners to provide housing, employment, treatment, shelter, transportation, and supportive service referrals.
The CoC has also established an SOP for Tracking Downtown Arrests to support coordination between PFH and APD and identify individuals experiencing homelessness with repeated law enforcement interactions. Under the SOP, PFH reviews APD arrest data involving individuals who may be experiencing homelessness, including arrests related to urban camping, highway camping, obstruction, and trespass. PFH uses this information to identify individuals with repeated police interactions for targeted outreach and services. The SOP also recognizes diversion as a pre-arrest strategy that directs individuals away from the criminal justice system and toward social services, care navigation, and housing solutions.

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)

Atlanta Code 106-12 prohibits urban camping in public spaces, while Atlanta Code 106-56 addresses unauthorized entry or remaining in certain vacant or unoccupied properties. Georgia Code 32-6-6 prohibits camping on state highways and Georgia Department of Transportation property. O.C.G.A. 36-60-31, enacted through SB 62, prohibits local policies that prevent enforcement of laws addressing unauthorized public camping, sleeping, or sidewalk obstruction. O.C.G.A. 16-11-43 also addresses obstruction of public passages.
The CoC leverages Atlanta's Encampment Decommissioning SOP to support these local efforts while connecting residents to housing and services.
Before closure, outreach teams establish a By-Name List to identify residents and their needs. Residents are engaged at least three times per week, including evenings and weekends, with behavioral health and/or street medicine partners. PFH coordinates with Coordinated Entry to identify housing and shelter and offer transportation and services. Signage is posted at least two weeks before closure. At least five days before decommissioning, partners confirm whether residents have relocated. If residents remain, partners intensify outreach or may shift the closure date. Following closure, outreach teams and APD monitor the site for at least five days and continue offering services.
The CoC also participates in Downtown Rising, an initiative addressing public safety and unsheltered homelessness while connecting individuals to shelter and services. Through the Accelerated Shelter Exit Program (ASEP), outreach, public safety, and site mitigation partners coordinate nighttime operations in designated downtown no-sleeping zones. Outreach verifies shelter availability, accommodations, transportation, and eligibility before deployment. During shelter-placement operations, outreach offers available placements and transportation.
Downtown Rising also includes overnight outreach and monitoring across 38 downtown locations. Two teams conduct multiple patrol rounds and additional monitoring of locations experiencing frequent repopulation. Teams engage individuals found sleeping or preparing to sleep, communicate no-sleeping requirements, provide resources, and revisit locations throughout the night. These practices support public-space management while maintaining connections to shelter, housing, and services.

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

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

(limit 2,500 characters)

The Atlanta Continuum of Care currently serves an unsheltered population of approximately 1,094 people, as identified through the 2026 Point-in-Time Count. While the unsheltered population is geographically dispersed, individuals within larger encampments remain concentrated in specific locations, while others live in smaller clusters, individual tents or structures, or sleep outdoors without shelter. Given this landscape, the CoC balances coordinated resolution of larger encampments with targeted identification and engagement of people experiencing unsheltered homelessness in dispersed locations. The CoC's response therefore operates at both the site and system levels.

The current approach combines site-specific strategies for larger encampments with coordinated citywide street outreach. In Downtown Atlanta, this approach has been implemented across 38 identified scattered tent and encampment sites. Sites progress through coordinated engagement, housing navigation, site resolution, mitigation, and ongoing monitoring to reduce repopulation. These sites have remained stable following resolution, demonstrating the value of pairing site-level interventions with continued outreach and monitoring. This work has also strengthened coordination among outreach providers, housing partners, and public-sector stakeholders to connect individuals to shelter, housing, and other appropriate interventions.

In collaboration with the City of Atlanta, the CoC is strengthening a data-informed, system-level response designed to support lasting resolution and reduce repopulation. The CoC uses site- and person-level data to identify individuals, assess housing and service needs, address barriers to housing placement, and monitor outcomes following interventions. This helps ensure that reductions in visible encampments are accompanied by meaningful connections to shelter, housing, and supportive services rather than displacement.

The CoC's strategy emphasizes coordination throughout the process, from initial engagement and site resolution through post-resolution monitoring. Outreach, housing, public safety, sanitation, and community partners work toward the shared goals of stabilizing individuals experiencing unsheltered homelessness, preventing encampment repopulation, and restoring sites as safe and accessible community spaces.

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)

