

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: OK-502 - Oklahoma City CoC

1A-2 Collaborative Applicant Name: City of Oklahoma City

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Quarterly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Never

IB-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Organizational employee
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Oklahoma City Continuum of Care Board	Monitor CoC funded projects; review and prioritize funding recommendations; identify housing, service and data needs; oversee HMIS lead agency.	Monthly	
1C-1.2	Point In Time Committee	Create or determine forms for sheltered and unsheltered populations and coordinate annual count of homeless populations and subpopulations. Improve methodology; recruit and train volunteers; analyze data and create annual report for community release.	Bi-Monthly	
1C-1.3	10 Year Plan Committee	Review and report to the community the accomplishments made annually and update the plan.	Quarterly	
1C-1.4	Discharge Planning Committee	Coordinate efforts to establish achievable discharge planning goals - mental health and substance abuse; release from correctional facilities; youth; and health care. Coordinate with Governor's Interagency Council on Homelessness.	Monthly	
1C-1.5	Data Committee	Review HMIS data to ensure data quality and create meaningful reports for the community. Review policies and procedures to guide the improvement of data collection. Encourage and assist non-federally funded organizations to participate. Modify system to meet new requirements.	Monthly	

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

With the exception of the CoC Board, all committees and workgroups are developed within the Coalition to End Poverty and staffed by member organizations. The Coalition to End Poverty is a planning group composed of nearly every homeless service provider in the city and members of government organizations that work with the homeless. Decisions made by each committee are brought before the full Coalition for further input. Several members of the CoC Board are also Coalition members but Board members cannot be from organizations that receive CoC or ESG funds. However, they do have to be from organizations that work with the homeless. Board member organizations include Goodwill, United Way and the Veteran's Administration among others.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

To avoid bias, all CoC board members are from organizations that work with the homeless but do not receive federal funds. Applications filled out by proposing agencies have several questions regarding performance measures and how they are meeting both HUD and local priorities. EX: All are asked to explain their contribution to the 100K Homes housing first campaign and any monitoring findings. Agencies then propose and are asked questions about their projects and are scored and ranked based on how they met priorities and addressed concerns. Details about the CoC program, process, and priorities are covered in the solicitation that is posted on the Coalition to End Poverty website, along with the application.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

The CoC primarily uses HUD housing goals as a benchmark when checking effectiveness. Specifically, those goals are:
-77% of Permanent Supportive Housing Participants have been stably housed for more than 6 months.
-95% of Transitional Housing participants exit to permanent housing.
-45% of participants have increased employment income.
Projects are ranked partially on how well they met these goals. To review all of these, the CoC uses HMIS to review records of leavers and stayers for 6 months and a year and at how many clients have gained or increased earned income for a year. Additionally, it is considered how many have kept a stable level of income and how many gained other sources of cash income or non-cash benefits. The specific population that a project addresses is taken into consideration when reviewing performance as some may have more difficulty retaining housing or attaining income than others due to physical or mental disabilities, substance abuse, or a felony conviction.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC is open to proposals from any organization so long as they meet eligibility criteria set in the interim rule and section V.A. of the NOFA. If an organization expresses interest, they are advised to review the interim rule to determine if their activities are eligible. If so, they are advised to contact the collaborative applicant for information on the application process and HUD and OKC's project priorities. Once the NOFA is released, the applicant will be sent a solicitation & application which are also available on the Coalition to End Poverty website. The applicant must then attend a technical assistance session and submit an application by the deadline. If this is done, they may propose and be ranked with other CoC projects.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/25/2013

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

Whenever it is possible that the CoC's HMIS may need to be modified, whether it be because of new laws or data standard requirements, the Data Committee will meet to determine what changes need to be made. The Data Committee is made up of a member of the HMIS Lead Agency, the CoC Collaborative Applicant, and CoC & ESG funded service providers who participate in HMIS. Any changes in information or security are reflected in the security and data policies and in the HMIS policies and procedures manual. The most significant changes were to accommodate the new ESG and income questions on APRs. Each agency signs an agreement that states they will abide by the HMIS policies and procedures and clients who are entered have to sign an HMIS agreement informing them of what it is and how their information is used. The HMIS lead checks all data monthly and notifies the CoC if there are data quality issues. The lead can also provide the CoC with data quality reports upon request.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? Yes If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

A Privacy Plan, Security Plan, and Data Quality Plan have all been fully developed by the HMIS Lead with the CoC and are outlined in the Horizon Policies and Procedures manual. All original plans, policies, and procedures were developed throughout 2001, prior to HORIZON going online in early 2002. Original participating agencies received them in January of 2002 during initial training. The plans have been detailed to agencies who have begun participating since 2002 when they receive training and prior to beginning data entry. The CoC reviews the plans annually or more frequently if necessary and revises them as needed. The most recent review was conducted on 8/5/2013.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software). Horizon

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems). Homeless Alliance

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) OK-504 - Norman/Cleveland County CoC, OK-502 - Oklahoma City CoC, OK-503 - Oklahoma Balance of State CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$165,595
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$165,595

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$20,000
County	\$0
State	\$0
State and Local - Total Amount	\$20,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$25,000
Private - Total Amount	\$25,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$210,595
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2B-4 How was the HMIS Lead selected by the Agency Applied CoC?

