

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** OK-501 - Tulsa City & County CoC

**1A-2. Collaborative Applicant Name:** Community Service Council of Greater Tulsa

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Community Service Council of Greater Tulsa

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Legal aid providers	Yes	Yes	Yes
Health clinics	Yes	Yes	Yes
Veterans Administration Medical Center	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.**

Community Service Council, the CoC Collaborative Applicant, has a long history of bringing together diverse groups to address the issues of homelessness. The CoC board has broad representation with 22 members including all agencies with CoC funded programs and several ESG-funded projects. At least twice each year, the CoC board meets with the community's at-large members to learn more about how current projects directly advance our goal of addressing and ending homelessness. At least three local Zero:2016 action camps held in the past year have served as catalysts for greater levels of collaboration among service providers. Increased involvement by a youth services provider led to the creation of a new project and a faith-based outreach mission organized and led a registry week initiative to encampments.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Youth Services of Tulsa	Yes	Yes	Yes
Walker Hall (Mental Health Association's youth TH)	Yes	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

	Participated as a	Sat on CoC Board as
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Victim Service Provider for Survivors of Domestic Violence (up to 10)	Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	active member or official at any point between July 1, 2015 and June 30, 2016.
Domestic Violence Intervention Services	Yes	Yes
DaySpring Villa	Yes	Yes

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

The CoC maintains good working relationships with its many community partners throughout the year. It seeks communication and feedback relative to the applicability and the efficiency of its efforts through media events, symposiums and open meetings. CoC board members serve in volunteer capacities on local civic and governmental boards and commissions, specifically involving related efforts like fair housing, human rights and CDBG allocations and those connections help publicize efforts to end homelessness. The annual solicitation for applications, issued in conjunction with the NOFA, clearly appeals for new projects. A recent appeal for the CoC to serve as a reviewing body for state-wide ESG funding applications further increased the CoC's visibility and helped highlight its mission to the community. A recent campaign to assess the impact of panhandling and public perceptions of homelessness also contributed to our social media presence and assisted greatly with our visibility.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

**1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC Governance Council's membership includes both of the ConPlan Jurisdictions located within its geographic area. Representatives from those Jurisdictions attend monthly meetings of the Council as well as monthly meetings of its working committees and task forces. Jurisdictions provide at least 2 hrs./month in direct input in the monitoring of the project- or system-wide adherence to performance standards and the ranking process for the annual competition, for which at least 16 hrs. in two working sessions and a 4 hr. tour of the applicants' projects are involved. A CoC representative appointed by the Mayor serves on the committee that oversees the development of the Consolidated Plan for the City of Tulsa. A Jurisdiction representative regularly accompanies the contingent from the CoC to the National Alliance to End Homelessness annual conference. Jurisdiction representatives also take an active part in the CoC's annual Point in Time survey.

**1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The CoC consults with the City of Tulsa Grants Division to establish ESG priorities, policies and performance standards. In compliance with HEARTH regulations, the City Council adopted an ordinance governing the oversight of the jurisdiction's HUD funding including provision to 1) receive input from the CoC regarding homeless needs, priorities, goals, outcomes and evaluation measures and 2) consult with the CoC regarding allocation of funding, developing performance standards and evaluating outcomes of ESG assisted projects. A CoC representative appointed by the Mayor serves on the committee that sets the priorities and standards for allocating ESG funding. The City contracts with the HMIS for ESG reporting. The City contractually holds ESG recipients responsible for meeting program benchmarks and submits reports quarterly to the CoC to review outcomes and inform funding priorities.