Atlanta Code 106-405 prohibits the purchase, use, possession, or consumption of illegal drugs or narcotics within designated drug-free commercial zones. City park rules also prohibit drugs and illegal substances on park property. These requirements provide mechanisms for addressing illicit drug use in public spaces.
The CoC complements enforcement with strategies to quickly connect individuals using illicit drugs in public to treatment and services. Through Atlanta's Policing Alternatives & Diversion (PAD) Initiative, community members can contact ATL311 for non-emergency substance use concerns. PAD Community Response teams provide on-scene engagement and connections to treatment, behavioral health care, recovery services, shelter, and other supports. PAD also provides a pre-arrest diversion pathway when law enforcement encounters eligible individuals whose conduct is related to substance use, mental health concerns, or extreme poverty. Individuals may also be connected to the Center for Diversion and Services as an alternative to jail or an emergency room.
The CoC has taken additional steps to strengthen its response to public substance use. The CoC hosted overdose response training for outreach teams to strengthen frontline staff's ability to recognize and appropriately respond to substance use-related emergencies encountered during outreach. The CoC also conducts collaborative outreach with PATH teams to engage individuals with substance use and behavioral health needs and connect them to appropriate treatment, recovery services, and other supports.
The CoC also approved a Prohibition on Illicit Drug Enablement Policy applicable to CoC-funded housing projects. The policy establishes requirements regarding illicit drug activity and enforcement while encouraging projects to connect participants to substance use disorder treatment and recovery housing through direct services or referral.
The CoC will continue coordinating outreach with PAD, PATH, APD, behavioral health and substance use treatment providers, and other partners to identify individuals with public substance use or repeated law enforcement contacts and connect them to treatment and services. This approach supports enforcement of public-space requirements while addressing underlying substance use needs through outreach, diversion, treatment, and recovery 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)

Atlanta continues to experience significant impacts from opioid overdoses and illicit drug use, including drug activity occurring in public spaces. The most recent Georgia Department of Public Health Opioid Overdose Surveillance Preliminary District Report, covering 2023, reported 230 opioid-involved overdose deaths and 694 opioid-involved overdose emergency department visits in Fulton County. Fulton County includes most of the City of Atlanta but extends beyond the Atlanta CoC's geographic area. These data demonstrate the significant impact of opioid-involved overdoses in the broader community.
More recent City of Atlanta data demonstrate that illicit drug activity continues to occur frequently in public spaces. From September 2025 through September 2026, the Atlanta Police Department recorded 4,309 Drug/Narcotic Violations. Of these violations, 2,608 occurred on highways, roads, alleys, streets, or sidewalks; 264 occurred in parking or drop lots and garages; and 104 occurred in parks or playgrounds. Together, these locations accounted for approximately 69 percent of recorded Drug/Narcotic Violations, demonstrating that a substantial portion of drug-related activity occurred in public or publicly accessible spaces. Additional APD analysis of Downtown Atlanta found 2,181 unique arrests within a one-mile radius between January and September 2025, with 61 percent occurring in Zone 5. Drug/narcotic violations and traffic offenses together accounted for nearly half of all charges, further demonstrating the concentration of law enforcement activity in the downtown area.
Atlanta's Policing Alternatives & Diversion (PAD) Initiative provides an additional indicator of public substance use. From August 2025 through August 2026, PAD received 44 requests categorized as "Substance Use," which includes drug activity, individuals under the influence of substances, using drugs in public, and drinking in public. These requests represent situations in which community members sought a non-emergency response to substance use concerns.
Together, these data demonstrate that overdoses and illicit drug use remain ongoing concerns in the Atlanta area and that drug-related activity is frequently encountered in streets, sidewalks, parks, parking areas, and other public spaces.

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)

Georgia's Mental Health Parity Act, House Bill (HB) 1013, supports improved access to behavioral health services and coordination of mental health policy across state agencies. The law directs the State's Office of Health Strategy and Coordination to identify systemic barriers and improve access, quality, and outcomes for behavioral health services.
The CoC leverages Georgia's behavioral health crisis response system through its Mental Health & Crisis Response Toolkit, which provides outreach teams with response pathways based on the severity of a behavioral health crisis. When an individual presents an immediate safety risk, including active suicidal intent, threats toward others, or severe psychosis creating danger, outreach staff call 911 and request a co-responder or crisis team when available. For behavioral health crises that do not present an immediate danger, outreach staff contact 988 Mobile Crisis for community-based crisis assessment and response.
For individuals who may require a higher level of care or possible involuntary intervention, the toolkit identifies the Fulton County Behavioral Health Crisis Center as a 24/7 resource for evaluation. Individuals must be evaluated and meet applicable Form 1013 criteria for the involuntary admission pathway.
The CoC actively coordinates these behavioral health resources with street outreach and encampment response. The CoC has provided PATH teams with information on [#] encampment hotspots requiring behavioral health support through meeting invitations and direct coordination. During outreach activities, teams have offered crisis services and transported [#] encampment residents to the DeKalb and Fulton County crisis centers on [dates/time period]. Mobile crisis resources have also supported [#] encampment decommissionings, providing behavioral health assessment and crisis intervention when needed.
The CoC also trains frontline staff to recognize mental health symptoms, de-escalate crises, identify potential danger to self or others, and determine when additional intervention is needed. The CoC will continue coordinating PATH, 988 Mobile Crisis, co-responder teams, crisis centers, and outreach providers to provide the appropriate level of intervention while maintaining connections to behavioral health treatment, housing, and ongoing services.

