

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: AR-508 - Fort Smith CoC

1A-2. Collaborative Applicant Name: Riverview Hope Campus

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Riverview Hope Campus

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	0

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

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

(limit 2,500 characters)

General membership meeting dates are posted on our social media pages along with the mission statement and open invitation for the public to join our meetings and mission. Executive council discusses new membership recruitment at each meeting and relays this information to the general membership at each general membership meeting. Nominations for pertinent sectors are discussed, and nominations are contacted and vetted per the bylaws and nominating/voting process.

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

(limit 2,500 characters)

Communications from the general public and a broad array of professional and social services are welcome and encouraged on the website and at general membership meetings. Planning and strategy meetings are posted, and potential new partners are contacted and encouraged to attend and communicate concerns and ideas. Persons and organizations with knowledge of homelessness and services in our area are encouraged to take part in our strategy and measurement processes.

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

(limit 2,500 characters)

Our public announcement of proposals and the application process meet all federal criteria, as well as our own bylaws. Our scorecards do not differentiate between previously funded or new applications, or faith based or not. All applications are considered without bias, pertinent to the application they are submitting.

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

(limit 2,500 characters)

A newly developed task force with local city officials has been developed in partnership with our CoC. Interventions for specific subpopulations, as those listed in statute, will be uniquely addressed. Providers from specific subpopulations have been specifically invited and encouraged to attend so that our CoC can address the gaps in current programming and our system, as well as strategically plan for the catchment area in regard to reducing homelessness effectively, efficiently, and measurably. Gaps that are identified will be assigned a timeline to complete specific tasks that are attainable and measurable. Funding sources for services for specific activities will be identified, and the collaborative applicant will be the lead contact person for the task force to communicate with.

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

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

1C. Coordination and Engagement

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

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- Frequently Asked Questions

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

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

(limit 2,500 characters)

Fort Smith CoC currently provides training and drug abuse prevention programs to our general membership partners through a SAMSHA funded program at Harbour House, Inc in our region. These programs are designed to address community health needs in predominantly rural areas within the Fort Smith CoC catchment area. These trainings bring in providers across multiple counties and bring together leaders in healthcare, local government, recovery programming, faith-based organizations, homeless services, victim services, and counseling agencies. In addition, the rural counties have immediate access to acute services, including the ability to refer directly to service providers. Providers in rural areas also participate in board and committee work for purposes of housing and shelter placement, attending recovery team meetings, and in general have access to the same services due to their close geographic proximity. Fort Smith CoC facilitates communication and resource referrals between rural agencies and the recovery community in the region through a combination of networking, training, and community engagement.

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)

Arkansas operates on an insurance-mandated “levels of care” model for purposes of substance use and mental health treatment. Fort Smith Continuum of Care fosters partnerships with multiple agencies to facilitate access to this care. Depending on client need, the following are available in this catchment area: detoxification and residential programs include Harbour and Gateway House, Fort Smith Behavioral Health, Crisis Stabilization Unit, Baptist Health, and Vantage Point Recovery. Detox, while not appropriate for all clients as it requires active use and a positive drug screen at admission, is followed by residential treatment services. Under Arkansas Medicaid, residential stays are limited to two, 30 day stays per year, and they cannot be consecutive. Residential care provides case management services, medical management, group therapy, and individual therapy. Clients and the respective providers interface with the CoC to work toward housing placements as they continue in treatment, avoiding the prospect of having achieved sobriety while finding oneself unhoused. Initial placements in recovery programs are often made through CoC networking. Cognizant of the need to address on-going substance use among the unhoused population, the CoC partners and membership make direct referrals to the Crisis Stabilization Unit in Fort Smith, Arkansas. Arisa Health, among the state’s largest mental health providers, receives funds to place individuals in recovery programs that do not have insurance. Recognizing that those leaving recovery may in fact become homeless, and to avoid a potential relapse, Fort Smith CoC works with multiple sober living placements in the region to ensure continuity of recovery.

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

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

(limit 2,500 characters)

Peer support services are often foundational to successful recovery. Fort Smith Continuum of Care works hand in hand with multiple providers that employ licensed peer support specialists as part of their ongoing effort to ensure recovery. While our region has no current HUD/CoC funded recipients, our service partners all have robust case management that can provide warm hand-offs to recovery programs where clients will have access to peer support services. These include Community Rescue Mission and Hope Campus, both of which provide direct contact between clients and recovery services through intensive case management. This is done by a combination of resource appropriation, case conferencing, liaising with homeless service providers, and participation in recovery networking collaboratives.

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 recognition that mental health has a disproportionate impact on homelessness is explicit in all aspects of social service work. To effectively coordinate a region-wide response to homelessness, Fort Smith CoC has established (and in some case reestablished and continually establishing) relationships with regional mental health providers, including those with access to acute and crisis care. Our CoC relies on existing partnerships with the Crisis Stabilization Unit in Ft. Smith, the only such agency in proximity to the catchment area, as well as the mobile crisis unit operated by City of Fort Smith Police Department. Often law enforcement are the first to encounter an unsheltered person, are familiar with their circumstances and mental state, and are best positioned to make evaluative judgements regarding appropriate care. NWA CoC routinely interfaces with Freeman Health System in Springdale, Arkansas, the only hospital in the region with a psychiatric care unit, and will assist Freeman with housing or shelter placements once the client has been discharged from their care. Freeman also maintains an Assertive Community Treatment Team which focuses on youth in crisis, the only such program in the area. Greater coordination of mental health services also extends to existing relationships with Vantage Point Behavioral Health in Fayetteville (Washington County), which will accept direct admissions or those through a local emergency room. There is a case management element included in the services, as well, which extends to help with post-discharged placements and on-going medication management and referrals to a psychiatrist. In Arkansas generally, there is an increased recognition that mental health requires extensive networks of providers and a multidisciplinary approach. NWA CoC is uniquely positioned to bring many of those stakeholders together by activating existing professional relationships.

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)

Crisis Intervention Center, our victim service provider, works with clients in current drug court and mental health related courts, and has worked with local courts for civil commitment.

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)

Crisis Intervention Center operates numerous programs on its campus. The arrangement with drug court is one such program, but they also provide immediate shelter and gap housing for victims awaiting placements in recovery programs or exiting recovery programs. Their particular human/victim centered model empowers individuals and encourages independence and stability, specifically emphasizing the need for greater self-sufficiency upon program exit. Crisis Intervention Center has a highly regimented homeless services program; it is unlike a typical provider in that they serve victims of intimate crimes and all services are free. Being embedded in the Fort Smith community for 49 years, they possess intact relationships with both public and private entities, allowing them to operate in a cross-disciplinary manner. This agency has existing working relationships with both the University of Arkansas for Medical Sciences (UAMS), Baptist Health, and Mercy Health Systems, allowing them to quickly identify clients in crisis and respond with either access to their services or referrals to more appropriate placements. In terms of alignment with current federal priorities, Crisis Intervention Center supports programs whose primary focuses include health and safety, workforce development, recovery and rehabilitation, and supportive services aimed at permanent, independent housing. As they are not current recipients of either ESG or HUD/CoC funding, they pursue a more flexible approach to service provision and are not constrained by the obligations of federal funding. They are active participants in Fort Smith CoC events and promote CoC programming through cooperation with inclement weather shelter and outreach.

