# Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

# 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

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

**1A-4. HMIS Lead:** City of Oklahoma City

# 1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| 1B-1. | Accountable Structure and Participation. | |
|---|---|---|

| | In the chart below for the period from June 1, 2025 to May 31, 2026: |
|---|---|
| 1. | select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and |
| 2. | enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column. |

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

| | Entity | Participated in CoC Meetings | Number of Board Members |
|---|---|---|---|
| 1. | Affordable Housing Developer(s) | Yes | 2 |
| 2. | CDBG/HOME/ESG Entitlement Jurisdiction(s) | Yes | 1 |
| 3. | Certified Community Behavioral Health Clinic (CCBHC) | Yes | |
| 4. | Community Mental Health Center (CMHC) | Nonexistent | |
| 5. | Disability Advocate(s) | Yes | 1 |
| 6. | Disability Service Organization(s) | Yes | 2 |
| 7. | Emergency Medical Services (EMS)/Crisis Response Team(s) | Yes | |
| 8. | Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center) | Yes | |
| 9. | Faith-based Organzation(s) | Yes | 2 |
| 10. | Homeless or Formerly Homeless Person(s) | Yes | 2 |
| 11. | Hospital(s) | Yes | 1 |
| 12. | Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless) | Yes | 1 |
| 13. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | No | |
| 14. | Law Enforcement | Yes | |
| 15. | Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court) | Yes | 1 |
| 16. | Local Government Staff/Official(s) | Yes | 1 |

| | | | |
|---|---|---|---|
| 17. | State Government Staff/Official(s) | Yes | 3 |
| 18. | State or Local Elected Public Official(s) | No | |
| 19. | Local Jail(s) | No | |
| 20. | Mental Health Service Organization(s) | Yes | 1 |
| 21. | Mental Illness Advocate(s) | Yes | |
| 22. | Organization(s) led by and serving people with disabilities | No | |
| 23. | Other homeless subpopulation advocate(s) | Yes | 2 |
| 24. | Other nonprofit homeless assistance provider(s) | Yes | 3 |
| 25. | Other social service provider(s) | Yes | |
| 26. | Public Housing Agencies | Yes | 2 |
| 27. | Recovery Housing or Sober Living Provider(s) | Yes | 2 |
| 28. | School Administrators/Homeless Liaison(s) | Yes | |
| 29. | School District(s) | Yes | |
| 30. | Street Outreach Team(s) | Yes | |
| 31. | Substance Abuse Advocate(s) | Yes | |
| 32. | Substance Abuse Service Organization(s) | Yes | |
| 33. | Universities | No | |
| 34. | Veteran Serving Organization(s) | Yes | |
| 35. | Agencies Serving Survivors of Human Trafficking | No | |
| 36. | Victim Service Provider(s) | Yes | |
| 37. | Domestic Violence Advocate(s) | Yes | |
| 38. | Other Victim Service Organization(s) | Yes | |
| 39. | State Domestic Violence Coalition | Nonexistent | |
| 40. | State Sexual Assault Coalition | Nonexistent | |
| 41. | Youth Advocate(s) | Yes | 1 |
| 42. | Youth Homeless Organization(s) | Yes | |
| 43. | Youth Service Provider(s) | Yes | |
| 44. | Other Homeless Assistance Provider(s) | Yes | |
| 45. | Local Business or Chamber of Commerce or a Member of a Business Improvement District | Yes | 5 |
| | Other: (limit 50 characters) | | |
| 46. | Philanthropic Representative | Yes | 1 |
| 47. | | | |

| | | |
|---|---|---|
| 1B-2. | Open Invitation for New Members. | |

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The OKC CoC maintains an open and transparent process for organizations to join the CoC. An ongoing invitation to become a CoC partner is publicly available on the CoC website under the “Partners” tab. Organizations interested in becoming a CoC partner may complete an online form providing information about their organization, including the services they provide and their capacity to serve individuals and families experiencing or at risk of homelessness. Information submitted through the partnership process is received by the CoC’s Public Information Officer and then connected to appropriate workgroups and/or broader CoC meetings. The CoC also actively seeks new partners through individual community meetings and one-on-one discussions with organizations that may provide services or resources that are needed such as expanded workforce development and victim services providers.
The opportunity to participate is communicated through ongoing community engagement and is available to organizations throughout the CoC geographic area. The CoC will continue to publicly communicate the opportunity for new organizations to participate and will continue targeted outreach to identify and engage organizations and community stakeholders whose participation can strengthen the CoC’s ability to address local homelessness.

| 1B-3. | CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness. | |
|---|---|---|

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

Over the past two years, the OKC CoC has developed a comprehensive strategy to address homelessness differently. Planning sessions were open to the public and advertised through news and social media. Input from participants was considered in developing the strategy and incorporated where appropriate. Homeless service organizations, behavioral health organizations, youth-serving organizations, other community partners, and people with lived experience participated in planning and implementation workgroups.
The CoC maintains an ongoing process for soliciting and considering community input regarding CoC performance, strategies, and priorities. CoC Board meetings are in-person and open to the public, and publicly noticed through the City Clerk's office, and the CoC website. Meeting agendas are posted in advance and minutes are posted following meetings. At each CoC Board meeting system performance data, including Coordinated Entry performance, exits to permanent housing, and returns to homelessness is reviewed. Performance outcomes are publicly available on the CoC website and regularly updated, allowing the Board and community to review outcomes and provide input on strategies and priorities. As a part of our annual planning process, the Board reviews system modeling data, performance data and information about system gaps and inefficiencies collected through the 17 workgroups. This information is reviewed alongside available funding and allowable programming to help determine how programming and priorities can make the biggest impact over the coming year. As the Board creates these priorities over several meetings, they share them with CEO Roundtable and the City's elected officials through the Board's elected delegates to collect additional stakeholder feedback. Once feedback is provided and the Board adopts the strategy and priorities for the upcoming year, those priorities are shared with the community at our public State of Homelessness Address (SOHA) that reviews PIT data and upcoming strategy. Throughout implementation, the Lead Agency continues to engage workgroups and partners to assess implementation, identify challenges, and adjust as appropriate, creating a continuous feedback loop for planning, priority setting, and system improvement. In addition to the opportunities listed, we have an annual process to create a Consolidated Plan that solicits feedback in public forums for funding sources to include CoC, HOME, ESG, HOPWA and CDBG.

| | | |
|---|---|---|
| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Key to Home publicizes the CoC Program NOFO and application process through multiple channels to ensure organizations that have not previously received CoC Program funding, including faith-based and other community-based organizations, have full opportunity to apply. Notification occurs through the CoC's public website, direct email distribution to the full CoC membership list, presentation at a CoC general meeting, and targeted outreach conducted by our Manager of Faith and Community Partnerships, who maintains ongoing relationships with faith-based and grassroots organizations that may not otherwise engage with the CoC's formal processes.

All notifications include the application timeline, eligibility requirements, technical assistance contact information, and an invitation to attend a mandatory pre-application technical assistance session, which is open to any organization regardless of prior CoC Program funding history. Technical assistance is offered on a rolling basis to help new applicants understand HUD eligibility requirements, HMIS participation obligations, and budget development, reducing barriers for organizations unfamiliar with the CoC Program.

This strengthened outreach produced measurable results this year: due to expanded stakeholder engagement and public notification efforts, Key to Home received applications from two organizations, Catholic Charities of the Archdiocese of Oklahoma City and YWCA Oklahoma City, that were not funded in the previous grant cycle. Both organizations were required to submit through the same competitive local review process as all other applicants, evaluated against the CoC's published rating and ranking criteria with no preference given based on funding history.

Key to Home will continue this outreach approach in future funding cycles, including expanded faith-based engagement, to ensure the CoC's project inventory reflects the full range of organizations capable of serving people experiencing homelessness in Oklahoma City.

| 1B-5 | Plan for Comprehensive Strategies for Reducing Homelessness. |
|---|---|

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Using Stella P system modeling, the CoC identified a gap in permanent housing capacity. Annual inflow is 5,400 people, and modeling indicates roughly a third of that inflow, or 1,800 beds, outside veteran-dedicated inventory, should resolve to permanent housing. The CoC currently has just under 1,200 non-veteran permanent housing beds, a significant shortfall against modeled need. This gap is reflected in performance data: in the most recent PIT Count, the chronically homeless population increased 2% even as total and unsheltered counts declined, creating a bottleneck that slows system-wide flow and reduces overall efficiency.
To address this gap, the CoC prioritized high-performing PSH projects in the CoC competition rather than reallocating to other uses. This strategy targets the chronic subpopulation specifically, which overlaps all subpopulations. Tier 1 ranking also includes PH projects dedicated to youth, families and recovery housing. Beyond CoC funds, $55 million in City MAPS funding is committed for construction of 500 PSH units over the next eight years, and $44 million for the Restoration Center, a mental health crisis facility with substance use and detox treatment services and attached Transitional Housing for people exiting crisis care without housing. We're also pursuing philanthropic funding to expand RRH capacity by 130 beds, which carries stronger private donor appeal than PSH given its time-limited funding model. Several new TH projects were added this cycle to strengthen the pathway to self-suffiency and permanent housing.
Small efficiency gains can be achieved through reduced length of time to housing placement, increased permanent exits without subsidy, and increased participant income. When appropriate, focused efforts on step down for housing-stable clients can increase PSH turnover, allowing the system to serve more people within the same bed capacity. To achieve this, the CoC will review performance with providers quarterly and target a 10% increase in people served through PSH by the end of year one, approximately 54 additional people. City and private funds have launched a diversion project, intended to intervene at the front door of shelter. Responding quickly will reduce pressure on shelters, save beds and resources for the most vulnerable and prevent people from aging into chronicity while engaged in services. The Performance Manager is responsible for driving efficiency gains and overseeing performance monitoring.

| 1B-5a | Confirmation of Plan Coverage. |
|---|---|

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

| | |
|---|---|
| 1. Identifies the gap, using data or stakeholder feedback | Yes |
| 2. The strategy to address the needs of all relevant subpopulations | Yes |
| 3. Sets quantifiable performance measures | Yes |
| 4. Identifies timelines for the completion of specific tasks | Yes |
| 5. Identifies specific funding sources for planned activities | Yes |
| 6. An individual or body responsible for overseeing implementation of specific strategies | Yes |

# 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

| | | |
|---|---|---|
| 1C-1. | **Treatment and Recovery Services—On-site Substance Use Treatment Availability.** | |
| | **You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.** | |
| | **What percent of your TH/RRH/PSH projects have substance use treatment available on site?** | 5% |

## If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The Oklahoma City CoC is not a rural Continuum.

## 1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Key to Home coordinates 50+ partner organizations so people experiencing homelessness can reach outpatient behavioral health care that fits their needs. Leading Coordinated Entry and case conferencing allow us make warm hand-offs to treatment with participant consent.
Levels of care: CCBHCs assess people and refer to the appropriate level of care, including medication management with Assertive Community Treatment (ACT). The CARE Team provides intensive support coordination for unsheltered people with the highest needs.
Substance Use Disorder: The Recovery Center (TRC) provides substance use treatment and detox. After detox is completed, TRC works with client to identify an appropriate next step such as a 30 day iMobile Integrated Health, our 911 alternative response team, connects people to care in the field.
Psychosocial interventions: Partners deliver evidence-based, trauma-informed care, including cognitive behavioral therapy and motivational interviewing, on-site at Homeless Alliance, Sisu, and Pivot or through community-based behavioral health services.
Medication management: Mobile Integrated Health administers psychiatric medications (such as olanzapine/Zyprexa) and medications for opioid use disorder (buprenorphine products such as Suboxone, Brixadi, and Sublocade). Case managers link participants to longer-term care at Red Rock, NorthCare, or Hope and help them keep appointments and obtain refills as they move between programs. Participants can also go directly to these CCBHCs for the same medications and treatment.
Suicide prevention: Partner clinicians widely use the Columbia Suicide Severity Rating Scale (C-SSRS) and safety planning, and CoC frontline staff are trained to use C-SSRS to make appropriate referrals. Participants are linked to 988 and mobile crisis services when risk is identified.
Recovery supports: Participants can access peer recovery specialists through street outreach and all CCBHCs, recovery groups at faith partners and AA/NA meetings, and sober living, with case management focused on employment and stable housing. The CARE Team, launched in May 2026, engages high-acuity people living unsheltered with Serious Mental Illness and/or Substance Use Disorder and connects them to treatment and housing pathways.
Partnership roles are documented through MOUs and reviewed annually in CoC meetings

## 1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Key to Home partner organizations provide peer services, including Mental Health Association, OCARTA, Hope, Red Rock, NorthCare, Diversion Hub, City Care, City Rescue, Homeless Alliance, Sisu, and Pivot. The Oklahoma Department of Mental Health and Substance Abuse Services has a robust certification process for peer delivered mental health and substance use services, including Peer Recovery Support Specialist (PRSS) and Family Peer Recovery Support Specialist (FPRSS). Certification equips PRSS and F-PRSS professionals to use their lived recovery experience to inspire hope and serve as positive role models for the individuals and families they support.
PRSS and F-PRSS work collaboratively with clinical staff to promote the best possible recovery outcomes. Within Oklahoma City's CCBHCs, NorthCare, Red Rock and Hope, PRSS and F-PRSS serve in a variety of meaningful roles based on their unique skills, experience, education, and professional goals. PRSS professionals serve homeless clients on CCBHC assertive community treatment (ACT) multi-disciplinary teams referred by the CARE Team who have complex mental health needs, including acute psychosis, trauma, and co-occurring substance use disorders. Peers employed at CCBHCs participate in case staffing, provide outreach, care navigation services, recovery support services, wellness education, and medication management education. Peer specialists use their lived experience to build trust, foster a sense of safety and belonging, reduce stigma, and encourage ongoing participation in treatment and recovery services. They assist participants with system navigation and connection to community-based recovery supports.
Peers are core to the CoC's multi-disciplinary CARE Team. Mental Health Association of Oklahoma, Red Rock CCBHC, NorthCare CCBHC, and Hope CCBHC all utilize peers on the CARE Team. Peers service on MHAOK field outreach teams, and peers at the CCBHCs help homeless clients articulate goals for recovery, practice new skills, model effective coping techniques and self-help strategies, support them in advocating for themselves to obtain effective services, and develop and implement recovery plans. Peers play a critical role in promoting engagement in treatment, facilitating family and natural support involvement, and improving treatment retention.

## 1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Oklahoma City's CoC provides project oversight and coordination to the CARE Team, a multi-disciplinary street outreach model that engages individuals experiencing homelessness with serious mental illness or substance use disorder alongside high utilization of other emergency services and connects them to treatment, recovery supports, and housing resources. This team brings outreach, homeless services, CCBHCs, hospitals, MIH, jail diversion and legal services together to coordinate recovery and support for the highest barrier clients. Partner agencies can refer clients to CARE. Referred clients are first contacted through street outreach teams operated by the Mental Health Association of Oklahoma (MHAOK). MHAOK utilizes trained outreach case managers and PRSSs who screen homeless clients for past and current substance use and mental health disorder(s), then partner with housing case managers in a warm hand-off referral to a CCBHC team member for a full assessment and individualized treatment planning. Eligible clients may join one of Oklahoma City's PACT (assertive community treatment) teams operated by the CCBHCs or receive other evidence-based services aligned with their treatment needs. CARE team clients are supported through regular collaborative case conferencing among the organizational partners with the housing case manager and treatment case manager maintaining ongoing co-lead responsibility for client communication, care navigation and overall treatment/housing engagement and progress. The CoC is responsible for administering the CARE team treatment by name list that prioritizes and guides the team's outreach and engagement efforts. The CoC has recently partnered with the Oklahoma City mental health leadership team to develop a community plan that adds Forensic ACT (FACT) teams operated by CCBHCs to the array of evidence-based treatment services for CARE team clients. FACT teams will serve homeless CARE team clients with criminal justice involvement to decrease future arrests, increase diversion to specialty mental health and substance use courts, and ensure in-facility services and smooth transition of care post release when detention occurs.

## 1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

Red Rock Behavioral Health Services provides court-ordered services through speciality courts. Our homeless services street medicine team, through OU Medicine and Mental Health Association, have the ability to use inpatient civil commitment when imminent danger is present and stabilization can not occur in the community.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Key to Home coordinates with Red Rock Behavioral Health Services, a Certified Community Behavioral Health Clinic (CCBHC), under a written partnership agreement to support participants engaged in court-supervised treatment. While Oklahoma does not operate a formal civil Assisted Outpatient Treatment (AOT) process, the CoC leverages functionally comparable mechanisms through drug court, mental health court, veterans court, family treatment court, and jail diversion programs, which similarly condition continued treatment engagement, and in some cases housing stability, on court oversight.
Red Rock's appointed liaison manages bidirectional referrals with Key to Home: participants identified who are experiencing homelessness are connected to a Coordinated Entry assessor for a housing assessment and prioritization, and participants already in the CoC's housing pipeline who become subject to a court order are connected to Red Rock's treatment team to coordinate a single service plan rather than working in parallel. This warm hand-off model ensures a participant's compliance activities reinforce rather than compete with their housing plan.
Court-mandated treatment engagement is leveraged toward housing stability in two ways: (1) court compliance requirements are incorporated into the participant's individualized housing stability plan so treatment and housing goals are tracked jointly and leveraged to make swift and significant progress;and (2) housing navigation continues without interruption through program completion and after discharge, preventing the loss of housing progress once a court order ends.

## 1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC is formally engaged with OKC’s crisis system through the Crisis Intervention Advisory Group and Crisis Collaborative. CoC partner staff, including outreach, shelter, and housing staff, coordinate 24/7 with the Oklahoma County Crisis Intervention Center and CCBHCs for stabilization and emergency assessment. Mobile Integrated Health, the City's 911 alternative response, and 988 can activate mobile crisis teams and transportation when field-based intervention is needed.

| | | |
|---|---|---|
| 1C-1f. | Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use. | |
| | You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen. | |

| | |
|---|---|
| **Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.** | 24 |

| | | |
|---|---|---|
| **1C-1g.** | **Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.** | |

| | |
|---|---|
| **Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?** | Yes |

## 1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC formally partners with all three designated CCBHCs in our area, NorthCare, Red Rock and Hope. CCBHCs provide 24/7 crisis services and screening, assessment, treatment planning, medication, case management and intensive community services, receiving warm referrals from outreach and housing staff. The CoC also partners with CREOKS, the local PATH provider, for outreach, referrals and coordinated case management.

## 1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

City Care's Westlawn program is a 24 bed sober living program that is funded by the Oklahoma City CoC. Our bonus project provides case management and two positions will be embedded at Pershing Center, a sober living PSH project. This project will add another 40 units of sober living to our CoC funded projects.

## 1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates housing referrals for the programs identified above through Coordinated Entry (CE) so that behavioral health engagement and housing placement move together rather than as separate processes. Mobile Integrated Health(MIH), the CoC's 911 alternative response team, and the CARE Team both have HMIS access to add individuals they encounter, including those newly homeless, directly to the CoC's by-name list (BNL) for a housing referral through CE. This allows treatment-side staff already engaged with a participant, whether through crisis response, ACT, or ongoing behavioral health care, to initiate a housing referral without requiring the participant to re-enter the system through a separate access point.
The CoC has formalized this coordination through MOUs with each local Certified Community Behavioral Health Clinic (CCBHC) with named liaisons responsible for coordinating referrals and supporting housing stability for shared participants. Rather than the CoC referring participants directly to CCBHCs through CE, CCBHC staff engaged with a participant can add that individual directly to the CoC's BNL for housing referral, ensuring people already receiving behavioral health treatment move into the housing pipeline without a gap in engagement. CE also carries a system-wide preference with the local housing authorities, which benefits individuals identified and referred by CCBHCs and other treatment and recovery partners.
The CoC also leads coordinated case conferencing calls for Veterans, youth, single adults, families and CARE Team’s complex-needs population, bringing the treatment and recovery partners named above together with the housing providers and other system partners on a recurring basis to make additional referrals, resolve barriers, and coordinate each participant’s path to housing stability and self-sufficiency.
Together, these coordination structures ensure that treatment and recovery providers function as an early identification and referral layer within the CoC's homeless response system, catching individuals at the point of behavioral health contact and moving them directly into the coordinated entry pipeline toward stable housing.

| 1C-2. | Supportive Services Investment. | |
|---|---|---|

| | Number |
|---|---|
| 1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD). | $7,374,165 |
| 2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items. | $4,261,398 |
| 3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above). | 58% |
| 4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD. | $794,154 |
| 5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above). | 69% |

| 1C-3. | Participation Requirements for Supportive Services. |
|---|---|
| | You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen. |

| | |
|---|---|
| **What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?** | 100.00% |

## 1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The City of Oklahoma City serves as both the Collaborative Applicant and sole ESG recipient and Consolidated Plan jurisdiction for the geographic area. As a result, the City coordinates planning for both the CoC and ESG programs, and other homeless assistance, including HOME-ARP. Although the City holds both roles, it maintains distinct planning and consultation processes for CoC and ESG priorities, addressed below.

The City incorporates input from all CoC partners and other service providers, broader community, and CoC Board when establishing priorities for the use of these resources. The CoC uses an ongoing community planning process to consult on ESG priorities. On a bi-monthly basis, CoC staff convenes a CEO Roundtable with homeless service provider organizations to discuss community needs, available resources, and priorities for ESG and other homeless assistance funding. These discussions provide an opportunity for providers to identify emerging needs or system gaps, assess whether existing priorities remain appropriate, and recommend adjustments to the use of ESG resources. Community-wide homeless services priorities are then considered by the CoC Board, which includes representatives of provider organizations, state agnecies, people with lived experience and other community stakeholders. The Board's consideration helps establish the priorities that guide the allocation of available resources. The City subsequently considers these priorities in determining how ESG funds can best be used within the activities eligible under the ESG program. The CoC also incorporates identified ESG priorities into its local competition by assigning additional evaluation points to applications that address these priorities. This process ensures that ESG funding decisions are informed by ongoing consultation with the provider community and are aligned with the broader strategies and needs identified through the CoC's planning process.

The CoC will continue this process on an ongoing basis, using the CEO Roundtable, CoC Board, Coalition to End Poverty and other community planning activities to review needs, consult with ESG stakeholders, and adjust priorities as necessary based on changes in homelessness trends, available resources, program performance, and community needs. As the City is both the Collaborative Applicant and sole local ESG recipient for this geographic area, consultation with a separate state ESG recipient under 24 CFR 576.2 is not applicable.

## 1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Coordinated Entry (CE) partners closely with every emergency shelter in the CoC, and each location maintains a trained CE assessor to enroll shelter clients onto the By-Name List for housing referral. Because CE is the single, centralized point of prioritization across all housing options, a client's access to CoC housing resources is not determined by which shelter they enter. Every shelter, regardless of whether it operates its own housing program, connects clients to the same full range of CoC-funded housing through the same standardized process. The CoC's dedicated CE trainer works directly with each shelter to ensure a trained assessor is continuously in place at every site, so assessment and enrollment capacity doesn't lapse with staff turnover. CE is fully integrated with HMIS, allowing shelters to complete standardized assessments that place clients into the By-Name List, where they are prioritized by need and referred through the CoC's established housing and supportive services referral process.

This systemic connection is reinforced by several providers who operate both shelter and CoC housing programs directly, including City Rescue Mission, City Care, and Sisu Youth Services, each offering Rapid Rehousing, Permanent Supportive Housing, and/or Transitional Housing alongside shelter, creating direct client access to move from referral to housing in fewer days.

The CoC also coordinates shelter capacity to meet seasonal demand: Winter Shelter operates 300 beds from November 1 through March 30 each year, and all shelters expand capacity on nights the temperature falls below 32 degrees to ensure everyone has access to shelter.

To sustain coordination beyond assessment and referral, the CoC hosts coordinated case conferencing with shelter providers in attendance, ensuring shared visibility into individual cases and active problem-solving to move people from shelter into housing.

## 1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

Key to Home shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government in accordance with the Oklahoma Statewide HMIS Governance Policies & Procedures, which govern data release, privacy, and security across Oklahoma's statewide HMIS shared by OK-502 and seven other Oklahoma CoCs. All data disclosed externally is de-identified and aggregated, consistent with this policy's Data Release Policy and HUD's HMIS Data and Technical Standards.

State government has direct, structural visibility into this data. The Oklahoma Statewide HMIS Governance includes a standing representative from the Oklahoma Department of Commerce, ensuring the state has ongoing input into HMIS data use, reporting protocols, and policy decisions that shape how homelessness data is collected and shared statewide.

PIT and HIC data are published annually in a Point-In-Time report on the CoC's website, and Key to Home presents this data directly to the CoC Board, where the briefing includes representatives from the Oklahoma Department of Human Services, the Oklahoma Department of Mental Health and Substance Abuse Services, and the Oklahoma Health Care Authority. Key to Home also presents this data directly to the Oklahoma City Council, Mayor, and city leadership, ensuring System Performance Measures and PIT/HIC trends directly inform local policy and funding decisions.

All HMIS-participating agencies operate under signed agreements consistent with HUD's HMIS Data and Technical Standards, ensuring the data shared with government partners reflects a single, privacy-compliant source of truth for the CoC's homelessness response system.

## 1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Oklahoma City CoC uses data from systems outside of HMIS to improve care coordination and understand the needs of people experiencing homelessness. The CoC coordinates with the Oklahoma City Fire Department's Mobile Integrated Healthcare (MIH) program, the U.S. Department of Veterans Affairs (VA), and local law enforcement and courts to identify individuals engaged across multiple systems.