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)

Georgia Code 42-1-12 establishes the State Sexual Offender Registry and requires registered sexual offenders to maintain current registration and location information. The law specifically addresses individuals experiencing homelessness. A registered individual who is homeless must register with the sheriff in the county where the individual sleeps and report changes in sleeping location as required by state law. County sheriffs maintain registry information and provide updated information to the Georgia Bureau of Investigation, supporting information sharing regarding the location of registered individuals. Within the Atlanta CoC, housing providers conduct background checks as part of their screening and placement processes.
When outreach teams encounter individuals experiencing sheltered or unsheltered homelessness who disclose that they are on the sex offender registry, staff identify appropriate housing options based on the individual's circumstances and applicable program requirements. When CoC-funded housing is not an available placement, outreach providers connect individuals to non-CoC-funded housing and programs that are able to serve this population. This practice helps ensure that registry status does not end outreach engagement or efforts to identify an appropriate housing option.
The CoC will continue to leverage Georgia's established registration system and coordinate with appropriate law enforcement and registry authorities when necessary, while ensuring that outreach and housing providers understand applicable registration requirements and available housing pathways. Housing providers will continue conducting required background screening, and outreach teams will work to identify alternative housing and service options when registry-related restrictions affect placement. The CoC will also maintain appropriate confidentiality of client information and will not independently disclose protected client information except as permitted or required by applicable law and program requirements.

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)

Street outreach covers the entire geographic area of the Atlanta CoC, including Hartsfield Jackson International Airport, to reach individuals experiencing unsheltered homelessness. Coverage is delivered through dedicated street outreach projects during both standard business and overnight hours, providing opportunities to connect with those who may be less likely to engage during the day. The CoC also has coverage through the City's pre-arrest diversion initiative, which can respond to crises within the geographic area within 30 minutes.

The CoC partners with street outreach teams that maintain an ongoing account of people staying in places not meant for human habitation, including parks, bridges, vehicles, abandoned buildings/homes, wooded areas, and expressway ramps. Teams also conduct outreach at hospitals and work with non-shelter providers serving unsheltered populations, including food pantries, churches, and drop-in centers. Dedicated outreach teams are placed in high-traffic public locations, including the central downtown library, high-service areas, transportation hubs, and entertainment districts, where staff provide onsite assistance and connect individuals to other CoC-trained staff for additional services. The CoC coordinates with the City's 311 system to receive and report encampments. Identified encampments receive coordinated outreach matched with a team that can support the community's needs.

Outreach is tailored to people least likely to request assistance. Staff are trained to build rapport, conduct interviews, and complete onsite assessments for those who accept services. For individuals who decline or are hesitant, teams make ongoing contacts and provide support addressing the daily concerns of living unsheltered. People facing language barriers, serious and persistent mental illness, or substance use may be less likely to request assistance. Outreach teams therefore include bilingual staff, individuals with lived experience of homelessness, and clinical personnel, allowing individuals to receive care onsite and reducing access barriers.

Outreach teams serve as coordinated entry access points, completing the CoC's standardized assessment and placing households on the community queue. For individuals unable to complete an assessment, the CoC's non-assessed priority list policy allows them to remain on the housing list.

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	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)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

The Atlanta CoC's adopted written standards contain policies and procedures to inform individuals and families experiencing homelessness of their eligibility for educational services. Providers serving families ask about the educational status of all children in the household and provide families with information about educational rights and protections at intake and program entry. Agencies serving families identify a lead staff person responsible for ensuring children are enrolled in school and connected to appropriate educational services.
The CoC reinforces these requirements through a formal partnership between Partners for HOME (PFH) and Atlanta Public Schools (APS). Under a written MOU, APS designates a McKinney-Vento liaison whose contact information is shared with PFH and CoC providers for inclusion in Coordinated Entry referral materials. PFH provides timely referrals to APS through Coordinated Entry and shares relevant, non-confidential information to facilitate warm referrals to educational services. APS responds promptly to referrals and provides immediate enrollment for students experiencing homelessness, even when records normally required for enrollment are unavailable.
The MOU also establishes coordination for eligible children's Pre-K enrollment, including notice of openings and application deadlines. PFH and APS participate in joint planning, training, stakeholder meetings, and quality improvement and review the partnership annually. Personally identifiable information is exchanged only after an appropriate data-sharing agreement is established consistent with FERPA and McKinney-Vento confidentiality requirements.
The CoC further supports these requirements by connecting APS social workers with CoC resources for youth and families. The CoC also maintains an ongoing partnership with the Georgia Department of Early Care and Learning and provides annual training to providers on connecting families with dependents to early learning and childcare resources.
CoC policy requires agencies to maintain policies and practices consistent with, and that do not restrict, educational rights under the McKinney-Vento Homeless Assistance Act and other applicable laws. Together, the written standards, formal partnerships, referral procedures, and provider training ensure families are informed of their educational rights and have defined pathways to educational and early learning 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)

The Atlanta CoC coordinates with child welfare and foster care partners to improve housing stability and service connections for youth transitioning from public systems of care. The CoC engages partners through the Foster Care Workgroup and other cross-system planning efforts like the Transition Age Youth (TAY) Coalition to identify gaps, strengthen referral pathways, and improve coordination for youth who are aging out of foster care or are otherwise at risk of homelessness.

The CoC works with the Department of Children and Family Service (DFCS) and youth-serving providers, including Multi-Agency Alliance for Children (MAAC4Kids) and Hope Through Soap (HTS), to connect transitioned foster youth and transition-age youth with housing and supportive services designed specifically for young people with foster care experience. These partnerships provide pathways to the Family Unification Program (FUP) and Fostering Youth Independence (FYI) vouchers, Chafee services, transitional and permanent housing while supporting education, employment, life skills, behavioral health, and other goals necessary for successful transitions to adulthood.

