

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: OK-505 - Northeast Oklahoma CoC

1A-2. Collaborative Applicant Name: Northeast Oklahoma Community Action Agency, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Northeast Oklahoma Community Action Agency, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Not Applicable	No
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Not Applicable	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veterans Programs (SSVF and VASH)	Yes	Yes
HHS Programs (TANF, SNAPs, etc.)	Yes	Yes
Native American Tribes	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

COC Board meets on a monthly basis on quarterly basis & full COC partnership meets monthly. All COC partners are invited to participate in each board meeting & all full partnership meetings. Committee membership is open to all COC partners, not just board members. Examples from list 1B-1 include: 1) COC funded Youth Homeless Organizations: A youth emergency shelter & ESG representative has been elected to the Board of Directors and serves on the Planning & the Monitoring & Evaluation Committees; 2) COC funded Victim Service Providers: A victim of domestic violence shelter & ESG representative has been elected to the Board and serves on the Planning Committee; 3) Mental Health Service Organizations: A mental health service representative has been elected to the Board and serves on the Monitoring & Evaluation Committee; 4) HHS/Mainstream Services: Represented by a member elected to the Board who serves as the chair of the Monitoring & Evaluation Committee.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

Notification was sent to all COC partners & stakeholders regarding availability of funds, including availability of PH Bonus funds for new projects & availability of funds was announced at COC full partnership meeting. COC uses a 2-step process for new applications. 1st step is submittal of a summary proposal, reviewed against a set of established criteria to determine the appropriateness of the app. If total fund requests don't exceed pro-rata, applicants are invited to submit a full app. If total requests exceed pro-rata, summary apps are presented to the COC for review & discussion, with negotiations to modify requests. If there is no potential for modification, all eligible applicants are invited to submit full apps & the projects are scored & ranked according to established procedures & the lowest ranked app(s) are rejected. Scoring criteria for both new & renewal projects are described in the COC written criteria for funding application evaluation in the attachment section.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

E-mail notifications on availability of funds were sent to all partners & stakeholders as follows: 1) 7/18/17 announcing opening of competition; 2) 7/21/17, announcing fund availability & project eligibility; 3) 7/26/17, resource links & project requirements; & 4) 8/7/17, website publication of funding availability. Funding availability announced at COC meeting 8/10/2017. COC uses a 2-step process for new applications. 1st step is submittal of summary proposal, reviewed against a set of established criteria to determine the appropriateness. If fund requests don't exceed pro-rata, applicants are invited to submit a full app. If requests exceed pro-rata, summary apps are presented to COC for review & discussion, with negotiations to modify requests. If there is no potential for modification, all eligible applicants are invited to submit full apps & the projects are scored & ranked according to established procedures & the lowest ranked app(s) are rejected.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The State is the ESG recipient in the COC area. The COC is involved by aiding The Depart. of Commerce (ODOC) in development of performance standards, RFP & Con. Plan that guide ESG operation. ODOC allocates ESG funds to the

COC which works with ODOC & ESG providers to develop RFP. The COC requests, scores & approves applications and recommends awards to ODOC, which contracts with providers based on those recommendations. The COC uses written standards, PIT, HMIS & ESG data to develop performance standards & evaluate outcomes. The State is the Con. Plan jurisdiction in the COC region. COC participates in the following ways: 1) Annual Con. Plan input sessions: COC representatives attend session for 4 hours annually; 2) Monthly State-wide COC meetings: COC representatives attend for 3 hours each month; 3) Monthly Governor's Interagency Council on Homelessness meetings: COC representatives attend for 2 hours a month; 3) Annual ESG input sessions: COC hosts a session for about 2 hours.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

4 DV providers in COC, all are active in COC with 2 DV representatives on COC board. 2 DV providers receive COC PSH & ESG funds. DV providers involved in development of Coordinated Entry (CE) to ensure inclusion of safety planning protocols & victim-centered practices in provision of services, prioritizing safety taking considering circumstances of DV victims. DV providers conduct annual training on best practices serving DV victims & are available for TA. Maximized choice for services & safety/confidentiality: A) HH presents to homeless provider: Provider completes Coordinated Assessment (CA) & determines choice of referral/placement. If referred, contact made with DV provider, personally identifying info removed & form sent to DV provider: B) HH presents to DV provider: Provider completes CA & determines choice of referral/placement. If client prefers service from another agency, contact made with appropriate provider, personally identifying info removed & form sent to provider.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

