

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1A-4. HMIS Lead: Homeless Alliance, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	No
2.	Agencies serving survivors of human trafficking	Yes	No	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	No	No
7.	Disability Service Organizations	Yes	No	No
8.	Domestic Violence Advocates	Yes	No	No
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Nonexistent	No	No
21.	Non-CoC-Funded Victim Service Providers	Nonexistent	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Veteran Administration	Yes	Yes	Yes
34.	Criminal Justice Reform - Re-Entry Programs	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1. The Coalition to End Poverty is the full membership of the OKC CoC and is responsible for recruiting new members throughout the year. Members may join at any time by attending meetings and are automatically added to the email listserv to begin receiving CoC email notices, including meeting invitations. The Membership Committee of the Coalition meets quarterly to identify gaps in membership and participation. Once gaps are identified the Membership Committee will invite potential new members to a monthly meeting. All CoC meetings are publicly announced by posting on the Coalition To End Poverty’s website and through email listservs and social media sites.
2. Due to the pandemic all meetings for the past 18 months have been virtual using the Zoom platform. Zoom has accessibility features including screen reader support and closed captioning.
3. CoC membership includes persons with lived experience, including those on the Youth Action Board. The CoC uses program feedback sessions, street outreach and social media as methods to encourage homeless and formerly homeless persons to join the CoC. The CoC actively engages individuals with lived experience to help plan and carryout Point In Time Count activities.

4. The CoC and member agencies have specifically targeted outreach and partnerships in the northeast quadrant of the city over the past two years as a way bring organizations who traditional serve a larger minority population into the CoC. The CoC has invited partners not typically connected to the CoC including organizations who provide services to the LGTBQ population. Recently the CoC has partnered with the Oklahoma Secretary of Native American Affairs in an effort to utilize tribal resources more efficiently.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1. The Coalition to End Poverty is the planning group composed of nearly every homeless services provider in Oklahoma City, government and private organizations, including persons with lived experience. The Coalition to End Poverty is considered the full body of the OKC CoC. All matters related to homelessness within the Continuum are brought up and voted on by members of the Coalition. The CoC has utilized online surveys and focus groups to solicit feedback and expertise from within the community.
2. Monthly meetings and membership are open to the public, announced on social media sites and are announced through email to a large stakeholder list. The CoC recently conducted many public planning sessions in order to develop and create the Strategies to Address Homelessness in Oklahoma City, a strategic plan the City of Oklahoma City and the CoC will work to implement beginning in the fall of 2021. The CoC also participates in the HUD Consolidated Plan and Annual Action Year planning meetings annually. During these meetings the CoC gathers information and upcoming projects planned with federal funds.
3. The CoC uses information collected during meetings throughout the year to inform local initiatives, improve CoC system performance and gain a conclusive understanding of the needs and gaps in services in our community. The information gathered in the strategic planning sessions were extremely helpful in determining next steps and strategies to effectively address the issues faced by those experiencing homelessness in our community.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC’s local competition was open and accepting project applications;
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2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1. The Oklahoma City CoC accepts project proposals from all organizations interested in ending homelessness that meet the threshold requirements. On September 8, 2021, the CoC posted notification of the local CoC competition as well as the applications to the CoC page on the City of Oklahoma City’s website as well as sent email notification to the Coalition to End Poverty (CEP) list serve.
2. The CEP list serve includes private and public entities not previously funded. This information was also posted on social media sites and announced at CEP Meetings and associated committee meetings. The notification clarified the CoC is open to proposals from any organization as long as they met the eligibility criteria set in the interim rule and HUD’s NOFO. CoC staff made themselves available to any organizations that had questions and conducted a CoC overview for interested organizations.
3. Organizations interested in applying for a CoC renewal or new project application must submit their local application to CoC staff through email by October 1, 2021. If a project is ranked in Tier 1 or Tier 2 the applicant must then complete the project application in eSnaps.
4. All renewal and new project applications were scored by the CoC Board as long as they met the eligibility threshold. The scoring tool was created to score applications in the most objective way and using data. The CoC Board ranked and placed in tiers based off their score. If they ranked in Tier 1 or Tier 2 the project application would be submitted to HUD for funding.
5. All CoC relevant documents are distributed in accessible PDF format including the notification of the local competition.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- | | |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1. The City of Oklahoma City Community Development Division serves at the CoC's Collaborative Applicant and lead CoC agency as well as the sole Consolidated Plan jurisdiction for the CoC's entire geographic area. The Consolidated Plan prescribes the use of CDBG, HOME, ESG and HOPWA program funds. Staff are assigned to both CoC and ESG and ESG-CV programs. Ass ESG subrecipients are contractually required to be participating members of the CoC. Consults occur monthly during CoC meetings or more frequently as needed. The CoC Board, in consultation with City of Oklahoma City staff, is responsible for determining ESG and ESG-CV priorities and making funding recommendations to the City Council of the City of Oklahoma City.
2. The CoC Board oversees and evaluates the housing and services programs of ESG and ESG-CV. The CoC lead is tasked with monitoring ESG subrecipients as well as determining appropriate levels of service delivery, data accuracy and timely reporting.
3. Point-in-Time (PIT) and Housing Inventory Count (HIC) data is shared with the Consolidated Plan jurisdiction through inter office emails and through the publicly posted report.
4. All members of the CoC are invited and encouraged to attend annual input meetings to the Consolidated Plan and Annual Action Plans. It is during these meetings City of Oklahoma City staff hear from the community about concerns and needs of the community. Information gathered during these meetings often drive the direction of the planning for ESG and CDBG.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No

3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:	
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1. The CoC collaborates with youth education providers such as Sunbeam, Community Action Agency and others to ensure children and their families experiencing homelessness have access to childcare and education resources. The CoC understands lack of access could result in unnecessary barriers to housing and employment. Once this need is identified a phone referral is made and often the child can begin to receive youth education services the very next day.
2. Youth education providers are members of the CoC. Multiple youth education providers have formal and informal partnerships, including MOUs in place with CoC agencies.
3. The CoC meets frequently with staff from State of Oklahoma Department of Education, the State Education Agency (SEA). The CoC partners with our SDE to share data and information to improve opportunities for families and youth experiencing homelessness.
4. Although there is no formal partnership between the CoC and SEA, both entities are members of the Strengthening Youth Custody and Transitions Services Advisory Committee of the Oklahoma Commission on Children and Youth.
5. The CoC collaborates with the local school districts in the CoC in developing strategies to address homelessness. The McKinney-Vento liaisons from school districts frequently participate in the Homeless Youth Alliance. Positive Tomorrows is a CoC member and charter school specifically for children experiencing homelessness. Positive Tomorrows not only provides education services to the children but case management and therapeutic services to the family members. Positive Tomorrows recently began an ESG and ESG-CV program to provide additional services and housing assistance.
6. Oklahoma City Public School and Putnam City Public Schools are members of the CoC. Previously, the homeless liaison from Oklahoma City Public Schools served on the Executive Board for the CoC. The Director of Family Support from Positive Tomorrows is currently the President on the CoC's

Executive Board.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The CoC Written Standards states all CoC and ESG subrecipients are expected to collaborate with local education authorities to assist in the identification of individuals and families who become or remain homeless and are informed of their eligibility for services under subtitle B of the title VII of the McKinney-Vento Act. Service providers must have written policies in place which ensure homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services. Agency policies should include how homeless families with children will be informed of and referred to the school district’s homeless liaison. This includes demonstrating that providers establish policies to ensure all children are enrolled in early childhood programs or in a school and connected to appropriate services in the community. Providers shall collaborate with the local school districts and early childhood education providers to identify homeless households with children to ensure they understand their eligibility for educational services. Such policies should also include information for all homeless individuals and families regarding local technical schools and universities which may offer programs and assistance for persons who are homeless. These policies must have identified a staff person responsible for ensuring that children being served are enrolled in school and connected to appropriate services. These policies are reviewed by City staff annually during monitoring.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	Yes
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	No	Yes
4. Early Head Start	No	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	No	Yes
7. Healthy Start	No	Yes
8. Public Pre-K	No	Yes

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. Annual training on best practices in serving survivors of domestic violence is provided to non-victim service providers. The training is coordinated through the CoC and conducted by staff from our local victim service provider. The training focuses on trauma informed practices, victim-centered services, safety planning, the cycle of violence, confidentiality and general and culturally focused resources.

2. In addition to the annual training mentioned above, Coordinated Entry staff attend quarterly meetings and trainings focused on connecting survivors of domestic violence to housing and services while ensuring safety protocols and best practices are followed. The Coordinated Entry policies and procedures incorporate the emergency needs and safety of domestic violence survivors. The Coordinated Entry policies and procedures are reviewed quarterly at CoC meetings, the review covers the whole process, including the policies that address survivors of domestic violence specifically including data entry requirements and the emergency transfer plan.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The YWCA, the CoC’s victim services provider, keeps client data in a separate database outside of HMIS and Heartline 211 tracks the number of referrals for specific services. This data is provided to and examined by the CoC’s data committee on a quarterly basis. The CoC uses this de-identified data to assess the housing and services needs of those related to domestic violence, dating violence, sexual assault, and stalking. While the CoC does use this data to determine community needs, it is almost assured that the Y’s services will be at full capacity as Oklahoma has some of the highest DV rates in the country and

there are few other victim service providers in the city and none that provide shelter or permanent housing resources. Data reflects that the level of services is outweighed by the need for them. Previously, referrals indicated a need for legal services for DV victims so the CoC allocated ESG funds to assist with that need. Currently, there are no PSH/RRH beds in the CoC dedicated to those experiencing domestic violence. Data and referrals show there is a significant need for these resources, especially those for families with children. As a result, the CoC is applying for funding for two project dedicated for victims of domestic violence. To ensure that current DV clients can access CoC housing resources as quickly as possible, procedures specific to DV cases have been incorporated into the coordinated entry policies. Included is the requirement that DV cases bypass the other steps in the CA process and move directly to the front of the line, that data not be entered into HMIS and a transition plan that ensures that clients be moved immediately into a secure unit if the one they are in is unsafe.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. The CoC’s Coordinated Entry procedures include protocols specific to survivors of domestic violence, sexual assault, stalking and trafficking. The protocols were designed to prioritize safety, prevent further trauma and to provide individuals with client choice over the housing and services they receive. Although the Coordinated Entry uses a no wrong door approach, our community has designated one physical access point only for survivors of domestic and sexual violence as well as the option to utilize the community’s 211 hotline. All assessments are conducted in a confidential setting, out of the sight and ear shot of other individuals.
2. The Coordinated Entry policies and procedures include an emergency transfer plan which requires clients be immediately prioritized if they return to homelessness or if their current housing is determined to be unsafe.
3. During the coordinated entry process, survivors of domestic and sexual violence have confidential access. Identifying information for domestic violence survivors is known only to the victim services provider and trained Coordinated Entry staff. Our Coordinated Entry system has a unique list that only includes those who are fleeing domestic or sexual violence. Referrals from this list are made to projects which have experience and expertise to service this population. When a referral is made identifiable information is only shared with the provider and is prohibited from being entered into HMIS. Survivors have the option to decline or accept any referrals based on their own wants and needs.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender—Anti-Discrimination Policy and Training.	
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NOFO Section VII.B.1.f.

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual 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 (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Oklahoma Housing Finance Agency	8%	Yes-HCV	No
Oklahoma City Housing Authority	15%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

There are two PHA's within the CoC's geographic area, Housing Authority of the City of Oklahoma City (OCHA) and Oklahoma Housing Finance Agency (OHFA). The CoC has an exceptional working relationship with both entities. They are both active participants in CoC planning and implementation meetings. Both OCHA and OHFA have a homeless admission preference in their written policies and are active members of the Continuum of Care. The CoC has worked with OCHA and OHFA to develop a streamlined application process for homeless individuals. OCHA staff attend weekly coordinated case management meetings, this allows for real time updates and information about when public housing units will be available for prioritized individuals and families as well as helps case managers identify public housing tenants who may be at risk of eviction from their units. Real time updates are also provided as to an

individuals application for HCV.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	No
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

- Oklahoma City Housing Authority (OCHA) and Oklahoma Housing Finance Agency (OHFA) both receive referrals from the CoC's Coordinated Entry System. OCHA receives referrals for both public housing units and well as housing choice vouchers (HCV) while OHFA does not have public housing but does take referrals for HCV. Both OCHA and OHFA allows referrals from Coordinated Entry be expediated in an effort to rehome people experiencing homelessness as quickly as possible. The CoC has multiple CoC funded and non CoC funded agencies who leverage public housing and HCV resources through their projects. The agencies provide intensive case management and home-based support to residents while OCHA/OHFA provide the housing subsidy.
- These processed are covered in an MOU OCHA. The CoC is in the process of completing an MOU with OHFA.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits. NOFO Section VII.B.1.g.	
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If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers. NOFO Section VII.B.1.g.	
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Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs. Not Scored–For Information Only	
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Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Oklahoma City Hou...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Oklahoma City Housing Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	16
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	75%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC conducts an internal Housing First fidelity evaluation of all CoC projects on an annual basis to quantify the degree to which the Housing First model is being carried out. The CoC utilizes a checklist created by United States Interagency Council on Homelessness to complete the fidelity

evaluation. In addition to the Housing Firsts checklist, the CoC analyzes Coordinated Entry data to review referral denials to ensure people are not being screened out of programs due to criminal history, sobriety, mental health diagnosis or refusal to participate in services. Each project's Housing First approach is also reviewed during annual monitoring by review of client file case notes.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1. The CoC has a Coordinated Outreach team which meets once a month in an effort to identify and engage all individuals and families experiencing unsheltered homelessness. The CoC has multiple outreach teams including the Homeless Outreach Team of the Oklahoma City Police Department, ESG and ESG-CV funded outreach teams, VA/SSVF outreach teams and those from the faith-based community. We utilize a real time mapping system to mark where camps are located throughout the city as well as areas where there are a large number of individuals experiencing homelessness. This mapping allows to teams to remain updated specifics of the camp and to decrease duplication of services. The outreach teams work to build rapport with identified individuals and ensure they are added to the communities BNL through Coordinated Entry.

2. The Coordinated Outreach meetings are used as an avenue to ensure outreach teams are reaching 100% of the CoC's geographic area.