The Coordinated Entry system provides an additional pathway for youth experiencing or at imminent risk of homelessness to access appropriate housing interventions. The CoC works to identify youth leaving foster care who may need housing assistance and connect them to available resources rather than waiting until they experience prolonged homelessness.

The CoC continues to strengthen coordination between child welfare, housing, behavioral health, education, and workforce systems to create a more seamless transition for youth leaving care. Through these partnerships, Atlanta seeks to prevent homelessness among young people exiting public systems and ensure those who do experience homelessness can quickly access safe, stable housing and the supports needed to successfully transition to adulthood.

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

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

(limit 2,500 characters)

The Atlanta Continuum of Care coordinates with RHY-funded providers to strengthen the connection between youth-serving programs and the broader homeless response system. Coordination occurs through Coordinated Entry, cross-system planning, referrals, case conferencing, and participation in community workgroups and initiatives focused on preventing and ending youth homelessness.
RHY-funded providers including Covenant House Georgia and Hope thru SOAP (HTS) serve as important access points for youth who may be experiencing homelessness, housing instability, or disconnection from family and other support systems. The CoC works to ensure youth engaged by these programs can be connected to appropriate housing interventions, supportive services, and other community resources through established referral pathways.
The CoC's Coordinated Entry system provides a mechanism for youth-serving providers to assess youth for interventions based on their individual circumstances, needs, and preferences. Providers also coordinate with housing and supportive-service programs when youth require assistance beyond the scope of RHY services.
The CoC further promotes coordination through the Youth Committee and Atlanta Youth Action Board (YAB), creating opportunities for youth-serving systems to identify service gaps and improve referral and engagement practices. The YAB provides lived-experience expertise to help ensure that outreach, access, and housing pathways are responsive to the realities faced by young people.
Through these partnerships, the CoC seeks to create a coordinated continuum in which RHY programs can serve as early intervention and engagement points while the broader homeless response system provides access to housing and longer-term supports when needed.

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)

Nicholas House Inc. - Family TH Atlanta
Project Community Connections - PCCI Atlanta TH
Partnership Against Domestic Violence - Transition Grant TH - PADV City of Atlanta

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)

Nicholas House's Family TH Atlanta project will use the Bridge to Economic Mobility framework to assess each family's employment, education, career, and financial needs and develop an individualized Goal Action Plan with SMART goals. Nicholas House leverages workforce development partnerships to connect participants to employment and training opportunities. Through its MOU with Dress for Success Atlanta, participants can access workforce development workshops, resume review, mock interviews, career coaching, MS Office training, vocational scholarship opportunities, financial literacy education, and professional attire for interviews and employment. Nicholas House also partners with First Step Staffing, NAPA, Our House, and other providers for vocational training, job placement, employment retention, and other workforce supports. Employment goals are reviewed through ongoing coaching and adjusted as participants progress. Participants may also receive financial capability services to strengthen budgeting and financial stability.
PCCI Atlanta TH will develop an individualized service plan for each participant identifying measurable goals, action steps, and target completion dates, including goals for increasing employment and earned income and achieving long-term financial self-sufficiency. Participants may engage in workforce development, employment readiness, job training, educational programs, and paid employment. PCCI's Housing Navigators, Case Manager, and Peer Support Specialist will coordinate referrals to employment partners and educational resources and monitor participants' progress.
PADV's Transition Grant TH will use Strategic Success Plans to establish individualized employment, income, and self-sufficiency goals for survivors. PADV partners with the Atlanta Center for Self-Sufficiency, Goodwill Industries, and First-Step Staffing to assess employment skills and assist with job applications, interview preparation, and work clothing. Participants may pursue food service, nursing assistant, and medication assistant careers through Open Hand and Love Nursing and Medical School, which provides job placement upon completion of its training programs. PADV also partners with Westside Works and Good Nursing and Medical School for workforce training and provides information about job fairs and transportation assistance to access employment opportunities.

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)

Nicholas House's Family TH Atlanta project assesses each family's eligibility for mainstream benefits at enrollment and throughout program participation. Case Managers provide individualized assistance applying for and maintaining Medicaid, Medicare, SSI, SSDI, SNAP, TANF, and other public benefits. Nicholas House works directly with the Georgia Division of Family and Children Services (DFCS) to assist families with TANF, SNAP, and Medicaid applications. The project also leverages partnerships with healthcare providers that accept Medicaid, offer sliding-scale services, or provide services at no cost, allowing families to access needed care while preserving household resources. Based on Nicholas House's most recent HMIS data, participants exiting with non-cash benefits received an average of approximately $1,349 per month in mainstream benefits.

PCCI Atlanta TH will provide active application assistance for SNAP, WIC, TANF, Medicare, and Medicaid. Case Managers will also coordinate referrals for participants who may qualify for SSI or SSDI and connect families to food, utility, transportation, and other mainstream assistance. Staff will help participants identify available benefits, complete applications, address documentation requirements, and maintain benefits for which they are eligible. These resources supplement CoC-funded assistance, reduce household expenses, and help participants increase the resources available to support long-term housing stability.