**1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

Domestic Violence Intervention Services and DaySpring Villa provide DV services including shelter, transitional living, protective order advocacy and legal advocacy at its emergency shelter and transitional living facilities which

are at undisclosed locations. Clients are not required to testify, file a protective order, or press charges against their perpetrator in order to receive services. The CoC's Written Standards dictate that those presenting at a non-victim service provider while fleeing or attempting to flee domestic violence will be referred to an appropriate shelter program that specifically targets such groups, that special care will be taken to ensure that the victim is afforded a secure environment within the intake provider's organization and that the security of the participant's identity and privacy are given special consideration until the protection of one of these organizations can be assured. Warm handoffs are encouraged.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Tulsa Housing Authority	31.00%	Yes-Public Housing

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

The Low Income Housing Tax Credit program (LIHTC) administered by the Oklahoma Housing Finance Agency (OHFA) is the primary source of affordable housing other than HUD. LIHTC units are targeted to households at 50% or below of AMI. Rent ceilings are set by OHFA based on a percentage of HUD established market rates. Twenty-four LIHTC properties with over 2,200 rental units are located in Tulsa County. Although 10 percent of LIHTC units have a homeless preference, a very low vacancy rate with long wait lists signifies that demand often exceeds supply. Identifying and tracking availability of affordable housing stock is a key responsibility of the CoC Housing Resource Staff. The Mental Health Association Oklahoma is creating up to 30 privately subsidized PSH units through a recent expansion of its housing program. These units will



be targeted to persons with serious mental illness experiencing homelessness. These will be net new units prioritized for the Zero:2016 effort.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
In Tulsa, extensive efforts to ensure that homelessness is not treated as a criminal activity are underway. A public relations initiative is being developed to educate the public that panhandling, often attributed to the homeless is, in fact, not necessarily against local laws. Representatives from the CoC belong to local groups tasked with formulating recommendations to elected officials concerning panhandling and mental illness. Such groups as the Safety & Security Group, the Integration & Intervention Task Force and the Tulsa County Sheriff's Office's task force on releasing those with no housing from the jail all work with members of the CoC to formulate effective strategies for the appropriate method of treatment. CoC representative meet regularly with members of the Tulsa Police Department and community organizations that support the homeless and serve their needs in an effort to facilitate the communication and help standardize the processes for treatment of those on the street.	<input checked="" type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

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

**1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

**discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not applicable

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.**

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

The CoC established its coordinated assessment and referral system in conjunction with the local centralized 2-1-1 access with a no-wrong-door frame of reference. All key points of entry into the housing support community are linked into HMIS where VI-SPDAT scores are visible to all. Case managers from CoC agencies meet regularly to review by-name lists of the homeless and to supplement client data entered into HMIS. 2-1-1 Helpline, the 24/hour multilingual central point of entry to assess needs and divert or link to services, screens veterans for homeless status and barriers before scheduling SSVF Housing Navigator follow-ups for a full assessment. The Pathways Hub uses the HMIS to identify long term and chronically homeless, conduct outreach to targeted clients and conduct standardized assessments with vulnerability screening to prioritize connections to housing and intensive case management supports.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of**

**the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	14
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	11
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

### 1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

In conformity with Notices CPD-14-012 and CPD-16-11, the CoC prioritizes the most vulnerable based on VI-SPDAT assessed acuity and chronicity. Whether agencies take such factors as mental illness, physical infirmities or length of homelessness into account when scoring vulnerability informs the review, ranking and selection process. Those service providers that dedicate all their beds to the chronically homeless score better and are ranked higher than those that do not make such a commitment or those that provide safe haven or transitional housing only. Housing First adherents offering low-barrier housing are given ranking preference over those that require compliance or screen for disqualifying factors when reviewing applications. Alignment with the goals of the Federal Open Doors Plan is also a requirement for scoring well and being included in the CoC application.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)**

The CoC published an RFP, the FY2016 NOFA and a Timeline and Instructions sheet for this year's competition process (both on 7/5/16) on its CA's website and in direct emails to the members of the CoC and Homeless Services Network. The "CoC Standards of Operation and Local Project Criteria" were approved by the CoC's collaborative review process and posted in the same manner on 7/11/16. The final ranking was posted on the CA's website on 8/23/16 and sent to the local Jurisdictions' for execution of the Certificates of Consistency with their respective ConPlans. Individual applicants were notified directly, as well, on 8/23/16 and the CoC membership was informed on 8/28/16.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).** 08/25/2016

