

## 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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

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

**1A-1. CoC Name and Number:** OK-500 - North Central Oklahoma CoC

**1A-2. Collaborative Applicant Name:** Northern Oklahoma Youth Services & Shelter Inc.

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

**1A-4. HMIS Lead:** United Way of Ponca City

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	No	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

OKDHS- EMS,FSS,DRS,SBS	Yes	Yes
Legal Aid Services of OK	Yes	Yes
Community Service Council, Veterans SS-,SSVF,VASH	Yes	Yes

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

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

NCOCoc Board and members has solicited new partners from category 1B-1. by sharing the NCOCoc Vision:Every person will have a place to call home that is safe, affordable, and accessible. OKDHS Kay & Noble Co. attends as a CoC Voting members from the Dep. Emergency Management Specialist, Youth & Family Support Services, and School based Services. Additionally, the Legal Aid Services of OK, voting member recently served on the Rating and Ranking Committee with a Faith Based Service provider as a CoC voting member that serves daily meals, provides bicycles for individuals lacking transportation and supportive services to youth and families in Kay Co. With continued efforts NCOCoc will focus on maintaining and structuring partnerships with additional providers sharing the same vision. We are currently advancing already established relationships with Tribal Service Providers, Law Enforcement, and Probation; all providers that we receive referrals from, to partner as a CoC voting members

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

NCOCoc team members are encouraged to invite all service providers that have collaborated referrals for housing or shelter services to individuals and families experiencing homelessness to an NCOCoc Agency to attend and consider membership as a CoC partner. Through monthly meetings we set a platform for stakeholders, services providers and homeless community to collaborate and develop direct service connections. Examples: NOYS attends Kay County Systems of Care community team meetings. The Kay Co. SoC mission and vision encompasses helping families find hope. Team members include Community Mental Health Professionals, Addiction Counselors, OKDHS, Youth & Family Support Service providers, Youth Direct Care projects, CASA, Office of Juvenile Affairs, OSU Prevention, local school counselors. The SOC team members have been invited to attend the NCOCoc meetings by the NOYS Shelter & Housing Coordinator representing the CoC while sharing information for services to the Kay Co. SoC members.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must**

**include the date(s) the CoC made publicly knowing they were open to proposals.  
(limit 1000 characters)**

All NCOCOC Meetings publicly posted and posted on the Northern Oklahoma Youth Services website, [www.noysok.org/services/continuum-of-care/](http://www.noysok.org/services/continuum-of-care/). An email is sent to all members and all agencies that have attended a CoC meeting throughout the years to potential applicants occurs with the meeting agenda attached announcing opening of competition, funding availability, the NOFA links for project requirements. The availability of funds is fully discussed at continuum meetings and on the NOYS Website in accordance with HUD requirements and in the spirit of open communication are welcome to apply for the CoC Program Funding.

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

**Instructions:**

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The NCOCoC collaborates all planning and allocation of CoC and ESG funding providers. The CoC assists ODOC in coordination of the ESG recipients in maintaining all performance standards.1. The CoC follows the written standards

in consulting CoC and private programs within the same geographic area. The CoC provides notice of funding availability, project planning, R&R and program recommendations to ODOC for the ESG awards.2. The CoC participates in accurate reporting through HMIS and the PIT. This allows the CoC to provide all data collected for the HIC and SPM for evaluation of the CoC's Consolidated Plan. It is important to the COC to identify any areas of overlapping services by following the coordinated assessment and entry process. 3. The CoC helps to inform all federal resources provided by HUD throughout the year both by email and monthly meetings. This information includes all local sources for outreach, shelter updates, and all forms of homeless prevention and housing needs.

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

NCOCoc has 3 Domestic Violence service providers that provide specific services to individuals and families fleeing an abusive home. Additionally, 1 DV CoC provider has an Emergency Shelter and receives CoC PSH-RRH and ESG funding. This agency does provide outreach services, education to community members and works with the surrounding Tribal DV programs to address the unique needs and care for their applicants. If an individual is homeless as a result of ending an abusive relationship they may enter a CoC shelter. These providers have trained Licensed Counselors that provide Trauma Focused Care or provide a referral to participant to a local Mental Health provider in partnership to coordinate care. With proper case management, safety planning, mental health care, and financial resources in the form of rental assistance, victims can leave the abusive home and move directly into safe permanent housing. All CoC providers prioritize safety and confidentiality for all program participants.