PADV's Transition Grant TH Supportive Housing Advocates assess participants at intake to determine whether they are receiving all mainstream benefits for which they may be eligible and develop a plan for accessing additional resources. Staff assist survivors with applications for SSI, SSDI, TANF, Medicaid, Medicare, and SNAP and help participants complete required follow-up to obtain and maintain benefits. For participants without health insurance, staff assist with Medicaid applications and coordinate with DFCS throughout the eligibility process. By connecting survivors to mainstream income, nutrition, and healthcare resources, PADV supplements CoC-funded housing and supportive services and strengthens participants' financial stability as they transition to permanent housing.

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)

Nicholas House's Family TH Atlanta project combines transitional housing with childcare, parenting, healthcare, and educational supports based on each family's individualized service plan. Case Managers assist families with childcare referrals, school enrollment, coordination with school district homeless liaisons, and connections to enrichment and educational programs. Families may also participate in parenting activities as part of their weekly service plans. Nicholas House coordinates healthcare through Mercy Care, Our House, Recovery Consultants of Atlanta (RCA), and other partners. RCA provides mobile health services, including health screenings, pregnancy testing, and routine care at the shelter or another convenient location.
PCCI Atlanta TH connects families to childcare and early childhood education through assistance accessing Childcare and Parent Services (CAPS), WIC, and other family supports. Case Managers coordinate with school district homeless liaisons to ensure children receive McKinney-Vento educational services. PCCI also connects families with the Georgia Department of Early Care and Learning (DECAL) and Georgia's Babies Can't Wait program, which provides early intervention services for infants and young children with developmental delays or disabilities.
PADV's Transition Grant TH combines housing for survivors and their children with dedicated family supports. PADV provides financial assistance for daycare and partners with Sheltering Arms, Georgia's largest nonprofit early childhood education organization, to connect families to childcare and early education. PADV's Children and Youth Program works with metro Atlanta school districts to assist families with school enrollment, transportation, and interactions with school staff, including IEP meetings. Supportive Housing Advocates and Child Advocates coordinate childcare, early childhood education, and school enrollment services. PADV also partners with Grady Health and Mercy Care to connect survivors and their families with healthcare, including trauma-informed care for participants with significant medical needs.

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)

U.S. Department of Veterans Affairs HUD-VASH Program
Atlanta Veteran Affairs Health Care System.

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?	No
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)

Partnership Against Domestic Violence (PADV)
Mend Culture

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)

Policing Alternatives & Diversion Initiative (PAD)
Center for Employment Opportunities (CEO)

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)

Project HEAL, a partnership between the Atlanta CoC and all five major health systems (Emory, Piedmont, Northside, Grady, and Wellstar).

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)

Downtown Rising: Multisector collaboration to address complex health, aging, and housing needs of unsheltered individuals.
Project Heal: Connects participants to healthcare, case management, and community-based supports.
Atlanta Regional Commission
Legacy Nursing & Rehabilitation Center
At Homes of Light Group Home
Crestview Health and Rehabilitation Center

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)

GHRC - Access to Housing
GHFA - Presley Woods S+CR
GHFA - Quest 35 S+CR
GHFA - Phoenix House S+CR
GHFA - Welcome House S+CR
PFH - Family PSH
CaringWorks, Inc. - CaringWorks Rise II Atlanta
GHFA - 3Keys S+CR
Mercy Care - Mercy Care PSH
PFH - River Edge PSH
PFH - View Point PSH
Quest - PH25 Renewal Project FY23
3Keys, Inc. - A Way Home
CaringWorks, Inc. - Shamrock SHP
Quest - PH15 Renewal Project FY23
Quest - Quest Village II FY23 Renewal Project

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)

CaringWorks Rise II Atlanta provides on-site behavioral healthcare directly through CaringWorks, a CARF-accredited provider of residential and outpatient behavioral health services and a Medicaid provider. CaringWorks provides on-site behavioral health services to supportive housing participants when needed and appropriate. CaringWorks is also recognized by the Georgia Department of Behavioral Health and Developmental Disabilities as a Comprehensive Community Provider with capacity to provide mental health and substance use disorder services. Services include outpatient care, emergency care, psychosocial rehabilitation, and services for individuals with serious mental illness and co-occurring behavioral health needs. CaringWorks coordinates behavioral health treatment with other health, recovery, housing, and community supports.
GHFA's projects provide access to on-site behavioral healthcare through partnerships with housing and behavioral health providers. Supporting partnership documentation establishes an arrangement with 3Keys and ProActive Management Consulting under which space is made available at housing properties for behavioral health services, including private space for clinical services. ProActive provides diagnostic assessments and individualized services that may include recovery planning, crisis intervention, psychiatric and nursing assessment and care, psychosocial rehabilitation, case management, individual and group counseling, and peer support. ProActive staff have access to provide services at the properties throughout the work week and coordinate with housing staff regarding participant needs and progress.
Mercy Care PSH provides on-site behavioral healthcare through Mercy Care's integrated healthcare model and partnership with Claratel Behavioral Health. Claratel provides behavioral health clinical services at Mercy Care clinics using licensed clinical personnel, including physicians who are board certified in behavioral health. Mercy Care and Claratel coordinate referrals, patient information, case management, treatment, and follow-up to support continuity of care. Mercy Care also provides behavioral health and substance use assessments, outpatient services, peer support, and mobile services that can reach participants in their homes.
Together, these projects reduce barriers to behavioral healthcare by making services available where participants live or receive services and coordinating care with ongoing housing supports.