3. Members of the Coordinated Outreach team are providing street outreach services 7 days a week.

4. The CoC's outreach efforts have been tailored to target outreach to chronically homeless unsheltered persons with high vulnerability who not no access services through the day shelter or overnight shelters. In the past few years outreach efforts have been increased to areas of the city with high populations of black, indigenous, and people of color (BIPOC). Outreach teams have worked with faith-based leaders and others in the community to build trust and provide resources. Outreach materials are printed in both English and Spanish. Outreach teams carry iPads with them in case they encounter individuals with disabilities that limit their abilities to communicate.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	
	Implemented Homeless Court through Municipal Court	Yes

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	136	169

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. The CoC meets monthly; a portion of each meeting is set aside for an update or information sharing from one or more mainstream resource provider. At times whole meetings will be used to train providers on available mainstream resources in the community.
2. Information is communicated both verbally during the meetings as well as frequent emails through the CoC's listserv. This includes the monthly meeting minutes. Meeting minutes are emailed out monthly and other updated information is sent as applicable.
3. The CoC partners with Community Health Centers – Healing Hands to host an annual health insurance enrollment event. In an effort to remove any structural barriers Healing Hands also has an outreach team that works to connect individuals, who may not access services at the day shelter, with health insurance. Oklahoma recently voted to expand Medicaid, with the expansion the CoC has had an increased focus on signing up all eligible individuals.
4. The CoC requires all Case Managers to receive SOAR training annually. Some CoC partner agencies are able to bill Medicaid for case management and other services while housing an individual in a CoC, public housing or HCV unit. Billing for services frees up other resources to dedicate to individuals who are not connected to health insurance.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. The Oklahoma City CoC Coordinated Entry System (CES) utilizes a “no wrong door” approach to access. The philosophy of this approach is that a client should be able to access the appropriate services by visiting any partner agency across the CoC's geographic area or by contacting 211.
2. The CoC acknowledges that traditional access points may not appeal to all therefore Coordinated Outreach is conducted to reach individuals and families who do not typically receive services from connected CoC providers. In addition to homeless camps, outreach is conducted at agencies known to serve BIPOC, churches and other nonprofit organizations not already connected to CES. Once a quarter, the Coordinated Outreach team reviews a map of outreach locations to ensure we are reaching the entire CoC geographic area.
3. All clients are currently assessed using the Vulnerability Index – Service

Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT uses medical and social risk factors to assign a score to an individual or family. Once a VI-SPDAT is completed the person or household is added to the community wide housing and services prioritization list based on their VI-SPDAT score and length of time homeless. During Coordinated Case Management meetings those on the list are staffed and referred to resource openings. An individual may be moved up the prioritization list if the team feels their VI-SPDAT score is not indicative of their situation and their vulnerability is higher than the score presents.

4. To ensure timely and appropriate referral for housing and services, clients are staff by six subpopulations: transition aged youth, chronically homeless single adults, veterans, families, aging/geriatric and domestic violence.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	No
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2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	No
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment. NOFO Section VII.B.1.o.	
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Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The first step the CoC and homeless housing and services providers have taken to improve racial equity in the provision and outcomes of assistance is to take the time to review and analyze the data. All have updated by-laws that commit to incorporating the values of diversity, equity and inclusion in the governance and operations of the CoC and provider agencies. The CoC and its partners have all been tasked with examining and updating policies in hiring and promotion to ensure we are being inclusive. This includes changing the working in job descriptions to be more inclusive and avoiding gendered coded words, not requiring degrees for positions that do not absolutely require them. The CoC is in the process of completing a compensation analysis that also includes comparing race, age and gender. The final step is requiring ongoing Diversity, Equity, and Inclusion training of all CoC providers. Trainings are offered to not only staff but clients as well.

1C-16.	Persons with Lived Experience–Active CoC Participation. NOFO Section VII.B.1.p.	
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Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	2	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	1
3.	Participate on CoC committees, subcommittees, or workgroups.	2	1
4.	Included in the decisionmaking processes related to addressing homelessness.	2	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

The week of March 16th the CoC Lead, service providers and personnel with state and local health and government organizations formed the Metro Shelter Director's Response (MSDR) group. The group determined protocols to keep people safe if they were living outdoors or in congregate facilities. The MSDR requested that the City cease clearing camps which was agreed to. CoC staff worked with the Regional Food Bank to arrange resources for food packs to be distributed to camps by outreach. These measures were intended to reduce the number of people moving to other locations and spreading the virus. PPE and Info on COVID-19 precautions and symptoms were also included. City shelters suspended volunteer activities and reduced shelter beds to accommodate social distancing. Mask requirements were put in place, dividers installed and stricter requirements on departure and entry enacted. The MSDR set up an isolation facility that could accommodate up to 100 people. Once tests became widely available, Community Health Centers Inc (CHCI) began conducting them in shelters and for anyone else in need several times a week. Anyone with a positive test was transported to the isolation facility and asked to stay until receiving a negative. Later, CHCI also held vaccine events in shelters. To address the increase in street homelessness over the winter, the MSDR set up a stand-alone winter shelter facility that could accommodate up to 300 people using ESG-CV funds. Oklahoma City saw a particularly bad winter last year and the shelter filled during the worst of the weather so over 200 more people were set up in hotel rooms on the worst nights using ESG-CV and raised funds. Precautions for transitional housing varied by program but, in general, all provided ppe to residents and required masks be worn, visitors were not allowed in units and in-person groups were moved to zoom. If the facility was

congregate, isolation units were provided for those that tested positive for Covid-19.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Due to planning activities carried out during the COVID-19 pandemic, the Oklahoma City CoC now has several ad hoc or standing groups that can be immediately pulled together to plan and execute emergency services, be they pandemic or non-pandemic related. The Metro Shelter Director’s Response (MSDR) group largely formed initially from parties that participated regularly to plan winter shelter services. CoC staff were connected with public health officials and staff from local hospitals that expanded participation in this group to more effectively address pandemic related programming. Membership in this group overlapped with the Central Oklahoma Health Impact Team (COHIT), an emergency planning group that, prior to the pandemic, was comprised only of healthcare organizations but was temporarily expanded to include homeless services personnel and help interpret CDC guidance as well as secure resources such as PPE for the MSDR. Additionally, healthcare personnel that joined the MSDR established contacts with the Smart Testing and Analysis to Return Tomorrow (START) Coalition located at the Center for Global Health Delivery at Harvard University to incorporate innovative approaches to reducing risk in shelters such as UV-C light installation. The MSDR is reconstituted fully or in part as needed, the COHIT is a standing group and the CoC maintains a relationship with the START Coalition. The CoC’s improved readiness for the next public health emergency, whether it be pandemic related or not, stems from the emergency response teams put together to address needs during this pandemic and the relationships between organizations that were developed.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The Oklahoma City CoC is also the administrator and planning entity for the ESG/ESG-CV program. The initial allocation of ESG-CV funding was received prior to the federal eviction moratorium being put into place. We anticipated needing the bulk of the funding for prevention and rehousing assistance as

evictions were processed and so requested CARES assistance from the City of Oklahoma City for purchasing sanitary supplies, PPE and other healthcare equipment and was approved for this request. This allowed us to focus the bulk of ESG-CV funding on housing assistance and eviction prevention activities including legal assistance providers that are at the courthouse for every eviction docket. However, shortly after these allocations were made, the eviction moratorium went into place making ESG-CV funds largely not an option for prevention purposes. As this was not the case with the rent and utility assistance program set up with CARES funds that covered the entire state, the OKC CoC shifted focus to complimenting the efforts of that program with rehousing assistance for evictions that could not be prevented as well as designing a program to coordinate and execute rehousing services for clients throughout the City's shelter system to get as many people as possible out of congregate living environments. Additionally, the CoC Board set aside ESG-CV funds for winter sheltering activities in order to open up a temporary, stand-alone site to make up for overflow space lost to make space for social distancing.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:	
	1. decrease the spread of COVID-19; and	
	2. ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

The Oklahoma City CoC collaborated extensively with mainstream health organizations from the start of the pandemic and throughout. The CoC created the Metro Shelter Director's Response (MSDR) group initially to address shelter needs during the pandemic but it rapidly developed into the emergency planning group for all homeless services during the pandemic. This group was comprised of service providers and personnel from the Oklahoma County Health Department and the University of Oklahoma Medical Center among other health organizations. Staff from healthcare providers on the MSDR helped service providers interpret dense CDC guidance and determine the most immediate needs that had to be met in order to reduce the spread of COVID-19 among the shelter population. Their led to a temporary end in camp removals to reduce the need for people living outdoors to move and thus possibly spread/catch the virus, reduction in shelter beds to accommodate social distancing and the creation of an isolation facility, ensuring masking and other precautions were being followed in service facilities and during outreach, installation of UV-C lighting in shelter and day shelter locations, mass testing and mass vaccinations among the homeless population and monitoring of infection data. Additionally, members of the MSDR also worked with the Central Oklahoma Health Impact Team (COHIT), a team of personnel and leadership from healthcare organizations throughout central Oklahoma. The COHIT helped service providers locate possible isolation sites and secure PPE and service providers would take referrals from the COHIT for the isolation facility when a person who was homeless received a positive COVID test.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

The week of March 16th 2020, The Metro Shelter Director's Response (MSDR) group was created. This group was comprised of the CoC Lead, shelter, outreach and permanent and transitional housing personnel, as well state and local government and health organizations. This group met daily, including on weekends. The purpose was to plan emergency services such as an isolation facility, a stand alone winter shelter and secure resources like PPE. The broad membership of this group made it one of the primary means through which info was shared and ensure that nearly all service agencies were on the same page with regards to varying safety measures, changing local requirements, the status of specific services. This group worked with local university students to develop a comprehensive resource briefing that is updated weekly and sent out to government organizations and non-profit service agencies. Additionally, the CoC added a Covid-19 resources tab to our website featuring updated local information as well as info for shelter and outreach providers on reducing infections and PSH providers on providing case management while having to isolate. CoC staff also developed informational flyers/posters detailing safety measures and Covid symptoms that were distributed to both clients and service organizations. As Covid testing became more widely available, Community Health Centers Inc. (CHCI) would organize weekly mass testing at shelter facilities by notifying members of the MSDR and then contacting service providers directly outside the meeting. This was the same process used to set up vaccination events when they became available. The CoC's full service provider meeting (the Coalition to End Poverty) continued to meet monthly via zoom throughout the pandemic. Updates were also made at those meetings and sent out through the Coalition listserv to try and ensure that smaller organizations that might not be receiving information through the MSDR received up to date information.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.	

(limit 2,000 characters)

The organization that was primarily responsible for addressing vaccinations for people who are homeless was Community Health Centers Inc. (CHCI), a service and healthcare provider for homeless individuals and families. CHCI did not set rigid or formal criteria for who could receive a vaccination. The only eligibility requirement was that a person be a service recipient. When

vaccinations were in shorter supply, CHCI focused on those who might have been considered to be more at risk of death as a result of a COVID infection and those clients were either referred by a shelter or outreach provider or sought out by CHCI based on their history with them. On the whole though, the goal was to get as many people who are homeless vaccinated so if someone wanted a vaccine and it was available then they could receive one.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Oklahoma already typically sees high rates of domestic violence in a normal year so CoC and service provider staff anticipated domestic violence related homelessness being exacerbated by the pandemic. The Palomar Family Justice Center is a resource center for people fleeing domestic violence where they can get connected with legal and housing assistance as well as case management and other services. The CoC has allocated funding to provide a housing navigator at the Palomar Family Justice center for several years in order to expedite connecting survivors of domestic violence to rehousing assistance. Assistance requests at Palomar have nearly doubled in the past year and the CoC allocated local ESG-CV funds to add an additional housing navigator/case manager at the Center as well as to assist with move-in costs. This program was expanded further to the YWCA shelter for people fleeing domestic violence using another allocation of ESG-CV funds provided to the OKC CoC by the State. Additionally, the CoC has partnered with the Oklahoma City Housing Authority (OCHA) to distribute their Emergency Housing Vouchers and set eligibility criteria. People fleeing domestic violence or exiting incarceration have been prioritized for services with the OCHA EHV vouchers.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The primary changes that the OKC CoC made to the Coordinated Entry System to address changes and anticipated changes caused by the COVID-19 pandemic were related to eviction prevention services, criteria for EHV voucher referrals and rehousing services. Anticipating a significant increase in evictions due to COVID related income losses, the OKC CoC allocated a large amount of ESG-CV funds to prevention services and slimmed down eligibility criteria to basic requirements such as income and a COVID related income loss. An

additional step was added to ensure that every client that entered the system for housing assistance was also referred to Legal Aid so that illegal evictions could be stopped or another arrangement could be negotiated. Prior to the eviction moratorium, the CoC also placed a \$4,000 cap on expenditures per client that could be raised if approved by the CoC Lead. The CoC worked with the Oklahoma City Housing Authority to determine priority populations for Emergency Housing Vouchers and modified coordinated entry processes to provide clients rapid access to the EHV's. People fleeing domestic violence and people exiting incarceration were identified as populations seeing a significant increase in need for which there was also a gap in services. Housing navigators were installed at resources centers for both populations to expedite referrals for EHV's and provide ongoing case management support as well as to help secure income if they did not already have a source. Additionally, the CoC added an additional rehousing process that solely coordinated rehousing efforts in shelter facilities in order to move people out of congregate living environments within 30 days of shelter entry. The CoC's assessment tool is used to help determine priority for both EHV and rehousing clients.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/08/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/08/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
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- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1. The CoC Board considered the severity of needs and vulnerabilities of program participants served when determining project application ranking. Using the CoC APR data for January 1, 2020 to December 31, 2020, projects were evaluated and awarded points based off the percentage of individuals that were in specific populations. The identified populations were chronically homeless, veterans, transition aged youth, parenting youth, persons fleeing domestic violence, those with no income at entry and those who had two or more conditions at entry. The populations considered to be of highest vulnerability and/or demonstrate the greatest level of need for housing and services were identified using local priority performance targets as well evidence-based research on determining vulnerabilities.
2. Projects were awarded points on whether they were providing housing and services to the hardest to serve populations and addressing a severe or unmet need with the services they would be providing. These, along with other criteria were totaled together to get a final score that was used to rank all projects.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1. The CoC is taking steps to obtain input from persons of different races, particularly those over-represented in the local homeless population, when determining the rating factors use to review project applications, by actively updating the CoC governance and policies to promote racial equity including recruiting BIPOC members to the Ranking and Review committee.
2. The CoC acknowledges the Ranking and Review committee this year was not reflective of persons of multiple different races, particularly those over-represented. The CoC is actively updating the CoC governance, including a requirement that voting membership on the Ranking and Review committee be reflective of the homeless population.
3. All project applications were ranked and reviewed based on the approaches their project is taken to forward racial diversity, equity and inclusion within the project. The project's HMIS data was reviewed to determine if the project

participants demographics were reflective of the homeless population, no discrepancies were identified.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1. The Oklahoma City CoC has implemented an approved reallocation process that uses performance data to determine how efficient and effective CoC program resources are being expended to establish if reallocation should be considered to improve system performance and end homelessness within our community. The CoC reallocation process is reviewed, updated and approved annually by the CoC. If applicable, funds reallocated, voluntary or involuntary, will be made available to create new projects during the local application process. As part of the local application process for inclusion in the HUD CoC Collaborative Application, applicants are asked whether they wish to voluntarily re-allocate some or all of their funding. Projects with poor performance and/or are not serving the intended population or with significant, unresolved findings are subject to reallocation. Applicants may appeal the decision, and the appeal must be considered by the CoC Board
2. The Oklahoma City CoC Board identified two projects through this process this year.
3. The Oklahoma City CoC Board chose not to reallocate any low performing or less needed project during this year’s competition.
4. Despite identifying two low performing projects, the decision to not reallocate was made and a Quality Improvement Plan was made. The CoC Board communicated it expected some of the issues to be resolved as the program continue to work through the changes that came due to the COVID-19 pandemic.
5. The reallocation process is communicated to all applicants at Coalition to End Poverty meetings as well as posting a written copy of the policy on the City’s web page. The process was communicated and shared with project applicants at the Application Training and Technical Assistance meeting held on September 10, 2021.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5. Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
NOFO Section VII.B.2.g.	