**1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** No

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 07/17/2016

**1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?** Yes



# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC has set Standards of Operations for program performance that include reviews of program performance quarterly and conducts annual reviews during the local application review process. Projects are rated according to the Standards of Operations criteria. Each project receives a performance score and designation as high performing, moderate performing or low performing project. In addition to the annual review process, the CoC has implemented an outcome-based model for on-going assessment of projects and alignment with CoC benchmarks toward ending chronic homelessness and setting a path to end all homelessness. Quarterly reports from the HMIS and annual assessments of APR data are monitored and may be followed up with site visits or contact with program staff. Reports are reviewed by the CoC Data & Quality Management Committee that oversees CoC and ESG performance and distributed for discussion at CoC Board meetings. Concerns may also be addressed between reporting cycles.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.** CoC lead (aka Collaborative Applicant) roles and responsibilities - see page 9 & 10 of the AWH4T Governance Charter; HIMIS roles and responsibilities are found on page 10 of the same document.

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?** Yes

**2A-4. What is the name of the HMIS software** ServicePoint

**used by the CoC (e.g., ABC Software)?**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Mediware (Bowman Systems)

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Multiple CoCs

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

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$123,113
ESG	\$8,611
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$131,724</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$21,000
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$21,000</b>

### 2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
<b>State and Local - Total Amount</b>	<b>\$0</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$11,000
<b>Other - Total Amount</b>	<b>\$11,000</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$163,724</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):** 05/02/2016

**2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.**

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	525	105	420	100.00%
Safe Haven (SH) beds	25	0	25	100.00%
Transitional Housing (TH) beds	268	29	211	88.28%
Rapid Re-Housing (RRH) beds	15	0	15	100.00%
Permanent Supportive Housing (PSH) beds	444	0	242	54.50%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)**

\*HIC Correction: The HIC PSH beds should be 494 (instead of 444) with 292 (instead of 242) in HMIS for a coverage rate of 59.1% of all PSH beds including the 202 HUD-VASH beds listed as not participating in the HIC.

All 202 PSH beds listed in the HIC as not in HMIS are HUD-VASH with 100% of all non-VASH beds participating in HMIS. Data for these HUD-VASH beds is now being entered but the data entry was not yet at a point as of 2016 PIT to include these beds as HMIS participating as VA's decision to allow VASH participation was recent and it took time to bring them online.

**2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be**

**attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.**

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?**      Annually

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	7%	2%
3.3 Date of birth	1%	0%
3.4 Race	4%	0%
3.5 Ethnicity	1%	1%
3.6 Gender	1%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	2%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	33%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	26%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



None	<input type="checkbox"/>
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**2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)**

Not applicable

## **2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count**

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/28/2016

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

HMIS is used to determine sheltered point in time counts since the HMIS data for the CoC's shelters, transitional housing, and safe haven provides a very complete listing of clients served on the point in time night. Interviews of all

sheltered homeless persons are also conducted in order to have another parallel process that obtains additional information for use in the community while also providing counts that can be checked against HMIS data to assure that the counts are complete and accurate.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

The PIT methodology in 2016 was generally consistent with the methodology used in 2015 except that more volunteers were available to staff additional interviewing stations. This allowed professional staff more time for outreach on the streets and in encampments.

**2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)**

Not applicable

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

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

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)**

The PIT methodology in 2016 was generally consistent with the methodology used in 2015 except that more volunteers were available to staff additional interviewing stations. This allowed professional staff more time for outreach on the streets and in encampments.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2016

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/02/2016

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)**

A public places count with interviews on the night of the count was conducted by experienced year-round outreach team members who are known to many of those individuals living on the streets. They used a survey that captured the HUD required street count data and additional data points for local use. Their knowledge of and rapport with the individuals living on the streets helps to assure that the data collected is accurate.

A public places count with interviews at a later date was conducted on the morning ending the count at a local program that serves breakfast on a walk-in basis. The employees of this program also have significant experience and relationships with those surveyed which assisted in getting the best data possible. Care was taken to ensure that no duplicate counts from the previous evening were taken.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)**

The PIT methodology in 2016 was generally consistent with the methodology used in 2015 except that more volunteers were available to staff additional interviewing stations. This allowed professional staff more time for outreach on the streets and in encampments.