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)

Fort Smith Continuum of Care actively promotes crisis services and facilitates contact between providers and those resources which are available in the region. Crisis Intervention Center operates a 24/7/365 crisis hotline for information and referrals. Additionally, our local police department has a crisis stabilization unit available thru 911.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	No
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

There is currently one partner for CCBHC, Crisis Stabilization Unit through Western Arkansas Guidance and Counseling, and one partner with SAMHSA projects, Harbor House, Inc. Both are active CoC members.

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)

Fort Smith CoC has no currently funded projects.

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)

Warm hand-offs to stable housing begin at the CoC level with the Coordinated Entry and case conferencing processes. Pursuant to HUD guidelines, and in conformity with the CoC program, Fort Smith CoC operates under a formalized placement and referral regimen. Case conferencing occurs in the region and includes providers from across the spectrum of social services. Coordinated Entry, the policy mechanism that governs case conferencing prerogatives, leverages community participation in an effort to create a seamless placement into housing programs. Priority is accorded to individuals with the highest vulnerability scores, or alternatively, those that have been on the regional By Name list the longest. Case conferencing also handles the more challenging, sometimes intractable, client cases and utilizes a multidisciplinary approach to resolve their respective difficulties. This can include utilizing shelter or bridge housing as a stop gap before placement in permanent housing.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$0
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.	\$100,000
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	0%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$87,500
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	0%

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)?
	75.00%

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)

Fort Smith Continuum of Care has a systematic approach to the planning of ESG allocations in the region. As referenced in question 1B-5, the Executive Director meets with the agency leads who traditionally have applied for funding and invites prospective grantees as well. Prior to this, our CoC releases all available public information from Arkansas Development Finance Authority, the state agency which administers ESG funding, to solicit interest from potential partners. The meeting breaks down the respective grant categories (typically emergency shelter, rapid rehousing, eviction prevention, and street outreach) and determines the required geographic coverage for each program type. The Executive Director creates a schematic, illustrating what agencies have historically applied for funding and how that funding has been distributed. Currently we have tacit agreements with all of the current and prospective grantees to provide both rapid rehousing and eviction prevention funds to the catchment area. In particular, our CoC has emphasized the need for additional homelessness prevention dollars as this corresponds directly to inflow on the shelter side. Additionally, our CoC has reemphasized the need for a more robust frontline response, in particular through street outreach. The region has one current ESG street outreach grant, but it is insufficient to provide the service across the area. Street outreach is the primary mechanism by which client need is assessed and potential placements identified. Part of the regional gaps analysis has demonstrated that more resources are needed in this area, and Fort Smith CoC has commitments from two other agencies to apply for street outreach funds and emergency shelter funds. Fort Smith CoC recognizes that ESG funding must work in tandem with HUD/CoC funding, local government initiatives, and CDBG programs to maximize the reach of federal funds in the area.

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)

There are currently 42 beds in our catchment area restricted to victim services as emergency shelter. Fort Smith CoC has extensive and long-standing relationships with the agency providing this service. Shelter providers are the primary agencies placing homeless individuals on the regional By Name list and provide the initial case management services geared toward permanent housing. As such they are integral parts of the CoC system in our region. Fort Smith CoC's relationship with emergency shelter providers is co-extensive with relationships with other forms of shelter. Fort Smith CoC, which also coordinates the regional inclement weather response, relies heavily on the expansion of shelter capacity during times of extreme weather. In conjunction with churches and other non-profits, the shelter system provides a seamless connector for the unhoused to be safe from the elements through CoC referrals to other participating partners. Emergency shelters also rely on the CoC to identify alternate placements, facilitate client transportation to recovery programs, and provide data-driven analysis on service gaps. There is no better example in this region of cooperation than that between the shelter providers and Fort Smith CoC, creating a symbiotic relationship for purposes of client care. Fort Smith CoC interfaces with the domestic violence programs in the region, who are participants in all facets of CoC operations. Despite differing rules governing client care and privacy, the domestic violence shelters are central to the regional effort.

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)

Fort Smith CoC will follow all local, state, and federal guidelines to ensure that partners are informed of all pertinent information and that personally identifying information is protected.

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)

Fort Smith CoC is continually utilizing all resources to engage partners to improve data. Because the City of Fort Smith is the largest metro area in our region, we are known to have the most services, so citizens from other geographical regions often come to us for services. We are establishing a plan to better utilize each sector of our local services for the homeless population that will include partnerships with law enforcement, mental health providers, rehabilitation facilities, court systems, and victim service providers. This will create an internal shared information system to help our region better serve our homeless population.

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)

Fort Smith CoC and its member agencies have strong collaborative relationships with Arkansas Workforce Development. Goodwill Industries provides valuable on the job training and reentry programming for those clients with a history of incarceration, a challenging population for whom employment is often difficult to attain. Fort Smith CoC partners make referrals for Goodwill Services as part of its relationship with Sebastian County Jail as well as Sebastian County Probation and Parole.

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)

There is one primary street outreach programs in our region, operating out of the City of Fort Smith. It is housed at The Next Step, a homeless service provider. They actively coordinate street outreach to provide referrals to all programs in the area in hopes of assisting youth, families, and adults with resources and immediate needs. This program is active in our CoC and has the ability to identify needs and contact resources immediately, including DHS and law enforcement if they interact with an unhoused minor.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

Family supports remain an integral part of CoC-funded services in the Fort Smith CoC region. Our CoC has relationships with Arkansas DHS and DCFS, Hamilton Child Advocacy Center, Crisis Intervention Center, Get Real, CASS Job Corp Center, multiple youth homes, and a wide array of services to provide the widest possible range of assistance. Fort Smith CoC partners routinely receive referrals from local public-school districts when they encounter families struggling with homelessness. There is also a partnership with the 100 Families Initiative as well as Care Portal, a program under the 100 Families umbrella. Churches and other faith-based organizations retain a prominent role in both family services and reunification efforts. Taken together, all of these entities are able to provide all or parts of the services enumerated in this question. These services include transportation, referrals to out of region/out of state providers, case management and crisis intervention, along with temporary housing assistance. Our CoC's PIT count data is used to identify service gaps for youth and families and, where possible, those gaps are closed through a combination of referrals and resource coordination. The ability to identify multiple programs and funding sources that can assist with family stabilization, and reunification is an important component of Fort Smith's CoC's region-wide response to homelessness. Family reunification efforts remain a state prerogative, but Fort Smith CoC will assist in providing appropriate housing options for individuals cooperating with court-ordered treatment plans for purposes of reunification with children.