1) Annual training provided & DV providers are available for TA. Topics: Best practices serving DV, safety planning & victim-centered practices in service provision, prioritizing safety; 2) Data included is from PIT, DV databases, APRs, census & performance data. Data analyzed to determine DV needs & develop appropriate services; 3) DV providers assisted development of Coordinated Entry (CE) to ensure inclusion of safety planning protocols & victim-centered practices, prioritizing safety considering circumstances of DV victims. Examples: A) HH presents to homeless provider: Provider completes Coordinated Assessment (CA) & determines choice of referral/placement. If

referred, contact made with DV provider, personal info removed & form sent to DV provider: B) HH presents to DV provider: Provider completes CA & determines choice of referral/placement. If client prefers service from another agency, contact made with appropriate provider, personal info removed & form sent to provider.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Stilwell	0.00%	No
Housing Authority of City of Afton	0.00%	No
Alma Housing Authority	0.00%	No
Housing Authority of City of Commerce	0.00%	No
Housing Authority of City of Miami	0.00%	No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

COC has supplied information regarding COC efforts to reduce or eliminate homelessness to all PHAs in its geographic area and has invited all PHAs to participate in COC meetings and activities so they can be involved as part of the efforts to eliminate homelessness. PHAs have all been invited to participate in planning efforts to develop strategies to reduce homelessness and develop homeless admission preferences, but to date no PHAs have responded beyond providing data to the COC.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

COC has invited LBGT organizations in the area to participate in COC. COC

partners received copies of: 1) Final Rule on Equal Access in Accordance With an Individual's Gender Identity in CPD Programs; 2) Equal Access Decision Tree; 3) Notice on Equal Access Regardless of Sexual Orientation, Gender identity, or Marital Status for CPD programs & 4) Equal Access for Transgender People. On 12/08/16 the COC provided training on the requirements of the final rule & how to effectively implement it. On 1/12/17 COC adopted COC-wide policy titled "Policy on Equal Access in Accordance With Gender Identity in Programs and Shelters Funded under HUD CPD PROGRAMS". This policy states FR 5863-F-02 requires that HUD's housing programs be made available to individuals & families without regard to actual or perceived sexual orientation, gender identity or marital status. All HUD funded programs are required to comply with this policy. COC will provide training for homeless service providers annually.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Engaged/educated local business leaders	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

Not Applicable, all boxes checked

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

Evaluation process is detailed in the Funding Application Rating & Review Procedures included in attachments. Scoresheets used to evaluate & rank projects include points for these factors & are used to determine project scoring & ranking. These are factored into the process as performance from APRs & proposed performance from the application are considered. Factors included in review are: 1) Is project Housing 1st & low-barrier, reducing barriers to populations with little/no income &/or criminal records; 2) Populations that present barriers/needs requiring intensive services that may impact performance outcomes, including: Chronic Homelessness; Individuals/families coming from streets or unsheltered; Youth; Families with children; Severely mentally ill or physical/mental disability that may present challenges/impairments requiring significant levels of support; Abuse/victimization or history of victimization/abuse, domestic violence, sexual

assault, childhood abuse; Veterans.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/08/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/08/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	COC Reallocation	09/06/2017

Attachment Details

Document Description: COC Reallocation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Pages1-2 GC and Pages 1-2 HMIS Agreement

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Bowman LLC, A Mediaware Company

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Regional (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	339	105	50	21.37%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	52	0	44	84.62%
Rapid Re-Housing (RRH) beds	58	9	49	100.00%
Permanent Supportive Housing (PSH) beds	62	15	35	74.47%
Other Permanent Housing (OPH) beds	10	0	0	0.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

HMIS lead will contact non-participating shelters to encourage participation & provide funds for HMIS implementation as needed. HMIS lead is researching to see if any sources of federal, state or local funds are used at these facilities & what leverage can be applied to encourage use of HMIS. Steps will be implemented by the lead agency, the COC HMIS Committee & the HMIS administrator, United Way of Ponca City. Beds not covered by HMIS are: 1) ES: 110 beds in faith-based ES with volunteer staff, 18 in youth ES & 56 in other ES. One faith-based ES with 78 beds began using HMIS in July 2017, more than doubling the ES HMIS participation rate; 2) TH: All but 8 beds in a small faith-based shelter are in HMIS, shelter uses volunteer staff; 3) PH: Agency not using HMIS on the 2017 HIC was VASH with 12 beds. VASH partner had HMIS, but no one trained to do data entry. That agency now has trained staff & is using HMIS; 4) OPH: 10 beds all in faith-based shelters with volunteer staff.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 6