**2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?** Yes

**2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)**

Not applicable



## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

The PIT methodology in 2016 was generally consistent with the methodology used in 2015 except that more volunteers were available to staff additional interviewing stations. This allowed professional staff more time for outreach on the streets and in encampments.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	953	1,043	90
Emergency Shelter Total	585	661	76
Safe Haven Total	25	24	-1
Transitional Housing Total	212	208	-4
Total Sheltered Count	822	893	71
Total Unsheltered Count	131	150	19

#### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	5,472
Emergency Shelter Total	5,327
Safe Haven Total	37
Transitional Housing Total	202

### 3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

**(limit 1000 characters)**

Decreasing homelessness requires multiple initiatives to address the combined effects of inadequate housing and the instability of at-risk households. Identified risk factors from HMIS, PIT and 211 data are used to develop the jurisdiction’s homeless prevention priorities for the 5-year consolidated plan. Long term strategies to prevent homelessness include developing public-private initiatives to increase the stock of affordable housing and promoting the use of evidence based interventions including discharge planning, intensive case management, access to mainstream resources and supportive services for disabled populations, legal assistance and safety planning for victims of abuse, landlord mediation and short term rental assistance. 211 Helpline provides the first line of diversion by annually connecting 25,000 inquirers with a housing crisis to general assistance safety net services. Households with veterans are screened for direct connection to SSVF homeless prevention assistance.

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

The CoC has implemented a number of strategies in the past year designed to reduce the length of time that individuals and families remain homeless. The introduction of a By-Name List protocol that emphasizes chronicity and vulnerability, coupled with the introduction of an evidenced-based assessment tool (VI-SPDAT) in use by ESG and CoC projects alike, has shortened the time it takes for the community to identify and assess those struggling with homelessness. Use of the HMIS as an integral part of the CoC's common access system has enhanced the tracking of individuals, allowing for faster placements and less likelihood of someone becoming chronically homeless. Case managers meet regularly throughout the month to assess new additions to the BNL and prioritize them on the list by focusing on the points of emphasis outlined in CPD-14-012 and CPD-16-11.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

**Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent**

**supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	449
Of the persons in the Universe above, how many of those exited to permanent destinations?	312
% Successful Exits	69.49%

**3A-4b. Exit To or Retention Of Permanent Housing:**  
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	336
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	296
% Successful Retentions/Exits	88.10%

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

PSH programs maintain a high rate of housing sustainability outcomes by monitoring recidivism rates and utilizing eviction prevention strategies implemented by shelters and CoC/ESG TH and PH service providers to increase and maintain the effectiveness of services supporting PH residents. Strategies include:

1. On-going assessment with on-site and community based wrap around services targeting chronically homeless, disabled veterans and residents with multiple barriers to housing sustainability are provided by VOA, MHAOK, Day Center, Salvation Army and Pathways case managers.
2. The Pathways integrated and coordinated intensive case management model provides standardized assessment, case management practices and outcome monitoring supporting long term homeless.
3. At the CoC level, continuing to monitor HMIS housing occupancy rates and sustainability rates quarterly for alignment with CoC outcome goals and bringing identified concerns to attention of the CoC.

**3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase**

**program participants' cash income from employment and non-employment non-cash sources.  
(limit 1000 characters)**

All presenting participants receive an assessment of eligibility for mainstream benefits. The CoC coordinated assessment and referral system is designed to identify barriers to income support and prioritize linkage to legal or specialized assistance. Agencies are required to have designated staff that can assist with applying for benefits and reaching one's economic potential. The SAMHSA Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant awarded to ODMHSA expands the CoC's capacity to link participants to income. The CABHI program utilizes Pathways, an intensive case management model of outreach and links to supportive services targeting chronic homeless and Veterans. Pathway teams have expanded to include 1 dedicated SOAR specialist and 2 Supported Employment Specialists. CSC, the CoC collaborative applicant oversees the Pathways programs. The Mental Health Association of Oklahoma is the Pathways case management agency and Supported Employment/SOAR provider.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.  
(limit 1000 characters)**