MIH uses a data warehouse, Julota, to document community-based encounters, including 911 calls and dispatches resulting in MIH response to behavioral health, substance use, and other crises, tracking call volume, services provided, referrals, and follow-up. MIH reports that approximately 50% of its high utilizers report no home address, underscoring significant overlap between crisis response and homeless system populations. The CoC and MIH regularly coordinate to identify overlapping individuals and connect them to housing and supportive services, information not otherwise captured in HMIS. A newly created data analyst position, shared between the CoC and MIH, is improving joint reporting and identification of cross-system trends.

For Veterans, the CoC leverages the VA's Homeless Operations Management and Evaluation System (HOMES) to coordinate referrals, understand service engagement, and connect Veterans to housing and supportive services.

The CoC also coordinates with the Oklahoma City Police Department and local specialty courts, including drug court, mental health court, and jail diversion programs, to connect individuals cycling between the criminal justice and homeless response systems, though formal data-sharing agreements with corrections systems remain in development.

CCBHC partners have HMIS access, and using CARE Team coordination as an entry point, the CoC has begun building broader data-sharing agreements with healthcare systems and CCBHCs.

Together, these sources give the CoC a fuller view of individuals' interactions with crisis response, healthcare, VA, and justice systems, supporting earlier intervention and better system-level insight while maintaining appropriate privacy safeguards.

## 1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with Oklahoma Works, a designated One-Stop Career Center that aligns resources, education, training and job opportunities to build Oklahoma’s workforce. The CoC collaborates with Oklahoma Works for referrals for employment services including resume writing assistance, interview prep, help with finding and securing work, skills trainings, tailored career services for veterans, as well as youth employment programs.

## 1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

The City of Oklahoma City contracts street outreach staff to proactively engage individuals experiencing homelessness where they are, building the trust and rapport needed to increase the likelihood they accept help and connect with CoC service providers. This team works alongside the Oklahoma City Police Department's Homeless Outreach Team (HOT), officers specifically trained to work with the unsheltered population, to grow positive, consistent interactions and connect individuals to CoC resources. Both teams also respond to unsheltered homelessness reports submitted through the City's Action Center, ensuring community-identified encampments receive a timely, coordinated response.

This cooperation is best demonstrated through the Encampment Rehousing Initiative (ERI), a partnership between Street Outreach, OKCPD, and the CoC focusing on individuals experiencing unsheltered, chronic homelessness who traditionally do not engage with services. Using a Motivational Interviewing-based engagement model, ERI has housed over 700 individuals since November 2023, with a 92% housing acceptance rate and a 10% return-to-homelessness rate at 12 months, demonstrating that consistent, trust-based law enforcement and outreach cooperation increases both engagement and housing stability.

The CoC extends this model to state property through Operation Safe, an ongoing partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (limited service funding), the Oklahoma Highway Patrol, and the Oklahoma Department of Transportation. Rather than clearing encampments without a housing pathway, a cycle that results in people simply returning, outreach first connects individuals to a housing placement, after which OHP secures the site and ODOT installs signage to prevent re-encampment. Through this approach, the CoC has housed 44 individuals from state property, closing every underpass encampment on I-40 and I-235 as well as three additional camps not tied to a highway.

The CoC also coordinates with the Fire Department's Mobile Integrated Healthcare (MIH) program, which includes four specialized teams responding to mental and behavioral health needs across Oklahoma City, providing the appropriate level of care by phone, in person, or through ongoing services to strengthen continuity of care and improve outcomes.

## 1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC and its providers incorporate family and support-network reunification into case management and housing stabilization services whenever it is appropriate and desired by the individual or family. Providers assist with identifying and contacting family or other support networks, coordinating case plans, arranging transportation or travel assistance, and connecting individuals to services in another geographic area when returning to a safe support network is a suitable alternative to continued homelessness or local shelter and housing placement. Reunification is pursued when it supports the participant's safety, housing stability, and preferences.

City Rescue Mission, a major emergency shelter and housing provider, builds reunification with safe support systems directly into its rapid-exit approach, providing families with case management and direct reunification assistance. Pivot and Sisu incorporate family reunification into their youth shelter and supportive housing services, helping young people reconnect with safe, appropriate family members or other natural supports when reunification is the right fit.

To strengthen this work system-wide, the CoC recently hosted a training on Family and Natural Supports with a field expert, focused on youth and diversion specialists. The training teaches case managers exploration-style communication techniques that reduce defensiveness and surface potential safe support networks, along with the outcomes data showing family reunification produces some of the strongest results for youth, helping providers understand both their role and its impact.

The CoC's Diversion/Early Intervention project uses reunification as a core shelter-diversion strategy, offering mediation with local support networks and one-time financial assistance for travel costs and reconnection support, helping people return directly to housing and a support system rather than entering shelter.

| | | | |
|---|---|---|---|
| 1C-9 | **Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.** | | |
| | **Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?** | Yes | |

## 1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC cooperates with local law enforcement and first responders through established partnerships that coordinate public safety, outreach, behavioral health treatment and housing. Key to Home includes four OKCPD officers dedicated to homeless outreach. The City's Action Center receives community concerns and can deploy the OKCPD Homeless Outreach Team and contracted MHAOK street outreach. OKCPD and Key to Home regularly monitor active encampments, coordinate closure through rehousing, and conduct follow-up monitoring.
The CoC also works with OKCPD, the OKC Municipal Court, County Treatment Courts and County AOT/Mental Health Courts through the cross-system partnerships. The CoC is currently obtaining resources through SAMSHA and private raise to expand these partnerships. These partnerships provide referral and coordination pathways between law enforcement, courts, behavioral health providers and homeless-services agencies.
The CoC assists first responders by expanding alternatives and supports that allow people experiencing homelessness to receive appropriate services in the community. The City's Mobile Integrated Health (MIH) program brought together CCBHCs, crisis-center operators, 988 and mobile providers to develop a 911 call-diversion triage system. This system produced a 57% decline in law-enforcement responses to mental-health calls while increasing use of crisis-stabilization services. With increased funding, the CoC's goal is to build on this infrastructure through multidisciplinary CARE teams that include behavioral-health clinicians, outreach staff, housing staff and paramedics.
Additionally, the CoC aims to further strengthen coordination by integrating CARE outreach, HMIS, MIH, EMS, crisis-response, healthcare-utilization and law-enforcement data to identify hotspots and coordinate services. CARE teams will provide field-based assessment, crisis response, overdose response, treatment referrals, recovery supports and connections to housing, helping first responders connect individuals to the appropriate service system.

## 1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

In 2023 our CoC launched the Encampment Rehousing Initiative (ERI) in OKC, a new street to housing pathway for those sleeping outside. ERI is a collaborative effort of many service providers, led by City staff, to end street sleeping in OKC. Once an encampment site is identified for closure, outreach staff begin engaging daily with encampment residents to build trust and rapport and to understand how many people are residing in the encampment. A warm hand-off is made to case managers who work to understand the unique circumstances and barriers of each person living there. Case managers help encampment residents obtain ID documents, apply for social security or disability income, if eligible, assist them in applying for rental assistance through the local housing authority, and select and apply for a housing unit. A landlord engagement team works on the back end to secure an adequate amount of housing units for the size of the encampment. Once residents have moved into housing, City staff work with multiple City departments and third parties to clean and secure the site to prevent future camping. The Homeless Outreach Team of the OKC Police Department regularly monitor closed encampment sites to mitigate repopulation of the site.

## 1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

Since the Encampment Rehousing Initiative (ERI) launched in late 2023, nearly 700 people formerly sleeping outside have been housed, with a 92% housing acceptance rate among those offered housing, and 37 encampment sites have been closed through the program. While unsheltered homelessness still exists in Oklahoma City, total unsheltered homelessness has declined in each of the past five Point-in-Time counts, with an approximately 7% decrease since ERI launched in 2023, and chronic unsheltered homelessness has declined 31% over the same period. Both public and private funds are being leveraged, and the CoC is working to identify and develop new partnerships to accelerate ERI's impact across the community.

## 1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Oklahoma City has established both enforcement and service-based responses to public drug use. Public drug use is addressed under Municipal Code §30-223 (Drug Paraphernalia), §30-268 (Possession of Marijuana), and Oklahoma Title 63 §2-402 (Possession of a Controlled Dangerous Substance), each a misdemeanor allowing a warrantless arrest when committed in an officer's presence. In practice, when an officer encounters someone in mental health crisis who has also committed a non-violent misdemeanor, the officer will often connect the person to mental health resources instead of making an arrest, pairing enforcement authority with a service-based response rather than relying on arrest alone.

The CoC outreach team includes three OKCPD officers dedicated to homeless outreach, and the City's Action Center can refer concerns about people experiencing homelessness to the OKCPD Homeless Outreach Team and Mental Health Association of Oklahoma outreach. MIH has a Crisis Response Team (CRT) providing field-based crisis response and an Alternative Response Team (ART) that responds to overdose, provides education, and naloxone distribution.

The CoC will leverage this enforcement discretion as a public-safety tool while working toward expanded alternatives to treatment, recovery, and housing rather than relying on displacement alone. Pending additional funding, the CoC plans to expand its CARE team into a multi-disciplinary model across five high-need areas, establish formal referral pathways with law enforcement, courts, and diversion programs, and expand CCBHC access to MOUD and PACT/FACT treatment capacity.

The need is demonstrated by local data. OKC drug overdose deaths increased from 106 in 2019 to 258 in 2024, although deaths declined 11.6% from 2023 to 2024. Fentanyl-related deaths increased more than 16-fold over four years. Among people experiencing homelessness in 2026, 192 self-reported SUD, and 38% of those individuals were unsheltered. Only 648 people received MOUD in OKC in 2024, compared with an estimated 15,000 people with opioid use disorder.

The CoC currently uses available data, including HMIS and CARE outreach records, to inform its response, and with additional funding would expand its ability to integrate MIH, EMS, crisis-response, healthcare-utilization, and law-enforcement data to identify geographic hotspots and emerging needs more systematically.

### 1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Oklahoma City continues to experience a significant overdose burden, particularly involving fentanyl, while substance use is concentrated among some of the City's unsheltered population and identified homelessness hotspots. OKC drug overdose deaths increased from 106 in 2019 to 258 in 2024, rising from 16.2 to 35.8 deaths per 100,000 residents. Overdose deaths declined 11.6% from 2023 to 2024, though fentanyl-related deaths increased more than 16-fold over the same four-year period.

Substance use is also prevalent among people experiencing homelessness. The 2026 PIT count identified 1,867 people experiencing homelessness; approximately 10% (192 people) self-reported SUD, and 38% of those reporting SUD were unsheltered. In five identified homelessness hotspots, 26% to 53% of homeless individuals self-reported SUD. These areas contain a large share of the City's unsheltered population and have significant behavioral-health access barriers.

Treatment capacity does not currently match the identified need. In 2024, only 648 people in Oklahoma City received MOUD through CCBHCs and comprehensive addiction recovery centers, compared with an estimated 15,000 people with opioid use disorder. In state fiscal year 2025, 1,585 homeless individuals diagnosed with SUD received state-supported behavioral-health services in Oklahoma County, but only 49 received MOUD.

The CoC does not have a quantitative estimate of the number of people actively using illicit drugs in public spaces, so the CoC will not infer that measure from SUD prevalence. The CoC currently uses available outreach and HMIS data where possible and anecdotal information from OKCPD and MIH to inform its response and focus on geographic hotspots.

## 1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Oklahoma City uses legal and clinical standards to address danger to self or others. Oklahoma County uses functionally similar mechanisms to Assisted Outpatient Treatment, including DREAMS mental health court and CO-OP (Court-Ordered Outpatient Treatment), which requires outpatient treatment as a condition tied to pending criminal charges. From 2019-2024, 5,023 civil mental-health petitions were filed in Oklahoma County for court-committed outpatient and inpatient treatment.

At first contact, OKCPD's Crisis Intervention Team (CIT) provides specialized training and response for behavioral-health crises, and Oklahoma City's Mobile Integrated Healthcare's alternative response may co-respond with CIT-trained officers to connect individuals to the least restrictive appropriate intervention. The CoC currently operates one CARE team with limited capacity given current funding.

In order to leverage these pathways while reducing fragmented-system barriers through formal referral protocols, the OKC CoC is seeking SAMHSA and private funding to establish formal pathways among civil courts, CO-OP, DREAMS, and diversion partners, with defined eligibility, points of contact, and follow-up expectations. That funding would also expand CARE team, PACT, and FACT capacity so more court- or crisis-referred individuals receive intensive community-based treatment and housing supports.

The City's crisis infrastructure provides another protective practice: three local CCBHCs provide 24/7 crisis response, and MIH provides mobile crisis stabilization where capacity allows. Staff use person-centered, shared decision-making when treatment is voluntary; court-ordered treatment through CO-OP remains available when legally applicable.

Local data demonstrate the need for stronger community-based capacity. Approximately 20% of people counted in the 2026 PIT reported SMI, and 30% of those with SMI were unsheltered. About 2,500 homeless clients with SMI and 1,336 with co-occurring disorders received state-supported behavioral-health services in Oklahoma County in FY2025, but only 25 received PACT services. The CoC will use this data to identify gaps and work toward expanding the least restrictive appropriate community-based response as resources allow.

### 1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Oklahoma City has established practices for sharing and verifying information about registered sex offenders through local law enforcement and the state registry. The Oklahoma City Police Department (OKCPD) maintains a specialized Offender Registration Unit that conducts and maintains registrations and investigates registration violations. Homeless individuals must register weekly with the Unit; if a homeless individual misses three consecutive weeks, the District Attorney will file charges for failure to register, and registrants without a fixed address must provide a general location description (e.g., a specific bridge or intersection) to keep the registry accurate. The City also provides a public process for reporting possible registration violations and allows community members to request Sex Offender Compliance checks through the Action Center.

These practices are particularly relevant to people experiencing homelessness, for whom maintaining accurate location information can be challenging. Of 1,131 total active registered sex offenders in Oklahoma City, 439 are homeless, underscoring the scale of coordination needed between housing placement and registration compliance. Key to Home staff and partners work with law enforcement to ensure that homeless sex offenders use property in compliance with applicable laws and that housing meets location requirements. The CoC has identified 294 certified recovery beds in Oklahoma City reserved for sex offenders.

This approach is supported by both local capacity and federal requirements. Oklahoma City maintains a specialized registration function, while Oklahoma's registry provides public information and law-enforcement access and is updated through cooperation with local agencies. The CoC will continue coordinating housing placement and outreach activities so that access to housing does not prevent required registration and accurate location reporting.

## 1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Oklahoma City has an extensive outreach strategy that is funded with both ESG funds and the City's general funds. Teams are separated by two core functions – community rapid response and housing focused outreach. The community rapid response teams focus on reports to the City's Action Center reporting dispatch for citizen concerns related to people experiencing homelessness, potholes, code violations, and other safety concerns. Members of the Oklahoma City Police Department's Homeless Outreach Team triage these referrals and respond when police action is needed and forward other reports to the community rapid response street outreach team. This outreach team works to connect, meet immediate needs, refer to appropriate services and begin the process of engagement. If they identify a location where people are camping, they refer the location to the housing focused team. Housing focused teams divide our area into 6 zones to provide deeper knowledge of the geographic area and engagement of campers, visiting known locations frequently. The housing focused team works assess campers, get them doc ready and prepare them for expedited housing placement. The housing focused team is also dedicated to Encampment Rehousing, our street to housing pipeline. Once a site has been identified for closure, the team engages daily to move campers into housing with recovery case management services for up to twelve months. The outreach works to hand clients off during the second week of our closure process. In addition to the referral pathway described, teams are also responsible for traveling through their zones and identifying new camps. Our system leverages the community, local police and zoned street outreach teams to provide robust coverage across our geographic area.
Outreach teams often identify people that aren't connected to other services. They carry comfort items such as socks, water, snack foods, sunscreen or other similar items to help them build rapport with the goal of ensuring they've completed an assessment and have a housing pathway or are able to connect them to shelter programs.

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| 1C-12. | Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers. | |

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

| | | Written Agreement |
|---|---|---|
| 1. | Child Care (including Child Care and Development Fund) | Yes |
| 2. | Early Childhood Providers | Yes |
| 3. | Early Head Start | Yes |
| 4. | Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) | Yes |
| 5. | Head Start | Yes |
| 6. | Healthy Start | Yes |
| 7. | Public Pre-K | Yes |
| 8. | Tribal Home Visiting Program | No |
| | Other (limit 150 characters) | |
| 9. | | |

| | | |
|---|---|---|
| 1C-12a. | Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers. | |

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

| | | |
|---|---|---|
| 1. | McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA)) | Yes |
| 2. | School District(s) | Yes |
| 3. | General Education Development (GED) Program(s) | Yes |
| 4. | Community College(s) | No |
| 5. | Technical College(s) | No |
| 6. | Other Post-Secondary Education Provider(s) | No |

## 1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC Written Standards require CoC-funded providers to maintain written policies and procedures for informing individuals and families experiencing homelessness of their eligibility for educational services under Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act. These requirements are incorporated into subrecipient monitoring and are reviewed by the CoC Lead Agency.
Provider policies and procedures must ensure that homeless families with children are informed of their educational rights and referred to the appropriate local school district homeless liaison. Providers are also required to collaborate with local school districts and early childhood education providers to identify households with children experiencing homelessness and ensure they are informed of and connected to eligible educational services. Policies also address enrollment of children in early childhood programs or school and connection to appropriate community resources.
Through these written requirements, families are informed directly by CoC-funded providers during intake, assessment, and case management, with referrals to the appropriate school district liaison when applicable. The CoC Written Standards also require providers to maintain information regarding local technical schools, colleges, and universities that may offer educational programs or assistance to individuals experiencing homelessness.
The CoC Lead Agency reviews compliance with these requirements through annual provider monitoring.

### 1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The Oklahoma City CoC coordinates with Oklahoma Human Services (OKDHS) and its Oklahoma Successful Adulthood (OKSA) program to assist youth transitioning from foster care and other public systems of care. OKSA is specifically designed to support youth in and transitioning from foster care as they move toward independence and successful adulthood.
The CoC partners with Pivot, which works directly with OKDHS/OKSA to provide housing and supportive services to young people aging out of foster care. Through this partnership, OKDHS and Pivot developed 15 additional tiny homes specifically for youth transitioning from foster care, along with a community center and onsite support. OKDHS has identified these homes as a resource for youth working with OKSA on longer-term housing plans. Pivot also operates Family Junction, a licensed shelter for youth ages 12–17, including youth in OKDHS custody, providing an additional connection between the child welfare and homeless-service systems.
The CoC also works closely with Sisu Youth Services, a major partner in the CoC's youth homelessness initiatives. Sisu maintains partnerships with Oklahoma Human Services and other community providers to connect youth with benefits and supportive resources, including Medicaid, SNAP, TANF and WIC, while its case management program assists youth with housing, education, employment, life skills and other barriers to stability.
Through these relationships, youth transitioning from foster care or other public systems of care can be connected to emergency shelter, housing, case management, benefits, supportive services and the broader CoC Coordinated Entry system. This coordination helps bridge the transition from publicly administered systems of care to community-based housing and homelessness services.

### 1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The Oklahoma City CoC coordinates with organizations serving children and youth experiencing or at risk of homelessness through ongoing collaboration, shared referral processes, Coordinated Entry, and participation in the CoC's youth homelessness initiatives.
The CoC maintains an ongoing partnership with Pivot, which currently receives HHS Runaway and Homeless Youth (RHY) funding through the Basic Center Program and operates youth-focused services in the community. The CoC also funds Pivot's SKIL program and has partnered with Pivot through the Youth Homelessness Demonstration Program (YHDP), including its current youth diversion project. These relationships provide opportunities for coordination between RHY-funded services and the broader CoC homeless response system.
The CoC also maintains a strong partnership with Sisu Youth Services, which operates multiple programs serving youth and young adults experiencing homelessness. Sisu is a significant partner in the CoC's YHDP efforts and has participated in the development and implementation of several youth-focused projects. Sisu previously received HHS RHY Transitional Living Program funding; however, it does not currently receive federal RHY funding.
Youth-serving providers work collaboratively to connect young people to outreach, diversion, emergency shelter, transitional housing, rapid rehousing, permanent housing, and supportive services based on individual needs. The CoC uses Coordinated Entry and HMIS to support referrals, coordinate services, identify youth housing needs, and monitor outcomes. Through these partnerships, the CoC works to ensure that youth served through RHY-funded programs and other youth-serving programs can access the broader homeless response system when additional housing or supportive services are needed.

## 1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The CoC funds two Emergency Solutions Grant (ESG) Rapid Rehousing projects dedicated to serving families with children experiencing homelessness: Positive Tomorrows RRH and Homeless Alliance RRH. These projects provide housing assistance and supportive services tailored to the needs of families with children.

## 1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The CoC works with Positive Tomorrows to connect families experiencing homelessness with employment, workforce development, and income-building opportunities as part of their housing stabilization plans. Through individualized case management, families receive assistance identifying employment goals, addressing barriers to employment, and accessing resources that can increase household income and support long-term housing stability.
Services include transportation to job interviews and training, referrals to employment and workforce development programs, access to computers for job searches, employment leads through the Oklahoma Workforce Board, and individualized care coordination. Families may also receive assistance obtaining driver's licenses and public transportation, completing a GED, submitting job applications, or paying costs associated with professional certification exams.
Positive Tomorrows also supports approaches that make employment and training opportunities accessible to families by addressing practical barriers such as childcare, food, transportation, and other costs associated with participation. They provide parent education opportunities addressing resume development, interview skills, and online job searching and connects families with workforce development partners for employment training opportunities.
Income-building activities are incorporated into housing stabilization planning alongside rental assistance and other financial supports. The approach is intended to help households address immediate barriers while progressively increasing income and reducing reliance on temporary assistance. By coordinating housing assistance with employment services, workforce development, and other community resources, the CoC seeks to strengthen families' ability to maintain permanent housing and achieve greater long-term financial stability.

## 1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Positive Tomorrows' Family Support case managers build relationships with parents focused on household stability through meaningful crisis intervention. At intake and enrollment, staff identify benefits and services for which each household may be eligible and assist families in accessing resources and public programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, childcare assistance, Social Security benefits, and nutrition programs for women, infants, and children (WIC).

Services are hands-on and wrap-around in style. Case managers transport clients to appointments and assist with applications. Positive Tomorrows maintains a strong relationship with the Department of Human Services and can quickly reach the right contacts to resolve benefit-related issues or determine eligibility. Housing stabilization requires a holistic approach that helps rebuild a family's support system, including food security, access to mental, physical, and behavioral health care, quality education, reliable childcare, and dependable transportation.

Most publicly funded assistance programs are intentionally temporary but can be leveraged to maximum effect when paired with nonprofit financial assistance and case management support. By increasing client access to mainstream benefits, Positive Tomorrows helps families generate household resources, reduce ongoing expenses, and strengthen their ability to maintain permanent housing. The program is grounded in the belief that reducing and preventing family homelessness requires cooperation across the public, private, and nonprofit sectors. Positive Tomorrows builds coalitions with other service providers and draws on every available community resource to achieve successful outcomes for the families it serves.

## 1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The CoC works with Positive Tomorrows to provide families experiencing homelessness with a multigenerational approach that integrates housing stabilization, education, healthcare, and family support. Each family is connected with a case manager who provides rapid rehousing and housing stabilization services, while children have access to consistent, trauma-informed education and early childhood services from Early Head Start through sixth grade. This approach allows the needs of the entire household to be addressed rather than focusing on housing in isolation.
Positive Tomorrows combines housing assistance with education, parenting support, healthcare access, and other services that support long-term family stability. Families have access to early childhood education and school services while parents work toward housing, employment, and family stability goals. Transportation is provided for students, including Early Head Start and Head Start participants, helping reduce barriers to consistent school attendance and allowing parents to pursue employment and housing goals.
The CoC also recognizes the importance of removing practical barriers to family participation. Positive Tomorrows provides childcare during parent groups, case management meetings, parent-teacher conferences, and other family engagement activities so that lack of childcare does not prevent parents and caregivers from accessing services and community supports.
Housing stabilization is further supported through connections to healthcare. Enrolled children receive medical, dental, hearing, and vision screenings, with staff assisting families in addressing identified needs and accessing appropriate follow-up care. Families can also access mental and behavioral health services through licensed social workers and licensed professional counselors. Transportation assistance, including bus passes and rides to partner agencies, is available when transportation barriers could otherwise prevent families from receiving needed care.
Through this integrated approach, the CoC and its partners address the interconnected needs of parents and children while families transition from homelessness to permanent housing. Continued case management after housing placement helps families strengthen their support networks, access community resources, and develop the stability necessary to maintain housing over time.

## 1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The OKC CoC partners with the US Department of Veterans Affairs (VA) and veteran-serving organizations through weekly Veteran Coordinated Case Management meetings, Coordinated Entry (CE), and HMIS. Veterans identified through CE are staffed with VA and SSVF to coordinate housing, supportive services, employment, and career pathways. This collaboration strengthens referrals, identifies service gaps, and improves access to resources and housing.

 

| | | |
|---|---|---|
| 1C-14a | Collaboration with Veteran Serving Organizations. | |
| | Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following: | |

| | | |
|---|---|---|
| 1. | Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance? | Yes |
| 2. | Coordinates the provision of emergency shelter, supportive services, and housing for veterans? | Yes |
| 3. | Ensures access to a full spectrum of employment and career pathway opportunities? | Yes |
| 4. | Shares data with the Department of Veterans Affairs as appropriate? | Yes |
| 5. | Identifies service gaps for veterans? | Yes |
| 6. | Fills service gaps for veterans? | Yes |

## 1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC maintains an ongoing partnership with Palomar Family Justice Center to connect survivors of domestic violence, sexual assault, stalking, and trafficking with housing and supportive services and providers work on-site. Palomar provides safety planning, crisis intervention, advocacy, protective-order and legal assistance, counseling, transportation, and connections to shelter and housing. Homeless Alliance provides housing support and advocacy at Palomar.