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 03/29/2017
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/26/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 03/29/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

No change in implementation or methodology. PIT Reporting Requirements forms from CPD-16-060 were distributed to all Emergency Shelter, Transitional Housing & Permanent Housing facilities with detailed instructions. All partners received training in methodology, with more extensive training provided to those performing the count to ensure that they were familiar with all the changes in the forms, definitions and data collection requirements. Technical assistance was provided as needed and follow-up contacts were made to encourage submittal of PIT and assist as needed.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	36
Total:	-36

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
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Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? No

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

No change in implementation or methodology. Reporting Requirements forms from CPD-16-060 were distributed to a variety of agencies having contact with homeless persons. Examples are law enforcement, schools, health departments, DHS, food banks, parks, shelters, etc. All partners received training in methodology, with more extensive training provided to those performing the count to ensure that they were familiar with all the changes in the forms, definitions and data collection requirements. Technical assistance was provided as needed.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? No

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Not Applicable

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

3 months prior to the PIT count, the CoC conducted 2 planning sessions with providers serving individuals & families experiencing chronic homelessness, families with children, youth experiencing homelessness & veterans

experiencing homelessness to discuss the current PIT count process & obtain input for changes in the upcoming PIT Count. The CoC utilized input and CPD - 16-060 to develop PIT Forms and methodology, then followed up with training to prepare PIT count staff and volunteers. Special care was taken to include input from veteran organizations like those providing VASH & SSVF and also from victim of domestic violence providers. The sessions also helped identify locations where individuals & families experiencing chronic homelessness, families with children & veterans experiencing homelessness could be found & the best way to encourage them to participate in the PIT.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

(limit 1000 characters)

1. Reduction: # of 1st entering ES/TH down by 153 persons from 2015 to 2016 & # entering ES/TH/PH also down by 153.
2. Process: The Coordinated Entry (CE) system gathers data about reasons leading to homelessness. Data about factors leading to homelessness is gathered by prevention assistance providers, DHS, shelters, DV providers & other partners to identify factors that cause 1st time homelessness, allowing the COC to identify why HH are at risk & in need of assistance.
3. Strategies: CE gathers data about pending homelessness & need for assistance to remain in housing & expedites referral of persons at risk of homelessness. Referrals are made to prevention providers for rental & utility assistance to prevent homelessness. If a HH needs assistance, immediate referral to appropriate sources are made via CE system.
4. Oversight: COC Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies to reduce 1st time homelessness.

3A-2. Performance Measure: Length-of-Time Homeless.

CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.

(limit 1000 characters)

1. Average LOT: Average LOT increased by 16 bed nights in ES & by 28 bed nights for ES/TH.
2. Best way to reduce the time persons remain homeless is to provide quick

access to appropriate resources. To achieve this, the COC uses a Coordinated Entry System (CE), with all COC & ESG funded agencies required to participate & non-HUD funded providers encouraged to participate. Adoption of CPD-16-011 & establishing COC priorities for housing those with the longest times homeless, along with designation/prioritization of PSH beds to the CH & longest-term homeless increased the focus on placement for these HH.

3. Data about the length of time homeless is gathered using the CE at intake. COC uses HMIS data to track this data & uses data reported from spreadsheets or paper reports for agencies not participating in HMIS.
4. Oversight: COC Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies to reduce LOT homelessness.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

1. Exits to PH from ES/TH/RRH down by 2% (2015: 554 exits/325 PH; 2016: 411 exits/234 PH). Exits from PH down by 6% (2015: 64 exit or remain/49 PH; 2016: 68 exit or remain/48 PH).
2. Increased monitoring of system performance measures to analyze reasons clients are not exiting to PH or remaining in PH. Planning Committee meeting with providers to determine what measures may increase outcomes. Increased training and TA to PH providers and Case Managers.
3. Monitoring Committee & Lead Agency will increase monitoring of system performance measures to analyze clients exiting to other than PH or not remaining in PH to determine causes & provide TA to providers to implement strategies to improve rate of permanent housing placements for homeless individuals and families;
4. Oversight: COC Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies to increase placement or retention in PH.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

1. Returns: Total # returns in 2 year period decreased by 7% according to HDX reports.
2. Strategies: All COC & ESG services are coupled with case management (CM) & services to stabilize clients. Part of the CM process is analysis of the client needs & development of a CM plan outlining steps & resources needed to

address those issues & achieve stability. CM includes follow-up for clients who exit ESG/TH/PH. Written standards established for ESG contain standards for provision of services & follow-up to reduce returns to homelessness.