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	76-85%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	362
Transitional Housing	17
Safe Haven	0
Permanent Supportive Housing	27
Rapid Re-housing	5

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	7%
Residence prior to program entry	7%
Zip Code of last permanent address	8%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HUD required reports that are generated from HMIS include APRs, HDX reports, as well as parts of the City's Consolidated Plan and CAPER. HORIZON captures all Universal Data Elements required in the 2010 HMIS Data Standards as well as Program Specific Data Elements and Program Descriptor Data. There is an option that allows any CoC funded organization to run a report specifically for their program's APR. The report generated provides the data necessary to complete virtually the entire Performance Report in esnaps aside from project expenditure information which is kept separately. HORIZON can generate required information regarding the number of clients served for the ESG and CoC portions of Oklahoma City's Consolidated plan and CAPER as well. HMIS also provides much of the sheltered data for the PIT Count and generates data for the HIC and AHAR reports.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

If an organization is entering incomplete data, this can be determined by running an APR. The HMIS lead does this monthly and will contact organizations if there is missing data. Numbers in the Data Quality section of the APR are interactive so a user from that organization can click on the missing data to find out which clients it has not been entered for and correct the problem. The HMIS lead assists if necessary. If the problem persists then the HMIS lead notifies the CoC. The Collaborative applicant will then contact the organization to determine the issue. If the organization receives ESG or CoC funding, the Collaborative applicant emphasizes the importance of data quality for reporting, analysis and an organizations application score. Training/assistance provided by the HMIS lead is always available. It can be requested at any time and will be recommended by the HMIS lead and the CoC if it is thought it might help.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Semi-Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

In HORIZON Policies and Procedures Manual. – Section 03-060, pgs. 30-32

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/24/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 05/06/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	25%	0%	75%
Transitional Housing	0%	0%	0%	100%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The total number of sheltered individuals increased by 127 in 2013, from 942 to 1069, with the severely mentally ill seeing the largest increase. There were two primary factors that led to this. First, one of our Shelters, Grace Rescue Mission, developed a bed bug issue and stopped taking clients until they got it under control. Second, Oklahoma had an unusually warm winter in 2012 and the weather was fairly nice during the PIT. In 2013 it was very cold and so more individuals were pushed into the shelters. Many of these individuals likely did not show up on the unsheltered count either as surveyors did not locate/enter as many campsites in 2012 as in 2013, resulting in a slightly less thorough count.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

-Survey Providers –Oklahoma City used the vulnerability index (VI) survey during the PIT for the first time in 2013. The VI gathers identifying information as well as extensive information on health conditions. Additionally, a photo is taken of most who take the survey, if they agree to allow it (most did). Identifying information and images were used to remove duplication. The VI was used at every shelter that did not enter into HMIS. Shelters that do enter into HMIS used line surveys along with HMIS.

-HMIS - For shelters that entered into HMIS, HMIS data was used to compare to surveys for accuracy regarding the counts at those locations. HMIS is also used to gather more detailed demographic data in cases where it is needed.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

-Interviews - Every sheltered person who agreed to be interviewed was interviewed for their survey. The Vulnerability Index was given at all shelters that do not enter into HMIS and line surveys were given at others. Both capture identifying info and subpopulation data.

-HMIS - HMIS was used to compare with surveys to check for accuracy of subpopulation info and make changes where needed.

-Non-HMIS Client Level Information - Additionally, case management files for sheltered clients were also checked to ensure accuracy and make changes as needed.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

-Training – All count participants were required to attend training the weekend prior to the count that covered procedure and the VI survey.

-Follow-UP – All service providers participated in planning the PIT for several months and were followed up with to ensure they were prepared.

-HMIS – HMIS was used to verify survey information, correct or add info if necessary, and identify duplicate records.

-Non-HMIS de-duplication – Photographs were taken of nearly all interviewees which helped ensure correct ID and case management records were reviewed to ensure accurate subpopulation data and make changes as needed.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/24/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 05/06/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

From the 2012 to 2013 PIT, Oklahoma City saw an overall increase of 59 individuals in the unsheltered population with the largest increases being in the chronic population and individuals with substance abuse problems (an increase of 42 and 44 respectively). We believe the reason for the increase was primarily due to the thoroughness of the count. In 2012 OKC joined the 100K Homes Campaign and performed a full registry week prior to the 2013 PIT day. Over 100 volunteers participated after 5 months of intensive planning. A few weeks prior to the count, the OKCPD took an outreach team in a helicopter to identify unknown camps. From the 21st to 23rd, teams visited the same designated areas from 3am – 8am and all day on the PIT day of the 24th.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Public Places Count with Interviews on Night of the Count –The OKCPD allowed the use of their helicopter before the count to identify as many camps as possible to ensure the most accurate count. Volunteers visited these sites and interviewed all who consented using the vulnerability index. The index captures identifying information and subpopulation data. Additionally, a photograph was taken of all who consented to further help remove duplicate records.

Service-based count - Volunteers and staff also conducted VI surveys as hospitals, the county jail, and the city’s public inebriate alternative.

HMIS - HMIS was used to identify and remove duplicate records and review the accuracy of information for individuals already in the system.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

TRAINING: Count participants planned and trained for the count for 5 months and emphasis was put on what information was absolutely necessary for the data to be associated with a particular individual & useable.

UNIQUE IDENTIFIER: Several unique identifiers were used such as first/last name, date of birth, gender, race/ethnicity. Additionally, interviewees were asked for their SSN and a photo. Most consented.

SURVEY QUESTION: The survey used was the Vulnerability Index which includes numerous health related questions. If there was a case that an individual couldn't be identified by identifiers (EX. The name already appears on the list of interviewees) comparing this information could help determine if they had already been interviewed.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		257	217	196
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	100	152	257	300
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		179	217	196
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		65%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	5

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)**

The OKC CoC joined the 100K Homes campaign in late 2012 and has since made housing chronically homeless individuals through housing first a priority. All CoC funded service providers are on board and have agreed to contribute. Starting with the 2012 CoC competition, all renewal projects were required to contribute either units or case management resources to the campaign. The goal for 2012 was to provide 100 CH dedicated beds in 2012, the actual number was 52 beds higher. CoC providers have housed over 200 CH individuals this year with dedicated and turnover beds and have a 98% retention rate. By continuing this approach the CoC aims to increase the number of dedicated beds to 257 this year, 221 of which will be provided by CoC funded programs. Nearly all CoC funded programs have agreed to prioritize their turnover beds for CH individuals as well adding another possible 217. The OKC CoC is on track and determined to have the necessary resources to end chronic homelessness by 2015.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)**