## 1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC maintains an ongoing partnership with Diversion Hub to prevent and address homelessness among individuals transitioning from incarceration and other justice-system involvement. The CoC and Diversion Hub refer individuals to one another for housing and supportive services. Diversion Hub provides justice navigation, case management, discharge planning, reentry coordination, housing navigation, and connections to benefits, treatment, employment, and other resources. This partnership connect

### 1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Oklahoma City's CARE Team and Mobile Integrated Health (MIH) to support people experiencing homelessness with complex medical and behavioral health needs. The CARE Team focuses specifically on people experiencing homelessness and case conferences with CCBHCs to connect high utilizers of crisis services to intensive supports. Both teams access HMIS and can refer participants through Coordinated Entry to appropriate housing and supportive services.

### 1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Cardinal Community House, a nonmedical respite provider, serves people experiencing homelessness and provides recuperative care, case management, medication support, meals, transportation, and housing assistance for aging and elderly individuals. Catholic Charities has two affordable projects for seniors 55 and older, providing 94 total units. These projects accept referrals from the CoC.

### 1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

PSH programs prioritize individuals and families experiencing chronic homelessness, including MHA LTS and RAP, Building Foundations, YHDP PSH, CH32, SC39, and City Care, among others. These projects provide comprehensive housing and supportive services tailored to a range of populations, including individuals, families, youth, and people seeking recovery housing.

### 1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

The Homeless Alliance's Building Foundations and YHDP Permanent Supportive Housing projects provide on-site behavioral healthcare through an embedded partnership with Red Rock Behavioral Health. Red Rock staff deliver behavioral-health services directly at the Homeless Alliance facility, allowing participants to access care without leaving their housing environment. Red Rock provides on-site therapy, conducts screenings and intakes for participants who may need longer-term behavioral-health services, and supports residents in the SRO setting, including de-escalation during behavioral-health or other crises. Red Rock also participates in retention meetings, creating an ongoing connection between housing and clinical staff rather than limiting involvement to post-crisis referrals.

MHA RAP, Homeless Alliance CH32, and SC39 are scattered-site PSH projects, and behavioral healthcare is offered through home-based visits with Hope Community Services, ensuring PSH clients have access to the full suite of behavioral health services including substance use treatment, employment support, medication management and peer support.

Through these partnerships, the CoC's PSH projects integrate behavioral-health access directly into participants' housing — whether through embedded, facility-based staff or home visits in scattered-site settings — providing therapy, screening and intake, crisis de-escalation, and ongoing coordination focused on housing retention.

### 1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The CoC's policy is to assess participant needs on an ongoing basis and connect individuals to a higher level of care when their functional, medical, behavioral health, or other needs indicate that the services available through permanent supportive housing are insufficient. The Homeless Alliance's Building Foundations and YHDP Permanent Supportive Housing projects use the Self-Sufficient Outcomes Matrix/Key to Home Acuity and Readiness Tool to support this process.
The Acuity and Readiness Tool establishes a baseline of a participant's service needs and appropriate level of case management. It is administered before entry into the housing/case management program and is reassessed monthly or every three months, depending on the program. Case managers use changes in acuity to identify emerging needs, adjust service goals and intensity, and determine when additional assessment or intervention is warranted.
When a participant's needs suggest that PSH services may not be sufficient, the provider works with appropriate community partners to assess the need for more intensive or specialized care. This may include Activities of Daily Living (ADL) assessments and, when applicable, PASRR assessments, conducted in coordination with healthcare and behavioral-health partners such as the Mental Health Association of Oklahoma's Street Medicine Team and Healing Hands. These assessments help identify functional, medical, behavioral-health, or other needs that may require assisted living, residential treatment, or another higher level of care.
The process is designed to be person-centered and ongoing. Rather than relying solely on the initial housing assessment, project staff monitor participant acuity throughout enrollment, coordinate additional assessments when warranted, and use the results to develop appropriate referrals and service plans. This allows the projects to maintain participants in PSH when it remains appropriate while identifying and facilitating transitions to higher levels of care when necessary.

## 1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The CoC's policy is to assess participant readiness for moving on to unsubsidized or other permanent housing through ongoing case management and use of the Key to Home Acuity and Readiness Tool. The Homeless Alliance's Building Foundations and YHDP Permanent Supportive Housing projects use this tool to assess both participant acuity and readiness for greater independence.

The Acuity and Readiness Tool is administered before a participant enters the housing/case management program and is reassessed monthly or every three months, depending on the program. The acuity portion establishes the participant's baseline service needs and helps case managers identify appropriate goals and levels of support. As participants make progress and their acuity decreases, the assessment process helps determine when it is appropriate to evaluate their readiness to move on.

When an appropriate score is reached on the acuity portion of the assessment, the readiness portion is administered to evaluate whether the participant is prepared to transition from the program. Case managers use the readiness assessment in conjunction with the participant's progress toward established goals to determine whether a move to unsubsidized or other permanent housing is appropriate.

This process allows moving-on decisions to be based on the participant's demonstrated progress and readiness rather than on length of time in PSH alone. Case managers continue to work with participants to establish and achieve goals that increase independence and sustainability. When the readiness assessment indicates that a participant is prepared to move on, staff can support the participant in transitioning to an appropriate permanent housing option while connecting them with resources needed to maintain housing stability.

# 1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

| | | |
|---|---|---|
| 1D-1. | Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. | |

| |
|---|
| You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen. |
| Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition: |

| | | |
|---|---|---|
| 1. | Established total points available for each project application type. | Yes |
| 2. | At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications. | Yes |
| 3. | At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications. | Yes |
| 4. | Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |
| 5. | Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |
| 6. | Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH). | Yes |

| | | |
|---|---|---|
| 1D-2. | New Proposals. | |
| | Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist? | Yes |

| | | |
|---|---|---|
| 1D-2a. | Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline. | |

| | | |
|---|---|---|
| | Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included:<br>1. the CoC Application, and<br>2. Project Priority Listings. | 09/27/2026 |

| | | |
|---|---|---|
| 1D-2b. | Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website. | |

| | | |
|---|---|---|
| | Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website. | 09/27/2026 |

| | | |
|---|---|---|
| 1D-2c. | Local Competition Selection Results for All Projects. | |
| | You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen. | |

| | | |
|---|---|---|
| | Does your attachment include:<br>1. Project Names,<br>2. Project Scores,<br>3. Project Rank,<br>4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated,<br>5. Amount Requested from HUD, and<br>6. Reallocated Funds +/-. | Yes |

| | | |
|---|---|---|
| 1D-2d. | Projects Rejected/Reduced–Notification Outside of e-snaps. | |

| | | |
|---|---|---|
| 1. | Did your CoC reject or reduce any project application(s) submitted for funding during its local competition? | Yes |
| 2. | If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. | 09/21/2026 |
| 3. | Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition? | Yes |

| | | |
|---|---|---|
| 1D-2e. | Projects Accepted–Notification Outside of e-snaps. | |

| | | |
|---|---|---|
| | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 09/21/2026 |

| | | |
|---|---|---|
| 1D-3. | Reallocation–Reviewing Performance of Existing Projects. | |

| | Describe: |
|---|---|
| 1. | your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed, |
| 2. | whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year, |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year; and |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable. |

(limit 2,500 characters)

The OKC CoC has an established reallocation process designed to redirect funding from lower-performing or less-needed projects to create new projects or expand existing projects. Renewal projects are evaluated using criteria including project performance and outcomes, HMIS data quality, financial performance and monitoring results, compliance with federal and local requirements, and participation in Coordinated Entry. Performance measures include occupancy, successful exits, housing stability, participant income growth, data entry timeliness and quality, and expenditure of awarded funds. Projects with lower performance or compliance receive lower scores and are ranked lower on the CoC priority listing. Projects that consistently rank in Tier 2 for two or more years are considered for reallocation by the CoC Allocations Committee.
During the current local competition, the CoC identified projects that met the established criteria for reallocation based on the performance and ranking process. The CoC ultimately involuntarily reallocated funding from two projects. The reallocated funds were made available for higher-priority projects consistent with the CoC's established local competition and funding priorities. The reallocation process provides a transparent mechanism for regularly reviewing existing projects, identifying projects that are lower performing or less needed, and redirecting resources to projects and interventions that better address current community needs and support the CoC's goals of preventing and ending homelessness.

| | | |
|---|---|---|
| 1D-3a. | Reallocation Between FY 2021 and FY 2026. | |

| | | |
|---|---|---|
| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026? | Yes |

# 2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| | | |
|---|---|---|
| 2A-1. | HMIS Vendor. | |
| | Not Scored–For Information Only | |

| | | |
|---|---|---|
| | Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters) | Wellsky |

| | | |
|---|---|---|
| 2A-2. | HMIS Implementation Coverage Area. | |
| | Not Scored–For Information Only | |

| | | |
|---|---|---|
| | Select from dropdown menu your CoC's HMIS coverage area. | Statewide |

| | | |
|---|---|---|
| 2A-3. | PIT Count–Methodology Change. | |

| | Describe: |
|---|---|
| 1. | any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and |
| 2. | how the changes affected your CoC's PIT count results. |

(limit 2,500 characters)

Oklahoma City experienced a reduction in both sheltered and unsheltered Point-in-Time (PIT) counts this year. Although these decreases were modest, we believe a clear system-wide strategy contributed to this decline and the downward trend we've seen over the past several years. We have not made any changes to our methodology.

## 2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC operates a coordinated, results-driven strategy to reduce encampments and move people living outside directly into housing. Through the Key to Home Partnership's flagship program, the Encampment Rehousing Initiative (ERI), the CoC pairs street outreach with an encampment closure strategy, bringing services and resources directly to encampments and moving people into housing with recovery and self-sufficiency support within an expedited 4-6 weeks. The Partnership adopted a plan to rehouse 500 people in Oklahoma City through ERI by the end of 2025 and we exceeded that goal. Street outreach builds rapport, gathers identity documentation, and creates a by-name list of everyone staying at the site designated for closure. A landlord engagement team secures units in advance using private funds through our public-private partnership, so housing is ready when people are. Outreach hands participants off to case managers, who engage in the field, help complete rental assistance and apartment applications, and connect people to pre-move-in needs such as detox, medical, or behavioral health care. After move-in, participants receive a basic furniture package and 12 months of case management using motivational interviewing and other practices geared toward self-sufficiency. The site is then cleaned and closed, typically through a City contract using individuals completing community service hours through the TEEM program, with appropriate signage added. The Oklahoma City Police Department monitors the location afterward to prevent re-encampment, and the space is returned to public use.
This coordinated approach is producing measurable results. Our unsheltered PIT count has declined for five consecutive years, a total decrease of 13 percent. During the 12-month evaluation period alone, ERI housed more than 250 people living in encampments and closed more than 20 encampments. Since the initiative began, ERI has housed nearly 700 people and closed 37 encampments to date.

| 2A-4a. | Reduce Encampments—Number of Encampments. | |
|---|---|---|

| | |
|---|---|
| 1. Enter the estimated number of encampments in the beginning of your evaluation period. | 62 |
| 2. Enter the reduction in the number of encampments during your evaluation period. | 41 |

| 2A-4b. | Reduce Encampments—Number of People in Encampments. | |
|---|---|---|

| | |
|---|---|
| 1. Enter the estimated number of people in encampments in the beginning of your evaluation period. | 433 |
| 2. Enter the reduction in the number of people in encampments during your evaluation period. | 255 |

 

| 2A-4c. | Reduce Encampments—Plans to Reduce Encampments. |
|---|---|

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Key to Home's strategy for reducing encampments rests on three interconnected approaches: moving people directly from encampments into housing, creating capacity within shelter so people in crisis are never forced onto the street, and reducing the number of people who need a shelter bed in the first place.

Through the Encampment Rehousing Initiative, the CoC has built a direct street-to-housing pipeline, producing a measurable reduction in the number of encampments and encampment residents documented through the Point-in-Time Count. To sustain and build on this progress, the CoC must create flow within its broader shelter system: as people fall into homelessness, they need to be able to access shelter immediately rather than sleeping outside while they wait for an opening. This requires dedicated capacity and staff to move long-term shelter stayers into permanent housing, freeing beds for people entering the system in crisis. At the same time, the CoC has recently added Diversion/Early-Intervention specialists at the front door of shelter to resolve some housing crises without a shelter stay at all — reducing the number of people competing for limited beds and lowering the risk that unmet need spills onto the street.

Together, these strategies attack unsheltered homelessness from both directions: reducing the existing population living outside through direct rehousing, and preventing shelter capacity constraints from pushing new entrants onto the street behind them.

## 2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Oklahoma City CoC's plan to reduce first-time homelessness uses a multi-layered approach that combines eviction prevention, access to community resources, affordable housing investment, and Diversion / Early Intervention when homelessness cannot be avoided.
The CoC partners with legal aid services and community organizations, including Neighborhood Services Organization (NSO), to connect households at risk of homelessness with eviction prevention, housing stability, financial assistance, and other supportive services. Mental Health Association provides a new mediation service to local tenants and landlords. The CoC's Manager of Faith and Community Partnerships is also expanding upstream partnerships with local faith communities, who are often the first point of contact for households facing a housing crisis, to identify people at risk earlier and connect them to resources before they become homeless.
The City of Oklahoma City is also investing in the long-term supply and preservation of affordable housing. A recently approved $50 million general bond investment for affordable housing will support development incentives for new affordable housing, preservation of existing affordable housing, policy and code updates, and infrastructure improvements. These investments are intended to expand and preserve housing capacity for households with limited incomes, narrowing the gap between housing supply and demand.
When homelessness cannot be prevented, the CoC uses Diversion / Early Intervention strategies to respond as quickly as possible. Through diversion and rapid exit approaches, individuals and families are engaged at the earliest point of homelessness and offered problem-solving assistance, connections to mainstream and community resources, and privately funded one-time financial assistance. Last year, we added dedicated capacity within shelters to identify and engage people as they enter shelter and developed HMIS tools to support housing-focused problem-solving conversations. For households who cannot be diverted, we work to rapidly connect them to short-term housing resources and exit homelessness within 30 days.
Together, these strategies combine to reduce the number of first time homeless in OKC.

## 2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The Oklahoma City CoC has reduced the average length of time households experience homelessness by 32% over the past three fiscal years, from 110 days in FY 2022–2023 to 86 days in FY 2023–2024 and 75 days in FY 2024–2025. The CoC is building on this progress by identifying households earlier, connecting them to the appropriate intervention sooner, and reducing time spent in shelter before achieving permanent housing outcome.
The CoC has expanded Diversion/Early Intervention (EI) capacity within shelters to address housing needs as soon as households enter shelter. New HMIS tools and workflows support problem-solving conversations beginning on day one, helping staff identify available resources, housing options, and barriers to resolving the housing crisis. When appropriate, households are diverted from shelter through problem-solving, flexible assistance, and connections to existing resources.
For households who need shelter, EI staff work with participants to develop a housing plan and pursue a Rapid Exit within 30 days of shelter entry. Shelter staff and system partners begin referrals, documentation, housing searches, and connections to resources immediately.
The CoC is also strengthening Coordinated Entry and HMIS practices to identify households with higher housing needs and connect them to appropriate interventions, including Rapid Re-Housing and Permanent Supportive Housing. System coordination and performance monitoring are used to identify delays, address bottlenecks, and improve the flow from homelessness to housing. The CoC will continue monitoring length of time homeless, successful diversion, Rapid Exit performance, and delays in connecting households to appropriate interventions to sustain and accelerate this improvement.

| | | |
|---|---|---|
| 2A-7. | Successful Permanent Housing Placement–Exits to Unsubsidized Housing. | |

| | |
|---|---|
| Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing? | 49.55% |

### Describe how you calculated the data for this response.

### (limit 2,500 characters)

We created an HMIS reporting group that included all TH, RRH, and PSH programs that were active for any portion of October 1, 2024 - September 30, 2025. Then we ran an APR on this combined group of TH, RRH, and PSH providers for October 1, 2024 - September 30, 2025. Of the 880 clients exiting during this period, a total of 436 clients (49.55%) exited to unsubsidized housing. In detail: 55 exited to family with permanent tenure, 28 exited to friends with permanent tenure, 349 exited to rental by client with no ongoing subsidy, and 4 exited to owned by client with no ongoing subsidy.

| | | |
|---|---|---|
| 2A-8. | Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date. | |

| | | |
|---|---|---|
| | Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count. | 01/22/2026 |

| | | |
|---|---|---|
| 2A-8a. | HIC and PIT Count Data–HDX 2.0 Submission Date. | |

| | | |
|---|---|---|
| | Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT? | Yes |

| | | |
|---|---|---|
| 2A-8b. | Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date. | |
| | You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen. | |

| | | |
|---|---|---|
| | Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST? | Yes |

| | | |
|---|---|---|
| 2A-8c. | System Performance Measures (SPM) Data–HDX 2.0 Submission Date. | |

| | | |
|---|---|---|
| | Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT? | Yes |

| | | |
|---|---|---|
| 2A-9. | HMIS and Comparable Database Participation—Bed Coverage Rate. | |

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

| Project Type | Adjusted Total Year-Round, Current Non-VSP Beds | Adjusted Total Year-Round, Current VSP Beds | Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database | HMIS and Comparable Database Coverage Rate |
|---|---|---|---|---|
| 1. Emergency Shelter (ES) beds | 829 | 0 | 645 | 77.80% |
| 2. Safe Haven (SH) beds | 20 | 0 | 20 | 100.00% |
| 3. Transitional Housing (TH) beds | 292 | 0 | 209 | 71.58% |
| 4. Rapid Re-Housing (RRH) beds | 649 | 0 | 649 | 100.00% |
| 5. Permanent Supportive Housing (PSH) beds | 1,245 | 0 | 1,245 | 100.00% |
| 6. Other Permanent Housing (OPH) beds | 0 | 0 | 0 | 100.00% |

| | | |
|---|---|---|
| 2A-9a. | Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9. | |

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

ES - Of the non-HMIS participating beds listed in the 2026 HIC: 1. 64 are VA funded program beds that we hope to bring onto HMIS by having VA require HMIS participation for these beds, 2. We will follow up with YWCA regarding bringing their 90 beds onto HMIS. 3. 30 were hotel beds counted in the PIT but are not constant  Succeeding in bringing on either the VA or YWCA beds would meet the 85% standard.

TH - The non-HMIS participating beds listed in the 2026 HIC, are connected to VA funded TH programs that we hope to bring onto HMIS by having VA require HMIS participation for these beds. Bringing the larger VA program onto HMIS would meet the 85% standard.

PSH (100% note) - All PSH beds are participating. The HIC incorrectly showed the Veteran Affairs' HUD-VASH beds as non-participating.

# 3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

| | | |
|---|---|---|
| 3A-1. | **Supporting Activities within an Opportunity Zone.** | |
| | **You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.** | |

| | | |
|---|---|---|
| 1. | **Will the proposed activities/projects occur within Opportunity Zone Census Tracts?** | No |
| 2. | **Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?** | No |

| | |
|---|---|
| 3A-2 | **Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.** |

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

# 4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

| We have provided the following guidance to help you successfully upload attachments and get maximum points: |
|---|

| | |
|---|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). |
| | . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |
| 8. | Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions. |

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment | Yes | 1C-1. List of TH/... | 09/25/2026 |
| 02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment | Yes | 1C-1f. List of Co... | 09/25/2026 |
| 03. 1C-3. Language from Project Supportive Service Agreements | Yes | 1C-3. Language fr... | 09/25/2026 |
| 04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety | Yes | Evidence of Coord... | 09/28/2026 |
| 05. 1D-1. Local Competition Scoring Tool | Yes | 1D-1. Local Compe... | 09/25/2026 |

| | | | |
|---|---|---|---|
| 06. 1D-2c. Local Competition Selection Results | Yes | 1D-2c. Local Comp... | 09/25/2026 |
| 07. 2A-8b. FY 2026 HDX Competition Report | Yes | FY 2026 HDX Compe... | 09/22/2026 |
| 08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points | No | | |
| 09. 3A-2a. Project List for Other Federal Statutes | No | | |
| 10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery | No | 3A-DP. Your CoC's... | 09/29/2026 |
| 11. Other | No | FY26COC - OTHER A... | 09/29/2026 |

# Attachment Details

**Document Description:** 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

# Attachment Details

**Document Description:** 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

# Attachment Details

**Document Description:** 1C-3. Language from Project Supportive Service Agreements

# Attachment Details

**Document Description:** Evidence of Coordination and Non-interference with Law Enforcement

# Attachment Details

**Document Description:** 1D-1. Local Competition Scoring Tool

# Attachment Details

**Document Description:** 1D-2c. Local Competition Selection Results

# Attachment Details

**Document Description:** FY 2026 HDX Competition Report

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** 3A-DP. Your CoC's Policy or Statement to Advance Recovery

# Attachment Details

**Document Description:** FY26COC - OTHER ATTACHMENTS

# Submission Summary

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

| Page | Last Updated |
|---|---|
| 1A. CoC Identification | 09/24/2026 |
| 1B. Coordination and Engagement–Accountable Structure and Participation | 09/27/2026 |
| 1C. Coordination and Engagement | 09/28/2026 |
| 1D. Project Review/Ranking | 09/28/2026 |
| 2A. HMIS Implementation | 09/28/2026 |
| 3A. Policy Initiatives | 09/24/2026 |
| 4A. Attachments Screen | 09/29/2026 |
| Submission Summary | No Input Required |

**1C-1. List of Housing Projects and Treatment Providers with On-Site Substance Abuse Treatment**

1. Westlawn PSH




**1C-1f. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment**

| CoC Project | Number of Units that Require Substance Abuse Treatment |
|---|---|
| MHAOK- Rental Assistance Program | 0 |
| MHAOK- LTS OKC | 0 |
| Homeless Alliance- YHDP PSH | 0 |
| City Care- Westlawn PSH | 24 |
| Homeless Alliance- CH 32 | 0 |
| Homeless Alliance- Building Foundations | 0 |
| Homeless Alliance- SC 39 | 0 |
| Sisu YHDP TH | 0 |
| Homeless Alliance- Safe Homes TH | 0 |
| MHAOK- TH | 0 |
| Homeless Alliance- Safe Homes | 0 |
| YWCA DV TH | 0 |
| Catholic Charities- Chrysalis TH | 0 |

# SUPPORTIVE SERVICE AGREEMENT

*Continuum of Care Program | 24 CFR 578.75(h)*

| | |
|---|---|
| **Project name** | [Project name and component: TH / PSH / RRH] |
| **CoC grant number** | [Grant number] |
| **Recipient / subrecipient** | [Organization name] |
| **Participant** | [Participant name] |
| **Effective date** | [Date] |

## 1. Purpose

This Agreement explains the supportive services that are part of this project and what we ask of you to take part in. Services are meant to help you get and keep stable housing, build income, and reach your own goals. Your services and goals are set with you, based on your individual needs.

## 2. Services we offer

We will work with you to identify the supportive services that best fit your needs, goals, and plan. Services may include:

- Case management: Regular meetings to set goals, identify next steps, address barriers, and connect you with housing, employment, benefits, and other resources.
- Employment and workforce services: Job search assistance, employment training, education, connections to workforce partners such as COWIB, Curbside, Goodwill, OIC, Restore OKC, Urban League, and other programs, and support to increase employment income.
- Life skills and financial services: Budgeting, financial coaching, tenant education, benefits enrollment and navigation, and other skills that support housing stability and independence.
- Health and recovery connections: Assistance connecting to outpatient behavioral health and primary care, medication management, peer support, recovery services, and other health resources.
- Substance use disorder treatment: Connection to and participation in treatment and recovery services when identified as an appropriate part of your plan. See Section 4.

The services included in your Individual Service Plan will be based on your needs, goals, and progress toward housing stability and greater independence.

## 3. What we ask of you (participation requirement)

In line with 24 CFR 578.75(h), as a condition of continued participation in this project, you agree to take part in the supportive services identified in your Individual Service Plan that are not

disability-related. The type, frequency, and amount of participation will be based on your individual needs, goals, and circumstances.

**Case management:** You are expected to meet with your case manager regularly as established in your Individual Service Plan. As a general expectation, meetings will occur at least twice per month, with more frequent meetings when needed to support your goals and progress.

**Overall participation:** Your Individual Service Plan will establish an appropriate level of participation in supportive services, activities, and/or employment. When appropriate, the plan may include a goal of approximately 20 hours per week of engagement in services, activities, and/or employment. Employment, education, treatment, volunteering, and other appropriate activities may count toward this goal. Participation may include activities provided by your program as well as activities or services provided by other organizations or community partners.

**Transitional Housing:** For new Transitional Housing projects, participation will be structured to meet applicable program requirements, including the expectation for engagement in services, activities, and/or employment described in the CoC NOFO.

The type, frequency, and amount of participation may be adjusted based on age, disability, caregiving responsibilities, health, employment, or other circumstances that affect your ability to participate. For programs or participants for whom a higher level of participation is appropriate, the Individual Service Plan may establish a more specific participation expectation.

## 4. Substance use disorder treatment

*This section applies only when the purpose of the project is to provide substance use disorder treatment.*

When the purpose of the project is to provide substance use disorder treatment, 24 CFR 578.75(h) allows participation in that treatment to be required as a condition of continued participation in the project.

If this section applies to your project, you agree to participate in substance use disorder treatment identified in your Individual Service Plan. The type, frequency, and amount of treatment will be based on your individual needs and treatment plan.

## 5. Services offered but not required

Under 24 CFR 578.75(h), participation in disability-related services cannot be required as a condition of continued participation in the project. This may include mental health services, outpatient health services, medication management, or other services provided to address a disability.

We may offer these services, help you access them, and include voluntary services in your Individual Service Plan when appropriate. Choosing not to participate in a disability-related service will not, by itself, affect your continued participation in the project.