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)

Cooperation with local law enforcement agencies takes place across a spectrum of CoC- related services. As noted in question 1C-7, our CoC retains strong partnerships with local Crisis Intervention and Response teams. The regional area with the highest number of unsheltered individuals is Sebastian County, specifically Fort Smith. Fort Smith Police Department recruit and retain social workers who are tasked with responding to those in crisis with the presence of uniformed officers. This CIT team routinely participate in CoC program offerings, retain positive relationships with ESG-funded and non CoC funded partners and programs, and have established a seamless network of referrals for placement purposes. As an example of non-interference with local law enforcement mandates, the CoC was an important part of the last clearing that occurred in this region, providing emergency housing placements for those removed from encampments. This effort included encouraging shelter providers to increase their bed capacity and providing short-term hotel stays when such capacity was unavailable. At no point did our CoC oppose the clearing but rather used its capacity to mitigate the number of unhoused left on the streets. Cooperation with law enforcement and non-interference with policing extends to supporting local initiatives designed to assist the homeless in finding emergency shelter options. As a matter of course, it is always preferable for individuals to be sheltered in order to receive wrap-around case management services. Law enforcement and other first responders are often best positioned to understand why certain individuals choose to remain unsheltered and can provide interventions, in conjunction with their CIT teams, that assist clients in managing their anxieties regarding shelter. Our CoC encourages providers to respond quickly to calls from law enforcement as this often results in an unhoused person being sheltered as opposed to incarcerated.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

There are multiple urban areas within the catchment area of Fort Smith Continuum of Care. In keeping with public sentiment and federal priorities, all locations have public camping bans in place. The extent to which these are enforced is a prerogative of local law enforcement and government entities and is beyond the remit of the CoC. That said, as noted in question 1C-10, it is acknowledged by the CoC that shelter is preferable to being unhoused, in particular when this is viewed through the lens of effective case management. Fort Smith CoC encourages sheltering among the unhoused in the following manner: ESG-funded street outreach through The Next Step in Fort Smith, referrals to Hope Campus for adults, referrals to Crisis Intervention Center for victim services, and referral to GetReal for young adults, all of which are housed in Fort Smith but geographically cover a wide range of areas within our catchment area. Additionally, our CoC partners have a church directory of partners that offer hotel and shelter services. This is crucial to offering supportive services to the unhoused. Local legislative action can only enforce encampments up to a certain point and the task for resolving homelessness cannot be put on local law enforcement. Therefore, the best alternatives to unsheltered living remain robust programming that can actually address the mental health, substance abuse, and history of trauma that many unhoused persons face. Front line workers (i.e. outreach workers), in conjunction with law enforcement and CIT teams, are best suited to encourage removal from the streets to shelters. Fort Smith CoC is also working toward implementation of other funding sources which will allow the CoC to quickly identify unsheltered people and begin the process of stabilizing them for independent housing. These are evidence-based initiatives that target mental health and substance use among those who traditionally inhabit encampments, providing alternative resources that discourage public camping and loitering. Reducing encampments is a function of robust local enforcement and strong social work practice operating in tandem.

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)

As noted in question 2A-4, the last encampment clearing in our Continuum of Care catchment area occurred in the summer of 2025. While there are sporadic encampments that occasionally spring up throughout the region, local law enforcement is typically vigilant about removing those sites and working to find appropriate shelter placements. Fort Smith CoC is dependent on law enforcement to help curtail public camping and retains a direct relationship with officers in the field. In terms of our CoC's rural counties, encampments have not been a significant issue, a result of smaller unhoused populations and the tendency of rural residents to double up with family and friends. This is reflected in Fort Smith CoC's PIT count data which indicates a small percentage of unsheltered in rural counties. Efforts to provide effective case management to those still residing on the streets continue through our CoC case conferencing, street outreach initiatives funded by ESG, as well as the utilization of community block grant dollars for purposes of diversion placements. Identification of client needs is a key component of appropriate placement, which may not be in the shelter system but rather in recovery or related services. Encampments tend to diminish with a more robust regional outreach response and a corresponding commitment to alternative services. As of this writing, there are no known encampments in the catchment area.

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)

By local statute, and in conformity with both state and federal law, public drug use is strictly prohibited in all communities within the Fort Smith CoC catchment area. No current providers allow illicit drug use on their property, nor condone such use in the wider community. Current enforcement of public intoxication, possession of paraphernalia, and use or distribution is strong, and there is no indication that Arkansas intends to formally adopt any type of harm reduction model. Recent opioid settlement money has been made available, approximately \$159 million, to agencies to combat continued drug use and treat addiction. This money will be parceled out over the next 20 years to qualifying agencies that work in the substance use field. Fort Smith CoC participates in community health meetings across the region. It is apparent from the tenor of those discussions that public health boards are committed to a wider treatment model and the repurposing of state and federal funds to combat drug use. Law enforcement retains a conspicuous presence in all of the urban communities and laws referring to open drug use are rigidly enforced, resulting typically in incarceration. Arkansas has one of the highest incarceration rates for drug offenders in the United States and this extends to the homeless population if they violate drug laws. Our region possesses no official “injection sites” and this is actively discouraged by those receiving HUD/CoC funding. Additionally, Fort Smith CoC providers, and those funded through ESG programming, do not offer “needle exchanges” or any other form of harm reduction as explicit provisions of their programming.

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)

By local statute, and in conformity with both state and federal law public drug use is strictly prohibited in all communities within the Fort Smith CoC catchment area. In terms of overdose response, first responders and law enforcement receive specific training to administer NARCAN and related products. A strong policy combined with coordination with EMS providers helps to minimize overdose deaths in the region. Law enforcement works closely with public health agencies in our region to ensure a swift and appropriate response for those suspected of possibly overdosing. Again, this policy is designed to mitigate the effects of public drug use on both the individual and community, as well as create safe open spaces for communities to enjoy. Public drug use is perceived as a blight on the community and as such laws exist to help curtail and prevent it. This is balanced against the community’s interest in protecting the needs of the individual to obtain appropriate treatment where incarceration may not be the most appropriate setting. Opioid settlement funds, available through the State of Arkansas, have recently been made available to agencies whose goal is the effective treatment of SUD. These funds are crucial to preventing an increase in public drug use and overdose deaths.