The organizations and committees that are responsible for implementing the CoC's housing goals are the 100K Homes Planning and Implementation Committee and the CoC Board. The Planning and Implementation Committee is made up of all participating agencies and representatives from government organizations (including the OKC HUD Field Office) and members of the CoC board. They are responsible for evaluating progress, planning next steps, determining needs and ensuring that all resources dedicated to the 100K Homes Campaign are utilized. The CoC Board is responsible for setting goals and requirements for CoC funded projects, prioritizing projects for funding based on how well they meet those goals and requirements, and monitoring projects to ensure those goals and requirements are being met.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	649	709	769
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	576	636	696
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	89%	90%	90%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

OKC's CoC funded PSH programs have maintained a housing stability rate of over 80% for several years. This has been accomplished through coordination of services and intensive case management and follow up. The need for this has increased since entering the 100K Homes Campaign. The CoC requires all funded projects to contribute either units or case management resources to the campaign upon proposal. This has allowed the CoC to have enough case management resources to meet our housing needs and the retention rate for the new 100K Homes clients is currently 98%. To maintain/increase this, the CoC plans to continue to route new clients through the Coordinated Case Management Committee so that they can be provided with the case management that best meets their needs. To meet the growing need, CoC funded programs will continue to be required to dedicate resources to the campaign and additional funding is being sought from the City and other sources as well.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The organizations and committees responsible for maintaining/increasing housing stability are the Coordinated Case Management Committee, the CoC Collaborative Applicant, and the Coalition to End Poverty. The Coordinated Case Management Committee is composed of members of all CoC funded programs. The Committee meets to determine the next individuals prioritized for housing and determine their needs. The Committee then determines which organization has available units and which will provide the case management services that best meet those needs. As the number of individuals in housing grows, the need for funds to increase case management will increase. The Collaborative Applicant (the OKC Planning Department, Community Development Division) has attempted and will continue to attempt to obtain additional funding from the City of Oklahoma City for this purpose. Coalition member agencies will continue to seek private funding for this purpose as well.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1799

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	4%	18%	25%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	4%	25%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	209	11.62	%
Unemployment Insurance	12	0.67	%
SSI	180	10.01	%

SSDI	101	5.61	%
Veteran's disability	11	0.61	%
Private disability insurance	1	0.06	%
Worker's compensation	0		%
TANF or equivalent	20	1.11	%
General Assistance	25	1.39	%
Retirement (Social Security)	9	0.50	%
Veteran's pension	9	0.50	%
Pension from former job	0		%
Child support	3	0.17	%
Alimony (Spousal support)	0		%
Other Source	11	0.61	%
No sources	207	11.51	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC plans to increase non-employment incomes for participants through case manager assistance and increased use of Legal Aid services. All case managers are required to go through SOAR training and are equipped to guide participants through the process of obtaining SSI/SSDI benefits. The CoC plans to emphasize an intensification of this effort, as well as increase focus on other sources of non-employment income like TANF. Additionally, CoC funded projects will contact Legal Aid services for assistance with applications that are rejected.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC's plan to increase the percentage of CoC project participants who increase employment income is to intensify and add to current employment resources for clients in the next two years. Currently, all case managers receive SOAR training and educate participants receiving SSI/SSDI on the rules regarding working without losing benefits. All CoC providers offer the opportunity to connect participants with education and employment training/placement resources with many offering these services on site. Recently, the Collaborative Applicant has been working with the HOPWA funded Oklahoma AIDS Care Fund to plan a new employment training and placement program with the goal of implementing it in the coming year. Ideally, this would be provided at a central location like the Westtown Resources Center and Day Shelter to maximize accessibility.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Organizations/groups responsible for increasing participant income are the Coordinated Case Management Committee, Legal Aid Services, The CoC Collaborative Applicant, and the Oklahoma AIDS Care Fund. It is one of the jobs of the Case Management Committee to ensure that case managers inform individuals and families about resources that can help them increase their income, connect them to those resources and help them apply. The Committee will be responsible for emphasizing an intensification of these efforts. When necessary, Legal Aid Services will provide assistance to clients whose applications have been rejected. The Collaborative Applicant and the OK AIDS Care Fund will be responsible for planning and implementing a new employment training and placement program in the coming year.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 1799

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	40%	58%	65%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	605	33.63 %
MEDICAID health insurance	169	9.39 %
MEDICARE health insurance	65	3.61 %
State children's health insurance	9	0.50 %
WIC	2	0.11 %

VA medical services	33	1.83	%
TANF child care services	2	0.11	%
TANF transportation services	0		%
Other TANF-funded services	6	0.33	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	13	0.72	%
Other Source	315	17.51	%
No sources	164	9.12	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The process the CoC has for connecting participants with mainstream benefits is similar to the process it has with connecting them to non-employment income sources. Case managers provide information to project participants on benefits they are or may be eligible for and help them through the application process. If applications are denied for reasons that appear to be inaccurate, case managers contact Legal Aid Services for assistance. The CoC has seen good results with this approach and plans to continue it in the future.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The organizations/groups responsible for increasing participants access to mainstream benefits are the Coordinated Case Management Committee and Legal Aid Services. The Coordinated Case Management Committee is responsible for ensuring that case managers inform individuals and families about mainstream benefits that they are eligible to access, connecting them to resources and helping them apply. Legal Aid will provide assistance if applications are rejected for reasons that appear to be inaccurate.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	47	65	85
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	2	10	15