You will never be required to participate in religious activities, and you will not be treated differently for choosing not to participate.

You will never be required to take part in a religious activity, and you will not be treated differently for choosing not to.

## 6. Your Individual Service Plan

Your case manager will develop your Individual Service Plan with you within 10 days of your start date. Your plan will identify your goals, the services and activities you will participate in, and the type, frequency, and amount of participation expected based on your individual needs and circumstances.

You and your case manager will review your plan at least monthly to discuss your progress, address barriers, and make changes when your needs, goals, or circumstances change.

Your service needs will also be formally assessed at least once each year, and your plan and services will be adjusted as appropriate.

## 7. When Participation Requirements Are Not Met

We understand that circumstances may make it difficult to attend appointments or participate in required services or activities. If you miss or are struggling to participate in a required service or activity, we will:

1. Reach out to you using different methods, such as by phone, in person, or through outreach.
2. Talk with you about what is getting in the way and work with you to address barriers.
3. Review and adjust your Individual Service Plan when appropriate, including providing reasonable accommodations.
4. Consider circumstances that may affect your ability to participate, including health, safety, transportation, employment, childcare, disability, or other significant circumstances.

We will consider your individual circumstances and make reasonable efforts to help you re-engage. If you continue not to participate in required services or activities after we have made reasonable efforts to address barriers and adjust your plan when appropriate, we may begin the termination process.

Termination for failure to meet program requirements will be used only as a last resort.

If termination of assistance is considered, we will follow the project's Termination Policy and applicable requirements under 24 CFR 578.91, including:

- Providing you with written program rules and the termination process before assistance begins.
- Providing written notice that clearly explains the reasons for the proposed termination.

- Giving you an opportunity to present written or oral objections before someone other than the person, or a subordinate of the person, who made or approved the termination decision.
- Providing prompt written notice of the final decision.

Termination of assistance does not prevent you from receiving assistance from the project again at a later date when appropriate.

## 8. Substance use and sobriety

You are not required to be sober to receive assistance from this project unless you are participating in a project specifically designed to provide substance use disorder treatment or sober housing, as described below.

**Substance use disorder treatment projects:** If the purpose of your project is to provide substance use disorder treatment, participation in treatment may be required as described in Section 4 and your Individual Service Plan.

**Sober housing projects:** If you are participating in a sober housing project, you must follow the substance use requirements contained in your lease, occupancy agreement, or program rules, consistent with 24 CFR 578.93(b)(5).

A first-time violation of a drug-related program policy or lease requirement does not automatically result in termination of assistance. Any termination of assistance will follow the process described in Section 7.

## 9. Your rights

**Nondiscrimination:** We provide housing and services in accordance with applicable federal nondiscrimination and civil rights requirements. Reasonable accommodation will be provided to people with disabilities as required by applicable law.

**Survivors of violence:** Assistance will not be denied on the basis or as a direct result of the fact that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking if you otherwise qualify for admission, assistance, participation, or occupancy.

**Privacy:** We will protect your personal information in accordance with applicable privacy and confidentiality requirements. We participate in the Homeless Management Information System (HMIS) to support service coordination and maintain required program records. Information entered into or shared through HMIS will be handled in accordance with applicable

## 10. Relationship to Other Agreements

This Agreement establishes supportive service participation expectations for your project. It does not replace or change the terms of your lease, occupancy agreement, program rules, or other agreements that apply to your housing or participation in the project. You are responsible for following the requirements of those agreements in addition to the requirements described here.

## 11. Acknowledgment

By signing below, you confirm that:

- You have read this Agreement or had it read and explained to you.
- You had an opportunity to ask questions about the Agreement and participation requirements.
- You understand the participation requirements that apply to you.
- You received a copy of this Agreement and the project's program rules and termination process.

| | |
|---|---|
| Participant signature | Date |
| Case manager / project representative signature | Date |

The City of
OKLAHOMA CITY
POLICE DEPARTMENT
**Ron C. Bacy**
Chief of Police

September 24, 2026

U.S. Department of Housing and Urban Development
Office of Community Planning & Development
451 7th Street, S.W.
Washington, DC 20410

Re: Letter of Support for Key to Home Partnership's application for FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO (CPD-2600-DC-0025)

To Whom It May Concern:

I am writing on behalf of the Oklahoma City Police Department (OKCPD) to speak to our agency's ongoing collaboration with the Key to Home Partnership, the lead agency for Oklahoma City's Continuum of Care.

OKCPD's Homeless Outreach Team maintains three officers embedded within the Key to Home Partnership office. These officers work alongside Key to Home Partnership staff to conduct outreach and connect individuals experiencing homelessness to appropriate services. In addition, following the closure of an encampment by Key to Home Partnership, OKCPD works closely with the organization to patrol the site and help prevent it from being reoccupied by additional campers.

In our experience, Key to Home Partnership does not impede or obstruct law enforcement activities. The organization coordinates closely with OKCPD, with public safety serving as our shared, ultimate community goal.

Sincerely,



Jason Samuel, Acting Chief of Police
Oklahoma City Police Department

# Governor Stitt Kicks Off Operation SAFE in Oklahoma City



Share 838 Post

EMAIL

Monday, October 27, 2025

Today, Governor Kevin Stitt announced the Oklahoma Highway Patrol (OHP) and Oklahoma Department of Transportation (ODOT) had begun clean ups of state property across Oklahoma City as part of Operation SAFE.

Operation SAFE, which began in Tulsa, is the state's initiative to restore safety and cleanliness by removing homeless encampments, trash, and debris from state-owned property. The OHP has the legal authority to target state-owned property including underpasses, highways, state buildings, and other state-controlled land.

**"After the success of Operation SAFE in Tulsa, business leaders and stakeholders quickly requested the state to do the same here in Oklahoma City,"** said Gov. Stitt. **"We are partnering with Key to Home, an Oklahoma City-based public/private partnership, to connect those individuals we move from state property to services and housing. The state is doing its job, and just like in Tulsa, it's the role of the city and non-profits to ensure Oklahoma City stays clean and safe for all residents."**

Key to Home Partnership was established in 2023 to lead a unified city response. Today, more than 50 public, private, and nonprofit partners work together to bring outreach teams directly into encampments, connecting Oklahomans in need to shelter, treatment, and housing within an expedited six-week timeline. Once an encampment is closed, ongoing monitoring prevents repopulation. To date, Key to

Home has helped 446 people transition into housing and successfully closed 25 encampments across the city.

**“We’ve worked hard to coordinate efforts more effectively and create a streamlined pathway to restoration for our neighbors who are sleeping outside,”** said Jamie Caves, Homeless Strategy Implementation Manager for the Key to Home Partnership. **“When the State approached us about addressing encampments on State property, the program was already in place to offer a quick, effective, and dignified solution.”**

Last Modified on Oct 27, 2025

KEY TO HOME PARTNERSHIP



## 1D-1. Local Competition Scoring Tool

| NEW PROJECT SCORING CRITERIA | | |
|---|---|---|
| TH | NOFO POINTS | LOCAL POINTS |
| PROJECT DEMONSTRATES IT WILL PROVIDE APPROPRIATE SUPPORTIVE SERVICES OR WILL PARTNER WITH AGENCIES TO PROVIDE | 2 | 2 |
| PREVIOUS EXPERIENCE WITH TH AND EXITING INDIV IN 24 MONTHS | 1 | 1 |
| PREVIOUS EXPERIENCE WITH TH AND EXITING TO POSITIVE DESTINATIONS WITHIN 24 MONTHS AND 50% WITH EMPLOYMENT | 1 | 1 |
| PUBLIC PRIVATE RESOURCES | 1 | 1 |
| HOW PROJECT WILL ASSESS NEEDS, PROVIDE INDIV SERVICE PLANS FOR 20HRS/WK OF SERVICES, EMPLOYMENT UNLESS OVER 62 OR DISABLED. | | |
| SERVICE PLANS INDICATE FREQUENCY OF SERVICES AND WHO WILL PROVIDE THEM. PLANS WILL ADDRESS GOALS, STRATEGIES FOR HITTING GOALS, AND TIMELINES | 2 | 2 |
| COST PER HH EFFECTIVE (DETERMINED BY ALLOCATIONS COMMITTEE) | 1 | 1 |
| TOTAL | 8 | 8 |

| PSH | NOFO POINTS | LOCAL POINTS |
|---|---|---|
| HOW WILL TYPE, DESIGN AND NUMBER OF UNITS MEET NEEDS | 1 | 2 |
| TYPE OF SERVICES PROVIDED | 1 | 2 |
| WILL SERVIE PEOPLE WITH A DISABILITY AS DEFINED IN 24 CFR 200:37(a)(1)(i) | 1 | 2 |
| COST PER HH EFFECTIVE (DETERMINED BY ALLOCATIONS COMMITTEE & BASED ON 2 CFR 200.404) | 1 | 1 |
| SUPPLEMENTED WITH OTHER RESOURCES | 1 | 1 |
| | | |
| | | |
| 0 | 5 | 8 |

| SSO - OUTREACH | NOFO POINTS | LOCAL POINTS |
|---|---|---|
| PUBLIC PRIVATE RESOURCES | 1 | 1 |
| RESOURCE CONNECTION EXPERIENCE | 2 | 2 |
| HISTORY OF PARTNERING WITH FIRST RESPONDERS & LAW ENFORCEMENT | 1 | 2 |
| OUTREACH EXPERIENCE | 1 | 2 |
| COST EFFECTIVE (DETERMINED BY ALLOCATIONS COMMITTEE) | 1 | 1 |
| | | |
| | | |
| 0 | 6 | 8 |

| RRH | NOFO POINTS | LOCAL POINTS |
|---|---|---|
| DEMONSTRATES PEOPLE WILL ACHIEVE SELF SUFFICIENCY IN 24 MONTHS | 1 | 2 |
| TYPE OF SERVICES PROVIDED | 2 | 2 |
| EXPERIENCE DETAIL - EXITS WITH EMPLOYMENT | 1 | 2 |
| COST PER HH EFFECTIVE (DETERMINED BY ALLOCATIONS COMMITTEE) | 1 | 1 |
| PUBLIC PRIVATE RESOURCES | 1 | 1 |
| | | |
| | | |
| 0 | 6 | 8 |

| SSO - STANDALONE | NOFO POINTS | LOCAL POINTS |
|---|---|---|
| DEMONSTRATES NECESSARY TO HELP PEOPLE EXIT HOMELESSNESS AND WILL ASSESS NEEDS ANNUALLY. | 1 | 2 |
| SERVICE DELIVERY EXPERIENCE (LIKE OUTREACH EXPERIENCE) | 2 | 2 |
| PUBLIC PRIVATE RESOURCES | 1 | 1 |
| COST EFFECTIVE (DETERMINED BY ALLOCATIONS COMMITTEE) | 1 | 1 |
| PROJECT FILLS GAP IN COC SERVICES | | 2 |
| | | |
| | | |
| 0 | 5 | 8 |

**2026 COC SCORING**

| RENEWALS (ORG INFO & THRESHOLD) | POINTS |
|---|---|
| PROJECT INFO | NOT SCORED |
| ORG INFO | NOT SCORED |
| HOMELESS ON BOARD | 5 |
| CONTACTS | NOT SCORED |
| PROJECT COMPONENT | NOT SCORED |
| ANY FUNDS RETURNED? | 5 |
| IF FUNDS RETURNED, WHY? | NOT SCORED |
| TIMELY REIMBURSEMENT? | 2 |
| FINDINGS? | SUBTRACT 3 |
| PROEJCT MET GOALS OF APPLICATION (REVIEWED BY KTH STAFF) | 5 |
| **PROJECT INFORMATION** | |
| FEDERAL GRANT NUMBER | NOT SCORED |
| PROJECT COMPONENT TYPE | NOT SCORED |
| PROJECT CONSOLIDATION | NOT SCORED |
| PROJECT CONSOLIDATION DETAIL | NOT SCORED |
| PROJECT HAS PLAN TO HELP RESIDENTS OBTAIN AND MAINTAIN PERMANENT HOUSING THAT HAS PROVEN EFFECTIVE (COMPARE WITH INFO IN Q11) | 14 |
| PROJECT BUDGET | NOT SCORED |
| **TOTAL** | **31** |
| **PERFORMANCE CRITERIA (REVIEWED BY KTH STAFF)** | |
| HOUSING STABILITY | 8 |
| TOTAL INCOME | 5 |
| EARNED INCOME | 8 |
| ENTERED FROM STREETS | 5 |
| EXITS TO HOMELESSNESS | 5 |
| NON-CASH BENEFITS (STAYERS) | 5 |
| NON-CASH BENEFITS (LEAVERS) | 5 |
| UTILIZATION RATE AT PIT | 10 |
| **TOTAL** | **51** |
| **HMIS DATA QUALITY** | |
| IDENTIFIABLE INFO | 2 |
| VETERAN STATUS | 2 |
| PROJECT START DATE | 2 |
| HEAD OF HOUSEHOLD | 2 |
| DISABLING CONDITION | 2 |
| DESTINATION | 2 |
| INCOME AT ENTRY | 2 |
| INCOME AT ANNUAL ASSESSMENT | 2 |
| INCOME AT EXIT | 2 |
| **TOTAL** | **18** |
| **OVERALL TOTAL** | **100** |

| YHDP RENEWALS (ORG INFO) | POINTS |
|---|---|
| PROJECT INFO | NOT SCORED |
| ORG INFO | NOT SCORED |
| HOMELESS ON BOARD | 5 |
| CONTACTS | NOT SCORED |
| PROJECT COMPONENT | NOT SCORED |
| ANY FUNDS RETURNED? | 5 |
| IF FUNDS RETURNED, WHY? | NOT SCORED |
| TIMELY REIMBURSEMENT? | 2 |
| FINDINGS? | SUBTRACT 3 |
| PROEJCT MET GOALS OF APPLICATION (REVIEWED BY KTH STAFF) | 5 |
| FEDERAL GRANT NUMBER | NOT SCORED |
| PROJECT COMPONENT TYPE | NOT SCORED |
| PROJECT HAS PLAN TO HELP RESIDENTS OBTAIN AND MAINTAIN PERMANENT HOUSING THAT HAS PROVEN EFFECTIVE (COMPARE WITH INFO IN Q11) | 14 |
| PROJECT BUDGET | NOT SCORED |
| **TOTAL** | **31** |
| **PERFORMANCE CRITERIA** (SEE "TAB YHDP RENEW") | |

| NEW (ORG INFO) | POINTS |
|---|---|
| PROJECT INFO | NOT SCORED |
| ORG INFO | NOT SCORED |
| HOMELESS ON BOARD | 5 |
| CONTACTS | NOT SCORED |
| FED PROGRAM EXPERIENCE? | 5 |
| AUTHORIZED TO SUBMIT? | NOT SCORED |
| NEW PROJECT INFO | NOT SCORED |
| IF PROVIDER HAS OTHER COC PROJECTS, WERE ANYFUNDS RETURNED? | 5 |
| IF PROVIDER HAS OTHER COC PROJECTS, WERE REIMBURSEMENTS SUBMITTED TIMELY? | 2 |
| IF PROVIDER HAS OTHER COC PROJECTS, WERE THERE ANY FINDINGS THAT RESULTED FROM MOST RECENT MONITORING? | SUBTRACT 3 |
| **TOTAL** | **17** |
| **PERFORMANCE CRITERIA** (SEE TAB "NEW") | |

| YHDP RENEWALS | |
|---|---|
| | **POINTS** |
| **DROP-IN** | |
| TOTAL VISITS - DOES IT MEET FY24 APPLICATION | 10 |
| TOTAL NEW CLIENTS SERVED | 10 |
| SUCCESSFUL HOUSING PLACEMENTS | 10 |
| SUCCESSFUL PLACEMENTS IN OTHER PROGRAMS (HOST HOMES, DIVERSION, TRANSITIONAL+RRH) | 10 |
| ENROLLMENT IN CASE MANAGEMENT | 10 |
| REFERRALS TO MEDICAL, SHELTER, BENEFITS, ETC... | 10 |
| **TOTAL** | **60** |
| **HMIS DATA QUALITY** | |
| IDENTIFIABLE INFO | 1 |
| VETERAN STATUS | 1 |
| PROJECT START DATE | 1 |
| HEAD OF HOUSEHOLD | 1 |
| DISABLING CONDITION | 1 |
| DESTINATION | 1 |
| INCOME AT ENTRY | 1 |
| INCOME AT EXIT | 1 |
| ENTERING INTO PROJECT TYPE (TOTAL RECORDS UNABLE TO CALCULATE) | 1 |
| **TOTAL** | **9** |
| | |
| **OVERALL TOTAL** | **100** |

| | POINTS |
|---|---|
| **HOST HOMES** | |
| TOTAL YOUTH REFERRED | 10 |
| TOTAL YOUTH ENROLLED | 10 |
| TIME FROM REFERRAL TO MATCH | 10 |
| LENGTH OF STAY IN PROGRAM/HOST HOME | 10 |
| NUMBER POSITIVE EXITS/PERMANENT HOUSING PLACEMENT | 10 |
| EDUCATION AND EMPLOYMENT OUTCOMES IN THE PROGRAM (IF CAN MEASURE) | 10 |
| | **60** |
| **HMIS DATA QUALITY** | |
| IDENTIFIABLE INFO | 1 |
| VETERAN STATUS | 1 |
| PROJECT START DATE | 1 |
| HEAD OF HOUSEHOLD | 1 |
| DISABLING CONDITION | 1 |
| DESTINATION | 1 |
| INCOME AT ENTRY | 1 |
| INCOME AT EXIT | 1 |
| ENTERING INTO PROJECT TYPE (TOTAL RECORDS UNABLE TO CALCULATE) | 1 |
| | **9** |
| | **100** |

| | POINTS |
|---|---|
| **DIVERSION** | |
| TOTAL DIVERSION SCREENINGS | 15 |
| TOTAL YOUTH SUCESSFULLY DIVERTED | 15 |
| STABILITY AFTER 30 DAYS | 15 |
| STABILITY AFTER 6 MONTHS | 15 |
| | **60** |
| **HMIS DATA QUALITY** | |
| IDENTIFIABLE INFO | 1 |
| VETERAN STATUS | 1 |
| PROJECT START DATE | 1 |
| HEAD OF HOUSEHOLD | 1 |
| DISABLING CONDITION | 1 |
| DESTINATION | 1 |
| INCOME AT ENTRY | 1 |
| INCOME AT EXIT | 1 |
| ENTERING INTO PROJECT TYPE (TOTAL RECORDS UNABLE TO CALCULATE) | 1 |
| | **9** |
| | **100** |

# FY26 COC RANKINGS - OK-502

| 2026-27 CONTINUUM OF CARE RANKINGS - TIER 1 | | | | | | | | | OK-502 |
|---|---|---|---|---|---|---|---|---|---|
| **PROJECT** | **NEW (N)/RENEWAL (R)** | **ACCEPTED (A)/REJECTED (R)** | **TIER** | **RANK** | **SCORE** | **REQUEST/ELIGIBLE** | **FUNDING** | **PORTION FROM REALLOCATED FUNDS** | **PORTION FROM BONUS FUNDS** |
| COC PLANNING | R | A | NA | NA | NA | $368,704 | $368,704 | NA | NA |
| OKC CES | R | A | 1 | NA | NA | $259,250 | $259,250 | $0 | $0 |
| OKC HMIS | R | A | 1 | NA | NA | $394,587 | $394,587 | $0 | $0 |
| MHAOK - RENTAL ASSISTANCE PROGRAM (RAP) | R | A | 1 | 1 | 73 | $726,965 | $726,965 | $0 | $0 |
| MHAOK- LTS OKC | R | A | 1 | 2 | 69 | $265,598 | $265,598 | $0 | $0 |
| HOMELESS ALLIANCE - YHDP PSH | R | A | 1 | 3 | 67 | $333,116 | $333,116 | $0 | $0 |
| CITY CARE - WESTLAWN | R | A | 1 | 4 | 66 | $271,372 | $271,372 | $0 | $0 |
| HOMELESS ALLIANCE - CH32 | R | A | 1 | 5 | 64 | $522,492 | $522,492 | $0 | $0 |
| HOMELESS ALLIANCE - BUILDING FOUNDATIONS | R | A | 1 | 6 | 63 | $1,072,660 | $1,072,660 | $0 | $0 |
| HOMELESS ALLIANCE - SC39 | R | A | 1 | 7 | 57 | $565,807 | $565,807 | $0 | $0 |
| SISU YHDP TH | N | A | 1 | 8 | 68 | $530,798 | $530,798 | $530,798 | $0 |
| **TOTAL** | | | | | | | **$4,942,645** | | |

| 2026-27 CONTINUUM OF CARE RANKINGS - TIER 2 | | | | | | | | OK-502 |
|---|---|---|---|---|---|---|---|---|
| **PROJECT** | **REALLOCATION (RA)/BONUS (B) DV BONUS (DV)** | **TIER** | **RANK** | **SCORE** | **REQUEST** | **FUNDING** | **PORTION FROM REALLOCATED FUNDS** | **PORTION FROM BONUS FUNDS** |
| CITY RESCUE - CASE MANAGEMENT | RA + B | 2 | 9 | 41 | $432,840 | $432,840 | $390,670 | $42,170 |
| SISU - DROP IN | RA | 2 | 10 | 40 | $554,707 | $554,707 | $0 | $0 |
| SISU - DROP IN EXPANSION | RA+B | 2 | 11 | 40 | $224,782 | $224,782 | $224,782 | |
| HOMELESS ALLIANCE - SAFE HOMES TH | RA | 2 | 12 | 36 | $630,411 | $630,411 | $630,411 | |
| MHAOK - TH | RA | 2 | 13 | 41 | $607,105 | $607,105 | $607,105 | |
| KEY TO HOME - ERI CASE MANAGEMENT | B | 2 | 14 | 39 | $826,125 | $826,125 | | $826,125 |
| HOMELESS ALLIANCE - SAFE HOMES HOUSING NAV | DV | 2 | 15 | 41 | $69,850 | $69,850 | | $69,850 |
| CITY CARE - DV SUPPORTIVE SERVICES | DV | 2 | 16 | 40 | $297,800 | $297,800 | | $297,800 |
| YWCA DV TH | DV | 2 | 17 | 35 | $219,227 | $219,227 | | $219,227 |
| CATHOLIC CHARITIES - CHRYSALIS TH | DV | 2 | 18 | 31 | $547,432 | $547,432 | | $547,432 |
| **TOTAL** | | | | | | **$4,410,279** | | |

| 2026-27 CONTINUUM OF CARE RANKINGS - TIER 2 | | | | | | | | | OK-502 |
|---|---|---|---|---|---|---|---|---|---|
| PROJECT | NEW (N)/RENEWAL (R) | ACCEPTED (A)/REJECTED (R) | TIER | RANK | SCORE | REQUEST | FUNDING | PORTION FROM REALLOCATED FUNDS | PORTION FROM BONUS FUNDS |
| HEARTLINE 211 | R | REALLOCATED | NA | NOT RANKED | NA | $24,600 | $0 | $0 | $0 |
| TOTAL | | | | | | | $0 | | |

# 2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the
Competition.

## To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print
select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

## To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Optic
select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft E

## On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. A
and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

## For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, https://www.hudexchange.info/program-suppor
question/ and choose "HDX" as the topic.

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# 2026 Competition Report - Summary

OK-502 - Oklahoma City CoC

## HDX Data Submission Participation Information

| Government FY and HDX Module Abbreviation | Met Module Deadline* | Data From | Data Collection Period in HDX |
|---|---|---|---|
| 2025 LSA | Yes | Government FY 2025 (10/1/24 - 9/30/25). | November 2025 to January 2026 |
| 2025 SPM | Yes | Government FY 2025 (10/1/24 - 9/30/25).** | February 2026 to March 2026 |
| 2026 HIC | Yes | Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026. | March 2026 to April 2026 |
| 2026 PIT | Yes | Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026. | March 2026 to April 2026 |

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

# 2026 Competition Report - LSA Summary & Usability Status

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## LSA Usability Status 2025

| Category | EST AO | EST AC | EST CO | RRH AO | RRH AC | RRH CO | PSH AO | PSH AC* | PSH CO |
|---|---|---|---|---|---|---|---|---|---|
| Fully Usable | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | N/A | ☑ |
| Partially Usable | | | | | | | | N/A | |
| Not Usable | | | | | | | | N/A | |

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

| Metric | Universe (Persons) | Average LOT Homeless (bed nights) | Median LOT Homeless (bed nights) |
|---|---|---|---|
| 1.1 Persons in ES-EE, ES-NbN, and SH | 5,993 | 64.7 | 21.0 |
| 1.2 Persons in ES-EE, ES-NbN, SH, and TI | 6,277 | 78.3 | 23.0 |

# 2026 Competition Report - SPM Data

## OK-502 - Oklahoma City CoC

## FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

| Metric | Universe (Persons) | Average LOT Homeless (bed nights) | Median LOT Homeless (bed nights) |
|---|---|---|---|
| 1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in") | 6,786 | 562.3 | 148.0 |
| 1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in") | 7,053 | 562.3 | 158.0 |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

| | Total # of Persons Exited to a PH Destination (2 Yrs Prior) | Returns to Homelessness in Less than 6 Months (0 - 180 days) | | Returns to Homelessness from 6 to 12 Months (181 - 365 days) | | Returns to Homelessness from 13 to 24 Months (366 - 730 days) | | Number of Returns in 2 Years | |
|---|---|---|---|---|---|---|---|---|---|
| **Metric** | **Count** | **Count** | **% of Returns** | **Count** | **% of Returns** | **Count** | **% of Returns** | **Count** | **% of Returns** |
| Exit was from SO | 123 | 9 | 7.3% | 7 | 5.7% | 8 | 6.5% | 24 | 19.5% |
| Exit was from ES | 625 | 84 | 13.4% | 44 | 7.0% | 36 | 5.8% | 164 | 26.2% |
| Exit was from TH | 78 | 6 | 7.7% | 1 | 1.3% | 8 | 10.3% | 15 | 19.2% |
| Exit was from SH | 6 | 2 | 33.3% | 0 | 0.0% | 1 | 16.7% | 3 | 50.0% |
| Exit was from PH | 580 | 27 | 4.7% | 26 | 4.5% | 20 | 3.5% | 73 | 12.6% |
| TOTAL Returns to Homelessness | 1,412 | 128 | 9.1% | 78 | 5.5% | 73 | 5.2% | 279 | 19.8% |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 3: Number of Homeless Persons

**Metric 3.1 – Change in PIT Counts**

Please refer to PIT section for relevant data.