1. Did your CoC reject or reduce any project application(s)?	Yes
2. If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/14/2021

1E-5a. Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/14/2021
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1E-6. Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.	

Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

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

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. The CoC and the HMIS Lead have worked with Oklahoma City's only victim service provider had a comparable database that collects the same data elements required by HUD data standards. They victim service provider was given a list of comparable databases to chose from but ultimately decided to use their existing database. They were able to build out reports that were tested and deemed compliant.
2. The CoC and HMIS Lead are continuing to work with the victim service provider to be able to produce de-identified aggregated system performance measures data through their comparable database, however this work is ongoing. The work includes building the report in their current system. We are hopeful this work will be completed before the system performance measure report is due.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	561	51	392	76.86%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	220	0	139	63.18%
4. Rapid Re-Housing (RRH) beds	169	0	169	100.00%
5. Permanent Supportive Housing	844	0	571	67.65%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

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

(limit 2,000 characters)

1. Since the 2021 HIC was completed, the CoC's bed coverage rate for Emergency Shelter now exceeds 85%. In the past 12 months we were able to bring our two largest emergency shelters onto HMIS. The CoC will continue to work with the few small emergency shelters we have who are not on HMIS to encourage them to participate. The CoC will work with existing Transitional Housing providers to identify the existing barriers to them not participating in HMIS. The CoC's PSH bed coverage rate is below 85% because our HUD-VASH beds are currently not participating in HMIS. Over the next 12 months the CoC and HMIS Lead will continue to work with VA's legal team to address their concerns regarding data sharing.
2. The CoC recently shifted funds to allow for the HMIS Administrator to focus

all of his time on our CoC, previously he was supporting all the other CoC's across the state as well. With this additional focus we are confident that we will be able to increase our bed coverage rate. The CoC will continue to pay for the licensing fees for any agency who wishes to enter into HMIS. The CoC is looking at what other ways we may be able to provide support to smaller agencies who do not have the staff to enter HMIS data. The HMIS Administrator has ongoing meetings with VA legal department to address their concerns we are hopeful Oklahoma City will begin to be able to utilize the HOMES data transfer that was made available last year.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1. The CoC uses data, PIT surveys, screening tool assessments and national research to identify risk factors most common to persons who become homeless for the first time. The CoC tracked the levels of types of assistance provided and the types of requests for assistance received by our centralized intake provider. Loss of job, eviction, major illness, domestic violence, change in family composition, child welfare involvement, criminal justice involvement, substance abuse and mental health diagnosis have been identified as risk factors. We also factor in events at the local or state level that we believe lead to a change in those requests.
2. The CoC increased ESG funding for rehousing and prevention to address some of these risk factors. The CoC is requesting additional funds for housing in the 2021 competition to address individuals and families affected by domestic violence. In July 2019, the CoC and partner agencies have created a re-entry rapid re-housing project for individuals who were released from incarceration in the past year. Additionally, data from the Oklahoma City Housing Authority and the Stanford Eviction Lab respectively indicated that home values are outpacing incomes and that the City suffers from a significant eviction problem. To address these concerns, the City dedicated \$10 million from bond fund to affordable housing and the CoC joined the Coalition for Affordable Housing with a focus on developing more affordable units as well as partnered with the Oklahoma City University Law School’s Pro Bono Eviction Assistance Program.
3. The CoC Lead and the Coalition to End Poverty are responsible for overseeing the policy to reduce first time homelessness.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

1. The CoC employs multiple strategies to address the length of time individuals and families remain homeless in our community. During Coordinated Intake, length of time homeless is one of the primary determining factors in housing prioritization to try and get those who have been on the street the longest into housing. The CoC has shifted nearly the entirety of our Permanent Supportive Housing to the housing first model. Additionally, for families, the CoC targets ESG funding to prevent family homelessness or rehouse families as quickly as possible once they become homeless and is applying for CoC rehousing funds for the same purpose. The CoC adopted performance-based contracting to reward and fund projects who are improving outcomes for homeless households including reducing the length of time a household experiences homelessness.
2. Length of time homeless is determined during coordinated entry assessment and is part of the criteria used to determine where individuals and families are placed on the CoC’s prioritized by name list for housing. Clients on the list are then staffed for housing at weekly coordinated case management meetings. All CoC, ESG and HOPWA funded organizations house clients solely through the coordinated intake system and the CoC has been able to recruit numerous non-funded providers as well. All participating agencies use the same intake tools (VI-SPDAT) to assess clients rather than their own with varying criteria. The intention of this approach is to try to connect the individuals and families most in need with the services they require faster than has ever been done previously.
3. The CoC lead agency and the Journey Home OKC Director are responsible for overseeing this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1. The CoC works to ensure that every homeless individual and family in the CoC’s geographic area is assessed for housing and placed on the By Name List for the appropriate sub-population (Chronic, Veterans, Youth and Families). The results of the assessment guide staff in developing a case plan based on the projected needs and timeframe for accessing the housing resources. For

example, case plans can focus on obtaining income or gathering necessary documents for housing so that when the permanent housing resources are available the client will immediately be ready to move into housing. All projects within the CoC recognize the end goal for all households should be permanent housing, therefore all goals are tied to housing.

2. The CoC's strategy to increase the permanent housing retention rate begins before the participant ever moves into housing with a focus on client choice and by providing intense case management and wrap around services. CoC written standards require case managers to see clients in their homes a minimum of once a month. Case Management is provided through Coordinated Case Management (CCM) teams. These teams are comprised not only of all the City's CoC and ESG funded organizations but numerous non-funded ones as well. All the organizations pool their resources to increase the rate of housing for clients and ensure that they receive case management from the agency best suited to address their needs. Case Managers screen for needs and mainstream benefits on an ongoing basis contributing to an increase in housing stability. If a client is facing eviction or termination from a program the case manager is responsible for staffing the case with the entire CCM team so that the team can work to prevent the household from falling back into homelessness.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1. The CoC identifies individuals and families who return to homelessness through HMIS and our Coordinated Case Management meetings.
2. When a household is identified as returning to homelessness the CoC quickly engages the household to identify the barriers that prevented the individual from maintaining their previous housing. A street outreach worker or housing navigator is assigned to the household. We then work to address the barriers while quickly as possible re-housing the household. Often times we utilize DedicatedPlus units for these households.
3. The CoC lead and the Coordinated Entry lead is responsible for implementation of this strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and

3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.
----	--

(limit 2,000 characters)

1. The CoC strategy to increase the employment income involves engaging with potential employers through temporary employment agencies as well as through Downtown OKC Partnership and independent employers.
2. The CoC recently partnered with Downtown OKC Partnership to include attend frequently scheduled meetings and learning how the homeless services system and downtown business can partner with each other for better outcomes for our community. The CoC works with multiple temp agencies who hire those experiencing homelessness including providing transportation to work from the day shelter and back at the end of the shift. The CoC often invites employment agencies to attend the CoC meetings to share their potential employment opportunities and to learn about the barriers that those experiencing homelessness have when it come to obtaining and retaining employment.
3. The CoC lead and the Coalition to End Poverty is responsible for overseeing and implementing the CoC's strategy to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. The CoC promotes partnerships with the Central Oklahoma Workforce Innovation Board and Public Strategies SNAP Employment and Training Program. Both agencies share a common goal of helping connect individuals to employment and training services. The partnership allows CoC members to refer their clients to either agency where they will be assessed and then matched with either the employment locator or job training program. The employment locator program helps identify and address the barriers to employment. The job training program is designed for individuals to develop skills to achieve self-sufficiency or attain comparable employment to their previous job.
2. CoC partner agencies have created social enterprises and other programs to offer employment to homeless and formerly homeless individuals. Curbside Chronicle is a street paper that is written and sold by homeless individuals. Curbside recently opened a flower shop as another social enterprise. CEO offers an employment and training program to homeless individual who are currently on probation/parole or were incarcerated in the last year. CEO partners with the City of Oklahoma City to employ crews who pick up litter and drainage ditches in addition to receiving support and services.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1. The CoC's strategy to increase non-employment cash income is to improve engagement with mainstream benefit providers and increase identification of mainstream benefit needs. All persons receiving services are required to be assessed for mainstream benefits at intake and annually. The CoC requires that all case managers go through SOAR training and work to connect their clients with benefits such as SSI/SSDI.
2. To assist in individuals in accessing non-employment cash sources, representatives from the VA, DHS and other agencies have offices at the CoC's one stop center to help expedite obtaining assistance. Having mainstream benefit offices located in the same building as housing providers allows for multiple benefits to be applied for or received in the same day. Addressing a client's eligible benefits and barriers to employment are addressed in their service plan that is developed through Coordinated Case Management (CCM) which also convenes at the one stop center.
3. The CoC governing body, The Coalition to End Poverty is responsible for overseeing the CoC's strategy to increase non-employment income and sources.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	894
2.	Enter the number of survivors your CoC is currently serving:	683
3.	Unmet Need:	211

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. The number of DV survivors needing housing or services was taken from our Coordinated Entry System and prioritization list.
2. The data source used was the YWCA's comparable database as well as HMIS for non-DV projects.
3. Currently our CoC is unable to meet the emergency housing and permanent housing needs of survivors in our community. We have one emergency dedicated to survivors of domestic and sexual violence, they are consistently full and have a waiting list. At times survivors have to be transported up to three hours away to access emergency shelter beds. Our community is also struggling with finding permanent housing in Oklahoma City to meet the needs of the survivors. Oklahoma City is not unlike most metropolitan areas in the country where the current struggle is lack of affordable housing units. Often times the survivors have certain areas they wish to live in due to school and current support systems, often times those are some of the most difficult areas to find housing in. The CoC has a landlord engagement specialist who actively is seeking new landlords to rent to this population. The CoC is planning a landlord engagement event to be held in the next few months.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	
2.	Rate of Housing Placement of DV Survivors–Percentage	
3.	Rate of Housing Retention of DV Survivors–Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.
--

(limit 2,000 characters)

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
----	---

2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.
----	--

(limit 5,000 characters)

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:
--

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information--Rate of Housing Placement and Rate of Housing Retention--Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:
--

1.	Applicant Name	
2.	Rate of Housing Placement of DV Survivors--Percentage	
3.	Rate of Housing Retention of DV Survivors--Percentage	

You must enter a response for elements 1 through 3 in question 4A-4.

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:	
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No	OCHA and OHFA Hom...	11/12/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/12/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: Assessment Tool

Attachment Details

Document Description: OCHA and OHFA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected - Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2021
1B. Inclusive Structure	10/25/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	09/14/2021
2C. System Performance	11/11/2021
3A. Housing/Healthcare Bonus Points	11/03/2021
3B. Rehabilitation/New Construction Costs	09/14/2021

FY2021 CoC Application	Page 57	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes

09/14/2021

4A. DV Bonus Application

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Application list contains 2 incomplete items.