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC has increasingly allocated the majority of ESG funds received by OKC to re-housing activities and plans to continue to do so. One of the primary reasons for this has been to provide more assistance for households with children. Over the past two years, the CoC has implemented a centralized intake system for ESG clients located at 211 and developed a Coordinated Case Management Committee for Families. This committee identifies housing for and evaluates the range of services needed by assisted families and determines which organization will provide case management that can best meet those needs. This past year, Goodwill Industries, a member of the CoC Board, partnered with several other CoC funded service providers to apply for the SSVF grant, which they were awarded. The CoC intends to increasingly use these resources and look for others in the next 2 years.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The organizations and committees responsible for increasing the number of households with children assisted through re-housing assistance the CoC Board, the Coordinated Case Management Committee, Goodwill Industries, the Homeless Alliance, City Rescue Mission, and Upward Transitions. The CoC Board will be responsible for ensuring the bulk of ESG funds are allocated towards re-housing programs. Coordinated Case Management is responsible for identifying housing for families, moving them in as quickly as possible, and providing them with services to help them sustain it. Goodwill will be responsible for administering the SSVF grant and will provide case management for those served along with partners the Homeless Alliance, City Rescue Mission, and Upward Transitions. These 3 organizations are also responsible for case management and re-housing assistance provided through ESG.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC's written policy for determining which households receive rapid re-housing assistance does not differ from HUD's requirement. Households must have an income below 30% AMI and be homeless, at risk of homelessness, or fleeing domestic violence and homeless according to category 4 of the HUD definition of homelessness. If cases are eligible, they are contacted and served in the order that the request is received. All recipients of re-housing assistance are required to contribute 10% of their gross monthly income to rent, utilities, and other costs associated with achieving their housing goals.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

All RRH providers are required to provide case management to every household residing in ESG or CoC funded programs. This is outlined in the ESG Policies and Procedures Manual and will be outlined in the CoC Manual once it is completed. Providers are to contact those in need within 72 hours of referral, conduct an assessment and connect them with a case manager. Contact is usually made by phone. Case managers then can then help them with assistance and the development of a housing plan, if necessary. This must be done within 48 hours at the most. The participants risk of homelessness status must also be evaluated at program entry. The case manager must meet with participants every month or more to address needs and reassess their status and eligibility. Assistance ends when a household is considered to be no longer at risk or is no longer eligible to receive services. Case managers then conduct follow up meetings for at least 9 months after assistance ends.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Every provider that provides RRH assistance is required to follow up with households that receive assistance for at least the first 9 months after assistance ends. Follow ups may continue for a longer period if a provider feels it is necessary. This is listed as one of the duties of case managers in the ESG manual produced by the CoC and will be included in the guide for CoC funded projects once it is completed. If upon follow up, a household is found to be struggling again, case managers re-evaluate the situation and can either provide further assistance or refer them to other sources for assistance.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Welfare workers with the Oklahoma Department of Human Services are required to begin transition planning once youth in foster care reach age sixteen. Additional support is given through a contract with the University of Oklahoma National Resource Center for Youth Services. Each transition plan is developed around seven elements: housing, health, essential documents, education, employment, life skills training, and permanent connections. When youth reach age 17, welfare workers work with them to develop the "My Transition Plan." This plan includes specific information on the youth's plan for housing, health insurance, education, continuing support services, work force supports and employment services. Identified in the plan is whether youth will discharge to family, public housing, section 8, private housing, transitional housing, or a group home. OKDHS can also assist with housing subsidy funds through the Chafee Foster Care Independent Living Program until a youth turns 21.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The agency primarily responsible for ensuring youth are not discharged into homelessness is the Oklahoma Department of Human Services (OKDHS). OKDHS accomplishes this through the steps detailed previously in 3B-1.2. An employee of OKDHS is also on the Coalition to End Poverty, an organization made up of nearly every service provider in Oklahoma City plus several government agencies. If outreach or any other organization comes in contact with a youth who has aged out of foster care in need of housing, OKDHS can work with them to determine what services can be provided.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The CoC has recruited local emergency room staff from area hospitals to help the Coalition to End Poverty address housing for those being discharged from medical care. Staff from the two hospitals that serve the most homeless have become active in locating appropriate housing for these individuals. Those who are discharged often go to congregate housing communities where they can receive some level of support. Many of these communities are operated by the Oklahoma City Housing Authority and many others accept housing vouchers and discount rent based on the client's income.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

All State Licensed facilities that accept Medicaid and Medicare are mandated to provide discharge planning for those exiting health care in the Code of Federal Regulations and by the Oklahoma Olmstead Plan. St. Anthony's and University of Oklahoma Medical Center serve the most homeless clients in OKC and are very active in locating appropriate housing. The Oklahoma City Housing Authority and private facilities that accept housing vouchers provide units in low income, congregate housing that can assist individuals upon discharge.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides Discharge Planning Housing Subsidy funds specifically for individuals who are homeless or at risk of homelessness, have serious mental illness or co-occurring illness and is discharged from either psychiatric inpatient care, corrections, or aging out of foster care. Individuals discharged from Psychiatric Inpatient Care usually go to Residential Care Facilities, scattered site housing (if using the Discharge Planning Housing Subsidy), or move in with a family member.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The collaborating agencies include the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), National Alliance on Mental Illness (NAMI), Coalition to End Poverty Discharge Planning Committee, Governor's Interagency Council on Homelessness and Community Mental Health Centers. The administrative rules for ODMHSAS include standards and criteria for State-Operated Inpatient Services (Title 450, Chapter 30) that outline requirements for discharge planning. These requirements include a written discharge plan addressing the basic needs of the consumer: housing, income maintenance, social support, and specific provisions for ongoing community based mental health and substance abuse treatment needs.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The CoC and the Oklahoma Department of Corrections work extensively together and a DOC employee is on the CoC board. The city of OKC is the fiduciary agent for the Second Chance Adult Recovery Program. Through this program, returning citizens meet with a case manager prior to release who helps them identify and link to community services after release. It also provides funds for housing. Offenders with a mental illness participate in a multi-agency reentry program that has increased access to federal benefits and decreased recidivism. Additionally, transition coordinators with the DOC work with offenders for 9-12 months prior to release to develop a discharge plan that assures they have a valid form of ID and stable housing upon release. The CoC and DOC also work with the OK Partnership for Successful Reentry to ensure housing is available for returning citizens who may otherwise become homeless. Individuals routinely discharge to these units if no other options are available.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Members of the Corrections Discharge Planning Workgroup included DOC, City of OKC, HOPE Community Services, ODMHSAS, DHS and the Oklahoma City Housing Authority. These groups worked with the Oklahoma Partnership for Successful Reentry (OPSR), A non-profit faith-based organization incorporated in 2007, in creating a pro-active, statewide approach to prisoner reentry. OPSR also works with the DOC to get as far “upstream” as possible, based on the core belief that “reentry starts the first day you hit the yard”. Volunteers go in to the prison system and create “reentry ready citizens”, those who can be easily reintegrated back into society once they have paid their debt to society. With this two-prong approach, “inside” and “outside”, OPSR will make a great impact on breaking the devastating cycle of homelessness and recidivism. OPSR has been building the system in stages and it will soon be in every prison in Oklahoma.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Create up to 20 Permanent Supportive Housing units per year for Chronically Homeless Persons/Families

Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 78%

Increase the percentage of homeless persons moving from transitional to permanent housing to at least 90%

Increase percentage of persons employed at program exit to at least 45%

Decrease number of homeless households with children by 32% over the next 5 years with ESG rehousing and prevention initiatives.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The geographic area served by ESG is the same as Oklahoma City's CoC. All ESG and CoC funded organizations are members of the Coalition to End Poverty and several CoC organizations also received ESG funding and conduct ESG eligible activities. The CoC and ESG projects collaborate to develop standards for evaluating the outcomes of agencies assisted by ESG funds, develop performance standards for activities assisted by ESG funds and develop policies and procedures for the operation and administration of HMIS for ESG funded projects. CoC and ESG funded agencies also collaborate to develop local policies related to other ESG elements such as case management. The CoC Board ranks/determines funding allocations and monitors financial and programmatic elements of both CoC and ESG funded projects and provides feedback on strengths and weaknesses as well as determines if projects should be defunded if performance does not improve by a set deadline.

3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

In both 2012 and 2013, 12 organizations within the Oklahoma City area received ESG funding, 5 carried out prevention activities and 4 carried out rehousing. In 2012, over 450 individuals received some form of prevention assistance and 134 received rehousing from these providers, not including those served by Healing Hands Health Care. Of the \$413,121 in ESG funds the city received in 2012, 25% were allocated to prevention activities and 21% to rehousing. The amounts were 39% and 19% for prevention and rehousing respectively in 2013 for which the City's total ESG allocation was \$317,405. Allocations are made by the CoC Board based on the City's need. Providers with the Coalition to End Poverty have consistently stated that they receive far more requests for prevention assistance and numbers from centralized intake reflect this. In 2012, Intake received 1,053 calls for prevention assistance vs. 367 for rehousing.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

Currently, the majority of prevention activities in Oklahoma City are conducted with ESG funds. The CoC Board is responsible for allocating ESG funds and all ESG recipients are members of the CoC. Several organizations who provide prevention assistance also operate CoC funded projects and the majority of ESG funds are allocated to re-housing and prevention activities to address individuals and families who need assistance that doesn't require the extensive supports that CoC funded projects provide. Additionally, prevention assistance is also provided through the SSVF program which CoC agencies provide case management for. Legal Aid Services also assists with prevention by providing legal assistance to those who receive eviction notices. Based on the facts of the case, Legal Aid will try to reach an agreement with the landlord before going to court. A sizeable number of fair housing complaints over the last three years in OKC have been disability related.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The Oklahoma City CoC collaborates extensively with both HOPWA and ESG recipients as it considers them to be members of the CoC. The CoC Collaborative Applicant administers both ESG and HOPWA grants along with CoC. All HOPWA, ESG and CoC recipients are members of the Coalition to End Poverty and collaborate with each other on all projects. Similarly, the Department of Human Services is also a member of the Coalition and has a member on the CoC Board. A case manager works with every family that receives housing assistance. Should a family be eligible for TANF, case managers work with contacts at DHS to help them through the application process. The case is similar with Head Start in that if a client has a child that is eligible, case managers help them locate and apply to the closest center. The CoC also collaborates with numerous private organizations, one of which (the InAsMuch Foundation) has contributed the match for the construction of 20 new SRO units for chronically homeless.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Oklahoma City Housing Authority has been one of the most active participants in our housing first campaign. A non-profit associated with the Housing Authority operates one of our CoC funded projects dedicated to the chronically homeless. The Housing Authority itself recently renovated several 8-plex units that were the first units occupied by the CoC's 100K Homes clients through a housing first approach. Additionally, the executive director of the OKC Housing Authority attended the 100K Homes boot camp with a small group of delegates from local providers and government organizations in Kansas City and was the only HA representative of any community there. As part of the 100K Homes Campaign, OKC was advised they would need to house 7 chronically homeless individuals a month to house our entire chronic population by the end of 2015. The OKC Housing Authority voluntarily sets aside 7 vouchers a month for these individuals.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The OKC CoC has no other set requirements to enter CoC funded housing than those set by HUD. For ESG assistance, the CoC does require that participants contribute 10% of their gross income for rent and other costs associated with achieving sustainable housing and sets financial assistance caps as \$3,000 for prevention and \$5,000 for rehousing. However, in the case of this latter requirement, if a case manager determines additional financial assistance is needed and will sustain the household's housing within the next 90 days, then assistance can be extended. Thus far, these have not proven to be barriers to providing assistance. If these policies do begin to become obstacles then they will be addressed.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

In 2012, members of the OKC CoC attended the 100K Homes boot camp in Kansas City which emphasizes a housing first approach. The OKC CoC has emphasized this approach ever since. All CoC funded organizations participated in our first registry week to develop our housing priority list. All CoC funded organizations are also required to contribute either housing or case management resources to the effort. This has worked better than we could have imagined. We were initially informed by 100K Homes that , using this approach, the City would have to house 7 individuals a month to house our entire chronically homeless population by the end of 2015. By this estimate, the City should have only housed 84 individuals by now. Instead we have house over 200, have a 98% retention rate and are in the top 3% of 100K Homes participating communities. In addition to existing units, 20 new SRO units are being constructed for 100K Homes clients in 2014 using HOME funds.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