**Metric 3.2 – Change in Annual Counts**

This measures the change in annual counts of sheltered homeless persons in HMIS.

| Metric | Value |
|---|---|
| Universe: Unduplicated Total sheltered homeless persons | 6,334 |
| Emergency Shelter Total | 6,024 |
| Safe Haven Total | 32 |
| Transitional Housing Total | 347 |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

**Metric 4.1 – Change in earned income for adult system stayers during the reporting period**

| Metric | Value |
|---|---|
| Universe: Number of adults (system stayers) | 206 |
| Number of adults with increased earned income | 32 |
| Percentage of adults who increased earned income | 15.5% |

# 2026 Competition Report - SPM Data

## OK-502 - Oklahoma City CoC

## FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

**Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period**

| Metric | Value |
|---|---|
| Universe: Number of adults (system stayers) | 206 |
| Number of adults with increased non-employment cash income | 71 |
| Percentage of adults who increased non-employment cash income | 34.5% |

**Metric 4.3 – Change in total income for adult system stayers during the reporting period**

| Metric | Value |
|---|---|
| Universe: Number of adults (system stayers) | 206 |
| Number of adults with increased total income | 99 |
| Percentage of adults who increased total income | 48.1% |

**Metric 4.4 – Change in earned income for adult system leavers**

| Metric | Value |
|---|---|
| Universe: Number of adults who exited (system leavers) | 220 |
| Number of adults who exited with increased earned income | 40 |
| Percentage of adults who increased earned income | 18.2% |

# 2026 Competition Report - SPM Data

## OK-502 - Oklahoma City CoC

## FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

**Metric 4.5 – Change in non-employment cash income for adult system leavers**

| Metric | Value |
|---|---|
| Universe: Number of adults who exited (system leavers) | 220 |
| Number of adults who exited with increased non-employment cash income | 37 |
| Percentage of adults who increased non-employment cash income | 16.8% |

**Metric 4.6 – Change in total income for adult system leavers**

| Metric | Value |
|---|---|
| Universe: Number of adults who exited (system leavers) | 220 |
| Number of adults who exited with increased total income | 76 |
| Percentage of adults who increased total income | 34.6% |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

**Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS**

| Metric | Value |
|---|---|
| Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period. | 5,895 |
| Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 1,726 |
| Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time) | 4,169 |

# 2026 Competition Report - SPM Data

## OK-502 - Oklahoma City CoC

## FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

**Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS**

| Metric | Value |
|---|---|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | 6,901 |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | 2,114 |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.) | 4,787 |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

## Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

**Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations**

| Metric | Value |
|---|---|
| Universe: Persons who exit Street Outreach | 994 |
| Of persons above, those who exited to temporary & some institutional destinations | 18 |
| Of the persons above, those who exited to permanent housing destinations | 191 |
| % Successful exits | 21.0% |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

**Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations**

| Metric | Value |
|---|---|
| Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing | 5,862 |
| Of the persons above, those who exited to permanent housing destinations | 1,316 |
| % Successful exits | 22.5% |

**Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing**

| Metric | Value |
|---|---|
| Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project | 681 |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | 626 |
| % Successful exits/retention | 91.9% |

# 2026 Competition Report - SPM Data

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

| Metric | All ES, SH | All TH | All PSH, OPH | All RRH | All Street Outreach |
|---|---|---|---|---|---|
| Unduplicated Persons Served (HMIS) | 6,114 | 347 | 768 | 2,105 | 1,514 |
| Total Leavers (HMIS) | 5,444 | 163 | 203 | 1,126 | 908 |
| Destination of Don’t Know, Refused, or Missing (HMIS) | 4,316 | 5 | 3 | 12 | 280 |
| Destination Error Rate (Calculated) | 79.3% | 3.1% | 1.5% | 1.1% | 30.8% |

# 2026 Competition Report - SPM Notes

OK-502 - Oklahoma City CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

## Notes For Each SPM Measure

| Measure | Notes |
|---|---|
| Measure 1 | No notes. |
| Measure 2 | No notes. |
| Measure 3 | No notes. |
| Measure 4 | No notes. |
| Measure 5 | No notes. |
| Measure 6 | No Notes. Measure 6 was not applicable to CoCs in this reporting period. |
| Measure 7 | No notes. |
| Data Quality | No notes. |

# 2026 Competition Report - HIC Summary

OK-502 - Oklahoma City CoC

For HIC conducted in January/February of 2026

## HMIS Bed Coverage Rates

| Project Type | Total Year-Round, Current Beds | Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database | Total Year-Round, Current, Non-VSP Beds | Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster* | Adjusted*** Total Year-Round, Current, Non-VSP Beds | Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds |
|---|---|---|---|---|---|---|
| ES | 829 | 645 | 829 | 0 | 829 | 77.8% |
| SH | 20 | 20 | 20 | 0 | 20 | 100.0% |
| TH | 292 | 209 | 292 | 0 | 292 | 71.6% |
| RRH | 649 | 649 | 649 | 0 | 649 | 100.0% |
| PSH | 1,245 | 544 | 1,245 | 0 | 1,245 | 43.7% |
| OPH | 0 | 0 | 0 | 0 | 0 | NA |
| **Total** | **3,035** | **2,067** | **3,035** | **0** | **3,035** | **68.1%** |

# 2026 Competition Repor

OK-502 - Oklahoma City CoC

For HIC conducted in Januar

## HMIS Bed Coverage Rates

| Project Type | Total Year-Round, Current Beds | Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database | Total Year-Round, Current, VSP Beds | Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster** | Adjusted*** Total Year-Round Current, VSP Beds | HMIS Comparable Bed Coverage Rate for VSP Beds |
|---|---|---|---|---|---|---|
| ES | 829 | 0 | 0 | 0 | 0 | NA |
| SH | 20 | 0 | 0 | 0 | 0 | NA |
| TH | 292 | 0 | 0 | 0 | 0 | NA |
| RRH | 649 | 0 | 0 | 0 | 0 | NA |
| PSH | 1,245 | 0 | 0 | 0 | 0 | NA |
| OPH | 0 | 0 | 0 | 0 | 0 | NA |
| **Total** | **3,035** | **0** | **0** | **0** | **0** | **NA** |

# 2026 Competition Repor

OK-502 - Oklahoma City CoC

For HIC conducted in Januar

## HMIS Bed Coverage Rates

| Project Type | Total Year-Round, Current Beds | Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database | Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds | HMIS and Comparable Database Coverage Rate |
|---|---|---|---|---|
| ES | 829 | 645 | 829 | 77.80% |
| SH | 20 | 20 | 20 | 100.00% |
| TH | 292 | 209 | 292 | 71.58% |
| RRH | 649 | 649 | 649 | 100.00% |
| PSH | 1,245 | 544 | 1,245 | 43.69% |
| OPH | 0 | 0 | 0 | NA |
| **Total** | **3,035** | **2,067** | **3,035** | **68.11%** |

# 2026 Competition Report - HIC Summary

## OK-502 - Oklahoma City CoC

## For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

# 2026 Competition Report - PIT Summary

OK-502 - Oklahoma City CoC

For PIT conducted in January/February of 2026

## Submission Information

| Date of PIT Count | Received HUD Waiver |
|---|---|
| 1/22/2026 | Not Applicable |

## Total Population PIT Count Data

| Category | 2024 | 2025 | 2026 |
|---|---|---|---|
| PIT Count Type | Sheltered and Unsheltered Count | Sheltered and Unsheltered Count | Sheltered and Unsheltered Count |
| Emergency Shelter Total | 1,146 | 1,195 | 1,178 |
| Safe Haven Total | 27 | 20 | 10 |
| Transitional Housing Total | 232 | 246 | 267 |
| Total Sheltered Count | 1,405 | 1,461 | 1,455 |
| Total Unsheltered Count | 433 | 421 | 412 |
| Total Sheltered and Unsheltered Count* | 1,838 | 1,882 | 1,867 |

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into

## Total People Experiencing Chronic Homelessness

| Category | 2024 | 2025 | 2026 |
|---|---|---|---|
| PIT Count Type | Sheltered and Unsheltered Count | Sheltered and Unsheltered Count | Sheltered and Unsheltered Count |
| Total Sheltered Count | 265 | 294 | 273 |
| Total Unsheltered Count | 209 | 139 | 167 |
| Total | 474 | 433 | 440 |

# Oklahoma City Continuum of Care

## Statement on Advancing Recovery

The Oklahoma City Continuum of Care (CoC), known locally as the Key to Home Partnership, recognizes that ending homelessness for many of the individuals and families we serve requires a system built around recovery from substance use and mental health challenges as a central, driving priority. Advancing recovery is foundational to how we design housing, case management, and crisis response across our system.

## Our Commitment

The CoC is committed to building a recovery-oriented system of care for people experiencing homelessness who are navigating substance use disorder, mental health conditions, or co-occurring disorders. We believe sustained recovery is achievable and that our system's role is to actively connect people to treatment, clinical support, recovery services, and case management as a core part of resolving their homelessness.

Consistent with this commitment, the CoC affirms the following:

- **Recovery housing is a prioritized strategy within our housing inventory.** The CoC will actively seek to expand recovery-oriented housing options so that treatment and sober living environments are a primary, available pathway out of homelessness for people who need them.
- **Treatment access is built into the homelessness response, not layered on top of it.** Coordinated entry actively screens for substance use and mental health treatment needs, and CoC providers work to connect participants to clinical assessment, detox, residential and outpatient treatment, and medication-assisted treatment as part of the housing planning process.
- **Recovery extends beyond clinical treatment.** The CoC recognizes that sustained recovery is more than substance use and mental health services. The CoC will work to expand partners and opportunities for clients to access life skills development, employment services and social connection to help build a stable, self-directed life.
- **Services are trauma-informed and person-centered,** recognizing that substance use and mental health challenges are often rooted in trauma, and that dignity and active engagement in one's own recovery are essential to lasting stability. To improve person-centered service delivery and engagement, we will work to expand our peer recovery workforce.

## Prohibited Activities on CoC-Funded Projects

To protect the health and safety of program participants, staff, and the broader community, no CoC-funded housing project may, on property under the project's control or through activities the project directs off that property:

- Operate a drug injection site or “safe consumption site” of any kind;
- Knowingly distribute drug paraphernalia;
- Knowingly permit the use or distribution of illicit drugs on property under the project's control; or
- Conduct any of the activities listed above under the pretext or label of “harm reduction.”

This prohibition applies to all CoC-funded projects, and is separate from and does not limit a project's ability to offer harm reduction education, overdose prevention supplies such as naloxone, or connections to treatment, so long as none of the activities above occur.

## Remedies for Noncompliance

The CoC will investigate any credible report that a CoC-funded project is in violation of the prohibitions above. Where the CoC determines that a violation has occurred, it will take action proportionate to the severity and persistence of the violation, which may include, in escalating order:

- Written notice of noncompliance to the project's Recipient/Subrecipient, identifying the specific violation and required corrective action;
- A mandatory corrective action plan with defined timelines, which may include additional monitoring, training, or technical assistance;
- Reduced local competition scoring, ranking, or prioritization for the project in the current or a future CoC Program competition;
- Reallocation, reduction, or non-renewal of the project's CoC Program funding, consistent with 24 CFR Part 578 and HUD guidance; and

The CoC will document all findings and corrective actions and will provide the affected project a reasonable opportunity to respond and remedy the violation before funding-level remedies are imposed, except where the health or safety of participants requires more immediate action.

## Recovery as the Foundation of System Design

The CoC has and will continue to deepen direct partnerships with behavioral health and treatment providers to embed clinical and recovery support inside the housing system rather than relying on external referral alone. These partnerships ensure that a person's need for treatment is identified early and addressed as a primary component of their path out of homelessness. Beyond clinical treatment, CoC providers connect participants to employment services, life skills training, and community integration activities that build the broader foundation recovery requires.

## Looking Ahead

The CoC will continue to expand recovery housing capacity, deepen partnerships with treatment and behavioral health providers, grow our peer recovery workforce, and incorporate the voices of people in recovery into how these resources are planned and delivered. We are committed to a system where recovery is not an accommodation but a driving priority in how we end homelessness.

KEY TO HOME PARTNERSHIP

OTHER ATTACHMENTS

1. 1C-1h. MOU with Red Rock Behavioral Health Center- CCBHC
2. 1C-1h. MOU with NorthCare- CCBHC
3. 1C-1h. MOU with HOPE Community Services- CCBHC
4. 1C-9. MOU with Oklahoma City Housing Authority- PHA
5. 1C-9. MOU with Oklahoma Housing Finance Agency- PHA
6. 1C-12. MOU with Sunbeam Family Services- Early Head Start and Head Start
7. 1C-12. MOU with Oklahoma Human Services- Public Pre-K and Child Care Development Fund
8. 1C-12. Letter of Support from Oklahoma State Department of Health- Home Visiting Program
9. 1C-12. MOU with Community Health Centers, Inc.- Healthy Start
10. 1C-12a. MOU with Oklahoma City Public Schools- McKinney Vento Liaison and School District
11. 1D-2a. NOFO Section V.B.1.a.(2)
    a. Proof of web posting- Consolidated Application
    b. CoC Charter- Process for approving Consolidated Application
    c. Proof of email to applicants and key stakeholders that Consolidated Application is posted
12. 1D-2d. NOFO Section V.B.1.a.(2)
    a. Proof of Rejection/Reduction email
13. 1D-2e. NOFO Section V.B.1.a.(2)
    a. Proof of Applicant Notification of Project Application Status

**Memorandum of Understanding**
**BETWEEN**
**NorthCare (CCBHC) AND OK-502 Continuum of Care (CoC)**
***Homeless Preference, Housing Choice Voucher Program***

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership (hereinafter referred to as "CoC") and NorthCare (hereinafter referred to as "CCBHC").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

The purpose of this MOU is to formalize coordination, collaboration, and data-sharing responsibilities between the CoC and the CCBHC in accordance with the FY 2025 HUD Notice of Funding Opportunity (NOFO) for the Continuum of Care Program. This MOU supports a coordinated system of care that addresses homelessness, serious mental illness, substance use disorders, and co-occurring conditions, and promotes housing stability and recovery-oriented services for individuals and families experiencing homelessness. Individuals must be defined as either homeless or at risk of homelessness at the time of referral.

II. GOALS OF MOU

a. To strengthen coordination between the homeless response system and the behavioral health system to improve housing stability and health outcomes for individuals and families experiencing homelessness.

b. To improve access to comprehensive integrated behavioral health services for CoC program participants, including individuals with serious mental illness, substance use disorders, and co-occurring conditions.

c. Commitment of the parties to administer behavioral health services in accordance with all program requirements. The CCBHC and the CoC commit to complying with all programs, including eligibility requirements, waivers, reporting, and alternative requirements. The CoC agrees to prioritize individuals and families for CCBHC assistance, determining homelessness eligibility, referring individuals and families through the CoC's Coordinated Entry System (CES), and planning for and coordinating the delivery of supportive services to support the housing stability of CoC Program participants.

d. Identification of staff person at CCBHC and CoC who will serve as the lead Homeless Preference liaisons:

Lead CCBHC Liaison:

Rachael Picon, LCSW

Lead CoC Liaison:

Jamie Caves

Responsibilities of the CCBHC liaison: serve as the key point of contact between the CCBHC and the CoC; coordinate behavioral health services for individuals referred through the CoC's Coordinated Entry system as applicable; participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law; support resolution of barriers to service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and CCBHC; Facilitate communication between the CCBHC and CoC-funded projects; maintain a HUD-compliant Coordinated Entry System and ensure the CCBHC to support individuals with serious mental illness, substance use disorders, and co-occurring disorders.

## III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party has the right to terminate this MOU upon ninety (90) days prior written notice to other parties. This MOU does not create a financial obligation unless otherwise specified in writing. The CCBHC is not responsible for financing housing or housing-related costs, including rent, utilities, deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

I. Populations Eligible for CCBHC Assistance to be Referred by CoC

a. Eligible Households for Referral. The below-listed groups are eligible for referral to a CCBHC. As with all assistance provided by the CoC, certain groups of the population eligible for assistance will be prioritized for the first receipt of services. Eligibility determinations shall be made in accordance with HUD and CCBHC requirements. The eligible population for CCBHC assistance includes:

- Households meeting HUD's definition of homelessness.
- Households meeting HUD's definition of 'at risk of homelessness'.
- Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

b. Priority Populations for CCBHC Referral. The parties agree to prioritize services for the following populations, consistent with HUD and CCBHC requirements:

- Individuals with serious mental illness.
- Individuals with substance use disorders or co-occurring disorders.
- Individuals experiencing chronic homelessness.
- Individuals with frequent crisis service utilization.

II. Services to be Provided to Eligible CCBHC Individuals Through this partnership, the following services may be provided, subject to funding and capacity:

- Behavioral health assessments and diagnoses.
- Mental health and substance use disorder treatment.
- Crisis intervention and stabilization services.

- Care coordination and case consultation.
- Supportive services that promote housing stability and recovery.

III. CCBHC Roles and Responsibilities:

- Coordinate behavioral health services for individuals referred through the CoC, as applicable.
- Prioritize access to behavioral health assessments, treatment, and recovery supports for individuals experiencing homelessness or at risk of homelessness.
- Participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law.
- Provide services consistent with CCBHC certification requirements, including:
  - 24/7 crisis services
  - Integrated mental health and substance use disorder treatment
  - Person-centered planning
- Support Housing First practices by delivering services without housing readiness requirements.
- Comply with all applicable federal, state, and local laws regarding confidentiality, including HIPAA and 42 CFR Part 2.

IV. CoC Roles and Responsibilities

- Maintain a HUD-compliant Coordinated Entry (CE) System and ensure the CCBHC is integrated into CE processes, as appropriate.
- Facilitate collaboration between CoC-funded projects and the CCBHC to support individuals with serious mental illness, substance use disorders, and co-occurring disorders.
- Ensure CoC policies align with HUD requirements
- Support HMIS participation and data quality standards consistent with HUD requirements.
- Provide the CCBHC with relevant CoC policies, written standards, and system updates.
- Engage the CCBHC in CoC planning, system coordination meetings, and relevant committees, as appropriate.

V. Program Evaluation, Care Coordination, and Continuous Improvement

The CCBHC and CoC or designated CoC recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

The parties agree to engage in coordinated care activities to support participant housing stability and recovery. These activities may include:

- Case conferencing or care coordination through established CCMSA, YCCM, or VCCM workgroups which may include CoC-funded providers, CCBHC staff, Coordinated Entry representatives, and other relevant and appropriate partners with the non-binding goals of improving housing retention and stability, reducing crisis service utilization, and increasing engagement in voluntary behavioral health services.

The parties agree to explore opportunities for mutual training and technical assistance, including:

- Cross training on Coordinated Entry and other CoC policies
- Training on behavioral health system access, confidentiality, and crisis response
- Joint participation in learning collaboratives or system improvement initiatives

VI. Data Sharing, Confidentiality, and Referrals

Data Sharing will occur only with valid, time-limited Releases of Information executed by program participant. All data sharing shall comply with applicable federal and state confidentiality laws and regulations, including:

- The Health Insurance Portability and Accountability Act (HIPAA);
- 42 CFR Part 2, where applicable; and
- Any applicable state confidentiality requirements.

Only the minimum necessary information required to coordinate care and services shall be shared. Participation in HMIS and any sharing of HMIS data between CoC and CCBHC shall occur only as permitted by HUD HMIS requirements, CoC policies, and applicable laws. HMIS data sharing does not include protected health information unless permitted by law and authorized by participant consent. This MOU does not replace or supersede any required Data Sharing Agreement (DSA), Business Associate Agreement (BAA), or Qualified Service Organization Agreement (QSOA), as applicable.

Referral through the CoC's Coordinated Entry system does not constitute a guarantee of housing placement or enrollment in behavioral health or other services. Acceptance of referrals and enrollment in services is contingent upon, but not limited to:

- Program eligibility requirements;
- Clinical appropriateness and medical necessity;
- Program capacity;
- Participant consent and choice; and
- Other applicable federal, state, or local requirements.

Signatures:

AD BC

*OK—502 Continuum of Care*

Printed Name: Gary Brooks

Title: Board Chair

Date: 9/25/24

*NorthCare*

Printed Name: Sally Kerr, MHR, LPC

Title: Executive Director

Date: 9/22/24

**Memorandum of Understanding**
**BETWEEN**
**HOPE Community Services (CCBHC) AND Key to Home Partnership (CoC)**
***Homeless Preference, Housing Choice Voucher Program***

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership (hereinafter referred to as "CoC") and HOPE Community Services (hereinafter referred to as "CCBHC").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

The purpose of this MOU is to formalize coordination, collaboration, and data-sharing responsibilities between the CoC and the CCBHC in accordance with the FY 2025 HUD Notice of Funding Opportunity (NOFO) for the Continuum of Care Program. This MOU supports a coordinated system of care that addresses homelessness, serious mental illness, substance use disorders, and co-occurring conditions, and promotes housing stability and recovery-oriented services for individuals and families experiencing homelessness. Individuals must be defined as either homeless or at risk of homelessness at the time of referral.

II. GOALS OF MOU

a. To strengthen coordination between the homeless response system and the behavioral health system to improve housing stability and health outcomes for individual and families experiencing homelessness.

b. To improve access to comprehensive integrated behavioral health services for CoC program participants, including individuals with serious mental illness, substance use disorders, and co-occurring conditions.

c. Commitment of the parties to administer behavioral health services in accordance with all program requirements. The CCBHC and the CoC commit to complying with all programs, including eligibility requirements, waivers, reporting, and alternative requirements. The CoC agrees to prioritize individuals and families for CCBHC assistance, determining homelessness eligibility, referring individuals and families through the CoC's Coordinated Entry System (CES), and planning for and coordinating the delivery of supportive services to support the housing stability of CoC Program participants.

d. Identification of staff person at CCBHC and CoC who will serve as the lead Homeless Preference liaisons:

Lead CCBHC Liaison:

Heather Helberg

Lead CoC Liaison:

Jamie Caves

Responsibilities of the CCBHC liaison: serve as the key point of contact between the CCBHC and the CoC; coordinate behavioral health services for individuals referred through the CoC's Coordinated Entry system as applicable; participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law; support resolution of barriers to service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and CCBHC; Facilitate communication between the CCBHC and CoC-funded projects; maintain a HUD-compliant Coordinated Entry System and ensure the CCBHC to support individuals with serious mental illness, substance use disorders, and co-occurring disorders.

## III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party have the right to terminate this MOU upon ninety (90) days prior written notice to other parties. This MOU does not create a financial obligation unless otherwise specified in writing. The CCBHC is not responsible for financing housing or housing-related costs, including rent, utilities, deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

I. Populations Eligible for CCBHC Assistance to be Referred by CoC

a. Eligible Households for Referral. The below-listed groups are eligible for referral to a CCBHC. As with all assistance provided by the CoC, certain groups of the population eligible for assistance will be prioritized for the first receipt of services. Eligibility determinations shall be made in accordance with HUD and CCBHC requirements. The eligible population for CCBHC assistance includes:

- Households meeting HUD's definition of homelessness.
- Households meeting HUD's definition of 'at risk of homelessness'.
- Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

b. Priority Populations for CCBHC Referral. The parties agree to prioritize services for the following populations, consistent with HUD and CCBHC requirements:

- Individuals with serious mental illness.
- Individuals with substance use disorders or co-occurring disorders.
- Individuals experiencing chronic homelessness.
- Individuals with frequent crisis service utilization.

II. Services to be Provided to Eligible CCBHC Individuals Through this partnership, the following services may be provided, subject to funding and capacity:

- Behavioral health assessments and diagnoses.
- Mental health and substance use disorder treatment.
- Crisis intervention and stabilization services.

- Care coordination and case consultation.
- Supportive services that promote housing stability and recovery.

III. CCBHC Roles and Responsibilities:

- Coordinate behavioral health services for individuals referred through the CoC, as applicable.
- Prioritize access to behavioral health assessments, treatment, and recovery supports for individuals experiencing homelessness or at risk of homelessness.
- Participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law.
- Provide services consistent with CCBHC certification requirements, including:
  - 24/7 crisis services
  - Integrated mental health and substance use disorder treatment
  - Person-centered planning
- Support Housing First practices by delivering services without housing readiness requirements.
- Comply with all applicable federal, state, and local laws regarding confidentiality, including HIPAA and 42 CFR Part 2.

IV. CoC Roles and Responsibilities

- Maintain a HUD-compliant Coordinated Entry (CE) System and ensure the CCBHC is integrated into CE processes, as appropriate.
- Facilitate collaboration between CoC-funded projects and the CCBHC to support individuals with serious mental illness, substance use disorders, and co-occurring disorders.
- Ensure CoC policies align with HUD requirements
- Support HMIS participation and data quality standards consistent with HUD requirements.
- Provide the CCBHC with relevant CoC policies, written standards, and system updates.
- Engage the CCBHC in CoC planning, system coordination meetings, and relevant committees, as appropriate.