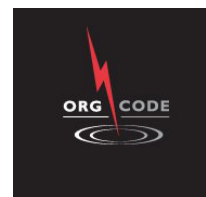
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** **N** Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** **N** Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

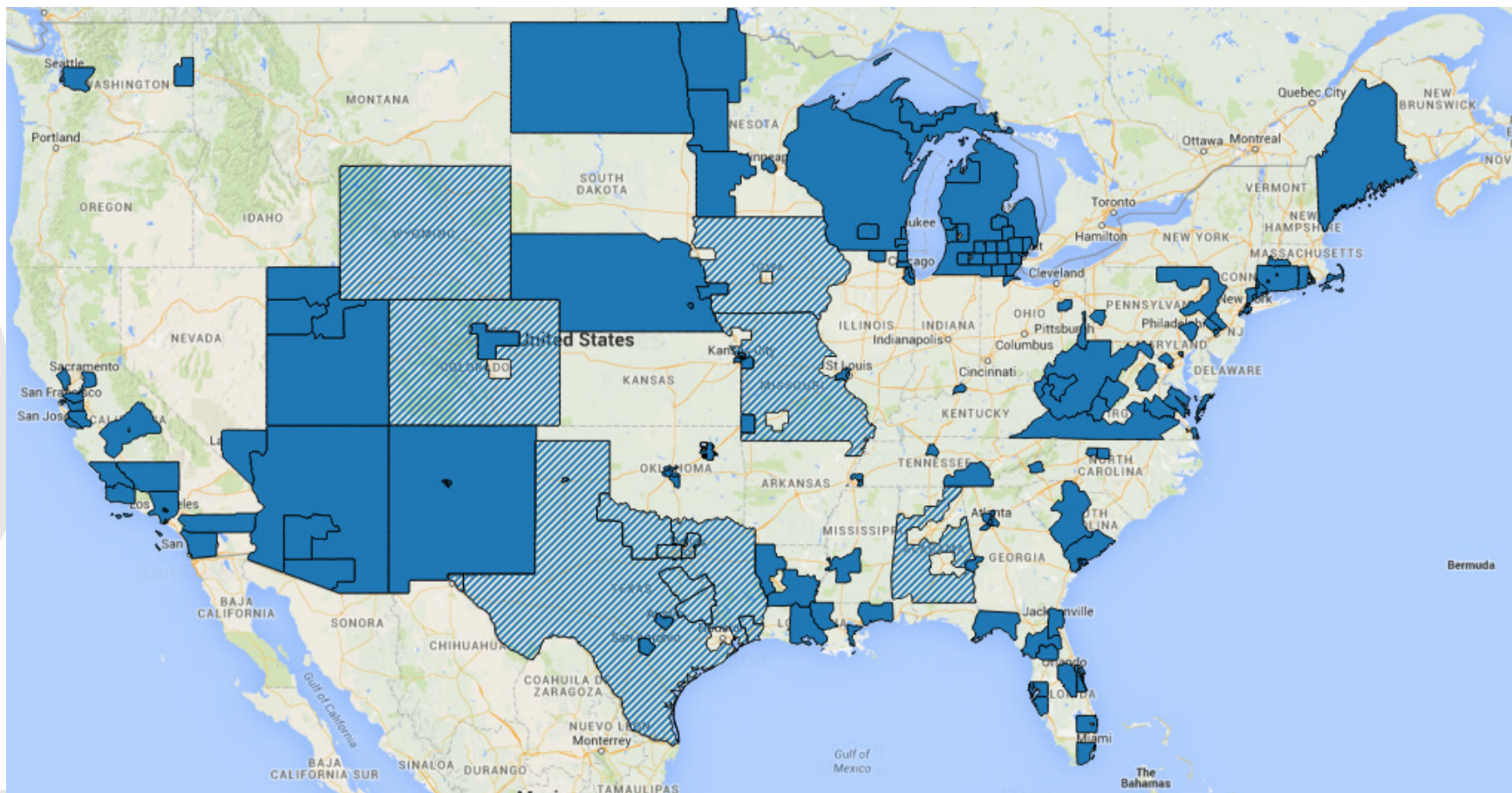
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

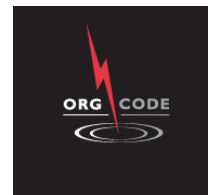
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
PARENT 2	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 50px; height: 20px; margin: 0 auto;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? ___ Refused
 - b) Taken an ambulance to the hospital? ___ Refused
 - c) Been hospitalized as an inpatient? ___ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ___ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ___ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ___ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Version 2

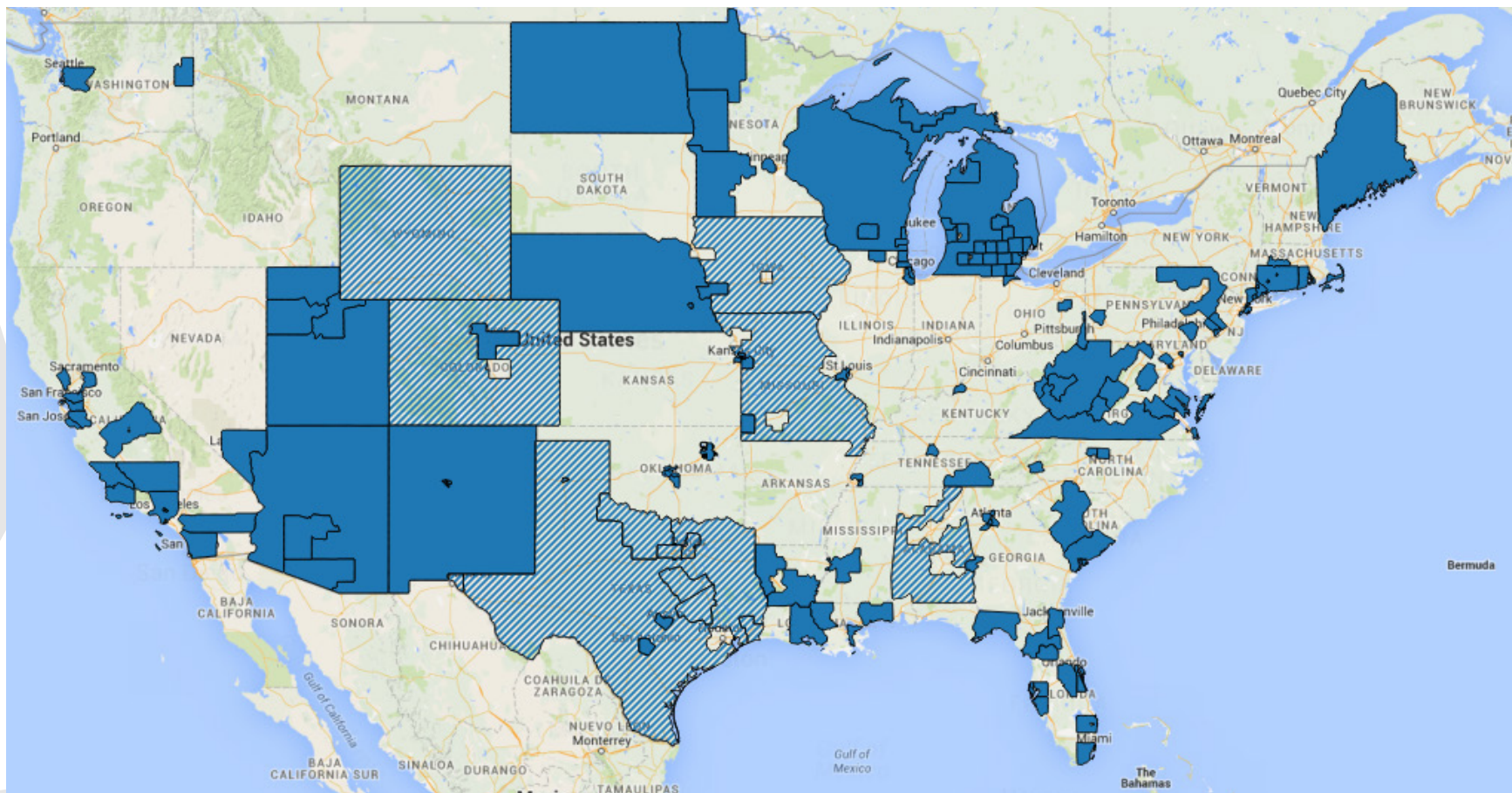
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- medical, substance use, and mental health questions are all refined;
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- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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- Parts of Alabama Balance of State

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- Statewide

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- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
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- Statewide

Nebraska

- Statewide

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- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
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- Beaumont/Port Arthur/South East Texas

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- Statewide

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- Virginia Beach
- Portsmouth
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Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

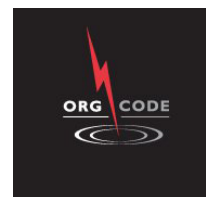
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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Eric Rice, PhD

USC
SCHOOL OF
SOCIAL WORK



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : ___ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters **Couch surfing** **Other (specify):**
 Transitional Housing **Outdoors**
 Safe Haven **Refused** _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
 b) Taken an ambulance to the hospital? _____ Refused
 c) Been hospitalized as an inpatient? _____ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

5. Have you been attacked or beaten up since you've become homeless? **Y** N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused
8. Were you ever incarcerated when younger than age 18? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? **Y** N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? **Y** N Refused
- c) Because your family or friends caused you to become homeless? **Y** N Refused
- d) Because of conflicts around gender identity or sexual orientation? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? **Y** N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused
- 18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? **Y** N Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** N Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help? **Y** N Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

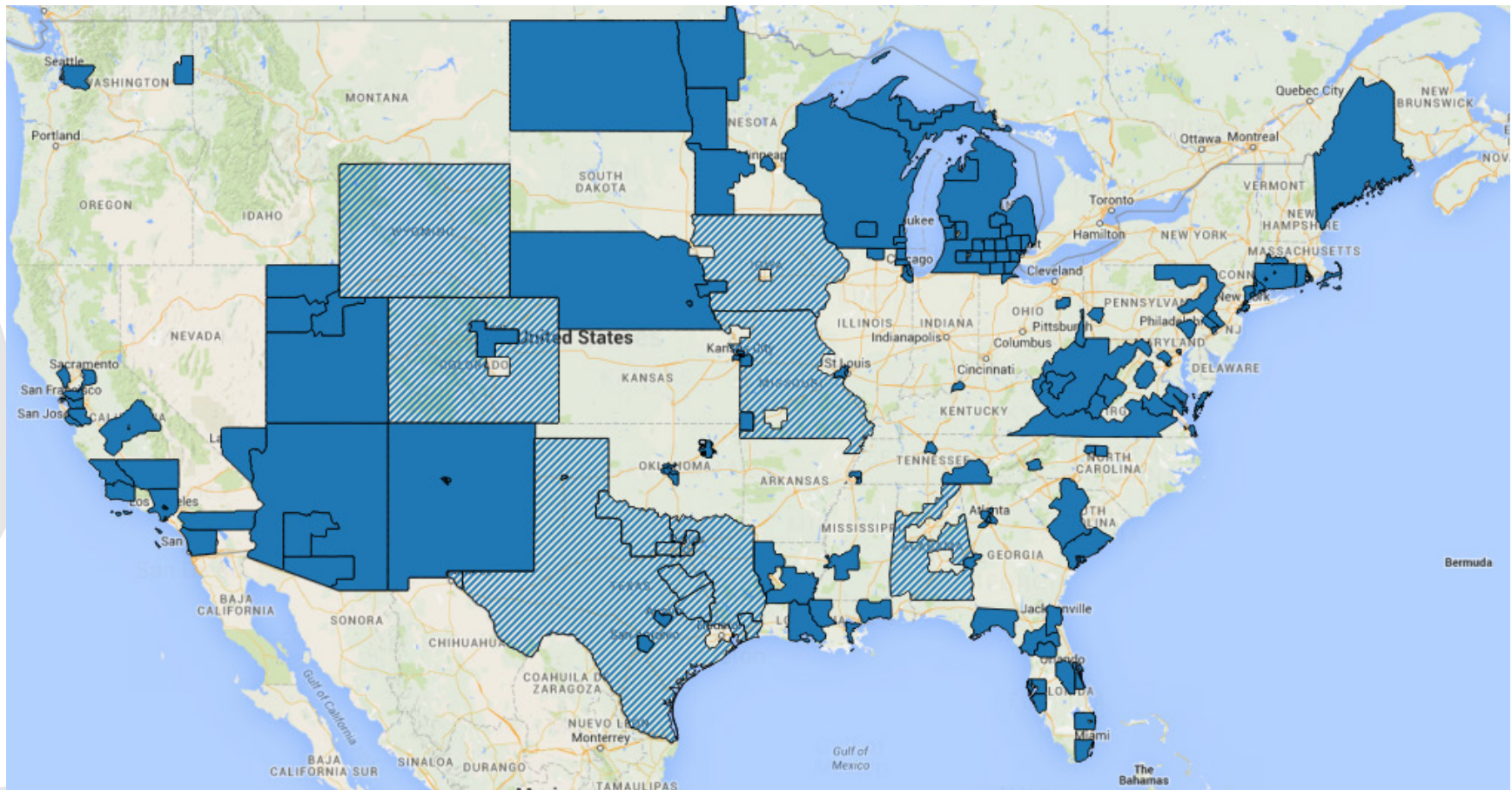
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
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NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

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- Parts of Alabama Balance of State

Arizona

- Statewide

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- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

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- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
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- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

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- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

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Maryland

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- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

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- Oklahoma City
- Norman/Cleveland County

Pennsylvania

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- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

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- Memphis/Shelby County
- Nashville/Davidson County

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- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
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- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing



ADMINISTRATIVE PLAN

FOR THE

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
SECTION 8 MODERATE REHABILITATION PROGRAM**

Oklahoma City Housing Authority
1700 Northeast Fourth Street
Oklahoma City, Oklahoma 73117-3800

Adopted
December 21, 2011

**ADMINISTRATIVE PLAN
REVISION DATES**

FOR THE

**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
SECTION 8 MODERATE REHABILITATION PROGRAM**

Oklahoma City Housing Authority
1700 Northeast Fourth Street
Oklahoma City, Oklahoma 73117-3800

Revision Date	Revision Date
June 27, 2012	
January 30, 2013	
June 26, 2013	
September 25, 2013	
October 22, 2014	
May 27, 2015	
March 23, 2016	

Chapter 15

SPECIAL HOUSING TYPES AND PROGRAMS

[24 CFR 982 Subpart M]

INTRODUCTION

OCHA may permit a family to use any of the special housing types discussed in this chapter. However, OCHA is not required to permit families receiving assistance in its' jurisdiction to use these housing types, except that OCHA will permit use of any special housing type if needed as a reasonable accommodation for a person with a disability. OCHA also may limit the number of families who receive HCV assistance in these housing types and cannot require families to use a particular housing type. No special funding is provided for special housing types.

Special housing types include single room occupancy (SRO), congregate housing, group homes, shared housing, cooperative housing, manufactured homes where the family owns the home and leases the space, and homeownership [24 CFR 982.601].

This chapter consists of the following eleven (11) parts. Each part contains a description of the housing type and any special requirements associated with it. Except as modified by this chapter, the general requirements of the HCV program apply to special housing types.