Starting in 2012, the CoC began allocating ESG funds towards Heartline for Centralized Intake through 211. Heartline keeps an up to date database of available housing and services that might meet the needs of the City's homeless population regardless of funding source. The CoC has developed an intake form that asks questions of every potential client regarding their housing history, medical and substance abuse issues, criminal history, current income and expenses, and other matters that help determine their level of housing & service needs. This information is used to help determine the best provider to refer them to that can best meet those needs. Heartline's system is easily accessed by dialing 211 and it covers the entire OKC area within the City Limits which are also the boundaries of the CoC.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

Coalition to End Poverty member agencies work with nearly every community in the City to assure they are aware of services. Hospitals and government agencies also give information to individuals who are in need and 211 has bilingual advertising on benches and billboards in neighborhoods it identifies as having the most vulnerable populations. However, the two populations that can be the most difficult to locate and/or assist are youth and individuals on a sex offender registry. For these populations, the most valuable tool we have has been outreach teams. Be The Change is the City's primary outreach organization and has been responsible for reaching out to registered sex offenders and has even helped many obtain housing assistance through non-federal funds. Be The Change has been largely responsible for locating youth needing assistance as well and this year was granted ESG funds for a new program that specifically emphasizes locating and engaging homeless youth.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

OKC Public Schools has a Homeless Liaison that has worked with local service providers to inform them of McKinney-Vento education requirements. All agencies are to contact the liaison if any issues arise when trying to enroll a student that is homeless. All agencies are required to inform families of their children's educational rights and to ensure that children receive educational services. Beginning in 2010, the CoC began requiring all agencies to produce evidence of this during monitoring. This applies to both ESG and CoC funded projects as the CoC Board is responsible for monitoring both.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Public Schools Homeless Liaison works with service providers to provide training on McKinney-Vento educational eligibility and requirements. Every school in the OKC area is required to designate a staff person that ensures that enrollment and other educational needs of homeless children are met. The Liaison is also a member of the Coalition to End Poverty which is composed of representatives from nearly every provider in the City as well as many government agencies. The Liaison can notify an organization directly or through the Coalition listserv if she is not sure who can provide particular services. In turn, providers are to contact the liaison if any issues arise when enrolling a homeless student. In addition, the Liaison is also a member of the Youth Committee responsible for developing better ways to reach out to and engage homeless youth.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

It is a policy of the CoC that any provider agency that uses CoC or ESG funding may not discriminate on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because part of an individual's income is derived from any public assistance program. This policy is in writing in the City's policies and procedures manual for ESG and will also be in the Policies and Procedures manual for CoC grantees once it is completed. The CoC conducts programmatic and financial monitoring annually to ensure compliance.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

Any individual that is served by any agency is entered into HMIS and their current and previous housing history is tracked. Therefore, if they return to homelessness, that is recorded in HMIS. To minimize returns to homelessness, ESG and CoC clients are assigned a case manager once they enter the program. This case manager is responsible for helping them develop an individualized service plan and linking them to services that help them sustain their housing. Case managers meet with clients no less than once a month but this is more frequent for clients with more service needs such as the chronically homeless. When someone exits the program, the case manager conducts follow up meetings for at least 9 months afterwards, or more frequently if necessary. This is the process currently used with the CoC's 100K Homes clients and the retention rate has been 98%.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC updated the 10 Year Plan in 2012 to correlate with Opening Doors. Since that time we have joined the 100K Homes Campaign. To house our entire chronically homeless population by 2015, we were told we would have to have housed 84 individuals by now. To date we have housed over 200 and are well ahead of our goal to end chronic homelessness in OKC by 2015. The VA is one of the original members of the OKC 100K Team and has staff assigned to the day shelter campus. This allows them more immediate access to a larger population of homeless veterans. Additionally the VA conducts outreach to veterans at other facilities as well and are providing VASH units, case management and other services for many who are housed. The City has begun allocating the majority of its ESG funds towards prevention and rehousing to keep families in their homes and this year also allocated funds to a new outreach project dedicated to locating homeless youth and connecting them to services.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Currently the CoC has several projects that focus specifically on families or women and children and several more that accommodate them. The CoC allocates the majority of ESG funds to re-housing and prevention activities with a focus on reducing the number of homeless households with children. Currently, Coordinated Street Outreach teams visit areas of the city where homeless are known to congregate weekly. They provide on-site case management and referral services for all households with children they locate that will accept services. Additionally, Heartline 211, the CoC's coordinated intake source, has increased efforts to focus advertisement of their services in areas of the city where homeless congregate as well.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The YWCA receives ESG funds to help provide Emergency Shelter for domestic violence victims and operates a Transitional Housing program funded through other sources. The YWCA also operated a CoC funded PSH program but has turned it over to another provider this year as they lacked the capacity to continue to operate it. The project was transferred to City Rescue Mission which, though not a victim services provider, has a long history of working with victims of domestic violence and made the transition smoothly. The YWCA still provides services to the women and children in the program. Additionally, ESG funds were awarded to Legal Aid this year for a program to provide advocacy specifically to victims of domestic violence. It is the policy of the CoC to not divulge the location of DV housing or enter DV victims into HMIS unless they have exited victim services, feel they are no longer in danger, and have agreed to have their info entered and signed an HMIS agreement.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