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

The Coordinated Entry Brief explains; HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. NCOCoc provides notification for all training opportunities to CoC providers and local providers. The CoC DV providers have provided assistance and training for addressing needs of participants in relation to DV, Trauma focused care and Effects of DV for youth and children. DV providers have provided all data requested for the PIT, HIC, SPM and APR's to the CoC. Special consideration is provided to victims and survivors through coordinated assessment, which allows for nondisclosure of identifying information and other special

protections. The CoC addresses safety planning for all participants through the coordinated assessment prior to entry.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Ponca City		No
Housing Authority of Stillwater		No
Housing Authority of Osage County		No
Housing Authority of the City of Bristow		No
Housing Authority of Oilton		No

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

NCOCoc has provided information to all Local Public Housing Agencies and Housing Providers for low income individuals and families, on the importance of addressing homeless admission preferences. The CoC invites all PHA to attend or participate in monthly CoC meetings, planning committees and ongoing homeless training events. The CoC has visited with PHA and provided local data on homeless with in our community with efforts of collaboration on any level.

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

NCOCoc provided all members with the Equal Access Gender Identity Rules Policy in Dec. 2016. CoC members were able to review the Policy prior to the Jan. 2017 CoC meeting. All Webinars provided by HUD for training and information on the requirements of the finial rule and methodology for services

providers to implement an Equal Access Gender Identity Policy. The CoC had an open discuss of the Notice on Equal Access regardless of Gender Identity, Sexual Orientation, or Marital Status. The Policy on Equal Access in Accordance With Gender Identity in Programs and Shelters Funded under HUD Community Planning and Development Programs was adopted on 01/05/17 by the NCOCOC. All HUD funded programs are required to comply with this policy. COC will provide training for all service providers as needed, annually for all CoC members. Several NCOCOC Providers provide services and support groups for LGBTQ clients and already established Equal Access Gender Identity Policy

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

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

**When "No Strategies have been implemented" is selected no other checkbox may be selected.**

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

### Instructions:

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

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

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

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

Not Applicable

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

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

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

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

### Instructions

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

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

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

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

### 1E-2. Severity of Needs and Vulnerabilities

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

The CoC utilize score sheets that review the projects performance, descriptions of services provided to the population served. In this description the CoC applicant identifies the severity of needs and vulnerabilities experienced by the clients they serve and how the project addresses these specific needs including housing services. NC OK DV program identified factors through assessment and case management services. One example severity of needs was explain; Victims of domestic violence are at heightened risk of homelessness because for most victims, it is impossible for them to safely save money or resources in preparation for leaving the abusive home. Actions taken address the victim's needs; case management plans will be based on client's specific needs such as employment, health care, social connections, mental health, education, substance abuse recovery. The R&R members had measurable outcomes when evaluating this projects ability to address the severity of each client's

needs

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

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

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

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

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

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

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

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

**Reallocation: Option 1**

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

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 09/14/2017

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

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 09/14/2017

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

## Reallocation Supporting Documentation

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

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Notice of Funding...	09/22/2017

## Attachment Details

**Document Description:** Notice of Funding Availability for the 2017 Continuum of Care Program Competition All applications

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

### Intructions:

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

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

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

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

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

**2A-3. What is the name of the HMIS software vendor?** Bowman Systems LLC/A Mediware Company

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

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

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	140	62	34	43.59%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	73	30	43	100.00%
Rapid Re-Housing (RRH) beds	54	34	20	100.00%
Permanent Supportive Housing (PSH) beds	18	0	18	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.  
(limit 1000 characters)**