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)

Partners for HOME (PFH) requires PSH projects to assess participant service needs throughout program participation, including whether a participant requires a higher level of medical, behavioral health, or residential care. This expectation is implemented through the Atlanta CoC's PSH Program Model, grant and contract requirements, project monitoring, case conferencing, site visits, and resource sharing. The Program Model requires effective case management and linkages to healthcare, mental healthcare, substance use treatment, and other services necessary to maintain housing stability.
Projects identified in 1C-19 implement this requirement through ongoing assessment, enhanced supportive interventions, and coordination with healthcare and residential care providers. CaringWorks Rise II Atlanta first makes reasonable efforts to preserve PSH by increasing supports based on participant needs, including in-home mental health treatment, medical care, substance use treatment, peer support, home health services, care coordination, and assistance with daily living. If PSH remains unsustainable despite enhanced supports, staff coordinate a planned transition to an appropriate higher level of care, including group homes, assisted living, nursing homes, long-term care, or other supervised settings.
GHFA's projects assess the changing health and functional needs of participants and coordinate services that allow medically fragile and aging participants to remain safely housed when possible. Through partnerships with Mir Home Care and Rainbow Care, eligible participants can access Medicaid waiver-funded in-home care, including assistance with household tasks, medication management, errands, and transportation to medical appointments. GHFA's projects also coordinate with JenCare for senior-focused primary and specialty care, preventive healthcare, and social work support. Behavioral health partners provide diagnostic, psychiatric, and nursing assessments that further inform service planning and referrals.
Quest projects similarly assess aging participants' housing and supportive service needs and coordinate alternative housing when their current setting no longer appropriately meets those needs. Quest connects participants to healthcare, benefits, transportation, community supports, and housing resources and has relocated older participants to more appropriate housing environments when necessary to protect safety and maintain housing stability.

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)

Partners for HOME (PFH) requires PSH projects to assess participants' readiness to move on to unsubsidized or other permanent housing through the CoC's PSH Written Standards, grant and contract requirements, and regular project monitoring. The Written Standards require projects that determine a participant no longer needs PSH services to develop a discharge plan in consultation with the Atlanta CoC to ensure continued connection to appropriate supportive services during the transition.

Projects identified in 1C-19 implement this requirement through ongoing case management and individualized service planning. Quest projects regularly assess housing stability, income and benefits, health and behavioral health needs, lease compliance, service needs, and participant goals. When a participant is ready and willing to move on, staff assist with options such as Housing Choice Vouchers, public housing, senior or disability-appropriate housing, and other permanent housing.

GHFA's projects assess readiness based on factors including consistent rent payment, lease compliance, stable income and budgeting, reduced need for intensive case management or crisis intervention, ability to independently access community supports, and ability to manage physical and behavioral healthcare needs. Participants meeting these criteria work with case management to pursue options such as project-based assistance, Housing Choice Vouchers, and senior housing.

CaringWorks Rise II Atlanta uses a formal readiness assessment when a participant expresses interest in moving on. Staff assess readiness for market-rate or other permanent housing, update the participant's person-centered plan with move-on goals, identify affordable housing and subsidy options, develop a sustainable budget, and establish post-PSH supports. Participants retain choice throughout the process.

Mercy Care PSH uses a step-down process to assess whether participants continue to require intensive supportive services. Services may decrease from weekly to biweekly and then monthly based on individual needs, with healthcare needs, barriers, and goals incorporated into the plan. Participants who no longer require monthly services may transition from the program while remaining connected to appropriate community supports and retaining their Housing Choice Voucher.

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

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

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

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

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

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

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

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

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	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.	09/29/2026

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 Atlanta CoC has a Reduction and Reallocation Policy that governs how the CoC reviews the performance of existing CoC Program-funded projects and determines whether to reallocate. The policy was reviewed and discussed by the Client Advisory Council, approved by the Policy Committee, approved by the Governing Council, shared with all current grantees and interested parties, and posted on the CoC webpage. It states that reallocation will be used to ensure that all projects meet the needs of the community, are cost effective, and align with the priorities of HUD and the CoC, and it allows the CoC to redirect funds from a project either partially or entirely.
Under the policy, the grounds for reallocation, in addition to voluntary reallocation by a recipient, are underspending, cost ineffectiveness, a project no longer meeting the needs of the CoC, project performance, and noncompliance. The review is data driven. System Performance Measures, HMIS data, and Annual Performance Report data are reviewed and compared for renewal projects. For permanent housing projects the CoC evaluates housing stability, returns to homelessness, and the length of time from project start date to move-in date, with a defined point range for each. Performance on these same measures is reviewed and published quarterly, and the local competition scoring rubric is aligned with those quarterly benchmarks. The CoC also examines multi-year spending history, using a three-year lookback on the rate at which each project spent its grant funds.
After all projects are reviewed and scored, the Rank and Review Committee meets to discuss the projects and to determine whether any should be recommended for reallocation, in whole or in part. The Committee's recommendation is presented to the Governing Council for approval, and recipients are notified in writing of any reduction or elimination ahead of the public posting of the project listings. 2. There were 10 projects that were identified as less needed and 4 projects that were identified as low performing based on application scores. 3. Three projects voluntarily reallocated the project entirely, 3 projects reallocated through the transition grant process, 4 reallocated through the YHDP replacement process, 3 projects reallocated due to application scores not being high enough to be placed on the Priority Listing, and 1 project was partially reallocated due to low funding utilization. 4. Not applicable.