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)

Fort Smith Continuum of Care is bound by current laws governing civil commitments in the State of Arkansas. Area agencies are cognizant of how civil commitment plays a decisive role in the prevention of harm to the individual and/or members of the community. Our CoC has offered training on the intersection of mental health and homelessness, participates in public forums on community mental health, and works with mental health providers and state agencies to identify at-risk individuals who are in need of inpatient care. Arkansas continues to follow the public policy of 72-hour commitments for those who represent a danger to themselves and others, though there is model legislation being circulated that may ease restrictions on this timeframe. Mental health is no doubt a significant contributor to homelessness, with many clients experiencing some form of complex mental health condition. Most commonly, this is associated with diagnoses of schizo-affective disorder, bi-polar with psychotic features, and schizophrenia. Fort Smith CoC PIT count data mirrors what public health agencies report in this regard. Law enforcement and the courts will mandate 72 hour holds in cases involving potential harm to self or others, and street outreach agencies make coordinated efforts to obtain the required assistance for clients in severe mental distress. Fort Smith CoC is constrained by the current status of the law in regard to civil commitments, but recognizes that in certain cases, forced medication and involuntary treatment may benefit a client whose psychological state cannot be stabilized in a conventional services setting. Fort Smith Continuum of Care works with mobile crisis response units, the Crisis Stabilization Unit, as well as Crisis Intervention Teams to identify appropriate settings for clients at this level of risk.

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)

There is nothing in the current policies and procedures of Fort Smith Continuum of Care that prevents data sharing for purposes of SORNA compliance. On a practical and agency level, this cooperation typically involves the following elements: contact with law enforcement when an individual is known to be an unregistered sex offender; prohibition of sex offenders in the vast majority of area programming, either HUD/CoC or ESG funded; referrals to appropriate placements that will work with sex offenders on housing and crisis stabilization. This protocol is followed by all agencies in the area that provide such services. Homeless service providers in general encourage cooperation with law enforcement and the courts among all of their client base, recognizing that client stability is in part a function of meeting legal obligations.

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)

As referenced in question 1C-7, Fort Smith Continuum of Care has one outreach program. The stated purpose of this outreach initiative is to identify individuals who are currently unhoused that would be an appropriate fit for either emergency shelter or a placement with an outside entity (i.e. behavioral health units). This program is funded through state ESG dollars. St. John's Ministry, another CoC member, provides community meals, showers, and resource referrals. Our CoC hosts resource fairs for providers to come into contact with vulnerable populations and offer resources. In addition to these formalized outreach programs, Fort Smith CoC is dependent on law enforcement to notify the CoC or a program hotline directly when a client is in need and facing potential criminal charges. This relationship acts as an integral part of the frontline response within the continuum. Outreach in our area in Arkansas is also partially dependent on faith-based organizations, who often utilize their benevolence funds to assist the unhoused. When such an organization does not have resources to assist, they contact our CoC and partners for referrals and general navigation of the homeless services sector. Effective outreach is a community effort: it is a combination of provider networking, charitable organizations, and local government, all three of which contribute to Fort Smith's CoC's outreach efforts.

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	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.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

McKinney-Vento liaisons are an active part of our CoC membership. We strive to have open conversation with all local school districts to ensure that families have the resources they lawfully deserve. Agencies dealing with youth and families are trained to practice human centered and trauma informed care to the minors and the adults, as students becoming homeless are often the result of one of the parents becoming homeless due to violent homes. Our Crisis Intervention Center works hand in hand with our McKinney-Vento representatives to ensure transportation and basic needs are met so the children can focus on education and wellbeing.

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)

Coordination with the child welfare system is accomplished through a variety of ways, many of which are reliant on the policies of the supporting agencies. Mandated reporters must follow strict reporting and service provisions. Agencies housing minors must follow DHS regulations first and foremost to do no further harm to the minor. Fort Smith CoC actively encourages new programming dedicated to the youth aging out of foster care population. Get Real, a program in our CoC catchment area, actively serves this population and is considered the subject matter expert for our CoC. They offer trainings to the general membership about best practices. DHS offers trainings on the foster care system, as well as how to better assist families who are providing services to children in foster care. All partners within our CoC provide bridge services to help alleviate the strain of the foster system on our community.

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)

Assistance for runaway and homeless youth in the Fort Smith, Arkansas, region is driven by the following agencies: area public schools, which seeks to implement proactive intervention strategies with families struggling with housing and income security with programming through their McKinney-Vento liaisons; Morgan Nick Foundation, which operates a spectrum of youth services, including school-based educational and prevention programs; GetReal which serves youth aging out of foster care or who have become homeless due to breakdowns in the family unit. The most successful strategy to prevent youth homelessness is a combination of familial and clinical supports. Fort Smith Continuum of Care emphasizes preventative programming through these agencies, in conjunction with its collaboration with Arkansas DHS. Crisis Intervention Center works with teens inside their emergency shelter to break the cycle of homelessness due to violence in the home by providing healthy relationship curriculum. Fort Smith CoC partners also receive referrals regarding runaway minors and young adults who have interacted with law enforcement and work closely with the Crisis Intervention Teams to find appropriate services in lieu of incarceration.

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)

The Next Step services provide a family-based transitional housing program. This program offers 6 houses and all wrap around case management services including financial planning and connections to services related to health and wellness.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The Next Step offers programs such resume building, budget planning, savings accounts, and partners with local job training programs for specific skills that are marketable in our area. These programs are available to service recipients to allow them the freedom to learn and grow while providing for their families. Assisting with childcare referral may also be a part of the program so so the working adult can work the hours required of them by their employer.

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

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

(limit 2,500 characters)

The Next Step services provides application assistance to families to help them apply for supplemental programs they may qualify for. TANF and TEA are two such programs that are utilized in our catchment area. The Next Step is conscious that the sole purpose of TANF funds is to stabilize families in the short term so that they can function independently of public assistance. As such, interventions designed to encourage employment and skills acquisition have become integral parts of case management. From a larger perspective, social service agencies have had to recognize that, along with housing, employment to maintain that housing is not only logical, but ultimately necessary for the continued maintenance of the household. Government programs cannot fund individuals or families in perpetuity and changes to case management practices reflect this realization.

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)

Combining housing assistance with the enumerated categories in this question is a function of the following: The Next Step partners with community agencies in possession of programming and funding streams that assist with stabilizing the family unit. Homelessness and domestic violence undermine the integrity of the family, and a multi-disciplinary response is required to rehabilitate the affected individuals. To this end, The Next Step partners with Crisis Intervention Center, which provides a range of family support and interventions for families in violence. This includes parenting classes, healthy relationships, boundaries, life beyond abuse, childcare assistance, help with state applications to subsidize daycare costs, and counseling where appropriate. Additionally, The Next Step partners with other community and CoC partners that connect parents to prenatal care, child wellness exams, and limited case management services. If a patient has needs that are unmet at such agencies, referrals are made for specialty care to one of the region's primary healthcare systems. In order to support families with young children, particularly those who will be entering the public school system, The Next Step coordinates with Fort Smith Public Schools to ensure that children have access to educational services. The local public schools each have a homeless liaison as part of their administrative function who work closely with homeless children and victims of domestic violence, and generally those displaced by homelessness, to provide essential services to eligible children. Finally, the Fort Smith Boys and Girls Club and Girls Inc. offer after-school programming to those in need in the community and are a hub for parenting resources.