Emergency Shelter Beds: One faith-based project does not wish to enter client data into HMIS. This Shelter program uses Charity Tracker throughout their community. They do not receiving CoC or ESG funding. These ES beds are 100% Emergency Shelter beds, meaning all homeless individuals are required to enter and exit daily. The CoC has presented several advantages they would benefit from with data collect, reporting and tracking generational homeless connections. Despite the advantages, this ES program is not willing to change systems. This will continue to reflect a lower amount of bed coverage percentages. However, NCOCOC has increased the ES bed percentage by 3.01% over the last year. The PSH bed percentage increased to 100% over last year's 80%. We will continue to offer technical assistance and training's to strive for continuing increases in our ES bed percentages while maintaining 100% coverage with all other COC projects.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 12

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/01/2017

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

### Instructions:

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

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

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/01/2017

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

**Instructions:**

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

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

ES increase from last year: YWCA did not participate in the 2016 HIC/PIT counts (17 people in 2017) with the oil bust happening in Oklahoma there has been an increase in shelter clients starting in late 2016. TH increased, The 2016 CoC TH count 23 + the 2017 YWCA count of 28 = 51 people. DV providers within the CoC encouraged YWCA to participate in the 2017 HIC/PIT. Changes and Closed Shelter Programs: CDSA, This facility closed for renovations 1/20/2016 through 7/15/2016. The total beds changed from 2 to 3 beds. An additional bed was added to the children's room. Mission of Hope Veteran Family Unit: The Veteran PSH funds were reduced. The Mission of Hope-Veteran Family @ Cowboy Town closed on 11/30/2016 due to reduced funding. This was 1 Family unit with 3 beds. YFSNCO: 3 rental units were closed when the landlord sold the property. The agency is working on a duplex rental agreement. YWCA: Flipped their ES (old 30 beds - new 24 beds) and Halfway house (old 24 beds - new 30 beds)

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

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

Beds Added:	7
Beds Removed:	12
Total:	-5

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?** Yes

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

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

Change in participation of programs serving subpopulations (e.g., veterans, youth) - Change in awareness of PIT count and relevant resources. Change in Change in economic conditions (employment rate, etc.) Economic: the oil bust which started happening at the end of 2016 brought more families into our shelters for the first time as their homes were forfeited due to job loss in the oil field. This has changed in the last few months as more oil field jobs are becoming available in Oklahoma and Texas.

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

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

There are 36 schools within the CoC area. Using their definition of Homeless not the CoC's. These schools reported having 767 homeless students. Most school districts within the CoC have over half of their student population qualifying for free/reduced lunches. A majority of school districts within the CoC are 100% free lunches because of the poverty levels in their area. All Youth Services programs were strongly urged to diligently participate in the PIT to establish a baseline population for the Homeless youth Count and the Youth

and Family Count stands within the 8 county areas.

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

SSVF program expanding coverage area to include Garfield County has helped reduce the number of veterans. Making more providers of the PIT/HIC and how we all benefit for those who do receive funding within our CoC has helped improve participation in 2017. During the 2017 PIT count there were 0 Veterans counted as homeless for the NCOCoc (OK-500) which has 13 beds for PSH, CH Vets.

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

### **Instructions**

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

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

**(limit 1000 characters)**

The NCOCOC has a reduced the number of first time homeless individuals entering ES, SH, and TH projects since 2015 by 40 individuals in comparison to 2016. The CoC utilizes the Coordinated Entry information from all individuals requesting services. This information includes the cause or reason of the current homeless episode. Addressing the onset factors and prevention services have contributed to this reduction, including the decrease in individuals returning to homelessness. Collaboration with providers to meet the individuals and family's needs prior to eviction have improved throughout the CoC. The Lead Agency and CoC members are responsible for ongoing over site in the reduction of first time homeless services and prevention

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

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

**(limit 1000 characters)**

The average length of time persons remain homeless has decreased from 2015 with an average bed night of 31 to 26 in 2016. Overall decrease of 52 persons reported in 2015 with 617 compared to 565 in 2016. The implementation of Coordinate Entry and collaboration with local providers and ESG programs. Prioritization for individuals and families experiencing homelessness for longer amounts of time, increasing PH projects and timely services for these individuals can be credited for the reduction in length of time persons in NCOCOC areas. The Lead Agency and CoC members are responsible for

ongoing over site in the timely coordination of services in continued reduction of length of time individuals and families experience homelessness.