3. 12 month strategies: Monitoring Committee & Lead Agency will increase monitoring of system performance measures to analyze returns to homelessness & provide TA to providers to implement strategies to stabilize clients & reduce returns.

4. Oversight: COC Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies to reduce returns to homelessness.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

1. Case Managers (CM) refer to employment resources (1-Stop centers, employment agencies & rehab. programs) & provide case management & support services like soft skills, resume prep., job expectations & interviewing. CM refer to mainstream providers like SSN, help clients complete applications & follow-up to help clients meet CM plan goals, including non-employment income.
2. CM refer to employment resources listed in #1 & to mainstream providers (ARDC, SOAR, local independent living centers) to help clients access resources to increase income. COC continually seeks participation of mainstream resources in COC activities to increase collaborative efforts.
3. COC increased monitoring of project performance & provides ongoing training and TA to assist projects increase ability to help clients increase income & improve performance.
4. Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies to increase job & income growth.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?

(limit 1000 characters)

Not Applicable

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 05/31/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for use by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	45	50	5

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	50
Total number of beds dedicated to individuals and families experiencing chronic homelessness	52
Total	102

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

RRH is a priority under ESG & timeframe is now for rehousing FWC within 30 days. Effectiveness is shown in that the # of RRH units for FWC increased in 2017. 40% of ESG funds are designated for RRH in order rapidly rehouse FWC, as the COC has no funds other than ESG for these services. This is a shift from prior years when some ESG funds were used for prevention activities. Prevention is now funded through other funding sources, like EFSP & state & local funds. Emphasis is now on diversion to RRH rather than shelter placement. COC has 5 ESG projects providing RRH services throughout the COC area, with referrals for RRH services made to these projects from providers throughout the COC region. Providers responsible for implementation of RRH include NEOCAA working with the ARK, Hope House & Community Crisis Center shelters; Community Action Resource & Development, working with Youth & Family Services; Safenet Services. Monitoring & Evaluation Committee & lead agency oversee strategy.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	8	11	3

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

On 12/08/16 COC provided training on requirements of FR 5863-F-02, along with supplementary material supporting the rule & how to effectively implement it. On 1/12/17 COC adopted COC-wide Policy on Equal Access in Accordance With Gender Identity in Programs & Shelters Funded under HUD CPD

Programs”. This policy states FR 5863-F-02 requires that HUD's housing programs be made available to individuals & families without regard to actual or perceived sexual orientation, gender identity or marital status and prohibits discrimination based on those factors. All HUD funded programs, including ES, TH, PSH & RRH are required to comply with this policy & not deny admission to or separate family members when they enter shelter or housing, including serving all family members together & in accordance with each family member's self-reported gender whenever possible within parameters of shelter/housing configuration. COC Monitoring & Evaluation Committee & Lead Agency will oversee compliance.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	No
LGBT youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

1. The COC provided letters of support & collaborated with 2 youth shelters to help access additional DOJ funds. 1 Shelter receives ESG funds, providing access to RRH funds to help youth access PH quicker.
2. Coordinated Entry system streamlines referral of youth to appropriate

housing & services. Prioritization for services includes youth, determining access to housing based on length of time homeless and severity of needs. Increased collaboration with McKinney-Vento liaisons, reaching out to 80 liaisons throughout COC area enhances data about youth homelessness & increases ability to identify homeless youth. COC uses PIT data & HMIS data to measure effectiveness of strategies. # of unsheltered youth only up by 5 individuals from 2016 in spite of the fact that the COC received responses from 35 McKinney-Vento liaisons in 2017, up from 1 in 2016. 14 additional unaccompanied youth reported in ES, 5 additional in TH.

3. Comparison of sheltered & unsheltered youth on PIT and HMIS data regarding housing & services provided to youth are used to measure effectiveness.