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)

The Next Step program works closely with the Department of veterans Affairs to ensure that Veterans facing or experiencing homelessness have a safe haven. The current chair of our Fort Smith CoC is a social worker for the VA team, and he works closely with the committees within our CoC to ensure Veterans services are appropriate.

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

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

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

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

(limit 500 characters)

Fort Smith CoC has a formal partnership with Crisis Intervention Center, the only victim service provider in our catchment area. They are a member of the Arkansas Coalition Against Domestic Violence, the Arkansas Coalition Against Sexual Assault, registered in the National Human Trafficking Alliance, and operate one of only three medical forensic clinics on the state of Arkansas. They operate a 42 bed shelter, crisis hotline, and full case management and referrals.

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

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

(limit 500 characters)

The Next Step offers programming to individuals transitioning from prison, jails, and court ordered programs. Leaders at The Next Step work closely with clients and court systems to ensure that stability is a priority, and that health and wellness of the individual are not being overlooked.

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)

Fort Smith CoC currently does not have a partner specifically for supportive services for individuals with a high level of medical needs. However, all service providers follow all federal guidelines pertaining to ADA policies and work with local and regional health care providers to meet the needs of those facing homelessness.

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)

Fort Smith CoC partners work with local residential care and assisted living providers to ensure that aging individuals have access to housing services. Area Agency on Aging provides supportive services to elderly adults and adults needing assistance, and all CoC service providers are trained in applications for this population to have access to care.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Fort Smith CoC had one partner providing PH to individuals experiencing chronic homelessness, which was Hope Campus, through ESG funds.

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)

Although there was not an on-site behavioral health care facility, staff members of the Hope Campus were trained to identify health crisis and provide resources for care.

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)

Referral for residential treatment and long-term care is accomplished through a variety of case management modalities. Intensive case management is an adjunct of all permanent supportive housing projects receiving HUD/CoC funding and acceptance of such services is a condition of program participation. In terms of recovery, routine case management visits typically can identify when a client may be in need of SUD treatment and, upon client request, case managers will refer to one of the following recovery services: Western Arkansas Guidance and Counseling, which provides all levels of client recovery services, Harbor House and Gateway Treatment (residential, nonresidential and peer recovery), and VA Healthcare System of the Ozarks substance abuse services (all levels of treatment). Per PSH policy, periodic review of client records and program participation will result in treatment recommendations when appropriate. Regarding health care and referrals to long-term care facilities, PSH case managers are trained to complete the ARChoices application which is the mechanism by which long-term care Medicaid, in-patient rehabilitation, and skilled nursing are funded in Arkansas. Case managers will consult with the client's primary care doctors, the client themselves, and any related medical resource that has knowledge of the client's condition. While involuntary commitments to long-term care and skilled nursing are impermissible, PSH case managers are aware of the intersection of aging, chronic homelessness, and the costs associated with this combination of factors. As such, PSH policies typically mandate that clients actively seek medical treatment, cooperate with medical provider recommendations, and seek long-term placements when they are unable to care for themselves in a safe manner. Where mandated or appropriate, PSH case managers may also contact Arkansas Adult Protective Services for further legal interventions.

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)

As a matter of course in community case management, and site-specific case management, service workers are tasked with raising the income level of clients while they are program participants. Appertaining this is the need to identify work-readiness and build upon client skills so that they are able to gain employment and, by extension, greater self-sufficiency. While this is not practical for all PSH clients, some of whom have debilitating conditions that make gainful employment impossible, PSH case managers work to identify those clients who are able to raise their standard of living and obtain more permanent forms of housing. An extension of this is greater cooperation with Arkansas Workforce Development, TANF Work Pays programs, and regional vocational rehabilitation programs. In our region, individuals with disabilities, and who are placed in PSH projects, work with the following organizations: Goodwill Industries, Fort Smith Adult Education, and Abilities Unlimited. Pursuing a variety of tracks, and utilizing a broad network of employers in the region, each of these organizations works with clients to build skills, broaden opportunities and raise income. PSH clients are encouraged to participate in these programs and use the skills acquired to obtain employment sufficient to achieve greater independence. As an adjunct of this, PSH clients and case managers work to identify low to moderate income housing, typically workforce or CORE housing programs, that while unsubsidized, provide affordable housing options. CORE housing works on a “floor and ceiling” income model, meaning that clients must have a minimum income and cannot exceed a pre-set maximum. This encourages PSH clients to raise income levels but provides realistic permanent housing options. Identification of readiness to move to permanent housing is one of the first assessments that all housing projects should complete. As referenced in 1C-13b, programs increasingly recognize the infeasibility of permanent government funding and, where possible, foster efforts to achieve independent and unsubsidized living. Finally, PSH case managers work with clients to improve family and social supports which can result in clients having additional housing opportunities in the community.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/29/2026
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.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/28/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

Fort Smith Continuum of Care has a formal policy for reallocation and review of underperforming projects. AR-501's by laws read in part as follows: "In compliance with CoC planning, periodic review of HUD-CoC funded projects will be initiated by the Executive Director for purposes of determining compliance with HUD regulations, project performance, and regional priorities. This review will include a comprehensive assessment of the project's drawdowns to date (to ensure funds utilization), consistency with original grant provisions, conformity with CoC accounting and fiduciary obligations, and accuracy of data reporting through the Homeless Management Information System." These reviews are conducted quarterly in anticipation of potential changes to regional priorities and federal funding. Upon review of the grant, if deficiencies are identified, Fort Smith CoC will notify the grantee in writing of the specific areas required for continued prioritization. They are given until the next assessment period to demonstrate compliance with CoC recommendations. In the event that there is overlap between a new NOFO and a reporting period, agencies are placed on an accelerated timeline for compliance.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

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

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

(limit 2,500 characters)

The methodology did not change from 2025 to 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)

Fort Smith Continuum of Care, as a public serving and facing agency, has been directly involved in the mitigation of homeless encampments in the region. In the last reporting period, the most significant clearing occurred in Fort Smith, Arkansas in July of 2025. These involved individuals encamped on Crisis Intervention Center property on the southside of the city, outside of the normal operating gates of the center in a wooded area. Following a period of intense scrutiny from local businesses, city police began a sweep of the area. These individuals did not have a place to relocate, and accommodations needed to be made in existing shelter space. In conjunction with Crisis Intervention Center, and other CoC partners, local authorities agreed to have conversations with the unhoused individuals to make sure that specific subpopulations, like victims of trafficking, sexual assault, domestic violence, or those with mental or physical health needs, and families with minors had priority for services and would not simply be left to relocate to another unauthorized area. 6 of these vulnerable populations were identified and case managers from the representing partners were contacted for service provisions. Because of CoC collaboration, vulnerable individuals were provided proper resources for health and safety needs as well as housing, which leads to stability.