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

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

The percentage of exits to PH decreased by 2% over the prior year’s total. The CoC’s strategy to increase the rate of individuals and families that move to PH or retain PH at exit will be addressed through ongoing monitoring and follow through case management services for individuals entering into PH. It is very important to address the individuals’ homeless services. Many factors can change within the household, when providers follow through with resources available to the households if a crisis has disrupted the PH destination the household may need referrals for employment, transportation or health care. The retention of PH is a high priority for the CoC. The Lead Agency and CoC providers are responsible for ongoing over site of PH needs in maintain housing.

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

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

NCOCOC experienced a total of 19% of individuals and families returning to homelessness. With the implementation of CE process we can identify the needs and services required to assist participants in stabilization of housing. The CoC has noted a higher level of severity for Chronically Homeless individuals and families. Generational homelessness has been an identified in several of these households. The CoC will continue to utilize the supportive services that address breaking this cycle. Bridges out of poverty and the Getting ahead programs have had successful outcomes. The NCOCOC has providers that provide training and TA for all service providers. Throughout the next year the COC will continue to monitor these needs, barriers and address the outcomes of implementation after using the tools provided through these programs. The Lead Agency and CoC providers are responsible for ongoing over site and training for the reduction of individuals and families returning to homelessness.

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

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC**

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

NCOCOC has implemented coordination with mainstream service partners such as DHS and OK Works, local food bank, the Health Department, public transit, and childcare providers to assist the participant to increase access to employment and address any barriers to maintain self-sustainability in PH. The CoC program funded projects have implemented these services and have also addressed transportation for the program participants. The CoC continually works to develop strategies to assist all CoC providers increase the ability to provide resources and training to educate participants increase income, which will also improve the CoC system performance measures. The Lead Agency oversees these strategies and continues to foster new relationships with employment organizations and mainstream benefit providers to increase access across all populations.

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

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)**

Not Applicable, no areas were excluded.

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)** 06/02/2017

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

### Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	6	5	-1

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

Total number of beds dedicated as Dedicated Plus	54
Total number of beds dedicated to individuals and families experiencing chronic homelessness	13
<b>Total</b>	<b>67</b>

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

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

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

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

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

The NCOCoc strategy to strive for all families with children to be RRH within 30 days of becoming homeless begins with educating all service providers including CoC providers on timely services. The CE Assessment must be completed within the first 7 days to meet the timeframe. If the participant is not given the contact information for a CoC housing project, the ESG programs have the ability to provide services as well. RRH of FWC within 30 days is a CoC wide agreeance policy for CE to effectively locate housing for the FWC participants. NCOCoc has 4 ESG project providers and 1 CoC PSH-RRH funded program. The prioritization of RRH for FWC has been supported within the CoC during the reunification process if OKDHS is involved with the family. Each provider is responsible to collaborate with additional services to meet the needs for these families.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	33	54	21

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

The Policy on Equal Access in Accordance With Gender Identity in Programs and Shelters Funded under HUD Community Planning and Development Programs was adopted on 01/05/17 by the NCOCoc. The CoC provided information and training to all providers on policies of standards with clear expectations that all providers adhere to policies related to nondiscrimination by not denying admission or separating household members based on age, sex,

gender, LGBT status, marital or familial status, and disability. All State and Federal funded programs, including ES, TH, PSH & RRH within the CoC are required to comply with this policy & not deny admission to or separate family members when they enter shelter or housing, including serving all family members together & in accordance with each family member's self-reported gender.