Part I: Single Room Occupancy

Part II: Congregate Housing

Part III: Group Homes

Part IV: Shared Housing

Part V: Cooperative Housing

Part VI: Manufactured Homes

Part VII: Homeownership

Part VIII: Veteran's Affairs Supportive Housing (VASH)

Part IX: Family Unification Program (FUP)

Part X: Project Access

Part XI: Mainstream Vouchers

Part XII: Continuum of Care (COC)

PART I: SINGLE ROOM OCCUPANCY

[24 CFR 982.602 through 982.605]

15-I.A. OVERVIEW

A single room occupancy (SRO) unit provides living and sleeping space for the exclusive use of the occupant but requires the occupant to share sanitary and/or food preparation facilities with others. More than one (1) person may not occupy a SRO unit. HCV regulations do not limit the number of units in a SRO facility, but the size of a facility may be limited by local ordinances.

When providing HCV assistance in a SRO unit, a separate lease and HAP contract are executed for each assisted person, and the standard form of the HAP contract is used.

OCHA offers SRO housing assistance for chronically mentally ill homeless individuals at Palo Duro Apartments located at 409 Northwest 11th Street, Oklahoma City, Oklahoma 73103. The owner in charge of selection for this property is Neighborhood Services Organization. Persons interested in applications for this program should call (405) 236-0413.

15-I.B. FAMILY ELIGIBILITY

The first priority for occupancy of Single Room Occupancy Moderate Rehabilitation units shall be given to homeless individuals. Homeless individuals are persons not currently residing in the building, or persons eligible for Section 8 assistance who are currently residing in the building. Nonresident applicants must be persons who:

- Lack the resources to obtain housing; and
 - Who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - Who have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters; and transitional housing, but excluding prisons and other detention facilities); and
 - Are at imminent risk of homelessness because they face immediate eviction and have been unable to identify a subsequent residence, which would result in emergency shelter placement.
- Persons with a disability who are about to be released from an institution and are at risk of imminent homelessness because no subsequent residences have been identified and because they lack the resources and support networks needed to obtain access to decent housing.

Eligible applicants on the Section 8 waiting list who wish to live in a specific SRO will be issued a Statement of Family Responsibility. OCHA will also accept an application and determine eligibility from any individual referred by a SRO landlord, provided OCHA has offered such SRO to all eligible applicants on the waiting list, and such offers have been refused. A SRO applicant will attend a Briefing Session as described in this section. With the exception for the unit to be occupied by the applicant, all other requirements of the Rental Assistance Program will apply to the SRO program.

15-I.C. PAYMENT STANDARD, UTILITY ALLOWANCE, AND HAP CALCULATION

The payment standard for SRO housing is 75 percent of the 0-bedroom payment standard amount on OCHA's payment standard schedule.

The utility allowance for an assisted person residing in SRO housing is 75 percent of the zero bedroom utility allowance.

The HAP for an assisted occupant in a SRO facility is the lower of the SRO payment standard amount minus the TTP or the gross rent for the unit minus the TTP.

15-I.D. HOUSING QUALITY STANDARDS

HQS requirements described in Chapter 8 apply to SRO housing except as modified below.

- *Access:* Access doors to the SRO unit must have working locks for privacy. The occupant must be able to access the unit without going through any other unit. Each unit must have immediate access to two (2) or more approved means of exit from the building, appropriately marked and leading to safe and open space at ground level. The SRO unit must also have any other means of exit required by state or local law.
- *Fire Safety:* All SRO facilities must have a sprinkler system that protects major spaces. "Major spaces" are defined as hallways, common areas, and any other areas specified in local fire, building, or safety codes. SROs must also have hard-wired smoke detectors, and any other fire and safety equipment required by state or local law.

Sanitary facilities and space and security standards must meet local code requirements for SRO housing. In the absence of local code standards the requirements discussed below apply [24 CFR 982.605].

- *Sanitary Facilities:* At least one (1) flush toilet that can be used in privacy, a lavatory basin, and a bathtub or shower in proper operating condition must be provided for each six (6) persons (or fewer) residing in the SRO facility. If the SRO units are leased only to men, flush urinals may be substituted for up to one half of the required number of toilets. Sanitary facilities must be reasonably accessible from a common hall or passageway, and may not be located more than one (1) floor above or below the SRO unit. They may not be located below grade unless the SRO units are located on that level.

PART XI: MAINSTREAM VOUCHERS

15-XI.A. OVERVIEW

Mainstream program vouchers enable families having a person with disabilities to lease affordable private housing of their choice. Mainstream program vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market.

15-XI.B. ELIGIBILITY

Definition of disabled families shall be modified for this program, however, to be limited solely to non-elderly, disabled families (families whose head, spouse or sole member is disabled and under sixty-two (62) years of age).

PART XI: CONTINUUM OF CARE (COC)

15-XII.A. OVERVIEW

Continuum of Care (COC) is OCHA's Permanent Supportive Housing Program (SHP) funded under the City of Oklahoma City's Continuum of Care Homeless Assistance Grant with the intent to integrate housing with supportive services to persons with a disability who are transitioning out of homelessness and into a more stable, secure and dignified living environment.

15-XII.B. FAMILY ELIGIBILITY

- All COC eligible participants must be referred to OCHA from a SHP Partnering Agency;
- All COC eligible participants must meet the definition of a Disabled person which is defined as a person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. §423), or as defined in Chapter 3, Exhibit 3-1;
- All COC eligible participants must qualify as homeless according to the federal definition established in the U.S. Code Title 42, Section 11302.
- All COC eligible participants must apply and be eligible for admission to the HCV program.
- Decisions on other factors which usually lead to admission denial will be made on a case-by-case basis considering mitigating factors and the effect a denial would have on the client.

15-XII.C. SELECTION PREFERENCE

Preference will be given to approved COC applicants referred by and who will receive supportive services through OKC Metro Alliance, Inc./Firststep in support of twenty-four (24) dwelling units funded under grant OK56B702001.

If there are an insufficient number of approved COC applicants to support the twenty-four (24) dwelling units, OKC Metro Alliance, Inc./Firststep will have thirty (30) calendar days to make such referral before another approved COC applicant referred by another SHP Partnering Agency is selected.

15-XII.D. PERMANENT SUPPORTIVE HOUSING PROGRAM (SHP) PARTNERING AGENCIES

SHP Partnering Agencies include, but are not limited to the agencies listed, as follows:

- OKC Metro Alliance, Inc./Firststep;
- North Care Center for Behavioral and Social Services' Program for Assertive Care Treatment (PACT);
- Regional AIDS Intercommunity Network (RAIN);
- Family Recovery Counseling Center; and
- FOCIS Counseling Services, Inc.



ADMINISTRATIVE PLAN

HOUSING CHOICE VOUCHER (HCV) PROGRAM



4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, OHFA may admit families that are not on the waiting list, or without considering the family's position on the waiting list. OHFA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award OHFA funding for a specified category of families on the waiting list. OHFA must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

OHFA administers the following types of targeted funding:

Tenant Protection Vouchers and Enhanced Vouchers

Through the Foster Youth to Independence (FYI) initiative HUD will provide Tenant Protection Vouchers (TPVs) for youth eligible under the Family Unification Program (FUP), subject to availability. Per the Consolidated Appropriations Act, 2019 (2019 Appropriations Act) (Public Law 116-6, approved February 15, 2019), TPV appropriated funds may be used for FUP under Section 8(x) of the U.S. Housing Act of 1937 (42 U.S.C. 1437f(x)).

Through this targeted allocation, HUD is investing in local, cross-system collaborative efforts to prevent and end homelessness among youth with a current or prior history of child welfare involvement.

The Foster Youth to Independence Initiative requires community partners to coordinate, identify, target, and connect eligible youth at-risk of or experiencing homelessness to housing and related supports. This initiative calls for public housing agencies (PHAs), public child welfare agencies (PCWAs), and continuums of care (CoCs) to work together to determine the most appropriate intervention for each young person.

OHFA in collaboration with the Oklahoma Department of Human Services (DHS) and the National Resource Agency for Youth Services (NRCYS) operating through the Oklahoma Successful Adulthood Program (OKSA) and the Yes I Can! (YIC) Resource and Referral Helpline will work together on this initiative.

OHFA must enter into a partnership agreement with a PCWA. There is no minimum number of tenant protection vouchers (TPVs) that must be requested; however, OHFA is limited to a maximum award of 25 vouchers in a fiscal year. An application for TPVs under this program may not occur until OHFA has received a referral of a FUP-eligible youth by the partnering PCWA. When OHFA's waiting list is closed, OHFA may continue to accept these referrals.

The provision of supportive services is not an eligible use of the HUD funding.

To be eligible for assistance under the Foster Youth to Independence (FYI) initiative applicants must have a written referral from the Oklahoma Department of Human Services (DHS) and/or its designated partner determining that a child is at imminent risk of placement in out-of-home care or that a child in out-of-home care under the supervision of the public agency may be returned to his or her family, or that a youth is at least 18 years and not more than 24 years of age and left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

OHFA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that OHFA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

OHFA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits OHFA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the OHFA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

OHFA offers the following local preferences:

OHFA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding. Disability Preference: This preference is extended to disabled persons or families with a disabled member as defined in this plan.

Proof of disability will be required at the time of placement on the waiting list. A disabled person must meet one of the following definitions:

42 U.S.C. Section 423 (d)(1) defines disability as (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. A disabled person whose physical impairment is expected to be long, continued and of indefinite duration and substantially impedes his or her ability to live independently, and is of such a nature that such a disability could be improved by more suitable housing; or (B) in the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or

Is determined to have a development disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 section 102).

The disabled person definition does not exclude persons who have the disease of AIDS or any conditions arising from the etiologic agent for the AIDS.

The disabled person definition does not include a person whose disability is based solely on any drug or alcohol dependence (for eligibility purposes).

Homeless Preference: A homeless family is defined as:

Lacking a fixed, regular and adequate nighttime residence; AND has a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations or a public or private place not ordinarily used as a sleeping accommodation for human beings; OR

An individual or family who has been displaced due to a major disaster declared by the President of the United States AND receives temporary federal housing assistance within the state of Oklahoma AND has a valid personal federal disaster identification number issued by the Federal Emergency Management Agency (FEMA).

An individual or family residing with friends or relatives on a temporary basis is not eligible for the homeless preference unless the family has been displaced due to a major

disaster declared by the President of the United States AND has established residency within the state of Oklahoma (employment, school enrollment, etc.) AND has a valid personal federal disaster identification number issued by the Federal Emergency Management Agency (FEMA).

Youth aging out of foster care referred to OHFA by the Oklahoma Department of Human Services (OKDHS).

Homeless Verification:

To verify homeless eligibility, the homeless applicant must provide one of the following:

A referral from the shelter that the applicant is residing at; or

If the shelter is full, a statement from each local shelter in the county verifying that the shelters are unable to accommodate the applicant; or

If the county does not have a shelter, a statement from DHS that the applicant is homeless and there are not any shelters in that county.

The homeless preference does not apply to any individual imprisoned.

Victims of domestic violence, dating violence, sexual assault, or stalking who are displaced as a result of fleeing violence in the home will be included in the homeless definition if the following conditions are met [Notice PIH 2013-15]:

Has no other residence [Notice PIH 2013-15]; and

Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing [Notice PIH 2013-15]; and

The actual or threatened violence occurred within the past 90 days or be of a continuing nature; and

If victim of domestic violence, the actual or threatened physical violence is directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family. The abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant.

If the abuser returns to the family without approval of OHFA, OHFA will deny or terminate assistance for breach of the certification.

OHFA may approve the return of the abuser to the household if a counselor, therapist, or other appropriate professional recommends, in writing, that the individual be allowed to reside with the family.

At the family's request, OHFA will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

An applicant who lives in a violent neighborhood or is fearful of other violence outside the household will not be included in the domestic violence definition.

SPECIAL PURPOSE VOUCHERS

Oklahoma Health Care Authority: OHFA shall commit up to 50 Housing Choice Vouchers (HCV) per calendar year for the Oklahoma Health Care Authority's (OHCA) Living Choice program to provide rental assistance to persons with disabilities (must meet OHFA's definition of disabled) who are transitioning from a nursing home or assisted living facility. Vouchers not utilized in a calendar year will not carry forward to the next calendar year. Commitment of these vouchers shall be contingent upon available funding and an adequate supply of available vouchers (may not exceed OHFA's authorized baseline for the HCV program).

Families referred by Oklahoma Health Care Authority must meet OHFA's eligibility requirements for the HCV program in order to receive assistance.

Families referred by the Oklahoma Health Care Authority will be required to complete an application for the HCV program. Eligible families will be placed on the HCV waiting list in date order and given a unique identification number that will allow OHFA to track each family's progression through the program. When OHFA's waiting list is closed, OHFA may continue to accept referrals from the Oklahoma Health Care Authority until the 50 vouchers reserved for the calendar year have been utilized.

Oklahoma Homeless Alliance: OHFA shall commit up to 10 Housing Choice Vouchers (HCV) per month (maximum of 120 HCVs per calendar year) to provide rental assistance to chronically homeless families referred by the Oklahoma Homeless Alliance who, at a minimum, meet OHFA's definition of homeless. Vouchers not utilized in a calendar year will not carry forward to the next calendar year. Commitment of these vouchers shall be contingent upon available funding and an adequate supply of available vouchers (may not exceed OHFA's authorized baseline for the HCV program).



- Homelessness in Oklahoma City
- Public Review and Comment: Strategies to Address Homelessness
- abetterwayokc.org
- Housing & Neighborhood Programs
- + Office of Arts and Cultural Affairs
- + Sustainability
- + Strong Neighborhoods Initiative
- Planning Commission
- Meetings and Events Calendar

homeless, chronically homeless and have significant disabilities.

The OKC CoC has adopted By-Laws and a Code of Conduct for conducting their business.

To view the 2019 CoC Consolidated Application [here](#).