Agencies are required to have designated staff that can assist with applying for benefits and reaching one's economic potential. All presenting participants receive an assessment of eligibility for mainstream benefits and those that express a desire to increase income will receive information, referrals, transportation, application assistance and case management services to help them access mainstream employment services that can lead to employment, such as, Workforce OK, OK Dept. of Rehabilitation Services, HVRP and SSVF employment assistance, OK Dept. of Human Services (TANF), Goodwill/Tulsa Works, Transportation Connections WorkAdvance and the VA's Supported Employment Program and Homeless Supported Employment Program. 100% of projects report a relationship with one or more of the mainstream employment organizations.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

The CoC's common assessment and referral system is designed to capture the names of all those that present for services or are found to be living in places not meant for human habitation. An encampment task force comprised of representatives from local shelters and housing providers interfaces with local law enforcement and PACT teams to regularly scour the riverbeds, fields, parks and bridges in an effort to identify all those in need of housing, shelter or support services. The annual Point in Time survey is used to refine the existing by-name list and further inform the assessment of the homeless' needs and vulnerabilities. This year, an additional Registry Week campaign was conducted to ensure that no previously unknown encampments existed. Shelters and housing providers meet bi-weekly for case conferencing to review the BNL for

acuity and chronicity in an effort to ensure that everyone is monitored regardless of geographic area and no one is overlooked.

**3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?** No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)**

No

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)** 08/11/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)**

Not applicable

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.**

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	89	118	29
Sheltered Count of chronically homeless persons	53	60	7
Unsheltered Count of chronically homeless persons	36	58	22

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.  
 (limit 1000 characters)**

The increase in the number of chronically homeless sheltered persons as reported in the PIT count was largely attributable to the larger than usual contingent of volunteers available to assist with the interviews. The resulting increased staffing at several locations allowed for a much more efficient process and, in turn, increased the numbers of those agreeing to be interviewed. The increase in unsheltered counts was primarily due to the fact that more professional staff was freed up to visit encampments and street locations but also because the weather was somewhat milder. Plus, because chronically homeless persons tend to cycle in and out of shelters and unsheltered locations, the variance in the PIT count is often not statistically significant.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	183	188	5

**3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)**

The increase in the total number of PSH beds dedicated to CH from 2015 to 2016 was due to the community-wide planning effort to fill the needs identified in the 2015 PIT. This was a direct result of the implementation of the CoC's long range plan to increase the available CH units. The CoC invested substantial resources and effort in the past two years in the study of Collective Impact methodologies that fostered enhanced communication and triggered a recommitment by the CoC to increase housing capacity.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?** Yes

**3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly** Pages 3 & 9



**shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.**

**3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes**

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)**

To meet the goal of ending CH by the end of 2017, the CoC is utilizing the following strategies: 1) Leverage its community resources to take advantage of what the other non-CoC funded projects in the area can provide. 2) Increase participant access to mainstream benefits through expanded SOAR training opportunities. 3) Take advantage of CABHI grant projects, recently awarded to state and local cohorts, to enlarge the impact of our CoC projects and utilize the enhanced level of case management and supports made available through the SAMHSA Homes, Honor and Health initiative with its focus on veterans and chronically homeless families in an effort to foster higher housing retention rates for its participants. 4) Increase ESG grantee involvement and coordination of goals. 5) Emphasize the CoC shift to RRH and PSH by continuing to foster additional applications to increase those beds. 6) Develop additional capacity through our new Landlord Liaison initiative.

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

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)**

The CoC uses a No-Wrong Door approach to its common entry process with VI-SPDATs conducted shortly after intake. Households accessing emergency shelter are housed as quickly as possible with 54% exiting in less than a week. CoC funded programs currently provide 15 RRH units with another 23 units proposed under the FY2016 competition. An ESG funded project has a goal of serving another 60 households. The CoC will continue to prioritize ESG funding for RRH over prevention and shelter services. The CoC has implemented an initiative to expand the base of providers of affordable and fair market rental housing willing to dedicate units with relaxed screening criteria for people who have barriers preventing them from securing housing on their own. These strategies are already increasing the CoC's capacity to rapidly re-house families in the most expeditious manner possible.