V. Program Evaluation, Care Coordination, and Continuous Improvement

The CCBHC and CoC or designated CoC recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

The parties agree to engage in coordinated care activities to support participant housing stability and recovery. These activities may include:

- Case conferencing or care coordination through established CCMSA, YCCM, or VCCM workgroups which may include CoC-funded providers, CCBHC staff, Coordinated Entry representatives, and other relevant and appropriate partners with the non-binding goals of improving housing retention and stability, reducing crisis service utilization, and increasing engagement in voluntary behavioral health services.

The parties agree to explore opportunities for mutual training and technical assistance, including:

- Cross training on Coordinated Entry and other CoC policies
- Training on behavioral health system access, confidentiality, and crisis response
- Joint participation in learning collaboratives or system improvement initiatives

VI. Data Sharing, Confidentiality, and Referrals

Data Sharing will occur only with valid, time-limited Releases of Information executed by program participant. All data sharing shall comply with applicable federal and state confidentiality laws and regulations, including:

- The Health Insurance Portability and Accountability Act (HIPAA);
- 42 CFR Part 2, where applicable; and
- Any applicable state confidentiality requirements.

Only the minimum necessary information required to coordinate care and services shall be shared. Participation in HMIS and any sharing of HMIS data between CoC and CCBHC shall occur only as permitted by HUD HMIS requirements, CoC policies, and applicable laws. HMIS data sharing does not include protected health information unless permitted by law and authorized by participant consent. This MOU does not replace or supersede any required Data Sharing Agreement (DSA), Business Associate Agreement (BAA), or Qualified Service Organization Agreement (QSOA), as applicable.

Referral through the CoC's Coordinated Entry system does not constitute a guarantee of housing placement or enrollment in behavioral health or other services. Acceptance of referrals and enrollment in services is contingent upon, but not limited to:

- Program eligibility requirements;
- Clinical appropriateness and medical necessity;
- Program capacity;
- Participant consent and choice; and
- Other applicable federal, state, or local requirements.

Signatures:

OK—502 Continuum of Care

Printed Name: Gary Brooks

Title: President

Date: 5-22-26

HOPE Community Services

Printed Name: Heather G Helberg

Title: CEO

Date: 5-15-26

**Memorandum of Understanding**
**BETWEEN**
**Oklahoma City Housing Authority (PHA) AND OK-502 Continuum of Care (CoC)**
***Homeless Preference, Housing Choice Voucher Program***

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership (hereinafter referred to as "CoC") and the Oklahoma City Housing Authority (hereinafter referred to as "PHA").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

The purpose of this MOU is to set forth how the Public Housing Authority (PHA) and the local Continuum of Care (CoC) will collaborate in the implementation of the Housing Choice Voucher Program (HCVP) Homeless Preference and how that initiative will support the community's goal to prevent and end homelessness in Oklahoma City. Individuals must be defined as either homeless or at risk of homelessness at the time of referral. The intent of the HCVP is to rapidly provide tenant-based assistance, in the form of a voucher, to individuals & households experiencing homelessness.

II. Goals of MOU

a. To ensure to the maximum extent possible that homeless and medically vulnerable clients referred to PHA for housing assistance receive the support they need to comply with relevant Housing Choice Voucher ("HCV") Program requirements.

b. To determine areas of responsibility to maximize the rapid and efficient provision of housing and supportive services for homeless clients participating in PHA's HCVP.

c. Commitment of the parties to administer the HCVs in accordance with all program requirements. The PHA and the CoC commit to complying with all programs, including eligibility requirements, waivers, and alternative requirements, designed to ensure voucher access for individuals experiencing homelessness who may have barriers to lease up. The CoC agrees to prioritize individuals and families for HCV assistance, determining homelessness eligibility, referring individuals and families through the CoC's Coordinated Entry System (CES), supporting individuals and families in processing voucher applications, supporting the housing search process, and planning for and coordinating the delivery of supportive services to support the housing stability of HCV participants.

d. Identification of staff person at PHA and CoC who will serve as the lead Homeless Preference liaisons:

Lead PHA HCV Liaison:

Mark Gillett

Lead CoC Liaison:

Jamie Caves

Responsibilities of the PHA liaison: serve as the key point of contact between the PHA and the CoC; in coordination with the CoC, develop benchmarks for successful implementation of the HCVP homeless preference; have regular monthly (or more frequently as needed) meetings with the CoC liaison and provide updates on available vouchers, vouchers under the lease, coordinate PHA efforts to outreach to area landlords to secure participation in the HCVP; identify barriers to voucher issuance or unit lease-up and collaborate with CoC to address barriers; ensure that the PHA or entity providing services to HCV participants is informed regarding key program issues including whether vouchers are about to expire without leasing, whether the PHA is planning action that could lead to the termination of participation, and/or whether the PHA is unable to contact the participant. Have periodic meetings with CoC counterparts to monitor lease-up and identify actions needed to maintain the leasing schedule and to maintain occupancy for those placed in housing.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and PHA; ensure that sufficient individuals and families eligible for the HCVP are referred to the PHA through CES to lease all available HCVs; ensure that referred individuals are able to engage with the PHA, attend necessary briefings, complete documentation requirements, and understand actions that need to be taken to secure a qualified unit, obtain PHA approval of the unit, and enter into a lease; and coordinate services providers so that participants are able to access support in maintaining housing stability. Have periodic meetings with PHA counterparts to monitor lease-up and identify actions needed to maintain the leasing schedule and to maintain occupancy for those placed in housing.

## III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will automatically renew on an annual basis, subject to the continued availability of funding. Additionally, each party reserves the right to terminate this MOU upon ninety (90) days' prior written notice to the other parties.

### I. Populations Eligible for HCV Homeless Preference Assistance to be Referred by CoC

a. Universe of Eligible Household for HCV. The below-listed groups are eligible for referral for an HCV. As with all assistance provided by the CoC, certain groups of the population eligible for assistance will be prioritized for the first receipt of HCVs. The eligible population for HCV assistance includes:

- Households meeting HUD's definition of homelessness.
- Households meeting HUD's definition of 'at risk of homelessness'.
- Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

b. Priority Populations for HCV Assistance. Vouchers to prevent and end homelessness in the community will be given priority to the following groups to receive HCVs. The CoC will make referrals to the PHA according to the following eligible categories. All individuals and families referred to the PHA will meet one of the eligibility factors for HCV identified above.

- Individuals and households experiencing literal homelessness.

- Individuals and households who meet the definition of chronically homelessness.
- Individuals and households engaged in CoC's Encampment Rehousing Initiatives (ERI).
- Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- Individuals and households currently housed in CoC-supported Permanent Supportive Housing (PSH) who have been assessed for and are interested in 'moving on' from the PSH to more independent living with continuing subsidies. These 'move-ons' will open current CoC PSH units, allowing currently chronic homeless people to be housed.
- Individuals and households currently receiving Rapid Re-Housing (RRH) assistance through either the CoC or ESG programs. These will be households nearing the end of the time-limited RRH assistance who lack and are not likely to acquire sufficient income to meet housing and other essential living costs without continuing housing subsidies.

II. Services to be Provided to Eligible HCV Families

CoC and/or nonprofit service provider member agencies of the CoC shall provide the following services to families eligible for HCVs to support them in acquiring vouchers, securing housing, and maintaining housing stability:

1. Preparation for voucher issuance. CoC service providers referring for HCVs will assist in securing necessary documentation, including household composition, income verification for all household members, Social Security cards, and any need for reasonable accommodations in the voucher issuance or housing search process.

2. Coordination with PHA. CoC service providers will assist participants in attending PHA briefings on the voucher, completing intake interviews, assembling additional required documentation, and facilitating access to the PHA for meetings and briefings.

3. Housing search assistance. Partnering service providers will assist voucher holders in locating and securing housing. This includes transportation assistance, information on rental opportunities within the housing market, preparation for and meetings with potential landlords, and identification and access to neighborhood services and amenities.

4. Understanding obligations of tenancy. Partnering service providers will support voucher holders and tenants meet their tenancy obligations. As part of the program entry process, partners will familiarize participants with the key obligations of leaseholders, including rent and utility payments, authorized and unauthorized occupancy, minimum housekeeping standards, and allowing fellow residents to have peaceful enjoyment of their units. Providers will reinforce those understandings once the participants have signed their leases by reviewing the key lease terms with participants again. Property owners will be strongly encouraged to contact participating service providers if tenant behaviors could lead to the loss of housing and agree to work with the provider before commencing eviction proceedings.

5. Support in maintaining housing stability. Partnering service providers will assign case managers to program participants. Case managers will assist participants in developing a housing stability plan to proactively address issues that could lead to housing instability, including income, behavioral health concerns, and employment.

8. Linkages to benefits and community supports. Partnering providers will assist program participants in applying for and securing benefits to which they are entitled. Providers will support participants in securing benefits and accessing community resources.

III. PHA Roles and Responsibilities:

1. Administer HCVs consistent with the operating requirements established by HUD and ensure that allocated vouchers are utilized.

2. The PHA agrees that the only people to be admitted to the HCV Homeless Preference program will be those who are referred through the Coordinated Entry process. The only exceptions shall be people experiencing or fleeing domestic abuse or violence, including those requiring emergency transfers. DV survivors may access HCVs with a referral from a CoC-funded Domestic Violence Provider.

3. The PHA agrees that the only people to be admitted to the HCV Homeless Preference program will be those who are referred through the Coordinated Entry process.

4. The PHA agrees that all current and prior actions by applicants that may be grounds for denying entry to the HCV program will be considered on a case-by-case basis. An individualized assessment will be made of all prospective HCV holders – only those persons individually determined to pose a risk to themselves, other residents, or program staff will be denied a voucher.

5. The PHA will administer the HCVP's rules and regulations, including all regulatory waivers adopted in accordance with waivers adopted by the PHA for the HCVP.

6. Provide Housing Assistance Payments ("HAPs") to landlords on behalf of clients in accordance with PHA 's Administrative Plan for Section 8 Programs and all other relevant HUD regulations, guidelines, and requirements.

7. Notify CoC and service provider partners if PHA becomes aware or discovers that the client is in violation of HCVP rules or the client's lease.

IV. CoC Roles and Responsibilities

1. Designate an HCVP Lead to communicate regularly with the PHA and set quarterly meetings to review voucher utilization, the rate of referrals of eligible participants from CoC, declinations of referrals from PHA, vouchers terminated or at risk of termination, and strategies to support participant housing stability.

2. Establish assessment and prioritization policies for the HCVP and refer sufficient eligible households to the PHA to meet the lease-up schedule agreed to by the PHA and CoC. The PHA and CoC will jointly agree to a referral and leasing schedule that will ensure that there are sufficient referrals to lease available HCVs and that the timing of referrals is coordinated to ensure that the PHA and partnering service providers are not over-burdened but have a steady pipeline of eligible applicants. As part of the referral process, the CoC will provide the PHA with sufficient documentation to establish eligibility for the HCVP.

3. Have periodic meetings of senior officials of the PHA, CoC leadership, and leadership of participating service providers. These high-level meetings will review leasing progress, the rate of referrals to the PHA, and the prioritization of vouchers.

V. Program Evaluation

The PHA and CoC or designated CoC recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

Signatures:

*OK—502 Continuum of Care*

Printed Name: Gary Brooks

Title: Board Chair

Date: 5-22-26

Mark W. Gillett

*Oklahoma City Housing Authority*

Printed Name: Mark W. Gillett

Title: Executive Director

Date: 5/14/2026

Memorandum of Understanding
BETWEEN
Oklahoma Housing Finance Agency (OHFA) AND OK-502 Continuum of Care (CoC)
*Homeless Preference, Housing Choice Voucher Program*

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership (hereinafter referred to as "KTH") and the Oklahoma Housing Finance Agency (hereinafter referred to as "OHFA").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

The purpose of this MOU is to set forth how Oklahoma Housing Finance Agency (OHFA) and OK-502 Continuum of Care, locally branded as the Key To Home Partnership (KTH) will collaborate in the implementation of the Housing Choice Voucher Program (HCVP) Homeless Preference and how that initiative will support the community's goal to prevent and end homelessness in Oklahoma City. Individuals must be defined as either homeless or at risk of homelessness at the time of referral. The intent of HCVP is to rapidly provide tenant-based assistance, in the form of a voucher, to individuals & households experiencing homelessness.

II. Goals of MOU

a. To ensure to the maximum extent possible that homeless and medically vulnerable clients referred to OHFA for housing assistance receive the support they need to comply with relevant Housing Choice Voucher ("HCV") Program requirements.

b. To determine areas of responsibility to maximize the rapid and efficient provision of housing and supportive services for homeless clients participating in OHFA's HCVP.

c. Commitment of the parties to administer the HCVs in accordance with all program requirements. OHFA and KTH commit to complying with all programs, including eligibility requirements, waivers, and alternative requirements, designed to ensure voucher access for individuals experiencing homelessness who may have barriers to lease up. KTH agrees to prioritize individuals and families for HCV assistance, determining homelessness eligibility, referring individuals and families through KTH's Coordinated Entry System (CES), supporting individuals and families in processing voucher applications, supporting the housing search process, and planning for and coordinating the delivery of supportive services to support the housing stability of HCV participants.

d. Identification of staff person at OHFA and KTH who will serve as the lead Homeless Preference liaisons:

Lead OHFA HCV Liaison:
Emmy Hise-Doran
Ken Erb

Lead KTH Liaison:
David M. Delgado
Jamie Caves

Responsibilities of OHFA liaison: serve as the key point of contact between OHFA and KTH; in coordination with KTH, develop benchmarks for successful implementation of the HCVP homeless preference; have regular monthly (or more frequently as needed) meetings with KTH liaison and provide updates on available vouchers, vouchers under the lease, coordinate OHFA efforts to outreach to area landlords to secure participation in the HCVP; identify barriers to voucher issuance or unit lease-up and collaborate with KTH to address barriers; ensure that OHFA or entity providing services to HCV participants is informed regarding key program issues including whether vouchers are about to expire without leasing, whether OHFA is planning action that could lead to the termination of participation, and/or whether OHFA is unable to contact the participant. Have periodic meetings with KTH counterparts to monitor lease-up and identify actions needed to maintain the leasing schedule and to maintain occupancy for those placed in housing.

Responsibilities of the CoC Liaison: serve as the key point of contact between the KTH and OHFA; ensure that sufficient individuals and families eligible for the HCVP are referred to OHFA through CES to lease all available HCVs allocated by OHFA ,as funding allows; ensure that referred individuals are able to engage with OHFA, attend necessary briefings, complete documentation requirements, and understand actions that need to be taken to secure a qualified unit, obtain OHFA approval of the unit, and enter into a lease; and coordinate services providers so that participants are able to access support in maintaining housing stability. Have periodic meetings with OHFA counterparts to monitor lease-up and identify actions needed to maintain the leasing schedule and to maintain occupancy for those placed in housing.

III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 12 months from the date of signing. At the end of the 12 months, if there are no objections, the MOU shall renew automatically. Each party has the right to terminate this MOU upon ninety (90) days prior written notice to other parties.

I. Populations Eligible for HCV Homeless Preference Assistance to be Referred by KTH

a. Universe of Eligible Household for HCV. The below-listed groups are eligible for referral for an HCV. As with all assistance provided by KTH, certain groups of the population eligible for assistance will be prioritized for the first receipt of HCVs. The eligible population for HCV assistance includes:
   - Households meeting HUD's definition of homelessness.
   - Households meeting HUD's definition of 'at risk of homelessness'.
   - Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
   - Households require ongoing supportive services and/or continued financial assistance due to documented housing instability.

b. Priority Populations for HCV Assistance. Vouchers to prevent and end homelessness in the community will be given priority to the following groups to receive HCVs. KTH will

make referrals to OHFA according to the following eligible categories. All individuals and families referred to OHFA will meet one of the eligibility factors for HCV identified above.

- Individuals and households experiencing literal homelessness.
- Individuals and households engaged in OK-502 CoC's Encampment Rehousing Initiatives (ERI).
- Any household fleeing, attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- Individuals and households with a documented history of housing instability who require ongoing supportive services and/or continued financial assistance.
    - Must qualify under bullets 1-4 above at the time of the housing program enrollment and/or start of the HCV contract.

II. Services to be Provided to Eligible HCV Families

KTH and/or nonprofit service provider member agencies of KTH shall provide the following services to families eligible for HCVs to support them in acquiring vouchers, securing housing, and maintaining housing stability:

1. Preparation for voucher issuance. KTH service providers referring for HCVs will assist in securing necessary documentation, including household composition, income verification for all household members, Social Security cards, and any need for reasonable accommodation in the voucher issuance or housing search process.

2. Coordination with OHFA. KTH service providers will assist participants in certifying to watching and/or attending OHFA briefings on the voucher, completing intake referral documents/interviews, assembling additional required documentation, and facilitating access to OHFA for meetings.

3. Housing search assistance. Partnering service providers will assist voucher holders in locating and securing housing. This includes transportation assistance, information on rental opportunities within the housing market, preparation for and meetings with potential landlords, and identification and access to neighborhood services and amenities.

4. Understanding obligations of tenancy. Partnering service providers will support voucher holders and tenants meet their tenancy obligations. As part of the program entry process, partners will familiarize participants with the key obligations of leaseholders, including rent and utility payments, authorized and unauthorized occupancy, minimum housekeeping standards, and allowing fellow residents to have peaceful enjoyment of their units. Providers will reinforce those understandings once the participants have signed their leases by reviewing the key lease terms with participants again. Property owners will be strongly encouraged to contact participating service providers if tenant behaviors could lead to the loss of housing and agree to work with the provider before commencing eviction proceedings.

5. Support in maintaining housing stability. Partnering service providers will assign case managers to program participants. Case managers will assist participants in developing a housing stability plan to proactively address issues that could lead to housing instability, including income, behavioral health concerns, and employment.

8. Linkages to benefits and community supports. Partnering providers will assist program participants in applying for and securing benefits to which they are entitled. Providers will support participants in securing benefits and accessing community resources.

III. OHFA Roles and Responsibilities:

OHFA will dedicate a minimum of 120 vouchers (10 per month) per calendar year for expedited referrals, contingent upon receipt of sufficient funds from HUD. OHFA will determine whether vouchers in excess of 120 per calendar year may be issued based on a review, confirming sufficient funding is available from HUD for additional allocation.

1. Administer HCVs consistent with the operating requirements established by HUD and ensure that allocated vouchers are utilized.

2. OHFA agrees that the only people to be admitted to the HCV Homeless Preference program will be those who are referred through the Coordinated Entry process. The only exceptions shall be people experiencing or fleeing domestic abuse or violence, including those requiring emergency transfers. DV survivors may access HCVs with a referral from a KTH-funded DV Provider. DV referrals must come from KTH-funded DV provider list provided to OHFA.

3. OHFA agrees that all current and past actions by applicants that could constitute grounds for denying entry into the HCV program will be reviewed on a case-by-case basis, provided the applicants meet HUD's regulatory eligibility requirements. Each prospective HCV participant will receive an individualized assessment. Applicants who are determined to pose a risk to themselves, other residents, or program staff will be denied eligibility for the HCV program.

4. OHFA shall administer all Housing Choice Voucher Program (HCVP) rules and regulations in accordance with the U.S. Department of Housing and Urban Development's governing requirements, including all HUD-authorized regulatory waivers adopted by OHFA for the administration of the HCVP.

5. Provide Housing Assistance Payments ("HAPs") to landlords on behalf of clients in accordance with OHFA 's Administrative Plan for Section 8 Programs and all other relevant HUD regulations, guidelines, and requirements.

6. Notify KTH and service provider partners if OHFA becomes aware or discovers that the client is in violation of HCVP rules or the client's lease.

IV. KTH Roles and Responsibilities

1. Designate an HCVP Lead to communicate regularly with OHFA and set quarterly meetings to review voucher utilization, the rate of referrals of eligible participants from KTH, declinations of referrals from OHFA, vouchers terminated or at risk of termination, and strategies to support participant housing stability.

2. Establish assessment and prioritization policies for the HCVP and refer sufficient eligible households to OHFA to meet the lease-up schedule agreed to by OHFA and KTH. OHFA and KTH will jointly agree to a referral and leasing schedule that will ensure that there are sufficient referrals to lease available HCVs and that the timing of referrals is coordinated to ensure that OHFA and partnering service providers are not over-burdened but have a steady pipeline of eligible applicants. As part of the referral process, KTH will provide OHFA with sufficient documentation to establish eligibility for the HCVP.

3. Have periodic meetings of senior officials of OHFA, KTH leadership, and leadership of participating service providers. These high-level meetings will review leasing progress, the rate of referrals to OHFA, and the prioritization of vouchers.

V. Program Evaluation

OHFA and KTH or designated KTH recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

Signatures:

*OK-502 Continuum of Care*

Printed Name: Gary D. Brooks

Title: KTH Board Chair

Date: 5-22-26

*Oklahoma Housing Finance Agency*

Printed Name: Deborah Jenkins

Title: Executive Director

Date: 5/18/2026

**Memorandum of Understanding**
**BETWEEN**
**Sunbeam Family Services (Sunbeam) AND Key to Home Partnership (CoC)**

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership, (hereinafter referred to as "CoC") and Sunbeam Family Services (hereinafter referred to as "Sunbeam").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

This Memorandum of Understanding (MOU) establishes a collaborative partnership between the Continuum of Care and Sunbeam Family Services to ensure that families with children ages 0–5 who are experiencing homelessness are informed of and connected to available early childhood education and developmental services. This agreement supports compliance with HUD Continuum of Care Program requirements and promotes equitable access to educational opportunities for young children experiencing homelessness.

II. GOALS OF MOU

a. To Increase access to early childhood education programs for families experiencing homelessness.

b. Promote school readiness, healthy child development, and continuity of early childhood services for children ages 0–5.

c. Identification of staff person at Sunbeam and CoC who will serve as the lead Homeless Preference liaisons:

Lead Sunbeam Liaison:

Elizabeth Clifford

Lead CoC Liaison:

Jamie Caves

Responsibilities of the Sunbeam liaison: serve as the key point of contact between Sunbeam and the CoC; coordinate educational referrals and service connections for individuals and families; support resolution of barriers to educational service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and Sunbeam; Facilitate communication between Sunbeam and CoC-funded projects; and support the educational partner's connection to households experiencing homelessness.

III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party have the right to terminate this MOU upon ninety (90) days prior written notice to other parties. This MOU does not create a financial obligation unless otherwise specified in writing. Sunbeam is not responsible for financing housing or housing-related costs, including rent, utilities, deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

I. Populations Eligible for Educational Assistance to be Referred by CoC

- Eligible Households for Referral. The below-listed groups are eligible for referral to Educational Assistance. As with all assistance provided by the CoC, certain groups of the population eligible for assistance will be prioritized for the first receipt of services. The eligible population for Sunbeam assistance includes:
    a. Families with children ages birth through five who meet HUD's definition of literal homelessness.
    b. Families actively enrolled in a homeless program within the OKC CoC.
    c. Families meeting HUD's definition of at risk of homelessness, when the receiving program permits such referrals.
    d. Families with children ages 0–5 who are fleeing, attempting to flee, or otherwise experiencing domestic violence, dating violence, sexual assault, stalking, or human trafficking, subject to applicable program requirements.

II. Services to be Provided to Eligible Individuals Through this partnership, the following services may be provided, subject to program eligibility, funding, capacity, and applicable law:

- Early childhood education and family support referrals.
- Head Start and Early Head Start referrals and enrollment assistance, as applicable.
- Preschool and LEA-administered early childhood education referrals, as applicable.
- IDEA Part C early intervention and IDEA Part B preschool special education referrals, as applicable.
- Developmental screening and early learning supports.
- Child care and child care subsidy information and referrals.
- Family engagement, parenting education, and other supports that promote school readiness and healthy development.
- Transportation and barrier-resolution coordination, when available.

III. Sunbeam Roles and Responsibilities:

- Serve as the key point of contact for early childhood education and family support coordination.
- Provide or coordinate appropriate early childhood education, developmental, and family support referrals, subject to program eligibility and capacity.
- Maintain current information regarding available early childhood programs and designated contacts.
- Assist families in navigating enrollment and service-access barriers.
- Support timely communication with the CoC regarding changes in service availability, eligibility, or referral procedures.

IV. CoC Roles and Responsibilities

- Facilitate collaboration between CoC-funded projects and Sunbeam to support families with children ages 0–5.
- Ensure CoC policies align with applicable HUD requirements.
- Support HMIS participation and data quality standards consistent with HUD requirements.
- Provide Sunbeam with relevant CoC policies, written standards, and system updates.
- Engage Sunbeam in CoC planning, system coordination meetings, and relevant committees, as appropriate.

V. Program Evaluation, Care Coordination, and Continuous Improvement

Sunbeam and CoC or designated CoC recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

The parties agree to engage in coordinated care activities to support participant housing stability and recovery. These activities may include:

- Review of referral and enrollment barriers affecting families experiencing homelessness.
- Joint efforts to improve timely connection to Head Start, Early Head Start, preschool, IDEA, child care, and other early childhood services.
- Periodic review of aggregate referral outcomes and service gaps.

VI. Data Sharing, Confidentiality, and Referrals

Data sharing will occur only when legally permitted and, where required, with appropriate participant consent or authorization. All data sharing shall comply with applicable federal and state confidentiality and privacy laws, including FERPA where applicable and any other privacy requirements applicable to the information being shared. Only the minimum information necessary to coordinate referrals and services shall be shared. HMIS participation and any sharing of HMIS data shall occur only as permitted by HUD HMIS requirements, CoC policies, and applicable law. This MOU does not replace or supersede any required Data Sharing Agreement or other legally required agreement.