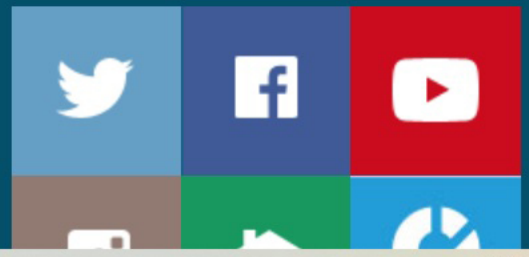
[HUD 2021 Continuum of Care Notice of Funding Opportunity](#)

[Oklahoma City 2021 CoC Local Competition Notice](#)

[Oklahoma City 2021 CoC Renewal Project Application](#)

[Oklahoma City 2021 CoC New Project Application](#)

[Oklahoma City 2021 CoC Rating and Review Procedure](#)





**The City of
OKLAHOMA CITY**

Planning Department

Community Development Division

420 W. Main, Suite 920, Oklahoma City, OK 73102

**NOTICE OF FUNDING AVAILABILITY
FOR
CONTINUUM OF CARE 2021**

Introduction:

On August 18, 2021, the Department of Housing and Urban Development released the Notice of Funding Availability (NOFA) for the 2021 Continuum of Care (CoC) Program. This announcement is to notify all parties seeking new or renewal funding of the changes and requirements for this year's competition and should be read in full. A technical assistance/question & answer session will be held on **Friday September 10, 2021, at 10am** via Microsoft Teams. https://teams.microsoft.com/l/meetup-join/19%3ameeting_YzlzMGUxNjYtMTczZS00NDlhLTk3NjAtYmZkYmUzYjc0YjMx%40thread.v2/0?context=%7b%22Tid%22%3a%22837e0d97-dd9d-4d00-97e6-88f05a32ee59%22%2c%22Oid%22%3a%223769cf10-cb31-4900-9d9c-f838cf7296ab%22%7d (Copy and paste link)

or call in 405-534-4946 Phone Conference IS: 337 001 380# Attendance of this meetings is **mandatory** for any organization submitting a **renewal, new project, expansion, or consolidated application**. The type of projects requested and criteria that must be followed by each entity wishing to be considered for funding are outlined below.

General Information:

The purpose of the Continuum of Care Homeless Assistance Programs is to fund projects that will fill gaps in locally developed Continuum of Care systems to assist homeless persons to move to self-sufficiency and permanent housing.

ALL project applicants are strongly advised to read the full text of the Notice of Funding Availability (NOFA) for the 2021 CoC Program before applying. If an applicant does not have access to the NOFA they may request a copy from the CoC lead.

Bonus (New) Projects: HUD has announced there are funds available for Bonus Projects in the 2021 Continuum of Care Competition. CoCs may propose up to 5% of their final pro rata need (FPRN) for bonus projects and CoCs may propose more than one project. The amount of funds available for Bonus Projects is \$216,028. In addition to the bonus funds, additional funding may be made available through the reallocation process as determined by the CoC Board.

New projects can be for either Permanent Supportive Housing, Permanent Housing-Rapid Re-housing, Joint TH – PH-Rapid Re-Housing and Dedicated HMIS project, Supportive Services only Coordinated Entry projects. All new Permanent Supportive Housing must either be 100% dedicated to serve the chronically homeless or must meet the requirements of HUD's DedicatedPLUS designation. It is preferred that all new Rapid Re-housing serve homeless families coming directly from the streets or emergency shelter. However, projects serving homeless individuals and youth are also eligible.

DV Bonus: HUD has announced there are funds available for DV Bonus projects in the 2021 Continuum of Care Competition. These projects should be designed to provide housing and services to survivors of domestic violence, dating violence, and stalking. The CoC may apply for up to 15% of their preliminary pro rata need (PPRN). The eligible project types are: Permanent Housing-Rapid Re-Housing, Joint TH - Rapid Re-Housing and Supportive services only

Coordinated Entry. The amount of funds available for DV Bonus is \$648,085, additional funding may be made available through the reallocation process as determined by the CoC Board.

Renewal: Renewal project applications are limited to a one (1) year term. Renewing Permanent Supportive Housing projects may only serve persons coming directly from non-housing, emergency shelter, or transitional housing for homeless persons. All eligible applicants for renewal grants must be able to document that they are fully participating (entering all required data on all homeless clients) in HMIS/Service Point. Entities proposing renewal projects must demonstrate they meet or exceed HUD performance measurements. If the entity or the renewal project does not meet the minimum HUD standards, the CoC Board has the discretion to transfer the project to another CoC service provider or reallocate the funds to a new project.

Renewal projects that currently serve 100% chronically homeless may either change their service population to DedicatedPLUS in the 2021 CoC Competition or continue to serve 100% chronically homeless. Projects that were awarded as DedicatedPLUS in previous CoC Program Competitions are required to include households with children to qualify as a DedicatedPLUS project in the FY 2021 Competition.

Renewal Project Expansion: HUD is allowing renewal projects to apply for funds to expand their projects in the 2021 CoC Competition so that they may serve more individuals and families. Renewal applicants who wish to apply for expansion must fill out the project expansion supplement and submit it with their application. Expansion requests cannot exceed the amount of available bonus and reallocation funds. Expansion projects will be scored and ranked with bonus project applications and separately from the renewal project to be expanded. In esnaps, renewing applicants requesting expansion will be required to submit a renewal project application and a new project application with the expansion information.

Project Consolidation: Eligible renewal project applicants will have the ability to consolidate two or more eligible renewal projects (but no more than ten projects) into one project application during the application process. The projects being combined during a grant consolidation will continue uninterrupted. To be eligible for consolidation, projects must have the same recipient and be for the same component. To apply for a consolidated grant, applicants must submit separate renewal project applications for each of the grants that are proposed to be consolidated, and an application for the new consolidated grant with the combined budget and information of all grants proposed for consolidation.

Project Ranking: All projects will be prioritized and ranked by the Continuum of Care Board into Tiers based on their project application score. Tiers are financial thresholds that HUD requires CoCs to use for project ranking. A project may straddle the tiers. Tier 1 is equal to 100% of the CoC's Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the maximum amount of renewal, reallocation, and CoC Bonus funds than a CoC can apply for. CoC's total ARD plus any amount available for CoC Bonus projects, not including amounts available for DV Bonus projects. The Oklahoma City CoC's total estimated ARD is **(\$3,818,357)**.

Tier 1	\$3,818,357
Tier 2	\$864,113

Grant terms for new projects: New projects may request terms of 1 or 2 years but no greater than 2 years. HUD will allow new projects to request 1 year of funding with a longer initial grant term not to exceed 18 months. HUD has determined most new projects requesting 1 year of funding normally take approximately 3 to 6 months to begin fully operating the new project. Therefore, a new project requesting 1 year of funding may request a grant term of 12 months to 18 months that will allow for additional start-up process.

Eligible Applicants:

- Must be a registered 501(c) 3 nonprofit organization
- Must have a DUNS number and be registered with SAM –System for Award Management (previously CCR – Central Contractor Registry) and not be on the Excluded Parties List
- Must have experience in providing housing and supportive services to the homeless population

Ineligible Activities:

Homeless prevention and emergency shelter activities are statutorily ineligible under the Continuum of Care program.

Type of Projects Being Requested:

Projects seeking CoC funds must meet all the following objectives related to housing and serving the City's homeless population:

- Help homeless individuals, youth and families obtain and then remain in permanent housing
- Increase the skills and income of homeless individuals, youth and families.
- Help move homeless individuals, youth and families quickly out of shelters
- Help homeless individuals, youth and families achieve greater self-determination.

HUD Eligible Projects Include:

(1) Renewal Projects

- (a) PH-PSH renewal projects must serve one of the following:
- (i) program participants who are eligible for assistance under the project's current grant agreement;
 - (ii) persons eligible to be served by DedicatedPLUS projects as described in Section III.B.2.g of this NOFO where all units funded by this project must be used to serve program participants who meet the qualifications for DedicatedPLUS;
- Or
- (iii) persons experiencing chronic homelessness at the time they initially enrolled in the project.
- (b) PH-RRH, Joint TH and PH-RRH component, TH, and SSO projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
- (c) Renewal projects originally awarded under a previous year's DV Bonus must continue to serve survivors of domestic violence, dating violence, sexual assault, and stalking.
- (d) YHDP renewal projects must serve youth experiencing homelessness, including unaccompanied, pregnant and parenting youth, where no member of the household is older than 24.

(2) New Projects

- (a) New PH-PSH projects must serve one of the following:
- (i) persons eligible to be served by DedicatedPLUS projects as described in Section III.B.2.g of this NOFO in which case all units funded by the project must be used to serve program participants who meet the qualifications for DedicatedPLUS; or
 - (ii) persons experiencing chronic homelessness at the time they initially enroll in the project.
- (b) New PH-RRH, Joint TH and PH-RRH, and Coordinated SSO projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
- (c) New DV Bonus projects (RRH, Joint TH and PH-RRH, and Coordinated Entry SSO) must serve survivors of domestic violence, dating violence, sexual assault, or stalking.

COORDINATED ENTRY PARTICIPATION REQUIREMENT:

The Department of Housing and Urban Development requires that every Continuum of Care develop a coordinated system of assessment and services. HUD has further required that this system prioritize clients based on information gathered during assessment and that CoC providers begin accepting ALL new clients through it. The Oklahoma City coordinated services system utilizes a prioritized, by-name list of clients to make referrals during weekly Coordinated Case Management meetings. Every CoC Permanent Supportive Housing provider must have a representative at these meetings and be receiving ALL clients through this system.

Project Submittal Information:

Oklahoma City is the collaborative applicant for the CoC application to HUD. All project applicants must submit the Local Priorities Application via email to the collaborative applicant at jerod.shadid@okc.gov and cc: stacy.tarpley@okc.gov during the period **starting 10:00 a.m. September 10, 2021 and ending 5:00pm October 1, 2021**. All new, renewal and expansion project applicants must also complete the full CoC Project Application for FY 2021 in eSnaps at <https://esnaps.hud.gov> by **5:00 p.m. October 15, 2021** and notify the collaborative applicant the project application has been completed. Project Applicants **SHOULD NOT** submit their application in esnaps.

Applying organizations are responsible for ensuring all applications are complete before contacting the collaborative applicant.

Please contact Jerod Shadid at jerod.shadid@okc.gov or (405) 297-3608 or Stacy Tarpley at stacy.tarpley@okc.gov or (405) 297-2128 for any questions you may have regarding this solicitation.

For more information, the full text of the Federal NOFA can be found at the address below.

[FY21 Continuum of Care Competition.pdf \(hud.gov\)](#)

DesignatedPLUS Project Requirements:

(From 2021 CoC NOFA)

DedicatedPLUS project. g. DedicatedPLUS Project. A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals, households with children, and unaccompanied youth (including pregnant and parenting youth) that at intake meet one of the following categories:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a permanent housing project within the last year but were unable to maintain a housing placement and met the definition of chronic homeless as defined by 24 CFR 578.3 prior to entering the project;
- (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3;
- (5) residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or
- (6) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to chronically homeless individuals and families, as described in Section III.B.2.b, under the grant that is being renewed may either become a DedicatedPLUS project or may continue to dedicate 100 percent of its beds to chronically homeless individuals and families. If a renewal project that has 100 percent of its beds dedicated to chronically homeless individuals and families elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93.

Projects that were awarded as DedicatedPLUS in a previous CoC Program Competition are required to include households with children to qualify as a DedicatedPLUS project in the FY 2021 CoC Program Competition.

HUD's Homeless Policy and Program Priorities

The following are HUD's Homeless Policy Priorities as listed in the 2021 Continuum of Care Program NOFA. All applicants should read these priorities and carefully consider them when completing their application.

A. Policy Priorities. This section provides additional context regarding the selection criteria found in Section VII.B of this NOFO and is included here to help applicants better understand how the selection criteria support the goal of ending homelessness:

1. Ending homelessness for all persons. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, or those experiencing chronic homelessness). CoCs should partner with housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid rehousing. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.

2. Use a Housing First approach. Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify an inventory of housing available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods. HUD encourages CoCs to assess how well Housing First approaches are being implemented in their communities.

3. Reducing Unsheltered Homelessness. In recent years, the number of people experiencing unsheltered homelessness has risen significantly, including a rising number of encampments in many communities across the country. People living unsheltered have extremely high rates of physical and mental illness and substance use disorders. CoCs should identify permanent housing options for people who are unsheltered.

4. Improving System Performance. CoCs should be using system performance measures (e.g., average length of homeless episodes, rates of return to homelessness, rates of exit to permanent housing destinations) to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing, and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent. CoCs should review all projects eligible for renewal in FY 2021 to determine their effectiveness in serving people experiencing homelessness, including cost-effectiveness. CoCs should also look for opportunities to implement continuous quality improvement and other process improvement strategies. HUD recognizes the effects of COVID-19 on CoC performance and data quality and, compared to previous CoC NOFOs, reduces the points available for rating factors related to system performance. However, HUD plans to significantly increase the points available for system performance rating factors in the FY 2022 and subsequent CoC NOFOs.

5. Partnering with Housing, Health, and Service Agencies. Using cost performance and outcome data, CoCs should improve how all available resources are utilized to end homelessness. This is especially important as the CARES Act and American Rescue Plan have provided significant new resources to help end homelessness. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing

homelessness and should:

- a. work closely with public and private healthcare organizations and assist program participants to obtain medical insurance to address healthcare needs;
 - b. partner closely with PHAs and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. These partnerships can also help CoC Program participants exit permanent supportive housing through Housing Choice Vouchers and other available housing options. CoCs and PHAs should especially work together to implement targeted programs such as Emergency Housing Vouchers, HUD-VASH, Mainstream Vouchers, Family Unification Program Vouchers, and other housing voucher programs targeted to people experiencing homelessness. CoCs should coordinate with their state and local housing agencies on the utilization of new HOME program resources provided through the Homelessness Assistance and Supportive Services Program that was created through the American Rescue Plan;
 - c. partner with local workforce development centers to improve employment opportunities; and
 - d. work with tribal organizations to ensure that tribal members can access CoC-funded assistance when a CoC's geographic area borders a tribal area.
6. **Racial Equity.** In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. HUD is emphasizing system and program changes to address racial equity within CoCs. CoCs should review local policies, procedures, and processes to determine where and how to address racial disparities affecting individuals and families experiencing homelessness.
7. **Persons with Lived Experience.** HUD is encouraging CoCs to include in the local planning process people who are currently experiencing or have formerly experienced homelessness to address homelessness. People with lived experience should determine how local policies may need to be revised and updated, participate in CoC meetings and committees as stakeholders, provide input on decisions, and provide input related to the local competition process (e.g., how rating factors are determined). CoCs should seek opportunities to hire people with lived experience.

DEFINITIONS

Refer to this list for terms in this NOFA as well as both the Local Priorities and eSnaps Applications.