**3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	15	15

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

**PIT Count of Homelessness Among Households With Children**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
--	--	------	------------

Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	71	84	13
Sheltered Count of homeless households with children:	69	78	9
Unsheltered Count of homeless households with children:	2	6	4

**3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

The number of sheltered and unsheltered households increased in the latest PIT survey, primarily because the involvement of more volunteers and organizations than ever before resulted in a more accurate count. This was despite housing efficiencies and improvements developed in CY2015, such as, improved access through 2-1-1 to safety net providers like ESG-funded prevention services at Restore Hope Ministries and SSVF prevention services, specialized services such as street outreach, Domestic Violence Intervention Services, public entities serving families and other targeted assistance for veteran households. Housing placements for households with children are prioritized by the Tulsa Housing Authority. A limited number of subsidized housing for at-risk families is available through privately funded programs. The CoC's planned expansion of ESG and CoC RRH with assessment to identify families for diversion or RRH options further streamlines access to housing.

**3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).**

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	233	338	105

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing**

**program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

The CoC has made a concerted effort to implement strategies to target homeless and at-risk youth. Youth Services of Tulsa (YST), an active member of the CoC board, is the primary provider of youth services for homeless youth in the Tulsa area. YST operates an emergency shelter to serve homeless youth ages 12-17 and a transitional living program to assist homeless young people prepare for independent adult living. YST's homeless outreach program engages homeless youth on the streets, at area schools and at its drop-in center. LGBTQ issues, aging out of foster care and mental illness all increase the risk for youth to become homeless. Collaboration between Mental Health Association (MHAOK) and YST supports housing for 18-24 year olds with 10 CoC funded PH apartments. MHAOK recently changed the target population of a CoC funded TH program to serve this population and, FY2015, YST was awarded a new bonus project to create 7 RRH units for youth from the streets.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.**

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,512,409.00	\$1,567,531.00	\$55,122.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$110,036.00	\$110,036.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,512,409.00	\$1,457,495.00	(\$54,914.00)

**3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	5
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	15

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)**

Area School District Homeless Liaisons are regular participants in the Homeless Services Network meetings and have designated representation at the CoC. Homeless Liaisons make presentations and provide training on McKinney-

Vento statutes to ensure that homeless students have access to services. The State Homeless Liaison has a seat on the Governor’s Interagency Council on Homelessness and CoC agencies are active participants in State and Local initiatives addressing chronic absenteeism, juvenile justice concerns and other risk factors associated with homeless youth. Youth Services of Tulsa (YST), an active member of the CoC board, is the primary provider of youth services for homeless youth in the Tulsa area. YST represents runaway homeless youth, LGBTQ and youth who may be struggling with mental health or other risk factors for homelessness impacting the youth connection to consistent educational opportunities.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)**

CoC Educational Policy states that 1) All CoC and ESG housing programs serving households with dependent children are required to have dedicated staff members whose responsibility it is to ensure that all children are enrolled in school and connected to appropriate services within the community; 2) The Housing program staff will notify families that children may attend any school of their choosing in coordination with school district/early education program policies; 3) Housing program staff will notify families of the ability of school districts to provide transportation services to keep the children in their school of origin and assist in coordinating this service for the children as appropriate. The CoC includes adherence to McKinney-Vento educational requirements for homeless children as a CoC Standard of Operation criterion in the annual Local CoC Application Renewal process. Housing program staff from emergency shelter and transitional living programs serving families keep in regular contact with Liaisons to ensure homeless students are identified and understand services and supports available. Outreach agencies assist in identifying homeless students on the streets who are not currently attending schools, assist students in accessing housing and shelters and serve as a liaison between the school and the shelter. School districts coordinate transportation services between districts for children in emergency shelters.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)**

The local DV shelter (Domestic Violence Intervention Services) has MOUs with Tulsa Public Schools which provided pre-Kindergarten education services. Formal arrangements are also in place between DVIS and the Parent Child Center, the Tulsa Child Protection Coalition and the Child Abuse Network for a variety of services. Informally, DVIS has partnerships with local preschools and daycares to provide care for young children living in its shelter and transitional

living facility while the parents are working. Additionally, the Tulsa County Social Services shelter has an MOU with the Parent Child Center to reduce child abuse and neglect and with Tulsa Public Schools for after-school tutorial programs.