The Coalition began a Committee in 2012 to address unaccompanied homeless youth of all ages. The CoC currently funds two projects operated by Neighborhood Services Organization that provide 5 units each for males and females 18 and over who are aging out of foster care or otherwise homeless. Two shelters are operated by Youth Services of Oklahoma County (YSOC) and Department of Human Services that provide temporary care for underage youth in crisis or transition. YSOC also runs the SKIL Program which provides assistance to youth of high school age (most under the age of 18) who are on their own for reasons beyond their control and have chosen not to enter state custody. Be The Change, a CoC outreach provider, began a new project in 2013 specifically focusing on homeless youth of all ages with a special focus on LGBT youth. A goal of the CoC is to continue to try and establish drop-in centers for underage, unaccompanied youth in the four quadrants of the city.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The coordinated street outreach team seeks out persons in shelters, on the streets and in campsites throughout the City and refers people to the identified need for housing and services. The VA team members have focused on identifying persons eligible for VA services and new HUD-VASH vouchers. Outreach team members also include the PATH team that provides outreach to homeless persons with mental illnesses living on the streets and in shelters; and the PACT team that coordinates with an SHP Permanent Supportive Housing project for chronically homeless individuals. These links help to identify chronically homeless persons through street outreach and assist them into housing. Additionally, PACT provides wrap-around services after placement.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The Oklahoma Office of Veteran's Affairs (OVA) and the Department of Rehabilitative Services Veteran's Employment Liaison (DRS) are members of the CoC. Both entities provide outreach at area shelters and transitional facilities for homeless veterans. The OVA provides the CoC with monthly updates about the number of permanent supportive housing units (VASH) that are available for homeless, disabled veterans. Each year a Veteran's Stand Down is held in October. This year the Stand Down provided health care, haircuts, food, clothing and access to housing programs. This is an annual activity. Both the OVA and DRS have assigned designated staff to the WestTown Resource Center. The Resource Center is located on the same campus as the Day Shelter. The Day Shelter allows people who need access to basic daily needs such as food, health care, laundry and showers to also have access to appropriate services. This has increased outreach to many homeless vets that are living on the streets.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC had developed a form that reflects HUD monitoring guidelines and project priorities. Prior to monitoring, HMIS data for programs is reviewed and any underperforming areas are noted. The CoC then conducts on site monitoring and review both programmatic and financial performance. If HMIS data, the information on the monitoring form, information in the client or financial files or from any other source indicates underperformance, providers are asked to explain the cause. Monitoring results are sent to the agencies along with a corrective action plan if one is found to be necessary. The action plan will list the areas of deficiency, corrections that need to be made and the date they should be made by. After this date, a follow up visit is made by the CoC. HMIS data will also be reviewed regularly for deficient areas of a project until improvements are made.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC provides technical assistance and training sessions with the help of the HUD field office for any agency experiencing difficulties. Additionally, CoC providers collaborate regularly so further assistance is often provided by a fellow agency. The collaborative applicant also makes themselves available to address any questions and concerns and will meet with provider agencies in need of assistance regularly if they require it.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The OKC CoC has rarely had any capacity issues. In the case they do arise, the CoC works with the recipient to identify the cause. If the issue is one that requires technical assistance, the CoC will provide it. However, in many cases, capacity issues require a greater level assistance. If an organization is not in a position to hire more staff, then collaboration between CoC member agencies can often alleviate the situation. The collaborative applicant can help coordinate this process if necessary. However, this solution should be temporary until a struggling agency is able to increase staff. If this can't be done in a reasonable amount of time then consideration should be given to shifting all or part of the project to another provider.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The CoC tracks the amount of time individuals and families remain homeless through Horizon HMIS as this is captured on each client record as they enter or leave housing. The CoC is using every tool at their disposal to reduce this amount of time. The majority of ESG funds are allocated to Prevention and Re-housing activities with one of the primary aims being to reduce the number of homeless families and the amount of time they spend on the street. The CoC has provided PSH for years and now is focusing on housing the chronically homeless (predominantly individuals) as a member of the 100K Homes Campaign. Coordinated Outreach and Intake has proven to be effective tools in locating and connecting with individuals and families and intensive case management provided through Coordinated Case Management an effective tool for reducing returns. The CoC only intends to intensify these efforts.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The CoC uses Horizon HMIS to track returns to homelessness by families and individuals as this is captured on individual client records as they enter or leave housing. Coordinated intake has made this easier for individuals and families who have exited ESG assistance. The primary step the CoC is taking to reduce returns to homelessness is Coordinated Case Management. This model has been effective with families since HPRP and in the past year has worked with chronically homeless individuals better than could have been hoped. Thanks largely to intensive case management provided through Coordinated Case Management the CoC a 98% retention rate among the over 200 chronically homeless housed this year through a housing first approach. Given that this population is considered the hardest to house, these outcomes show the effectiveness of this approach.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

Service providers are assisted in engaging homeless individuals and families through the Coordinated Street Outreach Team. All CoC, HOPWA and ESG funded agencies participate which provides the team with members who can reach out to most people regardless of disability, English proficiency or other factors that can cause difficulties. Be The Change, an ESG funded outreach provider is one of the lead agencies of the Coordinated Street Outreach Team. In 2013, Be The Change began a new program to locate unaccompanied youth, with an emphasis on LGBT youth. This team has been effective at canvassing the city to locate individuals and families with varying needs and connecting them to service providers that can provide housing and services.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 10/31/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

Healing Hands Health Care (HHHC), is providing outreach and enrollment services in the homeless population in Oklahoma City for the Affordable Care Act. 23 HHHC employees are trained Affordable Care Counselors, 3 of which work solely with the homeless. They are attending community meetings, holding training for homeless social service staff, posting informational flyers and providing one-on-one enrollment for homeless people. Several group enrollment sessions are scheduled for the homeless day shelter. Oklahoma is not expanding Medicaid and the state Medicaid enrollment site is not yet linked with the Federal Marketplace. However, Affordable Care Counselors can navigate both sites separately. Oklahoma's State Medicaid Agency is still requiring a face to face office visit for homeless people to enroll in the state Medicaid office. Since Oklahoma has not expanded Medicaid services, only those homeless people who work and have income over a certain level are eligible for insurance.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

Oklahoma City provides \$121,000 in local funds annually for homeless services. Providers can propose for these funds at the same time they propose for ESG funds and the CoC collaborative applicant encourages them to do so. However, this amount is small which is why the CoC is trying to get it increased. Additionally, the Collaborative Applicant has not only encouraged applying for these funds for services but rather looking for any other source of funds to support all areas of their projects in case CoC funds should suddenly be unavailable to them for one reason or another. Most providers have done this and receive some amount of funding from other sources such as United Way, Goodwill and the Inasmuch Foundation, among others. Government agencies that provide access to benefits like the Department of Human Services are members of the Coalition to End Poverty and regularly advocate having clients apply for those benefits.