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)	ClientTrack (Vendor - CaseWorthy)

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

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

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)

HDX 2.0 Methodology Notes:
Between the 2025 and 2026 unsheltered PIT Counts, the CoC revised its methodology for extrapolating age, race, and ethnicity demographic characteristics for adult-only (AO) households. The change was made to eliminate an interdependency within the previous extrapolation process and improve confidence in the resulting demographic estimates.
Previously, the CoC first extrapolated demographic characteristics separately for the AO Veteran and AO Youth populations. The CoC then established an "All AO" population by combining the extrapolated Veteran and Youth totals with the AO General population and applying an additional extrapolation to address remaining unknown demographic values. Because age was included in the extrapolation, this methodology created a circular dependency between the overall AO extrapolation and the number of persons included in the preceding AO Youth extrapolation.
For the 2026 unsheltered PIT Count, the CoC revised this process by maintaining the separation of the three AO subpopulations throughout the extrapolation process. The CoC separately extrapolated demographic characteristics for the AO Veteran, AO Youth, and AO General populations using the same methodology. After extrapolation was completed for each group, the final values were combined to establish the "All AO" population and associated demographic counts.
This change eliminated the circular dependency between the AO subpopulations and provided greater confidence in the resulting demographic estimates. The methodology change did not affect the total number of persons counted as experiencing unsheltered homelessness in 2026. However, it did affect the distribution of the AO population across age and race/ethnicity categories because demographic characteristics were extrapolated separately within each subpopulation rather than through the previous multi-step process. No other material changes were made to the CoC's unsheltered PIT Count methodology or data quality procedures between 2025 and 2026.

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 took a coordinated, housing-focused approach to reducing encampments and the number of people residing in encampments during the evaluation period. In Downtown Atlanta, the CoC implemented a structured strategy combining dedicated outreach, housing navigation, Coordinated Entry, By-Name List coordination, housing readiness, site resolution, and post-resolution monitoring.
The Downtown strategy includes four stages: (1) geographic and site assessment; (2) housing readiness, interest-list development, and By-Name List coordination; (3) coordinated site resolution; and (4) post-closure monitoring and sustainability. Outreach teams repeatedly engage individuals at encampments, assess needs and housing barriers, collect documentation, connect individuals to Coordinated Entry, and identify appropriate housing or service interventions. Pathways may include permanent supportive housing, rapid rehousing, shelter, or other targeted interventions. Outreach is coordinated with housing providers, public safety, sanitation, property owners, and other partners to support housing outcomes and sustained site resolution. This model was implemented across 38 identified Downtown encampments and scattered sites. The CoC established a goal of housing 400 households and ultimately housed 463 households. The average time to housing was reduced from 108 days to 48 days. Following site resolution, 74% of identified Downtown sites remained stable, demonstrating progress in reducing unsheltered homelessness Downtown and preventing reestablishment of resolved sites.
The CoC also strengthened dedicated outreach citywide by mapping outreach provider capabilities and geographic coverage. This allows the CoC to deploy providers based on community and participant needs, including teams specializing in mental health, substance use, housing navigation, essential needs, and integrated behavioral health and housing services. Outreach teams maintain engagement, support By-Name List development, address housing-readiness barriers, and facilitate connections to housing and services. This coordinated approach reduces service gaps and creates a consistent pathway from initial engagement through housing placement, site resolution, and continued monitoring.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	64
2. Enter the reduction in the number of encampments during your evaluation period.	39

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.	400
2. Enter the reduction in the number of people in encampments during your evaluation period.	356

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)

The Atlanta CoC's plan to decrease the number of individuals and families becoming homeless for the first time has three components: identify the need and scale resources, identify households at risk, and intervene before entry into homelessness.
First, the CoC uses system-level data to analyze inflow and households experiencing homelessness for the first time. Data analysis and CoC pilots demonstrated a need for prevention resources and showed that one-time, low-cost interventions can prevent homelessness. Based on this analysis, the CoC established a goal of preventing homelessness for 1,500 households over three years.
Second, the CoC identifies households at risk. Coordinated Entry assessments collect information on whether a household is experiencing homelessness for the first time, providing a baseline for identifying risk factors. This year, the CoC developed a new Coordinated Entry assessment that measures risk of homelessness so prevention resources can be targeted to the most vulnerable households. Digital dashboards track first-time homelessness and related trends across the CoC's geographic area. The CoC also partners with the Atlanta Volunteer Lawyers Foundation, Atlanta Public Schools, and healthcare providers to identify households at risk and connect them to prevention assistance.
Third, the CoC intervenes before homelessness occurs. The CoC leverages public and private funds for prevention and diversion, including reunification assistance and move-in costs available through Coordinated Entry access points. This year, the CoC launched a Prevention Pilot providing targeted financial assistance, case management, and legal services with a goal of preventing homelessness for 500 households annually. Since July, the pilot has served 208 households. Provider staff help households halt evictions, increase income, address immediate financial barriers, and develop housing stability plans to prevent homelessness in both the short and long term. Referrals through the City's 311 system, United Way 211, and community-based organizations allow the CoC to identify and assist at-risk households throughout its geographic area.