Acceptance of referrals and enrollment in educational services is contingent upon, but not limited to:

- Program eligibility requirements;
- Availability and capacity of the educational program or service;
- Parent/guardian consent or youth consent, when required;
- Participant choice and applicable educational rights; and
- Other applicable federal, state, or local requirements.

## VII. Policies and Procedures for Informing Families of Educational Services

The CoC and Partner adopt the following written policy and procedure: individuals and families who newly experience homelessness and who have children or youth will be informed, as part of CoC intake, outreach, Coordinated Entry, shelter, housing, or other homeless assistance contacts, of potentially available educational services for which their children or youth may be eligible.

At initial contact, CoC staff or a designated provider will:

- Ask whether the household includes children ages birth through five, school-age children, or youth.
- Provide written, electronic, verbal, or other accessible information regarding available educational services and rights.
- Provide information regarding the applicable early childhood provider, LEA, school district, or McKinney-Vento homeless education liaison.
- Explain that eligibility and enrollment requirements vary by program and that homelessness may affect access or prioritization for certain services.
- Offer a warm referral and, when authorized, facilitate direct contact with the appropriate educational provider or liaison.
- Document that educational information was provided and that a referral was offered or completed, consistent with privacy requirements.
- Provide information in the family's preferred language and accessible format when reasonably available.
- Assist with identified barriers to enrollment, transportation, records, documentation, communication, or other access requirements.
- Follow up, when appropriate, to determine whether the family was successfully connected to educational services.

The Partner will maintain current contact information for its designated liaison or point of contact and will cooperate with the CoC in updating educational-resource information distributed to families.

Signatures:

*OK—502 Continuum of Care*

**Printed Name:** GARY D. BROOKS

**Title:** BOARD CHAIR

**Date:** 9/21/26

*Sunbeam Family Services*

**Printed Name:** Sarah Rahhal

**Title:** CEO

**Date:** 09/22/26

# Memorandum of Understanding

**BETWEEN**

**Community Health Centers of Oklahoma (CHCI) AND Key to Home Partnership (CoC)**

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership, (hereinafter referred to as "CoC") and Community Health Centers of Oklahoma (hereinafter referred to as "CHCI").

In consideration of mutual promises made, the parties agree as follows:

## I. PURPOSE OF MOU

This Memorandum of Understanding (MOU) establishes a collaborative partnership between the Continuum of Care and Community Health Centers of Oklahoma to ensure that individuals and families experiencing homelessness are informed of and connected to Healthy Start initiative referrals. This agreement supports coordinated case management referrals and access to appropriate community resources.

## II. GOALS OF MOU

a. Increase access to Healthy Start initiative referrals.

b. Improve coordination between CoC case management and community health resources.

c. Identification of staff person at the Partner and CoC who will serve as the lead liaisons:

Lead CHCI Liaison:
Barbara Colbert

Lead CoC Liaison:
Jamie Caves

Responsibilities of the CHCI liaison: serve as the key point of contact between the CHCI and the CoC; coordinate referrals and service connections for individuals and families referred through CoC case management, as applicable; participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law; support resolution of barriers to service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and Partner; facilitate communication between the Partner and CoC-funded projects; support case management referral processes; and maintain current information regarding the Partner's services and referral contacts.

## III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party shall have the right to terminate this MOU upon ninety (90) days prior written notice to the other party. This MOU does not create a financial obligation unless otherwise specified in writing. The Partner is not responsible for financing housing or housing-related costs, including rent, utilities, deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

### 1. Populations Eligible for Partner Assistance to be Referred by CoC

a. Eligible Households for Referral. Referrals under this MOU will be made through case management notes and referral processes. Eligibility determinations shall be made in accordance with applicable Partner and program requirements. The eligible population includes:

- Households meeting HUD's definition of literal homelessness.
- Households actively enrolled in a homeless program within the OKC CoC.
- Households meeting applicable criteria for the Partner's services.
- Individuals and families identified through case management as having a need addressed by the Partner.

b. Priority Populations for Partner Referral. The parties agree to prioritize timely referrals for the following populations, consistent with applicable requirements:

- Individuals and families experiencing homelessness who identify the Partner's service as a case-management need.
- Participants with an immediate or time-sensitive service need.
- Participants who request information, outreach, or assistance connecting to the Partner.

**II. Services to be Provided to Eligible Individuals Through this partnership**

Through this partnership, the following service(s) may be provided, subject to funding, eligibility, capacity, participant choice, and applicable requirements:

- Healthy Start Initiative referrals

**III. CHCO Roles and Responsibilities:**

- Serve as the key point of contact between CHCI and the CoC.
- Receive and respond to referrals, subject to program eligibility and capacity.
- Provide current information regarding services, eligibility, and referral procedures.
- Participate in coordination activities when appropriate and permitted by law.
- Support resolution of barriers to service access.

**IV. CoC Roles and Responsibilities**

- Maintain appropriate case management referral procedures and ensure the Partner is included in relevant resource information.
- Facilitate collaboration between CoC-funded projects and the Partner.
- Provide the Partner with relevant CoC policies, written standards, and system updates.
- Support case managers in documenting referrals and follow-up in case management notes.
- Engage the Partner in CoC planning, system coordination meetings, or relevant committees, as appropriate.

**V. Program Evaluation, Care Coordination, and Continuous Improvement**

The Partner and CoC or designated CoC recipient agree to cooperate with applicable program evaluation and quality-improvement activities. The parties agree to engage in coordinated activities to support participant stability and successful connection to voluntary services.

These activities may include:

- Case conferencing or care coordination through established CoC workgroups, which may include CoC-funded providers, Partner staff, case managers, and other appropriate partners.
- Review of referral barriers and service-access challenges.
- Periodic review of aggregate referral activity and service gaps, consistent with privacy requirements.

The parties agree to explore opportunities for mutual training and technical assistance, including:

- Cross-training on CoC case management referral procedures.
- Training on Partner services, eligibility, referral pathways, and points of contact.
- Joint participation in learning collaboratives or system improvement initiatives.

**VI. Data Sharing, Confidentiality, and Referrals**

Data sharing will occur only with valid authorization or consent when required and as otherwise permitted by law. All data sharing shall comply with applicable federal and state confidentiality and privacy laws. Only the minimum necessary information required to coordinate services shall be shared. Case management notes and referrals shall be maintained in accordance with applicable CoC, provider, and privacy requirements. This MOU does not replace or supersede any required Data Sharing Agreement or other legally required agreement.

Referrals under this MOU will be made through case management notes and referral processes. A referral does not constitute a guarantee of enrollment or receipt of services.

Acceptance of referrals and enrollment in services is contingent upon, but not limited to:

- Program eligibility requirements;
- Program capacity and availability;
- Participant consent and choice;
- Applicable documentation or enrollment requirements;
- Other applicable federal, state, or local requirements.

**VII. Policies and Procedures for Informing Individuals and Families of Available Services**

It is the policy of the CoC that individuals and families who newly experience homelessness and who may benefit from the Partner's services will be informed through case management of potentially available services for which they may be eligible. CoC case managers will use case management notes and referral processes to document the information provided, referrals offered or completed, and follow-up when appropriate.

- Identify relevant needs during case management.
- Provide verbal, written, electronic, or otherwise accessible information about applicable Partner services.
- Offer a referral to the Partner when the service appears appropriate and the participant chooses to pursue it.
- Document the referral and relevant follow-up in case management notes, consistent with privacy requirements.
- Provide information in the participant's preferred language and accessible format when reasonably available.
- Assist with identified barriers to completing the referral or accessing services.

**VIII. Signatures**

**OK—502 Continuum of Care**

**Printed Name:** Gary Brooks

**Title:** Board Chair **Date:** 9/25/26

Community Health Centers of Oklahoma

Printed Name: Isabella Lawson

Title: CEO Date: 9-25-2026

OKLAHOMA
State Department
of Health

September 29, 2026

**Re: Letter of Support for the City of Oklahoma City's Application**

Dear HUD Review Committee:

The Oklahoma State Department of Health (OSDH) is pleased to provide this letter in support of the Oklahoma City Continuum of Care, locally known as the Key to Home Partnership, as they submit their consolidated application to the U.S. Department of Housing and Urban Development (HUD) for Continuum of Care funding.

OSDH and the Key to Home Partnership are working toward a formal agreement establishing processes for referrals to evidence-based home visiting programs such as Nurse Family Partnership, Parents as Teachers and SafeCare and coordination with other family support programs. This agreement is currently in process and is intended to provide a structure for continued collaboration, referral pathways, and coordination of services that can better connect families with available supports using the protective factor framework.

While the formal agreement is still being developed, this letter serves as OSDH's support for Oklahoma City's application and reflects our commitment to pursuing a future partnership between OSDH and the Oklahoma City Continuum of Care. We look forward to continuing discussions and identifying opportunities to coordinate services, strengthen referral networks, and support families through collaborative public health and community initiatives.

OSDH recognizes the importance of strong partnerships between public health, local government, housing, and community-based organizations in supporting families and improving health and well-being. We support Oklahoma City's efforts to advance this application and believe that collaboration between our agencies can strengthen the services and resources available to Oklahoma City families.

Sincerely,

Lorri J. Essary

**Lorri J. Essary, M.Ed. | Director**
Family support and Prevention Service
Oklahoma State Department of Health

Lorri.Essary@health.ok.gov

**Memorandum of Understanding**

**BETWEEN**

**Oklahoma Department of Human Services AND Key to Home Partnership**

This Memorandum of Understanding ("MOU") is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership ( "CoC") and the Oklahoma Department of Human Services (OKDHS" or "Partner").

In consideration of mutual promises made, the parties agree as follows:

## I. Purpose of MOU

This MOU establishes a collaborative partnership between the CoC and OKDHS to ensure that individuals and families experiencing homelessness are informed of and connected to Child Care and Development Fund ("CCDF") referrals and public pre-kindergarten referrals. This MOU supports coordinated case management referrals and access to appropriate community resources.

## II. Goals of MOU

A. Increase access to CCDF resources for eligible families experiencing homelessness.

B. Increase referrals to public pre-kindergarten opportunities.

C. Identification of staff person at the Partner and CoC who will serve as the lead liaisons:

Lead OKDHS Liaison: Tiffany Kerley

Lead CoC Liaison: Jamie Caves

Responsibilities of the OKDHS liaison: serve as the key point of contact between the OKDHS and the CoC; coordinate referrals and service connections for individuals and families referred through CoC case management, as applicable; participate in case conferencing, care coordination, and multidisciplinary team meetings with CoC-funded providers, as appropriate and permitted by law; support resolution of barriers to service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and Partner; facilitate communication between the Partner and CoC-funded projects; support case management referral processes; and maintain current information regarding the Partner's services and referral contacts.

## III. Term of MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party shall have the right to terminate

this MOU upon 90 days prior written notice to the other party. This MOU does not create a financial obligation unless otherwise specified in writing. The Partner is not responsible for financing housing or housing-related costs, including rent, utilities, deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

## IV. Populations Eligible for Partner Assistance to be Referred by CoC

A. Eligible Households for Referral. Referrals under this MOU will be made through case management notes and referral processes. Eligibility determinations shall be made in accordance with applicable Partner and program requirements. The eligible population includes:

1. Households meeting HUD's definition of literal homelessness.
2. Households actively enrolled in a homeless program within the OKC CoC.
3. Households meeting applicable criteria for the Partner's services.
4. Individuals and families identified through case management as having a need addressed by the Partner.

B. Priority Populations for Partner Referral. The parties agree to prioritize timely referrals for the following populations, consistent with applicable requirements:

1. Individuals and families experiencing homelessness who identify the Partner's service as a case-management need.
2. Participants with an immediate or time-sensitive service need.
3. Participants who request information, outreach, or assistance connecting to the Partner.

## V. Services to be Provided to Eligible Individuals Through this partnership

Through this partnership, the following service(s) may be provided, subject to funding, eligibility, capacity, participant choice, and applicable requirements:

A. Child Care and Development Fund (CCDF) referrals;
B. Public pre-kindergarten referrals

## VI. OKDHS Roles and Responsibilities

A. Serve as the key point of contact between OKDHS and the CoC.
B. Receive and respond to referrals, subject to program eligibility and capacity.
C. Provide current information regarding services, eligibility, and referral procedures.
D. Participate in coordination activities when appropriate and permitted by law.

E. Support resolution of barriers to service access.

## VII. CoC Roles and Responsibilities

A. Maintain appropriate case management referral procedures and ensure the Partner is included in relevant resource information.

B. Facilitate collaboration between CoC-funded projects and the Partner.

C. Provide the Partner with relevant CoC policies, written standards, and system updates.

D. Support case managers in documenting referrals and follow-up in case management notes.

E. Engage the Partner in CoC planning, system coordination meetings, or relevant committees, as appropriate.

## VIII. Program Evaluation, Care Coordination, and Continuous Improvement

A. The Partner and CoC or designated CoC recipient agree to cooperate with applicable program evaluation and quality-improvement activities. The parties agree to engage in coordinated activities to support participant stability and successful connection to voluntary services.

B. These activities may include:

1. Case conferencing or care coordination through established CoC workgroups, which may include CoC-funded providers, Partner staff, case managers, and other appropriate partners.
2. Review of referral barriers and service-access challenges.
3. Periodic review of aggregate referral activity and service gaps, consistent with privacy requirements.

C. The parties agree to explore opportunities for mutual training and technical assistance, including:

1. Cross-training on CoC case management referral procedures.
2. Training on Partner services, eligibility, referral pathways, and points of contact.
3. Joint participation in learning collaboratives or system improvement initiatives.

## IX. Data Sharing, Confidentiality, and Referrals

A. Data sharing will occur only with valid authorization or consent when required and as otherwise permitted by law. All data sharing shall comply with applicable federal and state confidentiality and privacy laws. Only the minimum necessary information required to coordinate services shall be shared. Case management notes and referrals shall be maintained in accordance with applicable CoC, provider, and privacy requirements. This MOU does not replace or supersede any required Data Sharing Agreement or other legally required agreement.

B. Referrals under this MOU will be made through case management notes and referral processes. A referral does not constitute a guarantee of enrollment or receipt of services.

C. Acceptance of referrals and enrollment in services is contingent upon, but not limited to:

1. Program eligibility requirements;
2. Program capacity and availability;
3. Participant consent and choice;
4. Applicable documentation or enrollment requirements;
5. Other applicable federal, state, or local requirements.

## X. Policies and Procedures for Informing Individuals and Families of Available Services

It is the policy of the CoC that individuals and families who newly experience homelessness and who may benefit from the Partner's services will be informed through case management of potentially available services for which they may be eligible. CoC case managers will use case management notes and referral processes to document the information provided, referrals offered or completed, and follow-up when appropriate.

A. Identify relevant needs during case management.

B. Provide verbal, written, electronic, or otherwise accessible information about applicable Partner services.

C. Offer a referral to the Partner when the service appears appropriate and the participant chooses to pursue it.

D. Document the referral and relevant follow-up in case management notes, consistent with privacy requirements.

E. Provide information in the participant's preferred language and accessible format when reasonably available.

F. Assist with identified barriers to completing the referral or accessing services.

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**VIII. Signatures**

Gary D. Brooks (Sep 28, 2026 11:10:24 CDT)

OK—502 Continuum of Care

Printed Name: Gary D. Brooks

Title: Board Chair Date: 09/28/2026

Danielle Durkee

Danielle Durkee (Sep 28, 2026 15:39:04 CDT)

Oklahoma Department of Human Services

Printed Name: Danielle Durkee

Title: CFO Date: 09/28/2026

**Memorandum of Understanding**
**BETWEEN**
**Oklahoma City Public Schools (OKCPS) AND Key to Home Partnership (CoC)**

This memorandum of understanding (MOU) is made by and between the OK-502 Continuum of Care, locally branded as the Key To Home Partnership, (hereinafter referred to as "CoC") and Oklahoma City Public Schools (hereinafter referred to as "OKCPS").

In consideration of mutual promises made, the parties agree as follows:

I. PURPOSE OF MOU

This Memorandum of Understanding (MOU) establishes a collaborative partnership between the CoC and OKCPS to ensure that children and youth who are experiencing homelessness are informed of and connected to available educational services and rights. This agreement supports coordination between the homeless response system and education system and promotes educational stability and equitable access to services.

II. GOALS OF MOU

a. Increase access to educational services for children and youth experiencing homelessness.
b. Promote school stability, enrollment, attendance, academic success, and access to educational supports.
c. Identification of staff person at OKCPS and CoC who will serve as the lead Homeless Preference liaisons:

Lead OKCPS Liaison:

Bryan Coleman

Lead CoC Liaison:

Jamie Caves

Responsibilities of the OKCPS liaison: serve as the key point of contact between OKCPS and the CoC; coordinate educational referrals and service connections for individuals and families; support resolution of barriers to educational service access.

Responsibilities of the CoC Liaison: serve as the key point of contact between the CoC and OKCPS; Facilitate communication between OKCPS and CoC-funded projects; and support the educational partner's connection to households experiencing homelessness.

III. TERM OF MOU

This MOU shall take effect upon signature by all parties and will remain in effect for 36 months from the date of signing. Each party have the right to terminate this MOU upon ninety (90) days prior written notice to other parties. This MOU does not create a financial obligation unless otherwise specified in writing. OKCPS is not responsible for financing housing or housing-related costs, including rent, utilities,

deposits, or housing subsidies. This agreement does not require the creation of new services, staffing, or programming without identified and secured funding. Both parties agree to comply with all applicable federal, state, and local laws and regulations.

I. Populations Eligible for Educational Assistance to be Referred by CoC

- Eligible Households for Referral. The below-listed groups are eligible for referral to Educational Assistance. As with all assistance provided by the CoC, certain groups of the population eligible for assistance will be prioritized for the first receipt of services. The eligible population for OKCPD assistance includes:
    a. Children and youth meeting the applicable McKinney-Vento definition of homelessness.
    b. Families actively enrolled in a homeless program within the OKC CoC.
    c. Unaccompanied youth experiencing homelessness.
    d. Children and youth residing in emergency shelter, transitional housing, motels, cars, public spaces, or other qualifying temporary living arrangements.
    e. Children and youth whose families are sharing housing due to loss of housing, economic hardship, or a similar qualifying circumstance, subject to the applicable McKinney-Vento determination.
    f. Children and youth who may be eligible for preschool, special education, early intervention, or other educational services

II. Services to be Provided to Eligible Individuals Through this partnership, the following services may be provided, subject to program eligibility, funding, capacity, and applicable law:

- Information about McKinney-Vento educational rights.
- Referral to and coordination with the appropriate McKinney-Vento homeless education liaison.
- Assistance with school enrollment and, when applicable, immediate enrollment.
- School-of-origin and school-selection information.
- Transportation coordination, as applicable.
- Academic, extracurricular, preschool, special education, and other educational support referrals.
- Dispute-resolution information and assistance.
- Postsecondary, career, and other youth education resources, when applicable.

III. OKCPS Roles and Responsibilities:

- Serve as the key point of contact between the Education Partner and the CoC.
- Maintain and provide current McKinney-Vento liaison and educational-service contact information.
- Assist eligible children and youth with enrollment, school stability, transportation, and other applicable educational rights.
- Support resolution of barriers to educational access and enrollment.
- Provide or coordinate educational-rights information and referral services.

IV. CoC Roles and Responsibilities

- Facilitate collaboration between CoC-funded projects and OKCPS to support families with children and youth experiencing homelessness
- Ensure CoC policies align with applicable HUD requirements.
- Support HMIS participation and data quality standards consistent with HUD requirements.
- Provide OKCPS with relevant CoC policies, written standards, and system updates.
- Engage OKCPS in CoC planning, system coordination meetings, and relevant committees, as appropriate.

V. Program Evaluation, Care Coordination, and Continuous Improvement

The OKCPS and CoC or designated CoC recipient agree to cooperate with HUD and provide requested data to the HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by the HUD or HUD-approved contractor, including possible random assignment procedures.

The parties agree to engage in coordinated care activities to support participant housing stability and recovery. These activities may include:

- Review of enrollment, transportation, school-of-origin, and other educational barriers.
- Joint efforts to improve identification and referral of children and youth experiencing homelessness.
- Periodic review of aggregate referral and educational-access outcomes.
- Coordination during housing transitions that may affect school stability.

VI. Data Sharing, Confidentiality, and Referrals

Data sharing will occur only when legally permitted and, where required, with appropriate participant consent or authorization. All data sharing shall comply with applicable federal and state confidentiality and privacy laws, including FERPA where applicable and any other privacy requirements applicable to the information being shared. Only the minimum information necessary to coordinate referrals and services shall be shared. HMIS participation and any sharing of HMIS data shall occur only as permitted by HUD HMIS requirements, CoC policies, and applicable law. This MOU does not replace or supersede any required Data Sharing Agreement or other legally required agreement.

Acceptance of referrals and enrollment in educational services is contingent upon, but not limited to:

- Program eligibility requirements;
- Availability and capacity of the educational program or service;
- Parent/guardian consent or youth consent, when required;
- Participant choice and applicable educational rights; and
- Other applicable federal, state, or local requirements.

## VII. Policies and Procedures for Informing Families of Educational Services

The CoC and Partner adopt the following written policy and procedure: individuals and families who newly experience homelessness and who have children or youth will be informed, as part of CoC intake, outreach, Coordinated Entry, shelter, housing, or other homeless assistance contacts, of potentially available educational services for which their children or youth may be eligible.

At initial contact, CoC staff or a designated provider will:

- Ask whether the household includes children ages birth through five, school-age children, or youth.
- Provide written, electronic, verbal, or other accessible information regarding available educational services and rights.
- Provide information regarding the applicable early childhood provider, LEA, school district, or McKinney-Vento homeless education liaison.
- Explain that eligibility and enrollment requirements vary by program and that homelessness may affect access or prioritization for certain services.
- Offer a warm referral and, when authorized, facilitate direct contact with the appropriate educational provider or liaison.
- Document that educational information was provided and that a referral was offered or completed, consistent with privacy requirements.
- Provide information in the family's preferred language and accessible format when reasonably available.
- Assist with identified barriers to enrollment, transportation, records, documentation, communication, or other access requirements.
- Follow up, when appropriate, to determine whether the family was successfully connected to educational services.

The Partner will maintain current contact information for its designated liaison or point of contact and will cooperate with the CoC in updating educational-resource information distributed to families.

Signatures:

Gary Brooks

*OK—502 Continuum of Care*

**Printed Name:**

**Title**Board Chair

**Date:** 9/25/2026

Dominic Barone

*Oklahoma City Public Schools*

**Printed Name:**

**Title:** Sr. Executive Director

**Date:** 9/25/2026


Opportunities and Announce
okc.gov/Government/Administration/Key-to-Home-Partnership/Opportunities-and-Announcements
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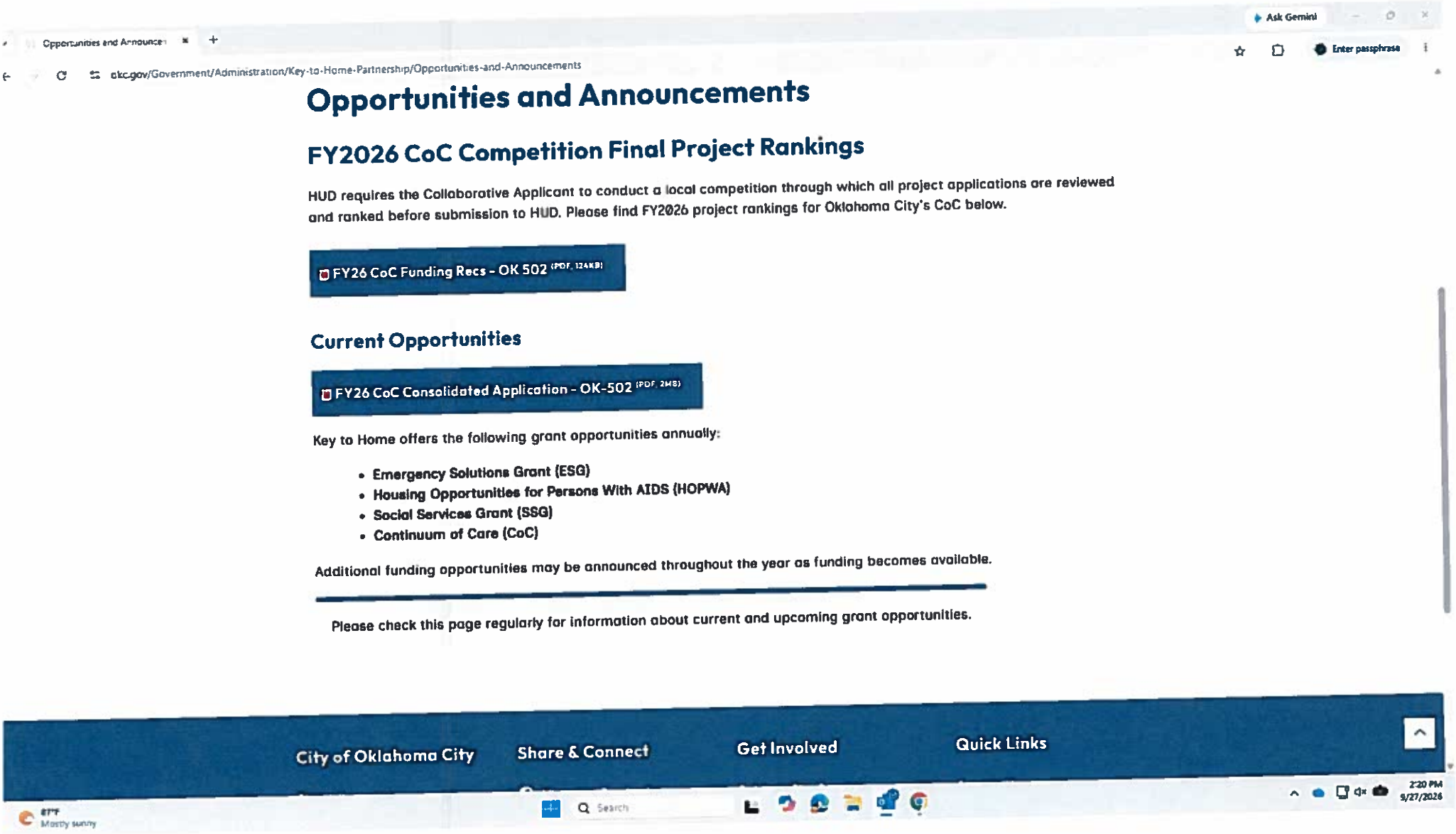
Administration
Menu
Opportunities and Announcements
FY2026 CoC Competition Final Project Rankings
HUD requires the Collaborative Applicant to conduct a local competition through which all project applications are reviewed and ranked before submission to HUD. Please find FY2026 project rankings for Oklahoma City's CoC below.
FY26 CoC Funding Recs - OK 502 (PDF, 124KB)
Current Opportunities
FY26 CoC Consolidated Application - OK-502 (PDF, 2MB)
87°F
Mostly sunny
Search
2:19 PM
5/27/2026


Opportunities and Announcements
okc.gov/Government/Administration/Key-to-Home-Partnership/Opportunities-and-Announcements
Ask Gemini
Enter passphrase
Opportunities and Announcements
FY2026 CoC Competition Final Project Rankings
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FY26 CoC Funding Recs - OK 502 (PDF, 124KB)
Current Opportunities
FY26 CoC Consolidated Application - OK-502 (PDF, 2MB)
Key to Home offers the following grant opportunities annually:
Emergency Solutions Grant (ESG)
Housing Opportunities for Persons With AIDS (HOPWA)
Social Services Grant (SSG)
Continuum of Care (CoC)
Additional funding opportunities may be announced throughout the year as funding becomes available.
Please check this page regularly for information about current and upcoming grant opportunities.
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Mostly sunny
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2:20 PM
9/27/2026

Population Specific Work Groups include both existing and to be formed groups focused on planning for the needs of specific sub-populations such as Veterans, Victim Services Providers and Youth/Young Adults. These groups include staff from provider and government organizations, consumers, funders, etc.