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

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	12
2. Enter the reduction in the number of people in encampments during your evaluation period.	12

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Plans to reduce homeless encampments moving forward follow a three-prong approach: cooperation with law enforcement, specifically Crisis Intervention Teams (CIT) to identify and provisionally assess unsheltered individuals; local initiatives to enlarge emergency shelter capacity, beginning in Sebastian County; improving and sustaining comprehensive landlord engagement strategies to increase access to affordable, market-driven housing. This approach involves our CoC improving region-wide coordination between these sectors and identifying funding streams, effective program models, and appropriate partnerships. Specific to law enforcement and the CIT program, they remain the best source of frontline information on the unhoused and unsheltered in the community. CIT teams play a prominent role in reducing encampments by assessments of individual's needs and corresponding referrals to treatment. Additionally, there are formative plans to increase shelter capacity in the region's largest urban area, with the goal of adding congregate shelter beds in the coming 24 months. Our CoC works to improve the referral network of existing housing providers by offering landlord incentives and encouraging direct contact between providers and property managers. By expanding market-driven access to housing, we can identify suitable placement options for those experiencing both short term and chronic homelessness, options outside of the traditional emergency response network. Taken together, these are effective strategies for reducing public encampments and long-term homelessness.

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 nexus of this question is how CoC's can best manage inflow. Through Fort Smith Continuum of Care, the region uses a combination of Point in Time Count information, coordination with public services, and placement in diversion programs. Currently, our catchment area has approximately 200 people on its regional By Name list; however, it has many more that are doubled up in homes and apartments. Recognizing that these individuals can quickly fall into homelessness, efforts are made to identify supportive services outside of the homeless services sector that can stabilize them. This is done through communication with public school districts in the region, hospitals, and local government programs. Fort Smith CoC, while not being able to utilize its own funds for those who do not meet the legal definition of homelessness, is well positioned to offer assistance of a proactive nature, due to its large network of providers. Preventing first time homelessness and coordinating with grantees to ensure maximum coverage of the geographic area is a priority. This results in people avoiding homelessness and reliance on emergency shelter services. Fort Smith CoC also works closely with Restore Hope and its 100 Families Initiative, a program designed to work with families on workforce rehabilitation and housing placement. By improving incomes and quality of employment, Restore Hope helps families to avoid the tragedy of homelessness.

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

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

(limit 2,500 characters)

Treatment, recovery, income, and employment are the key components to reducing time in homelessness. To that end, Fort Smith Continuum of Care works collaboratively with providers in these areas to facilitate assessment and placement in qualifying programs. For the unhoused, they must possess at least three items to move from unsheltered to stability: some form of income, improved health outcomes, and access to housing. These three discrete categories must be accomplished precisely in that order, and our CoC supports programming that recognizes these fundamental realities. Firstly, we assist providers with workforce and employment connections and will provide in-depth training on applying for social security benefits, either retirement or disability. This has been a large service gap that is now being closed with the help of technical assistance from Fort Smith CoC. In this region, income is essential to housing; there are very few subsidized units and Section 8 applications in most cities are closed. Secondly, CoC has launched initiatives that support treatment for mental health and substance use, recognizing that these health outcomes are integral to future housing stability. These often are more clinically appropriate placements for clients as opposed to emergency shelter and transitional housing programs. Fort Smith CoC understands that these placements not only help stem inflow to emergency services but provide much needed assistance to clients who cannot stabilize without them. Finally, our CoC encourages new applications for housing projects, works with local developers to encourage set aside provisions for the unsheltered, and actively seeks new transitional housing programs as part of a larger effort to provide short term, effective relief to the unhoused.

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?	57.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

All TH and RRH projects were looked at in HMIS to see how many individuals where exited to positive housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/29/2026

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	225	0	309	72.80%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	47	0	53	88.68%
4. Rapid Re-Housing (RRH) beds	0	0	0	0.00%
5. Permanent Supportive Housing (PSH) beds	8	0	8	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

There were open beds the night of PIT, and our CoC will implement a plan to make our street outreach and accessibility to emergency shelter beds more reliant. This will be a priority in our COC and general membership annual review.

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?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	list with treatment	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	required sub abus...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	supportive servic...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	non interference	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	scoring tool	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	selection results	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX Competition R...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: list with treatment

Attachment Details

Document Description: required sub abuse treatment

Attachment Details

Document Description: supportive service agreement

Attachment Details

Document Description: non interference

Attachment Details

Document Description: scoring tool

Attachment Details

Document Description: selection results

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
New Project Scoring Tool (AR-508)**

Measure	Scoring Methodology	Possible Points
A. Substantive Content and Conformity with HUD priorities		
1. Project eligibility	Project intends to serve the homeless population as defined by the McKinney Vento Homeless Assistance Act. Agency is either a dedicated homeless service provider or has created an eligible set aside for homeless services. Yes= 2 points; No=0 points	2
2. Emphasis on self-sufficiency	Project clearly follows the current HUD definition of self sufficiency as fostering individuals who, upon program completion, are not dependent upon resources, public or private Yes= 6 points; Yes but with lack of definitional clarity= 3 points; No= 0 points	6
3. Increase in Earned Income	Project clearly demonstrates that clients will increase their earned income from non-federal sources as applicable. Project outlines specific matrices and reportable HMIS data points to demonstrate this. Yes= 6 points; Yes but with insufficient clarity= 3 points; No= 0 points	6
4. Increase in Non-Employment Income	As applicable, project demonstrates increase in non-employment income such as SSI, SSDI, etc. Yes=5 points; Yes but with insufficient clarity =2 points; No= 0 points	5
5. Exits to permanent housing	Where applicable, project adequately describes and details how clients are to transition to permanent, non subsidized housing. Emphasis is placed on preventing returns to homelessness through on-going case management upon program completion Yes=7 points; Yes but no ongoing CM= 3 points; No= 0 points	7
B. Other Objective Criteria		
6. Maximizing the use of Mainstream resources	Percentage of clients served in the project expected to receive non-cash benefits such as mainstream health, mental health care, social, and employment programs. Scoring: 100-95%= 5 pts., 94-85%= 3 pts., 84-75%= 1 pts., <74% = 0 pts.	5
7. Grant utilization	Grant budget is reasonable for expected service provision based upon number of clients served.	5