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 Atlanta CoC's plan to reduce the length of time individuals and families remain homeless is built on its Coordinated Entry system, written prioritization policies, and program strategies designed to accelerate exits to permanent housing.
The CoC's standardized assessment prioritizes individuals and families who are most vulnerable and have the longest lengths of time homeless. Under the written prioritization policy for permanent housing resources, households with higher assessment scores, longer lengths of time homeless, and longer time on the community queue are prioritized for available resources based on need and eligibility. The CoC maintains separate prioritization policies for permanent housing programs with additional eligibility requirements so households homeless the longest continue to be prioritized within those programs.
Within Coordinated Entry, permanent housing vacancies are referred to within 72 hours of becoming available, and policies establish expectations for timely referrals and placements. Households with the longest histories of homelessness are addressed individually. The CoC holds weekly System Navigation meetings to case conference households identified as most in need under the prioritization policy. This allows staff to identify housing and service needs, preferences, and barriers that may delay placement. Case conferencing is also used for complex cases and households whose vulnerability is not fully captured by the standardized assessment.
The CoC has also implemented a diversion model designed to accelerate exits from shelter and the community queue. Care coordinators complete Coordinated Entry assessments and enrollments within 24 hours of entry, and participants are triaged for a permanent destination within 72 hours. Participants are connected to job training, workforce agencies, and employment opportunities while beginning a housing search. Housing navigation includes low-barrier units acquired by CoC providers that have greater flexibility in accepting participants.
The model uses assertive case management with a goal of exiting participants from shelter within 30 days, increasing shelter capacity for people experiencing unsheltered homelessness. Among shelters implementing this model, shelter length of stay has decreased by 16 days and exits to permanent destinations have increased by 40% compared with 2025.

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?	37.38%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC used the HMIS Active Client List (ACL) report to examine exits from projects classified as Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH) during January 1–December 31, 2025. All other project types were excluded.
The denominator was 3,101 distinct ClientIDs with at least one exit from an included project during the reporting period. Using HMIS Data Element 3.12 (Exit Destination), the CoC identified distinct ClientIDs with at least one exit recorded as: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; or owned by client, no ongoing housing subsidy. The numerator was 1,159 distinct ClientIDs. Each person was counted only once in the denominator and once in the numerator, if applicable, regardless of the number of qualifying exits during the period. Exits to all other or unknown destinations remained in the denominator but did not qualify for the numerator.
Dividing 1,159 by 3,101 yields 37.38% of participants exiting TH, RRH, and PSH to one of the specified unsubsidized housing destinations. To monitor this outcome going forward, a data analyst also developed a custom HMIS query that identifies exit dates, project types, and Exit Destination responses for routine review and comparison with the established ACL report.

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.	01/28/2026

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,295	21	1,226	93.16%
2. Safe Haven (SH) beds	17	0	17	100.00%
3. Transitional Housing (TH) beds	867	0	773	89.16%
4. Rapid Re-Housing (RRH) beds	645	45	684	99.13%
5. Permanent Supportive Housing (PSH) beds	1,882	0	1,537	81.67%
6. Other Permanent Housing (OPH) beds	1,338	0	764	57.10%

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)

Two project types fell below the 85% bed coverage rate benchmark in 2026: Permanent Supportive Housing (PSH), with a bed coverage rate of 81.67%, and Other Permanent Housing (OPH), with a bed coverage rate of 57.10%.
1. The PSH coverage rate reflects the lack of HMIS participation by the Atlanta Housing Authority (AHA) in reporting Veterans Affairs Supportive Housing (VASH) voucher data, which accounted for 328 year-round beds. The CoC will work with AHA to bring these VASH beds into HMIS using the same approach that successfully increased OPH coverage. The CoC will continue relationship-building with AHA, provide training on the benefits and requirements of HMIS participation, identify and address barriers to data sharing and reporting, and use internal staff capacity to support client-level data entry as needed. This approach has already been successful for OPH. Although OPH coverage was 57.10% in the 2026 HIC, AHA's Haven and MS5 voucher projects were onboarded into HMIS in July 2026. Both programs remain HMIS participating, bringing current OPH bed coverage to 100%. This improvement will be reflected in the 2027 HIC.
2. The CoC has already successfully implemented this approach for OPH through relationship-building with AHA to establish data sharing, use of internal staff capacity to enter client-level data, and development of an ongoing process for collaboration and HMIS reporting. Over the next 12 months, the CoC will apply the same process to AHA's VASH vouchers to increase PSH bed coverage. The effort will be led by the Veterans Project Manager in collaboration with the Data and Impact team, who will work with AHA to address participation barriers, establish the necessary data-sharing and reporting process, support onboarding, and maintain ongoing HMIS reporting. Once the VASH beds are incorporated into HMIS, the CoC anticipates that PSH bed coverage will increase to at least 99%.

3A. Policy Initiatives

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

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

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

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

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

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