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

Human trafficking and other forms of exploitation?	Yes
LGBT 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

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

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

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

Youth service providers have taken a proactive approach in securing additional funds, through local, state, and federal sources. Strategies include applying for repurposed funds such as Runaway and Homeless Youth Funds or Independent Living Funds, state funds, and local sources such as United Way and private foundations. One CoC youth provider applied for outreach and day service funds within the last year. The CoC has 3 emergency youth shelters and 2 transitional housing programs for youth leaving shelter into Independent Living apartments. These programs have positive outcomes during the early

stages. Consistent Case Management, support services including budgeting, life skills and firm expectations for the participants under the agreements have contributed to the outcomes. Youth advisory councils have been implemented within several agencies to further engage homeless youth and garner input on the best methods of preventing and ending youth homelessness locally.

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

The North Central CoC collaborates with the McKinney-Vento local educational authorities and school districts through service referrals, youth shelter resident enrollments, school board meetings, Chamber Education Committees, Community wrap around services for homeless youth and community programs. By establishing a strong foundation through our CoC partners in relation to the local educational coordinators we are able to provide input, resources and assistance to families that are homeless, staying with friends or family members (couch surfing) or staying in emergency shelters. We plan to continue our existing collaborations while exploring ways to build our CoC with new educational partners. Additionally, we want to ensure that all homeless children receive public education by providing the parents and guardians with this knowledge, giving them peace of mind, while they are experiencing the current homeless event.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3	No	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
Living Hope Pregnancy Center	No	Yes
Family Resource State Home Visiting Program	No	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive**

**Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).  
(limit 1000 characters)**

The NCOCOC has taken proactive actions that have improved the number of homeless Veterans within our CoC geographical area. We have partnered with qualified Veteran providers to ensure the eligible Veterans for services by identified, assessed and referrals. One successful partnership includes the BRRX4VETS program, SSVF and Tribal Services for Housing for Veterans. The Mission of Hope (MOH) Permanent Housing for Veterans (MOH-PHV) project through Stillwater Housing Development Corporation. The program is designed to help the Chronic Homeless Veteran population, including the disabled, to secure permanent housing. Supportive services will be provided, which include: case management, life skills, employment readiness, mental health referrals, transportation to medical appointments, personal budgeting, and community links with other veterans.

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

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

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

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

**Instructions:**

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

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

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

**4A-1a. Mainstream Benefits**

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

The CoC program funded projects have demonstrated utilization of public and private funding resources by providing direct connections to participants. Through needs assessments, providers are able to coordinate assistance with applications to OKDHS for Food Stamps (SNAPS), TANF, Child care assistance, continued education, mental health, disability services, substance abuse, transportation and housing. The CoC keeps all updates available through regular meetings and notifications via email for all providers as services and resources are updated or established within the CoC area. By attending partnership meetings with local providers gathering new program information, then sharing this information with the CoC within a timely manner which benefits our participants and eases funding used for supportive services by CoC providers. This distribution is provided by all CoC members as well as the Lead

Agency.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	5.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	5.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	5.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	5.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

The NCOCOC does not have a traditional "Street Outreach" program or provider. The CoC does have 1 Youth provider that was awarded Runaway and Homeless Youth Funds which does involve an expectation of Street Outreach services. While all CoC providers are expected to provide services and referrals to all homeless individuals and families, there are often times few to no available emergency shelter beds for undesignated populations. Many shelters have established programs for the population served program funding for example youth services will generally be limited to youth under the age of 18years old. One way to address this gap in services is to establish Street Outreach programs that will provide services to homeless individuals in need.

**4A-5. Affirmative Outreach**  
**Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**  
**Describe: (1) the specific strategies that have been implemented that**

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

The mission of the NCOCoC; to form a seamless system of services and resources that will insure housing and community support for homeless individuals and families throughout its 8 County area. All CoC providers are responsible that all housing and supportive services will be available to all persons presenting as homeless, prohibiting discrimination of any type. The CoC has met with a variety of providers to market and educate on the services available throughout the CoC, including providers of special subpopulations least likely to seek service in absence of special outreach. All CoC providers are well educated in fair housing activities. Providers are informed of & encouraged to attend fair housing/outreach training. Through collaboration a lists of resources is available to assist with communication to persons with disabilities available in several formats and languages to ensure access to all populations, including those with limited English proficiency.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	33	54	21

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

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