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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	125	108	-17
Sheltered count of homeless veterans:	106	88	-18
Unsheltered count of homeless veterans:	19	20	1

**3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

Not applicable since the number of homeless veterans decreased year-on-year. This is largely due to the major effort by the CoC during the past year to outreach people who were homeless but were not receiving services (those who were staying at encampments and other outside areas) to get them into shelters and connect them with the services they need. This aggressive outreach program was conducted as part of the effort to build, refine and use our veteran By-Name List is partly responsible for the improvement.

**3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to**

**appropriate resources such as HUD-VASH and SSVF.  
(limit 1000 characters)**

A CoC task force, led by VAMC and SSVF staff, meets regularly to devise strategies to increase the level of outreach to veterans. As a result, several events were held at local shelters and soup kitchens to conduct VI-SPDAT assessments to identify homeless veterans. Assessment interviews were also added to the annual VA Homeless Veteran Stand Down event, during which 155 vets identified themselves as homeless and got registered for supports and follow-up by the VA and the Barracks for Vets program. 211 screens all calls as to veteran status for SSVF follow up. VA HUD-VASH recently joined the HMIS database and shares information needed to identify vulnerable veterans. The VA and the SSVF grantee are main contributors to the By-Name List for the Zero:2016 campaign that prioritizes veterans. VAMC has a Homeless Veteran Supportive Employment Program. HUD-VASH annually provides 241 vouchers connected to case management. SSVF Navigators annually link 355 veteran households with assistance.

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	120	108	-10.00%
Unsheltered Count of homeless veterans:	4	20	400.00%

**3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.** Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?  
(limit 1000 characters)**

Under the Zero:2016 campaign, the CoC has housed 298 veterans in 2015 and another 135 in 2016. Technical assistance from Community Solutions was utilized in November 2015 in which best practices for the creation, refinement and use of a BNL was explored. Transitioning from the Zero:2016 tracking protocols to the use of a By-Name List was already underway internally within the CoC but technical assistance on the process for applying for USICH

validation was needed. The recent addition of the VAMC to the HMIS user group enhanced the exchange of information about veterans' needs and available community resources to meet them. A newly staffed full-time position is helping the CoC identify gaps in our housing capacity and develop the relationships with landlords and property managers necessary to remedy any shortages and to create new housing opportunities for both the prospective tenant and the lessor.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)**

Because Oklahoma is not a Medicare expansion state, it has had to rely on community resources to extend the option of health insurance coverage to its citizens. Locally, the Collaborative Applicant's Certified 2-1-1 Navigators joined their Tulsa partners in the OKPCA Navigator Consortium, the Tulsa City/County Health Dept., Legal Aid, Morton Comprehensive Health Services and the OK Primary Care Association which is lead agency for the state, in outreach efforts to promote available healthcare options to eligible participants. The CoC recently helped facilitate SOAR training for its members through a technical

assistance cohort. In one example of the results of that training, a participant that presented with co-morbidity disabilities that had been unable to enroll for benefits beyond Medicare Part A after six attempts with DHS, was helped by a housing provider's case manager to become dual-qualified for Medicare Parts B and D and Medicaid within 6 months.

**4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?**

<b>Educational materials:</b>	<input checked="" type="checkbox"/>
<b>In-Person Trainings:</b>	<input checked="" type="checkbox"/>
<b>Transportation to medical appointments:</b>	<input checked="" type="checkbox"/>
Community-wide health fairs	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Not Applicable or None:</b>	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	15
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	15
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	15
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	15
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	15	15

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?**

**(limit 1000 characters)**

Not applicable

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons**

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>



Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Zero:2016 action camps	06/17/2016	5

## 4C. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of the C...	08/31/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	RFP	08/30/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and...	08/31/2016
05. CoCs Process for Reallocating	Yes	Reallocation process	08/30/2016
06. CoC's Governance Charter	Yes	CoC's Governance ...	08/30/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/07/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin plan	08/30/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	08/30/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-system Perfor...	08/31/2016
14. Other	No	Evidence of publi...	08/31/2016
15. Other	No	Meeting minutes a...	09/09/2016