Attachment Details

Document Description: Certification of Consistency

Attachment Details

Document Description:

Attachment Details

Document Description: OKC HMIS Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2012 Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: Consolidated Application and Ranking Web Posting

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/23/2014
1C. Committees	01/25/2014
1D. Project Review	02/01/2014
1E. Housing Inventory	01/23/2014
2A. HMIS Implementation	01/30/2014
2B. HMIS Funding Sources	01/30/2014
2C. HMIS Beds	01/23/2014
2D. HMIS Data Quality	01/30/2014
2E. HMIS Data Usage	02/01/2014
2F. HMIS Policies and Procedures	01/25/2014
2G. Sheltered PIT	01/25/2014
2H. Sheltered Data - Methods	01/30/2014
2I. Sheltered Data - Collection	01/30/2014
2J. Sheltered Data - Quality	01/30/2014
2K. Unsheltered PIT	01/25/2014
2L. Unsheltered Data - Methods	01/30/2014
2M. Unsheltered Data - Coverage	01/23/2014
2N. Unsheltered Data - Quality	01/25/2014
Objective 1	01/31/2014
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3B. CoC Discharge Planning: Foster Care	01/25/2014
3B. CoC Discharge Planning: Health Care	01/30/2014

3B. CoC Discharge Planning: Mental Health	01/30/2014
3B. CoC Discharge Planning: Corrections	01/25/2014
3C. CoC Coordination	01/30/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/30/2014
4A. Project Performance	01/30/2014
4B. Employment Policy	01/30/2014
4C. Resources	02/01/2014
Attachments	02/01/2014
Submission Summary	No Input Required

Before Starting the Project Listings for the CoC Priority Listing

Collaborative Applicants must rank or reject all Project Applications –new projects created through reallocation, renewal projects, CoC planning projects, and UFA Costs projects - submitted through e-snaps from project applicants prior to submitting the CoC Project Listings.

Additional training resources are available online on the CoC Training page of the OneCPD Resource Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/> .

Things to Remember

- There are four separate forms in e-snaps that make up the Priority Listings, which lists the new projects created through reallocation, renewal, CoC planning, and UFA Costs project applications that the Collaborative Applicant intends to submit on behalf of the CoC. The Priority Listing ranks the projects in order of priority and identifies any project applications rejected by the CoC. All renewal and new projects created through reallocation, CoC planning, and UFA Costs project applications must be accepted and ranked or rejected by the Collaborative Applicant. Ranking numbers must be unique for each project application submitted.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2013 CoC Ranking Tool located on the OneCPD Resource Exchange to ensure a ranking number is used only once. The FY 2013 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants are required to notify all project applicants no later than 15 days before the application deadline regarding whether their project applications would be included as part of the CoC Consolidated Application submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.
- Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.

**The Collaborative Applicant MUST submit both this CoC Project Listing
AND the CoC Application by the HUD submission deadline in order for the
CoC Consolidated Application submission to be considered complete**

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the One CPD Resource Exchange Ask A Question at <https://www.onecpd.info/ask-a-question/>.

Collaborative Applicant Name: City of Oklahoma City

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all new project applications that were created through reallocation and have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Horizon - HMIS	2014-01-24 15:47:...	1 Year	City of Oklahoma ...	\$165,000	W4	HMIS
Westlawn Permanen...	2014-01-31 08:57:...	1 Year	City of Oklahoma ...	\$191,346	W2	PH
Permanent Support...	2014-01-31 08:56:...	1 Year	City of Oklahoma ...	\$70,391	W5	PH
CRM PSH Individuals	2014-01-27 12:15:...	1 Year	City of Oklahoma ...	\$91,781	W9	PH
Firststep Women's G...	2014-01-30 10:25:...	1 Year	City of Oklahoma ...	\$72,110	W13	PH
CRM PSH 2	2014-01-27 11:52:...	1 Year	City of Oklahoma ...	\$55,312	W17	PH

CRM Supportive Ho...	2014-01-27 12:23:...	1 Year	City of Oklahoma ...	\$245,546	W8	PH
NSO Female Youth PSH	2014-01-31 09:40:...	1 Year	City of Oklahoma ...	\$98,285	W19	PH
Building Foundati...	2014-01-31 08:47:...	1 Year	City of Oklahoma ...	\$427,910	W1	PH
Permanent Support...	2014-01-31 09:11:...	1 Year	City of Oklahoma ...	\$132,193	W7	PH
NSO Men's PSH	2014-01-31 16:15:...	1 Year	City of Oklahoma ...	\$71,450	W18	PH
Hope CH32	2014-01-31 16:24:...	1 Year	City of Oklahoma ...	\$286,901	W14	PH
HOPE Shelter Plus...	2014-01-31 16:18:...	1 Year	City of Oklahoma ...	\$291,044	W16	PH
Hope Housing Plus	2014-01-31 16:31:...	1 Year	City of Oklahoma ...	\$136,418	W12	PH
Hope Partners in ...	2014-01-31 16:28:...	1 Year	City of Oklahoma ...	\$238,333	W11	PH
CEC Supportive Ho...	2014-01-31 16:13:...	1 Year	Community Enhance...	\$89,872	W6	SH
HOPE Shelter Plus...	2014-01-31 16:20:...	1 Year	City of Oklahoma ...	\$18,566	W10	PH
Pershing Center	2014-01-31 16:49:...	1 Year	City of Oklahoma ...	\$305,715	W3	TH
Healing Hands Hea...	2014-01-31 17:17:...	1 Year	City of Oklahoma ...	\$52,992	W15	SSO

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

EX1_Project_List_Status_field

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
This list contains no items							

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$3,041,165
New Amount	
Reallocated Amount	
CoC Planning Amount	
UFA Costs	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$3,041,165

Maximum CoC project planning amount: \$38,720

Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	01/22/2014
2A. CoC New Project Listing	No Input Required
2B. CoC Renewal Project Listing	01/31/2014
4A. CoC Planning Project Listing	No Input Required
Submission Summary	No Input Required