By-Name List: The Oklahoma City CoC has four separate by -name lists that are updated and maintained by partner agencies; these are literally names that identify people experiencing homelessness in the community by name and prioritize housing placements and case management resources based on VI-SPDAT scores. The subpopulations included in those by-name lists are as follows: Chronic, Veteran, Youth, and Family. These by-name Lists are the mechanism by which clients are moved from prescreen for vulnerability to case management and housing placement. The list is updated based on VI-SPDATs that have been inputted at any agency in the community and entered into HMIS. The list is managed based on vulnerability rather than the entry date to the coordinated entry system. VI-SPDAT scores are ranked such that clients are served in order of vulnerability. It is important to note that the family by-name list is not currently being maintained community-wide; agency participation in the family by-name list is preferred but not required. It is also important to note that apart from the family list, there is only one list per population for the entire community; individual agencies do not maintain their own priority lists or waiting lists. Prioritization for all placements through partner agencies should come from the appropriate by-name list. Since all prioritization occurs via this list it is also referred to as the ‘Master List’.

Chronically Homeless (HUD Definition): To be considered chronically homeless, a person must have a disability and have been living in a place not meant for human habitation, in an emergency shelter (including hotels and motels paid for by charitable organizations or by federal, state and local government programs), or transitional housing for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months.

CoC: The Oklahoma City Continuum of Care Committee (OKC CoC) is a committee comprised of citizens and non-profit service providers interested in working on community homeless and poverty issues. The OKC CoC Committee provides oversight in coordinating competitive and formula programs specific to serving the City's homeless population. This group also makes funding recommendations for the City's Social Services grant. The HUD Continuum of Care Grant is an annual competitive grant that builds on the previous year's performance in developing specialized housing with supports for those who are homeless, chronically homeless and have significant disabilities.

Disability (HUD Definition): A physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions.

Fleeing domestic abuse or violence (HUD Definition Category 4): Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

HMIS: (Homeless Management Information System) This is the database used to record and track client-level information. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system. The City of Oklahoma City's HMIS is staffed by a contracted administrator. The software provider is Bowman Systems, Service Point.

Housing First: This model provides housing first, and then combines that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. Housing is provided in apartments scattered throughout a community.

Journey Home OKC: This is the name of Oklahoma City's initiative that emphasizes housing homeless veterans and people experiencing chronic homelessness and provides them with wraparound case management services. Journey Home OKC is comprised of over 40 government, non-profit, and faith-based organizations that work together to end veteran and chronic homelessness. All Journey Home partner organizations house clients from the prioritized By- Name List and all CoC funded projects are required to take *all* of their clients from the list. The Journey Home initiative also emphasizes housing families and youth through the same approach.

Literally Homeless (HUD Definition Category 1): Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Permanent Supportive Housing (PSH): PSH is a program that helps eligible people find a permanent home and also connects them to case management and other supportive services in the community. Permanent Supportive Housing is prioritized for the most vulnerable people in the community.

Rapid Re-housing (RRH): RRH is designed to help individuals and families quickly exit homelessness and return to permanent *housing*. Rapid re-housing is prioritized by medium acuity levels as determined by the VI-SPDAT. This assistance is generally shorter and less intensive than PSH.

Unaccompanied Youth: These are people under the age of 24 who present for services without an adult. This definition applies to local program planning and reporting to other funders; HUD defines youth as 18-24 and classifies 17 and below as children.

VI-SPDAT: (*Vulnerability Index Service Prioritization Decision Assistance Tool*) The prescreen triage tool our community uses to assess vulnerability in single adults. The assessment is scored, and scores are sorted into three ranges; those that are not recommended for housing intervention, those recommended for rapid rehousing intervention, and those recommended for permanent supported housing/Housing First. VI-SPDAT is used as a general term, and may be used to include the VI-FSPDAT and TAY-VI-SPDAT when talking about the assessment in general.



City of Oklahoma City Continuum of Care (CoC) 2021 CoC Rating and Review Procedure

Background

The U.S. Department of Housing and Urban Development (HUD) released the Continuum of Care (CoC) FY2021 CoC Program Notice of Funding Availability (NOFA) on August 18, 2021. The City of Oklahoma City Planning Department on behalf of the Oklahoma City CoC will submit a collaborative application to HUD for competition funds on or before November 16, 2021. One of the primary responsibilities of the CoC is to develop a new, renewal and reallocation process for selection and ranking criteria of projects for CoC Program funding.

Rating and Review Procedure for New and Renewal Project Applications

When considering new and renewal projects for award, City of Oklahoma City Planning Department staff will conduct a preliminary review of all applications to determine if the project meets the eligibility and threshold requirements as established by HUD. Planning Department staff will review project applications, documentation of 501(c)(3) status, program policies, Annual Performance Reports (APRs); monitoring reports, and A-133 audit reports as applicable. Any project not meeting the threshold requirements will not be further reviewed or considered for funding.

All projects that meet eligibility and threshold requirements will be presented to members of the CoC Governing Board. In accordance with HUD regulations, no member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to the organizations that the member represents. The CoC Board members are knowledgeable about homelessness and housing in the area and are broadly representative of the relevant sectors and subpopulations.

The CoC will establish a time frame that allows for review and discussion about the applications, questions and clarification about applications with applicant agencies, scoring of the applications, and presenting project scoring and ranking recommendations. The CoC Board determines the rank and funding levels of all projects considering all of the information provided to them on the application, APRs, monitoring reports and through the applicant presentations. City of Oklahoma City Planning Department staff will provide technical assistance by responding to questions of the CoC Board and correcting technical inaccuracies if they arise in conversation. Each CoC Board member is responsible for calculating scores for each new and renewal project. The average score for the project is then used to determine the ranking.

Renewal projects are scored and ranked according to the Renewal Score Sheet except for HMIS and Coordinated Intake projects as well as first time renewals or projects that have not been in operation for at least one year. Renewal HMIS and Coordinated Intake projects will be ranked at the top of the project rankings. Projects that have not been in operation for at least one year will be ranked after the renewal projects and ahead of new project applications. New projects will be scored based on the New Application Score Sheet and ranked after renewal projects.

The CoC uses a two-tiered ranking system. Tier 1 funding is equal to 100% of the CoC's Annual Renewal Demand and Tier 2 is the difference between Tier 1 and the maximum amount of renewal, reallocation, and CoC Bonus funds. A project may straddle the Tier 1 and Tier 2 funding line. The CoC Board considers adjustments for CoC and HUD priorities to best position the CoC to receive maximum overall amount of funding. Scoring results are delivered to applicants electronically with a reminder about the appeal process if a project application is rejected. Applicants not selected by the CoC to be included in the CoC submission to HUD may appeal by submitting their esnaps Solo Application directly to HUD



**City of Oklahoma City Continuum of Care (CoC)
2021 CoC Rating and Review Procedure**

no later than November 16 2021, at 7:59:59pm (EST). Once the scoring is finalized funding recommendations are presented to the City Council for their approval.

Reallocation

The Oklahoma City CoC has implemented a reallocation process that uses performance data to determine how efficient and effective CoC program resources are being expended to establish if reallocation should be considered to improve system performance and end homelessness within our community. If applicable, funds reallocated, voluntary or involuntary, will be made available for reallocation to create new projects during the local application process.

As part of the local application process for inclusion in the HUD CoC Collaborative Application projects are asked whether they wish to voluntarily re-allocation some or all their funding. Projects with poor performance and/or are not serving the intended population or with significant, unresolved findings are subject to reallocation. Applicants may appeal the decision, and the appeal must be considered by the CoC Board.

Renewal Score Sheet

Project: _____

Score: _____

	Scoring Tool	Reviewers Score
#1 Coordinated Entry Participation	100% = 5 point <100% = 0 points	
#2 Homeless Contribution	No participation over the last year and currently has no plan to incorporate person with lived experience: 0 Points No participation over the last year but has a plan in place to incorporate participation: 3 Points Had participation from person with lived experience and provided documentation: 5 Points	
#3 Project Performance		
Housing Stability	95%+ = 5 points 80% - 94% = 2 points <80% = 0 points	
Total Income	65%-100%: 5 Points 40%-64%: 3 Points Below 40%: 0 Points	



**City of Oklahoma City Continuum of Care (CoC)
2021 CoC Rating and Review Procedure**

Earned Income	50%-100%: 5 points 10%-49%: 3 points Below 10%: 0 points	
Entered From		
Exits to Homelessness	5% or less = 5 points 6% -10% = 2 points 11% - 25% = 1 point >25% = 0 points	
Non-cash benefit -Stayers	85%-100%: 5 Points 60-84%: 3 Points Below 60%: 0 Points	
Non-cash benefit – Leavers		
Utilization Rate	90%-100%: 10 Points 75%-89%: 5 Points Below 75%: 0 Points	
# 4 Housing First/Low Barrier	1 point for every “No” response (Max 15 points)	
# 5 Project Populations		
Chronic	75%-100%: 2 Points Less than 75%: 0 Points	
No Income	75%-100%: 2 Points Less than 75%: 0 Points	
Multiple Conditions	75%-100%: 2 Points Less than 75%: 0 Points	
#6 HMIS Data Quality		
Identifiable Info	0% = 1 point 1% - 3% = .5 point >3% = 0 points	
Veteran Status		
Project Start Date		
Head of Household		



**City of Oklahoma City Continuum of Care (CoC)
2021 CoC Rating and Review Procedure**

Disabling Condition		
Destination		
Income at Entry		
Income at Annual Assessment		
Income at Exit		
Chronicity		
#7 Financial and Monitoring		
Funds Expended	90% -100% = 2 points >90% = 0 points	
Timely Reimbursement Requests	Yes = 1 point No = 0 points	
Findings or Concerns	5 Points will be deducted from any project score with any outstanding findings.	
#8 Collaboration		
Coalition membership	Yes = 1 point No = 0 points	
CCM participation	Yes = 1 point No = 0 points	
#9 Other		
Participant Satisfaction	Agency assess for satisfaction annually: 2 Points Agency does not assess for satisfaction annually: 0 Points	
Advancing Racial Equity	Multiple different approaches: 5 points Some work and approaches: 2 points No work: 0 points	



**City of Oklahoma City Continuum of Care (CoC)
2021 CoC Rating and Review Procedure**

COVID-19 Vaccine access and information	Explanation of how information was provided 2 points (Bonus) Explanation of how clients/staff were helped to gain access to vaccine: 2 points No information provided: 0 points	
TOTAL (Max Possible: 100 points)		

New Application Score Sheet

Project: _____

Score: _____

	Scoring Tool	Reviewers Score
# 1 Proposed Program	Clearly and in detail describes the scope of the project = 10 points Describes project, but lacks important details = 5 points Vaguely or inadequately describes project = 0 points	
# 2 CoC Need	Clearly describes the need of the CoC and how the project will help move the community to improve the system performance measures =30 points Somewhat describes the need of the CoC and how project will help community improve the system performance measures = 15 points Vaguely or inadequately describes the need of the CoC and how project will help community improve the system performance measures = 0 points	
# 3 CoC Housing and Services	Clearly and in detail describes the project planned contribution to Community Housing and Services through Coordinated Entry = 5 points Vaguely or inadequately describes contribution to Community Housing and Services through Coordinated Entry = 0 points	
# 4 Homeless Contribution	Homeless or formerly homeless Board member = 5 points	
# 5 Agency Capacity and Experience	Extensive experience with government grants with high staff experiences in project administration and compliance = 5 points Some experience with government grants = 2 point No experience = 0 points	
# 6 Housing First/Low Barrier	1 points for every "No" response (Max 15 points)	



**City of Oklahoma City Continuum of Care (CoC)
2021 CoC Rating and Review Procedure**

# 7 Project Populations	> 5 populations selected = 5 points 2-4 populations selected = 2 point	
#8 Collaboration		
Coalition membership	Yes = 2 point No = 0 points	
CCM participation	Yes = 2 point No = 0 points	
HMIS participation	Yes = 2 point No = 0 points	
# 9 Other		
Participant Satisfaction	Agency assess for satisfaction annually: 2 Points Agency does not assess for satisfaction annually: 0 Points	
Advancing Racial Equity	Multiple different approaches: 5 points Some work and approaches: 2 points No work: 0 points	
COVID-19 Vaccine access and information	Explanation of how information was provided 2 points (Bonus) Explanation of how clients/staff were helped to gain access to vaccine: 2 points No information provided: 0 points	
TOTAL (Max Points Possible: 100)		

Renewal Score Sheet

Project: MHAO - LTS

Score: 78

	Scoring Tool	Reviewers Score
#1 Journey Home (CES) Participation	100% = 5 point <100% = 0 points	5
#2 Homeless Contribution	No participation over the last year and currently has no plan to incorporate person with lived experience: 0 Points No participation over the last year but has a plan in place to incorporate participation: 3 Points Had participation from person with lived experience and provided documentation: 5 Points	5
#3 Project Performance		
Housing Stability	95%+ = 5 points 80% - 94% = 2 points <80% = 0 points	0
Total Income	65%-100%: 5 Points 40%-64%: 3 Points Below 40%: 0 Points	5
Earned Income	50%-100%: 5 points 10%-49%: 3 points Below 10%: 0 points	0
Entered From		5
Exits to Homelessness	5% or less = 5 points 6% -10% = 2 points 11% - 25% = 1 point >25% = 0 points	5
Non-cash benefit -Stayers	85%-100%: 5 Points 60-84%: 3 Points Below 60%: 0 Points	0
Non-cash benefit – Leavers		3

Utilization Rate	90%-100%: 10 Points 75%-89%: 5 Points Below 75%: 0 Points	10
# 4 Housing First/Low Barrier	1 point for every "No" response (Max 15 points)	14
# 5 Project Populations		
Chronic	75%-100%: 2 Points Less than 75%: 0 Points	0
No Income	75%-100%: 2 Points Less than 75%: 0 Points	2
Multiple Conditions	75%-100%: 2 Points Less than 75%: 0 Points	0
#6 HMIS Data Quality		
Identifiable Info	0% = 1 point 1% - 3% = .5 point >3% = 0 points	0
Veteran Status		1
Project Start Date		1
Head of Household		1
Disabling Condition		1
Destination		1
Income at Entry		0
Income at Annual Assessment		1
Income at Exit		1
Chronicity		1