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
New Project Scoring Tool**

	Scoring: Rational relationship between clients served and grant amount= 5 points; disparate funding= 0 pts	
8. Service Requirements	Project details 20 hours of client service requirements (if required) with specificity and particularity and can articulate how service requirements are tailored to client needs. Scoring: Yes= 5 points, Yes but not specified sufficiently= 3 points; No= 0 points	5
9. Coordinated Entry Participation	Expected percentage of referrals from Coordinated Entry with corresponding enrollments. Enrollments found outside of CES will require agencies to be placed on Corrective Action (unless approved emergency transfer): 100% = 4 pts., 99-91% = 2 pts., >90%= 0 pts.	4
10. HMIS Capacity	High data quality and timeliness of assessments. There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) will be completed by program staff with error rate <2% 2) Agency has dedicated HMIS staff and licenses 3) Agency agrees to on-going HMIS training Scoring: Meeting all 3 criteria= 5 pts., Meeting 2/3= 2.5 pts.,	5
C. Project and Capacity Assessment		
11. Data-informed program research	Use of HMIS & other local data to guide program development & delivery. Scoring: Yes, clear examples provided = 5 pts. Yes, but examples provided were vague= 2.5 pts. No= 0 pts.	5
12. Supportive Service Requirements	Project will implement supportive services requirements. Scoring: Yes & clear plan provided = 5 pts. Yes, but implementation plan not addressed/vague = 2.5 pts. No= 0 pts.	5
13. Budget & Match	Agency can demonstrate cash and/or in-kind match equivalent to 25% of total award and forecasted budget that leverages match effectively. Yes=6pts; No or partial match/leveraging =0 points	6
14. Demonstrated Capacity to Manage CoC Reporting	CoC APR Review – accuracy and timeliness of reporting. History of quality CoC and/or ESG and/or equivalent reporting Scoring: 5 pts.= timely submission & no inaccuracy of reporting, 2.5 pts. = Timely submission and errors 0 pts. = late submission	5

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
New Project Scoring Tool**

15. Demonstrated Capacity to Perform Competitively in the CoC Competition	The project has met initial merit review AND has not had a corrective action plan from NWA CoC in the last three competitions. Staff scored. Yes= 3 pts. No= 0	3
16. Capacity for CoC Awards & Contract Administration	The agency demonstrates clear accountability for strong internal grant management practices, and effective systems to maintain compliance and institutional knowledge across staff and Board leadership. Scoring: Yes, clear examples provided = 4 points Yes, but examples provided were vague= 2 points No= 0 pts.	4
D. Local and Other HUD Priorities		
17. Disability Access	1 point per question for clear and complete responses demonstrating compliance with disability rights laws and accessible participant processes yes, clear examples provided = 3 points points yes, but examples provided were vague= 1.5 points; No= 0 pts.	3
18. Alignment with Local /HUD Priorities	2 points for each goal this is in the project: a. Evidence of Project's collaborations with corrections partners/ law enforcement b. Staff training/screening for mainstream resources (e.g. PASSE, ARHome, TANF, substance abuse programs, mental health programs, & employment assistance) c. Promotion of/supporting volunteering, community engagement, and employment services d. Ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	8
19. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Yes= 6 points; Sometimes=3 pts; No=0 points	6
20. Availability of Treatment and Recovery Services	Implementation of access to certified treatment and recovery services for program participants. Scoring: Project will provide treatment/recovery services to all eligible participants = 5pts Project will provide treatment for some participants if participants want it = 2.5 pts. Project does not plan to implement treatment and recovery	5

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
New Project Scoring Tool**

	services = 0 pts.	
Total Points:		100

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
Renewal Project Scoring Tool (AR-508)**

Measure	Scoring Methodology	Possible Points
A. System Performance Measures (SPM)		
1. SPM 7b. Successful PH Exits: Retention of PH	PSH/TH Housing Outcome: % of living leavers + stayers stably housed at contract year end. From APR: $(Q5a. \text{ total number of clients} - (Q23a + Q23b \text{ subtotal temporary} + \text{institutional} + \text{Other destinations})) \div Q5a., \text{ total number of clients.}$ - Staff scored Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
2. SPM 7b. Successful Exits to PH: exiting to a permanent destination	Percentage of clients served in the project to meet this outcome. Highest rate of proposed exits to permanent housing destinations earns full points. Scoring: 100-95%= 6 pts., 94-85%= 4 pts., 84-75%= 2 pts., <74% = 0 pts.	6
3. SPM 4. Increase in Earned Income	Percentage of clients that increased income from employment from program entry to exit. From HMIS APR:(Q19a.1+2) Number of Adults with Earned Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
4. SPM 4. Increase in Non-Employment Income	Percentage of clients that increased income from sources other than employment. From HMIS APR:(Q19a. 1+2) Number of Adults with Other Income: Retained Income Category and Increased \$ at Follow-Up/Exit + Did Not Have the Income Category at Entry and Gained the Income Category at Follow-Up/Exit) $\div$ Q5a Total Adults - Staff scored Scoring: 100–75% = 5 pts., 74–50% = 3 pts., 49–25% = 1 pt., < 24% = 0 pts.	5
5. SPM 2a. Returns to Homelessness	Staff scored. Percentage of clients served in the project in the last 24 months (from 11/1/2023-11/1/2025) who exited to permanent housing and returned to homelessness is: Scoring: <7% in 12 months = 5 pts., 8-11% in 12 months = 2.5 pts., >12% in 12 months = 0 pts.	5
B. Other Objective Criteria		
6. Maximizing the use of Mainstream resources	Percentage of clients served in the project receiving non-cash benefits such as mainstream health, mental health care, social, and employment programs. From APR: $(1 - (Q20b. \text{ Number of Non-Cash Benefit Sources, Adults with No sources}) \div Q5a., \text{ total number of adults.})$ - Staff scored Scoring: 100-95%= 5 pts., 94-85%= 3 pts., 84-75%= 1 pts., <74% = 0 pts.	5
7. Bed Utilization	Year-end Utilization APR Q2 & 5a stayers/total beds. - Staff scored	5

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
Renewal Project Scoring Tool**

	Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	
8. Chronic Homeless Beds	Percentage of Chronically Homeless Served From APR Q2, Actual Bed & Unit Inventory, CH beds ÷ (total) Beds. Staff scored Scoring: 100-95%= 5 pts., 94-85%= 2.5 pts., 84-75%= 1 pt., <74% = 0 pts.	5
9. Coordinated Entry Participation	Percentage referrals from Coordinated Entry with corresponding enrollments. Enrollments found outside of CES will required agencies to be placed on Corrective Action (unless approved emergency transfer) - Reporting Period- 7/1/2024-6/30/2025. Staff scored. Scoring: 100% = 4 pts., 99-91% = 2 pts., >90%= 0 pts.	4
10. HMIS Data Quality, and Timeliness	High data quality and timeliness of assessments. HMIS Staff will score. There are 3 criteria: 1) Universal Data Elements (Name, SSN, DOB, gender, race & ethnicity) are at least 95% complete; 2) Data Quality Score: Income and Benefits health insurance 3) Timeliness Scoring: Meeting all 3 criteria= 5 pts., Meeting 2/3= 2.5 pts., Meeting 1 or none= 0 pts.	5
C. Project and Capacity Assessment		
11. Data-informed program research	Use of HMIS & other local data to guide program development & delivery. Scoring: yes, clear examples provided = 5 pts. yes, but examples provided were vague= 2.5 pts. No= 0 pts.	5
12. Supportive Service Requirements	Project will implement supportive services requirements. Scoring: Yes & clear plan provided = 5 pts. Yes, but implementation plan not addressed/vague = 2.5 pts. No= 0 pts.	5
13. Budget & Spenddown	Spend down of funds/match on latest APR submission. Staff scored. 100% = 6 pts., 99-95% = 5 pts., 94-90% = 4 pts., 89-85% = 3 pts., 84-80% = 2 pts., 79-70% = 1 pt., <70% = 0 pts.	6
14. Demonstrated Capacity to Manage CoC Reporting	CoC APR Review – accuracy and timeliness of reporting. Staff scored. Scoring: 5 pts.= timely submission & no inaccuracy of reporting, 2.5 pts. = Timely submission and errors 0 pts. = late submission	5

**Old Fort Homeless CoC 2026 Continuum of
Care Competition
Renewal Project Scoring Tool**

15. Demonstrated Capacity to Preform Competitively in the CoC Competition	The project has been ranked in tier 1 and has not had a corrective action plan from the CoC Lead Agency in the last three competitions. Staff scored. Yes= 3 pts. No= 0	3
16. Capacity for CoC Awards & Contract Administration	The agency demonstrates clear accountability for APR submission and accuracy, strong internal grant management practices, and effective systems to maintain compliance and institutional knowledge across staff and Board leadership. Scoring: yes, clear examples provided = 3 points yes, but examples provided were vague= 1.5 points No= 0 pts.	3
D. Local and Other HUD Priorities		
17. Disability Access	Demonstrated compliance with disability rights laws and accessible participant processes yes, clear examples provided = 3 points yes, but examples provided were vague= 1.5 points No= 0 pts.	3
18. Alignment with Local /HUD Priorities	2 points for each goal this is in the project: a. Evidence of Project's collaborations with corrections partners/ law enforcement b. Staff training/screening for mainstream resources (e.g. PASSE, ARHome, TANF, substance abuse programs, mental health programs, & employment assistance) c. Promotion of/supporting volunteering, community engagement, and employment services d. Ability to partner with services orgs to reduce overhead costs and to prevent duplication of services. I.e., payroll grants, HR, not just your own overhead but from county expenses, etc.	8
19. Persons with Lived Experience	Seeks feedback from Persons with lived experience or those who have formerly experienced homelessness. Scoring: Yes=6 points; Sometimes=3 points; No=0 pts.	6
20. Availability of Treatment and Recovery Services	Implementation of access to certified treatment and recovery services for program participants. Scoring: Project will provide treatment/recovery services to all participants = 5pts Project will provide treatment for some participants if participants want it = 2.5 pts. Project does not plan to implement treatment and recovery	5

Old Fort Homeless 2026 Continuum of Care
Competition
Renewal Project Scoring Tool

	services = 0 pts.	
Total Points:		100

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

AR-508 - Fort Smith CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable							☒	N/A	☒
Partially Usable								N/A	
Not Usable	☒	☒	☒	☒	☒	☒		N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,331	48.7	8.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,435	55.6	11.0

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,356	435.4	18.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,461	418.4	26.0

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	95	12	12.6%	4	4.2%	4	4.2%	20	21.1%
Exit was from TH	11	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	13	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL Returns to Homelessness	119	12	10.1%	4	3.4%	4	3.4%	20	16.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,441
Emergency Shelter Total	1,332
Safe Haven Total	0
Transitional Housing Total	124

2025 HDX Competition Report

2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	0
Number of adults with increased earned income	0
Percentage of adults who increased earned income	0.0%

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	0
Number of adults with increased non-employment cash income	0
Percentage of adults who increased non-employment cash income	0.0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	0
Number of adults with increased total income	0
Percentage of adults who increased total income	0.0%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	0
Number of adults who exited with increased earned income	0
Percentage of adults who increased earned income	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	0
Number of adults who exited with increased non-employment cash income	0
Percentage of adults who increased non-employment cash income	0.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	0
Number of adults who exited with increased total income	0
Percentage of adults who increased total income	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,425
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	421
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,004

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,460
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	424
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,036

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	54
Of persons above, those who exited to temporary & some institutional destinations	31
Of the persons above, those who exited to permanent housing destinations	1
% Successful exits	59.3%

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,319
Of the persons above, those who exited to permanent housing destinations	106
% Successful exits	8.0%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	9
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	7
% Successful exits/retention	77.8%

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2026 Competition Report - SPM Data

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,367	124	13	62	1
Total Leavers (HMIS)	1,244	76	3	34	1
Destination of Don't Know, Refused, or Missing (HMIS)	41	0	0	4	0
Destination Error Rate (Calculated)	3.3%	0.0%	0.0%	11.8%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

AR-508 - Fort Smith CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

AR-508 - Fort Smith CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	309	225	309	0	309	72.8%
SH	0	0	0	0	0	NA
TH	53	47	53	0	53	88.7%
RRH	0	0	0	0	0	NA
PSH	8	8	8	0	8	100.0%
OPH	0	0	0	0	0	NA
Total	370	280	370	0	370	75.7%

2025 HDX Competition Report

2026 Competition Report

AR-508 - Fort Smith CoC

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	309	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	53	0	0	0	0	NA
RRH	0	0	0	0	0	NA
PSH	8	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	370	0	0	0	0	NA

2025 HDX Competition Report

2026 Competition Report

AR-508 - Fort Smith CoC

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	309	225	309	72.82%
SH	0	0	0	NA
TH	53	47	53	88.68%
RRH	0	0	0	NA
PSH	8	8	8	100.00%
OPH	0	0	0	NA
Total	370	280	370	75.68%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

AR-508 - Fort Smith CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

AR-508 - Fort Smith CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/30/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	201	245	205
Safe Haven Total	0	0	0
Transitional Housing Total	69	27	139
Total Sheltered Count	270	272	344
Total Unsheltered Count	163	134	54
Total Sheltered and Unsheltered Count*	433	406	398

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	40	8	83
Total Unsheltered Count	80	75	41
Total	120	83	124