4. The fact that there was only a moderate increase in the # of homeless youth reported in 2017 vs 2016 in spite of the fact that 34 more McKinney-Vento homeless liaisons provided responses to PIT in 2017 is indicative that the COC strategies are addressing homeless youth issues, as the number remained relatively stable over the year.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

A McKinney-Vento local liaison is an elected member of the COC Board and is directly involved in COC planning processes to provide input & direction to address homelessness among families & unaccompanied youth. McKinney-Vento liaisons & local school representatives from throughout the COC are contacted & participate in the PIT count. Early Head Start (EHS) & Head Start (HS) Directors are included in COC planning Processes as 2 partners operating HS & EHS Programs serve as elected representatives on COC board. Formal partnership agreement is in place with NEOCAA EHS & EHS Child Care Partnership, as lead agency NEOCAA operates those programs. Formal agreement is also in place with Grand HS as lead agency coordinates state appropriated funding for the program. Notices & outreach to McKinney-Vento local education liaisons & local school districts are sent out on a monthly basis, encouraging participation in COC meetings & processes.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	No	No
Healthy Start	Yes	No

Public Pre-K	Yes	Yes
Birth to 3	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)

Coordinated Entry system (CE) was designed in collaboration with SSVF, VASH & VAMC partners to ensure that eligibility determination for VA programs was built into the CE along with eligibility for ESG RRH & shelter services. Non-VA organizations use the CE to assess eligibility for VA programs & make a referral to the appropriate VA program for service & VA agencies use the CE to make referrals for those veterans determined not to be eligible for VA programs, but eligible for shelter services or RRH services. When a Veteran is determined ineligible for VA services, the provider conducting the assessment uses the CE to refer them to appropriate shelter or service provider for assistance. If shelter is the priority, referral to the nearest appropriate shelter is made & if RRH is the priority, referral is made to the nearest ESG RRH program. The # of unsheltered veteran households remained stable at only 2 between 2016 & 2017. The # of veteran households EH & TH increased by only 2.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

1. Data shows 92% of Case Managers routinely make referrals to mainstream providers, help clients fill out applications & follow-up to ensure they access mainstream resources. Lead agency provides TA to increase this % by coordinating meetings with mainstream providers & program staff. Planning committee evaluates results & updates to performance objectives & action steps regarding access to mainstream resources.
2. Mainstream providers are invited to participate in COC activities to enhance collaboration. 2 mainstream providers serve on COC board, providing information on a continual basis. Agencies are interviewed to see if there are barriers keeping them from helping clients access mainstream programs. If barriers are identified COC arranges TA meetings between mainstream providers & project agencies to address issues.

3. Monitoring Committee tracks performance & reports to Planning Committee & Lead Agency to follow up & develop strategies regarding mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	6.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	6.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	6.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	6.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

COC has no formal organizations/teams conducting street outreach. 1 agency in the COC operates a day center for homeless persons & conducts informal street outreach. All COC providers & partners in the region are responsible for outreach activities to ensure homeless persons are aware of housing & service providers in their service area. Target populations needing special outreach are identified by the agencies providing services, as they have the closest contact to the populations & have the best information on populations needing special outreach. DV providers in the area operate hot lines that provide access & all COC partners participate in Oklahoma's 211, a state-wide on-line & telephone resource & referral network. Efforts in the COC outreach plan to enhance outreach efforts include increased coordination with law enforcement, local communities, state & local parks & local schools. COC uses planning funds to strengthen these efforts through enhancement of outreach efforts.

**4A-5. Affirmative Outreach
 Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

1. All HUD grantees are responsible for affirmative outreach to ensure marketing to eligible persons regardless of race, national origin, religion, sex, age, familial status, gender identity or disability, especially those least likely to seek service in absence of special outreach. COC monitors fair housing marketing activities. 2 partners in COC are CHDOs & are well versed in fair housing activities & provide TA/materials to assist in fair housing activities. COC partners are informed of & encouraged to attend fair housing/outreach training.

2. Program operators have lists of resources available to assist with communication to persons with disabilities. Only 2 major populations with limited English proficiency are Hispanic & Asian. Program operators have interpreters on staff or have access to interpreters as needed. Program operators provide large print materials or utilize computer programs that provide large print formats. Sign-language interpreters are secured as needed.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	30	58	28

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejection-Reduction	09/15/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Ra...	08/11/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	COC Rating and Ra...	09/05/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	08/09/2017
06. CoC's Governance Charter	Yes	Governance Charter	08/09/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/06/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	09/05/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	OK-505 HMIS Gover...	08/10/2017
11. CoC Written Standards for Order of Priority	No	OK-505 Witten Sta...	08/09/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	CoC System Perfor...	08/11/2017
14. Other	No	Fy 2017 COC Compe...	08/11/2017
15. Other	No	Acceptance and Ra...	09/15/2017