#7 Financial and Monitoring		
Funds Expended	90% -100% = 2 points >90% = 0 points	2
Timely Reimbursement Requests	Yes = 1 point No = 0 points	1
Findings or Concerns	5 Points will be deducted from any project score with any outstanding findings.	
#8 Collaboration		
Coalition membership	Yes = 1 point No = 0 points	1
CCM participation	Yes = 1 point No = 0 points	1
#9 Other		
Participant Satisfaction	Agency assess for satisfaction annually: 2 Points Agency does not assess for satisfaction annually: 0 Points	2
Advancing Racial Equity	Multiple different approaches: 5 points Some work and approaches: 2 points No work: 0 points	5
COVID-19 Vaccine access and information	Explanation of how information was provided 2 points (Bonus) Explanation of how clients/staff were helped to gain access to vaccine: 2 points No information provided: 0 points	4
TOTAL (Max Possible: 100 points)		78

2021 Continuum of Care Recommended Funding

Project	Tier	Rank	Score	Funding
Homeless Alliance – HMIS	1	1	100	\$110,000
HeartLine 211 – Coordinated Entry	1	2	100	\$21,400
MHAO – LTS OKC	1	3	78	\$205,749
Homeless Alliance – Journey Home	1	4	78	\$372,435
HOPE – SC39	1	5	77	\$373,064
City Care – Pershing	1	6	75	\$336,136
Homeless Alliance – Building Foundations	1	7	71.5	\$494,489
HOPE – HHP	1	8	71	\$190,804
HOPE – CH32	1	9	70	\$345,761
HOPE – HPH	1	10	69	\$358,635
MHAO – MHASH	1	11	68	\$468,960
City Care – Westlawn	1	12	68	\$214,156
Red Rock – Parkside	1	13	57	\$80,834
Red Rock – Lodges	1	14	57	\$150,767
Community Enhancement Corp (CEC)	1	15	54	\$95,167
Homeless Alliance – Coordinated Entry	2	16	100	\$100,000
Homeless Alliance – PSH Bonus	2	17	90	\$116,028
Homeless Alliance – DV Bonus	2	18	85	\$600,000
Community Enhancement Corp – DV Bonus	2	19	75.25	\$48,085



- Homeless Assistance Programs
- Studies and Reports
- + Strategies to Address Homelessness in Oklahoma City
- Public Review and Comment: Strategies to Address Homelessness
- abetterwayokc.org
- Housing & Neighborhood Programs
- + Office of Arts and Cultural Affairs
- + Sustainability
- + Strong Neighborhoods Initiative
- Planning Commission
- Meetings and Events Calendar

Opportunities for Persons with AIDS (HOPWA). This group also makes funding recommendations for the City's Social Services grant. The HUD Continuum of Care Grant is an annual competitive grant that builds on the previous year's performance in developing specialized housing with supports for those who are homeless, chronically homeless and have significant disabilities.

The OKC CoC has adopted By-Laws and a Code of Conduct for conducting their business.

To view the 2019 CoC Consolidated Application [here](#).

[HUD 2021 Continuum of Care Notice of Funding Opportunity](#)

[Oklahoma City 2021 CoC Local Competition Notice](#)

[Oklahoma City 2021 CoC Renewal Project Application](#)

[Oklahoma City 2021 CoC New Project Application](#)

[Oklahoma City 2021 CoC Rating and Review Procedure](#)

[Oklahoma City 2021 CoC Project Rankings](#)

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CEC Expansion – PSH Bonus	NR	NR	81.75	\$88,365
MHAO LTS Expansion – PSH Bonus	NR	NR	85.75	\$216,028
HOPE HHS Expansion – DV Bonus	NR	NR	75.25	\$150,000



- Homeless Assistance Programs**
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MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding has been created and entered into on November 1, 2021,
between

*Oklahoma City Housing Authority (PHA) and Community Enhancement
Corporation*

1700 Northeast Fourth Street

Oklahoma City, Oklahoma 73117

and

The Homeless Alliance

1724 NW Fourth Street

Oklahoma City, Oklahoma 73106

I. Introduction and Goals

a. The Homeless Alliance is committed to administering the Safe Homes Project and the Housing Navigation Project in partnership with the Oklahoma City Housing Authority (OCHA) and Community Enhancement Corporation (CEC).

b. The Homeless Alliance estimates about 244 households will be served by these two Continuum of Care (CoC) projects. Therefore, in order to meet the goals of the bonus unit program 25% or at least 61 households would be housed through leveraged community assets offered by OCHA. OCHA will provide up to 31 Community Enhancement Corporation homes or Housing Choice Vouchers (HCV) for eligible program participants that come through the City of OKC's Coordinated Entry process to meet compliance with this performance measure. Combined with the MOU in place between the Homeless Alliance and the Oklahoma City Housing Authority and Community Enhancement Corporation, this allows OKC to hit the 25% goal for these proposed projects.

c. Project Liaisons:

PHA

Laura Gregory, Resident Services Manager

Homeless Alliance

Meghan Mueller, Associate Executive Director

II. CoC Eligible Participants:

- Literally Homeless;
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking;

III. Services to be provided to eligible individuals/families:

1. Homeless Alliance as a CoC service provider will support individuals and families in completing online OCHA applications and obtaining necessary supporting documentation to support referrals and application for assistance, while aiding households in addressing barriers.
2. Homeless Alliance as a CoC service provider will support OCHA in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with OCHA.
3. OCHA will establish windows of time for applicants to complete intake interview for the available CEC home or HCV.
4. The Homeless Alliance as a CoC service provider will provide housing search assistance for eligible individuals and families.
5. The Homeless Alliance as a CoC service provider will provide counseling on compliance with rental lease requirements.
6. The Homeless Alliance as a CoC service provider will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
7. The Homeless Alliance as a CoC service provider will assess and refer individuals and families to benefits and supportive services, where applicable.
8. The Homeless Alliance as a CoC service provider will assess clients to determine essential household items needed and help clients secure necessary items.
9. The Homeless Alliance as a CoC service provider will provide ongoing case management services including weekly contact and at least monthly home visits.

IV. PHA Roles and Responsibilities

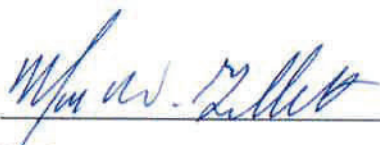
1. Accept direct referrals for eligible individuals and families through CoC Coordinated Entry System.
2. Commit a sufficient number of staff and necessary resources to ensure the application, certification and voucher issuance processes are completed in a timely manner.
3. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.
4. Designate a staff to serve as the lead CoC Project liaison.
5. Explain and provide information about program policies and procedures to current and prospective landlords and participants.
6. Work with referring agency to ensure residents are maintaining stable housing.
7. Comply with the provisions of this MOU.

V. Homeless Alliance Roles and Responsibilities

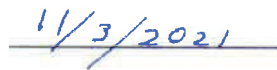
The PHA and CoC have identified Homeless Alliance as a partner and primary executor of this MOU.

1. Identify and refer eligible clients for Coordinated Entry consideration.
2. Work alongside CoC to manage the Coordinated Entry process.
3. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to OCHA (i.e. self-certifications, birth certificates, social security card, proof of prioritization criteria, etc.)
4. Identify and provide support services to all referred households.
5. Maintain complete, accurate and timely records in compliance with federal grant regulations.
6. Provide ongoing case management services including weekly contact and at least monthly home visits.
7. Comply with the provisions of this MOU.

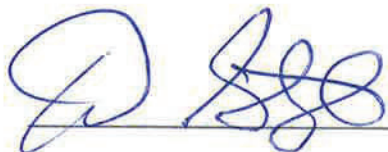
Signed by:



Mark W. Gillett
Executive Director
Oklahoma City Housing Authority
President / CEO
Community Enhancement Corporation



Date



Dan Straughan
Executive Director
The Homeless Alliance, Inc.



Date

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:

- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:
 - New;
 - Renewal;
 - UFA Costs;
 - CoC Planning;
 - YHPD Renewal; and
 - YHDP Replacement.
 - Attachment Requirement
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:

- New and Renewal Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved, they are not ranked per the FY 2021 CoC Program Competition NOFO:
 - UFA Costs Project Listing;
 - CoC planning Project Listing;
 - YHPD Renewal Project Listing; and
 - YHDP Replacement Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
 - For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
 - If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: City of Oklahoma City

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2021 CoC Priority Listing Detailed Instructions and FY 2021 CoC Priority Listing Navigational Guide on HUD's website. https://www.hud.gov/program_offices/comm_planning/coc/competition.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2022 into one or more new projects? No

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. 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 you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realoc	PSH/RRH	Expansion
CEC DV	2021-11-12 13:03:...	PH	City of Oklahoma a ...	\$48,085	1 Year	D19	DV Bonus	RRH	
Homeless Alliance...	2021-11-12 15:51:...	SSO	City of Oklahoma a ...	\$100,000	1 Year	16	PH Bonus		
Homeless Alliance...	2021-11-12 15:59:...	PH	City of Oklahoma a ...	\$116,028	1 Year	17	PH Bonus	RRH	
Homeless Alliance...	2021-11-12 15:49:...	Joint TH & PH-RRH	City of Oklahoma a ...	\$600,000	1 Year	D18	DV Bonus		

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. 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 you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

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.

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
Hope Partners In ...	2021-11-10 18:38:...	1 Year	City of Oklahoma ...	\$358,635	10	PSH	PH		
Hope Housing Plus...	2021-11-10 18:37:...	1 Year	City of Oklahoma ...	\$190,804	8	PSH	PH		
CEC Supportive Ho...	2021-11-10 18:31:...	1 Year	City of Oklahoma ...	\$95,167	15	PSH	PH		

Homeless Alliance..	2021-11-10 17:54:...	1 Year	City of Oklahoma ...	\$110,000	1		HMIS		
Journey Home - OKC	2021-11-10 18:01:...	1 Year	City of Oklahoma ...	\$372,435	4	PSH	PH		
Pershing Center P...	2021-11-10 18:04:...	1 Year	City of Oklahoma ...	\$336,136	6	PSH	PH		
Building Foundati..	2021-11-10 18:09:...	1 Year	City of Oklahoma ...	\$494,489	7	PSH	PH		
Centralized Intak...	2021-11-10 17:56:...	1 Year	City of Oklahoma ...	\$21,400	2		SSO		
LTS OKC Consolidated	2021-11-10 18:12:...	1 Year	City of Oklahoma ...	\$205,749	3	PSH	PH		
Permanent Support..	2021-11-10 20:16:...	1 Year	City of Oklahoma ...	\$80,834	13	PSH	PH		
PHS Cogswell Hall...	2021-10-19 15:52:...	1 Year	YWCA Greater Clev...	\$111,789	X	PSH	PH		
Hope CH32	2021-11-10 18:35:...	1 Year	City of Oklahoma ...	\$345,761	9	PSH	PH		
Westlaw n Permanent...	2021-11-10 18:15:...	1 Year	City of Oklahoma ...	\$214,156	12	PSH	PH		
Permanent Support..	2021-11-10 20:15:...	1 Year	City of Oklahoma ...	\$150,767	14	PSH	PH		
Hope Shelter Plus...	2021-11-10 18:40:...	1 Year	City of Oklahoma ...	\$373,064	5	PSH	PH		
MHA Supportive H...	2021-11-11 18:24:...	1 Year	City of Oklahoma ...	\$468,960	11	PSH	PH		

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. 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 you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
OK-502 CoC Planni...	2021-11-11 14:05:...	1 Year	City of Oklahoma ...	\$127,466	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal and replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP 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 you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

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

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

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

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	PSH/RRH	Consolidation Type
This list contains no items								

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP replacement project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement 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 you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

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

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after the you approved, ranked (New and Renewal Project Listings only), or rejected project applications. You 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 your CoC's Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$3,818,357
New Amount	\$864,113
CoC Planning Amount	\$127,466
YHDP Amount	
Rejected Amount	\$111,789
TOTAL CoC REQUEST	\$4,809,936

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	HUD-2991	11/12/2021
FY 2021 Rank Tool (optional)	No	OK-502 Rankings	11/11/2021
Other	No		
Other	No		

Attachment Details

Document Description: HUD-2991

Attachment Details

Document Description: OK-502 Rankings

Attachment Details

Document Description: New Project Scoring Tool

Attachment Details

Document Description:

Submission Summary

WARNING: The FY2021 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

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Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/12/2021
2. Reallocation	11/11/2021
5A. CoC New Project Listing	11/12/2021
5B. CoC Renewal Project Listing	11/11/2021
5D. CoC Planning Project Listing	11/11/2021
5E. YHDP Renewal	No Input Required
5F. YHDP Replace	No Input Required
Funding Summary	No Input Required
Attachments	11/12/2021
Submission Summary	No Input Required

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Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: Christopher Varga _____

Date: _____

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Signature: *Christopher Varga* _____

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Certifying Official
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Name: _____

Title: _____

Signature: Christopher Varga

Date: _____

2021 Continuum of Care Recommended Funding

Project	Tier	Rank	Score	Funding
Homeless Alliance – HMIS	1	1	100	\$110,000
HeartLine 211 – Coordinated Entry	1	2	100	\$21,400
MHAO – LTS OKC	1	3	78	\$205,749
Homeless Alliance – Journey Home	1	4	78	\$372,435
HOPE – SC39	1	5	77	\$373,064
City Care – Pershing	1	6	75	\$336,136
Homeless Alliance – Building Foundations	1	7	71.5	\$494,489
HOPE – HHP	1	8	71	\$190,804
HOPE – CH32	1	9	70	\$345,761
HOPE – HPH	1	10	69	\$358,635
MHAO – MHASH	1	11	68	\$468,960
City Care – Westlawn	1	12	68	\$214,156
Red Rock – Parkside	1	13	57	\$80,834
Red Rock – Lodges	1	14	57	\$150,767
Community Enhancement Corp (CEC)	1	15	54	\$95,167
Homeless Alliance – Coordinated Entry	2	16	100	\$100,000
Homeless Alliance – PSH Bonus	2	17	90	\$116,028
Homeless Alliance – DV Bonus	2	18	85	\$600,000
Community Enhancement Corp – DV Bonus	2	19	75.25	\$48,085