### 14. TASK SPECIFIC WORK GROUPS

Task Specific Work Groups include both existing and to be formed groups focused on planning for a task specific activity or function under the guidance of the CoC strategic plan such as the Homeless Count, Coordinated Entry, Employment, Housing Navigation, Supportive Housing Development Work Group, etc. These groups include staff from provider and government organizations, consumers, funders, etc.

## G. REPORTING

Proceedings of all Board meetings are documented in minutes. Minutes of all meetings are circulated and approved at the subsequent meeting. Once approved, minutes are made available electronically to the public.

## H. CONTINUUM OF CARE APPLICATION POLICY

Each year, the U.S. Department of Housing and Urban Development (HUD) releases a Continuum of Care Notice of Funding Opportunity (NOFO), and the Lead Agency applies on behalf of the Continuum as the Collaborative Applicant.

- The Lead Agency administers the local application and Request for Proposals (RFP) process on behalf of the Continuum.
- The Allocations Committee reviews, scores, and ranks project applications submitted for funding consideration.
- The Board reviews the Allocations Committee's funding recommendations and approves a final funding recommendation.
- Once funding allocations have been approved by the Board, the Collaborative Applicant is authorized to submit the final project rankings and consolidated application to HUD.
- The Oklahoma City Council holds final approval authority over CoC funding awards and executes the associated funding contracts.

## I. CHARTER AMENDMENTS

Outlook

## FY 2026 CONTINUUM OF CARE APPLICATION POSTING

**From** Shadid, Jerod R <jerod.shadid@okc.gov>
**Date** Mon 9/28/2026 11:16 AM
**To** Shadid, Jerod R <jerod.shadid@okc.gov>
**Cc** Keith Anderson <hmis@isok.biz>; Susan Scott <susan.scott-contract@mhaok.org>; Mark Davis <mdavis@mhaok.org>; cblumert@mhaok.org <cblumert@mhaok.org>; mmueller <mmueller@homelessalliance.org>; Tara Ryan <tryan@homelessalliance.org>; Tate Hughes <thughes@homelessalliance.org>; Ghadir Al Rashaideh <galrashaideh@homelessalliance.org>; leslie.word@citycare.org <leslie.word@citycare.org>; Rachel Freeman <rachel@citycareokc.org>; Shawn Lloyd (shawn@citycareokc.org) <shawn@citycareokc.org>; Leann.Davis <leann@citycareokc.org>; Rachel.Bradley <rbradley@sisuyouth.org>; Alex McGowan Rayburn <arayburn@sisuyouth.org>; Taletha.Guest <tguest@sisuyouth.org>; Erin Goodin <egoodin@cityrescue.org>; Skyler Parker <sparker@cityrescue.org>; Kristie Chandler <kchandler@ywcaokc.org>; Theresa Flannery <tflannery@ccaokc.org>; Jennifer Kill <jkill@ccaokc.org>

Hello Everyone,

The FY 2026 Consolidated Application for the Oklahoma City Continuum of Care has been posted to the Key To Home webpage **HERE.** It will be submitted to HUD Wednesday, September 30th.

Jerod Shadid
Program Planner – Homeless Services
Planning Department|Community Development
420 W. Main St., Suite 920|Oklahoma City, OK, 73102

KEY TO HOME PARTNERSHIP

Outlook

## MHAOK FY 2025 NOFO Decisions

**From** Susan Scott <susan.scott-contract@mhaok.org>
**Date** Fri 12/5/2025 10:37 AM
**To** Caves, Jamie <jamie.caves@okc.gov>
**Cc** Carrie Blumert <cblumert@mhaok.org>; Mark Davis <mdavis@mhaok.org>

Hi, Jamie,

I just met with Carrie, Mark Davis and Jimmy Farmer to discuss our HUD grant application plans. We are proposing the following:

Reallocate the $579,051 MHA Supportive Housing project due to a history of under utilization and the early expiration date of 3/31/2026 .

Write a transition grant for MHA Rental Assistance Program to transition it from PSH to Transitional Housing. This grant would begin on 10 1 2026 and be fully transitioned to Transitional Housing by 9 30 2027.

MHAOK is open to writing a new Transitional Housing project to replace the units we are losing in MHASH if the CoC needs another project. That would result in a new start date that is more reasonable given the typical timing of the release of the NOFO and the execution of operating agreements with the City.

One question: Does the reallocation of MHASH represent a potential negative in the rankings of LTS OKC, the RAP transition grant, or a new program grant?

Please let us know your thoughts about this plan as we are aware that we can ask no more question after today. If the landscape has changed since you and Carrie last spoke, please let us know that as well so we can quickly adjust our plans.

Best,
Susan

**Disclaimer**
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Outlook

## RE: IMPORTANT FY2026 COC NOFO INFORMATION

**From** Shadid, Jerod R <jerod.shadid@okc.gov>
**Date** Tue 9/22/2026 9:37 AM
**To** Kyle Hendricks <KHendricks@heartlineoklahoma.org>; Eric Feuerborn <efeuerborn@heartlineoklahoma.org>
**Cc** Caves, Jamie <jamie.caves@okc.gov>; Warren, Erika <erika.warren@okc.gov>; Benson-Ferren, Riley <Riley.BensonFerren@okc.gov>; Davis, Benjamin E <benjamin.davis@okc.gov>; Keri Parks <Ktonemah-Parks@heartlineoklahoma.org>

Good Morning Kyle,

I am very sorry I didn't contact you prior but we couldn't release the Allocations Committee decisions as the NOFO was closed at that point. I need to let you know that the Allocations Committee determined that the project would likely not survive this current NOFO cycle so it was determined the funds would need to be reallocated and shifted to a different project that would likely be more favored under the new NOFO's requirements.

I am not sure if you are fully aware of how much it has been altered this year but we are currently on the third release of a version that has been halted twice due to litigation and may be again. Our Tier 1 has been significantly reduced and current HUD leadership has made it pretty clear in the NOFO what they are looking for and what they are unlikely to fund. The same decision was made with several other smaller projects this year that did not fit their new criteria.

That being said, you still have a final agreement that does not start until November so your CoC funding will not end until October of 2027.

I'm very sorry about that but we're having to make some unpleasant decisions over here right now.

Jerod Shadid
Program Planner – Homeless Services
Planning Department|Community Development
420 W. Main St., Suite 920|Oklahoma City, OK, 73102

KEY TO HOME
PARTNERSHIP

Outlook

# IMPORTANT FY2026 COC NOFO INFORMATION

**From** Shadid, Jerod R <jerod.shadid@okc.gov>
**Date** Mon 9/21/2026 12:19 PM
**To** Shadid, Jerod R <jerod.shadid@okc.gov>
**Cc** Caves, Jamie <jamie.caves@okc.gov>; Warren, Erika <erika.warren@okc.gov>; Benson-Ferren, Riley <Riley.BensonFerren@okc.gov>; Davis, Benjamin E <benjamin.davis@okc.gov>

2 attachments (166 KB)
FY26 COC FUNDING RECS - OK-502.pdf; FY26 COC APP TITLES.pdf;

Hello Everyone,

If you missed the notice last Friday, the Court is allowing HUD to move forward with the NOFO while it is under appeal. The updated due date for full submission is next Wednesday, September 30th. As we have to have to post our consolidated application 2 days prior to submission, that project applications will have to be completed sooner. We are currently setting the due date for project applications to be completed as Saturday, September 26.

Since the timeline we 've been given for completion is extremely short this time around, we are going to be very busy here this week addressing our applications. That being the case, project applicants need to be very careful completing your apps as we may not be available to answer questions or troubleshoot problems. There are guides for all application types on HUD's CoC page here: https://www.hud.gov/hud-partners/coc-program-competition

You will scroll down to the section labeled "Project Application Detailed Instructions" to find the guides. Note – do not use the "CoC Application Detailed Instructions" as that is for our use and won't be of any assistance.

We have also been advised we can released our rankings now. You will find them attached and they will also be added to the Key To Home page in the Opportunities and Announcements section located here: https://www.okc.gov/Government/Administration/Key-to-Home-Partnership/Opportunities-and-Announcements . These rankings are pending Board Approval.

Additionally, all the project applications are open in esnaps and I would recommend everyone start working on them ASAP. The second attachment on this email lists how your project is labeled in eSnaps so you can locate it. Do do so, you will do the following.

- Log in to eSnaps
- Accept the terms
- When the menus on the left side comes up, click on Submissions.
- Once on the Submissions page, click the drop down next to Applicant Project Name and locate your project. Once you find it, select it and click Filter
- Once you are on your project page, look for the applications labeled with FY2026.

All applications are in all caps and are listed exactly as they are on the attached form. If your application does not appear in the Applicant Project Name drop down, you will scroll up to the item at the top of the drop down which will be All Projects and hit filter. You will then have to navigate through the project pages to find it. Projects are listed alphabetically.

If you have forgotten your eSnaps password, you will have to request help from HUD to reset it. We cannot do that here. You will send a request to e-snaps@hud.gov and you will want to do that today.

If you do not have an eSnaps login, do the following

You will go to the eSnaps login page at https://esnaps.hud.gov/grantium/frontOffice.jsf and create a profile. Once you have done that, send me your screen name and the email you used to create the profile. I can then attach you to the applications.

Thanks Everyone,

Jerod Shadid
Program Planner – Homeless Services
Planning Department|Community Development
420 W. Main St., Suite 920|Oklahoma City, OK, 73102

KEY TO HOME
PARTNERSHIP

# Before Starting the Project Listings for the CoC Priority Listing

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

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

  - New;
  - Renewal;
  - UFA Costs;
  - CoC Planning;
  - YHPD Renewal; and
  - YHDP Replacement and Reallocation.

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.
- Attachment Requirement

  - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

  - UFA Costs Project Listing;
  - CoC planning Project Listing;

- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website

# 1. Continuum of Care (CoC) Identification

**Collaborative Applicant Name:** City of Oklahoma City

# 2. Reallocation

| | |
|---|---|
| 2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects? | Yes |

Alert:
As stated in the FY 2026 CoC Program Competition NOFO:
- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

# 2A. Reallocation - Grant(s) Eliminated

**CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.**

**YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.**

| Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects) |
|---|
| $1,021,620 |
| **Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)** |
| $755,580 |
| **Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)** |
| $630,411 |

| Eliminated Project Name | Grant Number Eliminated | Component Type | Funding Type | Annual Renewal Amount | Transition Grant |
|---|---|---|---|---|---|
| MHA Supportive Ho... | OK0052L6I022513 | PH-PSH | CoC Renewal | $607,103 | No |
| City Rescue Missi... | OK0218L6I022502 | PH-RRH | CoC Renewal | $390,670 | No |
| Homeless Alliance... | OK0176D6I022504 | JOINT | DV Renewal | $630,411 | Yes |
| Centralized Intak... | OK0087L6I022512 | SSO | CoC Renewal | $23,847 | No |
| HOPE YHDP Diversion | OK0186Y6I022503 | SSO | YHDP Renewal | $166,871 | No |
| Sisu Host Homes | OK0188Y6I022503 | SSO | YHDP Renewal | $57,911 | No |
| Sisu TH+RRH | OK0189Y6I022503 | JOINT | YHDP Renewal | $530,798 | No |

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

| | |
|---|---|
| **Eliminated Project Name:** | MHA Supportive Housing |
| **Grant Number of Eliminated Project:** | OK0052L6I022513 |
| **Eliminated Project Component Type:** | PH-PSH |
| **Funding Type:** | CoC Renewal |
| **Eliminated Project Annual Renewal Amount:** | $607,103 |

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 30th, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

| | |
|---|---|
| **Eliminated Project Name:** | City Rescue Mission - Rapid Rehousing |
| **Grant Number of Eliminated Project:** | OK0218L6I022502 |

**Eliminated Project Component Type:** PH-RRH

**Funding Type:** CoC Renewal

**Eliminated Project Annual Renewal Amount:** $390,670

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 6, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

**Eliminated Project Name:** Homeless Alliance Safe Homes

**Grant Number of Eliminated Project:** OK0176D6I022504

**Eliminated Project Component Type:** JOINT

**Funding Type:** DV Renewal

**Eliminated Project Annual Renewal Amount:** $630,411

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 6, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** Yes

**How much funding will be made available for transition grants?** $630,411

| | |
|---|---|
| How much funding will be made available for new Reallocation projects? | $0 |
| The Collaborative Applicant confirms the new transition grant(s) are for a new program component. | X |
| The Collaborative Applicant reviewed and affirms that no more than 50 percent of the funds in the new component project(s) will be for costs of eligible activities under the old component; and | X |
| The CoC consented to the transition of component and the new component project(s) meet the standards outlined in Section II.A.3.k of the NOFO | X |

# Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

| | |
|---|---|
| Eliminated Project Name: | Centralized Intake and Referral |
| Grant Number of Eliminated Project: | OK0087L6I022512 |
| Eliminated Project Component Type: | SSO |
| Funding Type: | CoC Renewal |
| Eliminated Project Annual Renewal Amount: | $23,847 |

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified.
(limit 2500 characters)

The applicant was notified on September 22, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

**Eliminated Project Name:** HOPE YHDP Diversion
**Grant Number of Eliminated Project:** OK0186Y6I022503
**Eliminated Project Component Type:** SSO
**Funding Type:** YHDP Renewal
**Eliminated Project Annual Renewal Amount:** $166,871

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 30, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

| | |
|---|---|
| **Eliminated Project Name:** | Sisu Host Homes |
| **Grant Number of Eliminated Project:** | OK0188Y6I022503 |
| **Eliminated Project Component Type:** | SSO |
| **Funding Type:** | YHDP Renewal |
| **Eliminated Project Annual Renewal Amount:** | $57,911 |

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 30, 2026

**2A-3 Is the project being eliminated to create one or more transition grant applications?** No

# Reallocation - Grant(s) Eliminated Details

**2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.**

**Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.**

| | |
|---|---|
| **Eliminated Project Name:** | Sisu TH+RRH |
| **Grant Number of Eliminated Project:** | OK0189Y6I022503 |
| **Eliminated Project Component Type:** | JOINT |
| **Funding Type:** | YHDP Renewal |
| **Eliminated Project Annual Renewal Amount:** | $530,798 |

**2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)**

The applicant was notified on June 30, 2026

| | |
|---|---|
| **2A-3 Is the project being eliminated to create one or more transition grant applications?** | No |

# 2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

| Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects) |
|---|
| $0 |
| Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects) |
| $0 |
| Amount available for New DV Project(s): (Sum of All Reduced DV Projects) |
| $0 |

| Reduced Project Name | Reduced Grant Number | Funding Type | Annual Renewal Amount | Amount Retained | Amount available for YHDP Project | Amount available for DV Project | Amount available for New Project | Reallocation Type |
|---|---|---|---|---|---|---|---|---|
| This list contains no items | | | | | | | | |

# Continuum of Care (CoC) New Project Listing

## Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.**

**EX1_Project_List_Status_field** List Updated Successfully

| Project Name | Date Submitted | Comp Type | Applicant Name | Budget Amount | Grant Term | Funding Type | Transition Grant | Expansion | Rank | PSH/RRH |
|---|---|---|---|---|---|---|---|---|---|---|
| CITY CARE - DV SU... | 2026-09-25 16:18:... | SSO | City of Oklahoma ... | $297,800 | 1 Year | DV Bonus | No | No | D18 | |
| MHA - TRANSITIONA... | 2026-09-25 15:46:... | TH | City of Oklahoma ... | $607,105 | 1 Year | Reallocation | No | No | 15 | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| HA - SAFE HOMES TH | 2026-09-26 14:03:... | TH | City of Oklahoma ... | $630,411 | 1 Year | DV Reallocation | No | No | D14 | |
| KEY TO HOME - ERI... | 2026-09-27 13:54:... | SSO | City of Oklahoma ... | $1,063,455 | 1 Year | Bonus | No | No | 16 | |
| CITY RESCUE - CAS... | 2026-09-28 16:55:... | SSO | City of Oklahoma ... | $432,840 | 1 Year | Bonus + Reallocation | No | No | 11 | |
| YWCA - DV TRANSIT... | 2026-09-29 12:05:... | TH | City of Oklahoma ... | $219,227 | 1 Year | DV Bonus | No | No | D19 | |
| HA - SAFE HOMES H... | 2026-09-29 16:14:... | SSO | City of Oklahoma ... | $69,850 | 1 Year | DV Bonus | No | No | D17 | |
| CATHOLIC CHARITIE... | 2026-09-29 16:13:... | TH | City of Oklahoma ... | $547,431 | 1 Year | DV Bonus | No | No | D20 | |

# Continuum of Care (CoC) Renewal Project Listing

## Instructions:

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

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

| | |
|---|---|
| **The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.** | X |
| **The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.** | X |
| **The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.** | |

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.**

**EX1_Project_List_Status_field** List Updated Successfully

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Consolidation | Accepted? | Comp Type | Rank | Expansion | PSH/RRH | Consolidation Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HA - CH32 | 2026-09-25 16:50:... | 1 Year | City of Oklahoma ... | $522,492 | | Yes | PH | 7 | | PSH | |
| BUILDING FOUNDATI... | 2026-09-25 16:52:... | 1 Year | City of Oklahoma ... | $1,072,660 | | Yes | PH | 8 | | PSH | |
| HA - SC39 | 2026-09-25 16:53:... | 1 Year | City of Oklahoma ... | $565,807 | | Yes | PH | 9 | | PSH | |
| MHA RENTAL ASSIST... | 2026-09-25 15:01:... | 1 Year | City of Oklahoma ... | $726,965 | | Yes | PH | 3 | | PSH | |
| WESTLAWN PSH | 2026-09-26 15:22:... | 1 Year | City of Oklahoma ... | $271,372 | | Yes | PH | 6 | | PSH | |
| OKC HMIS | 2026-09-26 16:16:... | 1 Year | City of Oklahoma ... | $398,655 | | Yes | HMIS | 2 | | | |
| OKC CES | 2026-09-26 15:28:... | 1 Year | City of Oklahoma ... | $256,658 | | Yes | SSO | 1 | | | |
| LTS OKC CONSOLIDATED | 2026-09-28 16:43:... | 1 Year | City of Oklahoma ... | $265,598 | | Yes | PH | 4 | | PSH | |

# Continuum of Care (CoC) Planning Project Listing

## Instructions:

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

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

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

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.**

EX1_Project_List_Status_field

| Project Name | Date Submitted | Grant Term | Applicant Name | Budget Amount | Accepted? |
|---|---|---|---|---|---|
| FY26 - COC PLANNING | 2026-09-26 18:01:... | 1 Year | City of Oklahoma ... | $368,708 | Yes |

# Continuum of Care (CoC) YHDP Renewal Project Listing

## Instructions:

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

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

| | |
|---|---|
| **The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.** | X |
| **The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.** | X |
| **The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.** | |

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.**

| Project Name | Date Submitted | Applicant Name | Budget Amount | Comp Type | Grant Term | Accepted? | Rank | PSH/RRH | Consolidation Type |
|---|---|---|---|---|---|---|---|---|---|
| HA - YHDP PSH | 2026-09-28 16:37:... | City of Oklahoma ... | $333,116 | PH | 1 Year | Yes | 5 | PSH | |
| SISU DROP-IN (YHDP) | 2026-09-28 17:09:... | City of Oklahoma ... | $554,707 | SSO | 1 Year | Yes | 12 | | |

# Project Applicant Project Details

**Project Name:** HA - YHDP PSH
**Project Number:** 237667
**Date Submitted:** 2026-09-28 16:37:29.776
**Applicant Name** City of Oklahoma City
**Budget Amount** $333,116
**Component Type** PH
**Grant Term** 1 Year

## Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projecs, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If “Yes” is selected, click “Save” and a new field labeled “Rank” will appear where you must enter a unique rank number for the project application, then click “Save & Back to List.”

If “No” is selected, click “Save.” A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click “Save & Back to List."

**Do you want to rank this project? (Make selection and click the 'save' button below)** Yes
**Rank** 5

# Project Applicant Project Details

**Project Name:** SISU DROP-IN (YHDP)
**Project Number:** 237818
**Date Submitted:** 2026-09-28 17:09:48.532
**Applicant Name** City of Oklahoma City

**Budget Amount** $554,707

**Component Type** SSO

**Grant Term** 1 Year

## Instructions

This form provides the basic information for the YHDP Renewal project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projecs, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If “Yes” is selected, click “Save” and a new field labeled “Rank” will appear where you must enter a unique rank number for the project application, then click “Save & Back to List.”

If “No” is selected, click “Save.” A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click “Save & Back to List."

**Do you want to rank this project? (Make selection and click the 'save' button below)** Yes

**Rank** 12

# Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

## Instructions:

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

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

**WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.**

| Project Name | Applicant Name | Date Submitted | Comp Type | Expansion | Budget Amount | Grant Term | Funding Type | PSH/RRH | Rank |
|---|---|---|---|---|---|---|---|---|---|
| SISU TH (YHDP) | City of Oklahoma ... | 2026-09-28 14:04:... | TH | No | $530,798 | 1 Year | YHDP Replacement | | 10 |
| SISU DROP-IN EXPA... | City of Oklahoma ... | 2026-09-28 17:05:... | SSO | Yes | $224,782 | 1 Year | YHDP Reallocation | | 13 |

# Project Applicant Project Details

**Project Name:** SISU TH (YHDP)
**Project Number:** 237820
**Date Submitted:** 2026-09-28 14:04:28.562
**Applicant Name** City of Oklahoma City
**Budget Amount** $530,798
**Funding Type** YHDP Replacement
**Component Type** TH
**Grant Term** 1 Year
**Expansion** No

## Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projecs, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If “Yes” is selected, click “Save” and a new field labeled “Rank” will appear where you must enter a unique rank number for the project application, then click “Save & Back to List.”

If “No” is selected, click “Save.” A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click “Save & Back to List.”

**Do you want to rank this project? (Make selection and click the 'save' button below)** Yes
**Rank** 10

# Project Applicant Project Details

**Project Name:** SISU DROP-IN EXPANSION (YHDP)
**Project Number:** 237834

| | |
|---|---|
| **Date Submitted:** | 2026-09-28 17:05:36.885 |
| **Applicant Name** | City of Oklahoma City |
| **Budget Amount** | $224,782 |
| **Funding Type** | YHDP Reallocation |
| **Component Type** | SSO |
| **Grant Term** | 1 Year |
| **Expansion** | Yes |

## Instructions

This form provides the basic information for the YHDP Replacement project application that was submitted to your CoC for review.

YHDP Replacement and YHDP Reallocation project applications will renew competitively and must be ranked in the FY 2026 CoC Program and YHDP Competition.

Based on the CoC local competition process that includes the rating and ranking or rejection of projecs, answer "Yes" or "No" to the question "Do you want to rank this project?" and complete the remaining fields:

If “Yes” is selected, click “Save” and a new field labeled “Rank” will appear where you must enter a unique rank number for the project application, then click “Save & Back to List.”

If “No” is selected, click “Save.” A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click “Save & Back to List.”

| | |
|---|---|
| **Do you want to rank this project? (Make selection and click the 'save' button below)** | Yes |
| **Rank** | 13 |

# 4. Consolidation & Expansion

### Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

| | |
|---|---|
| 1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027? | No |
| 2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027? | Yes |

### Alert:

Applicants applying to Expand or Consolidate existing renewal grants will not be required to submit a combined version of the application.

Projects are prohibited from being included in a consolidation and an expansion in the same fiscal year competition.

# 4B. Expansion

## Instructions

Project applicants can apply to expand eligible renewal projects by combining a renewal project application and up to 2 new expansion project applications. Renewal projects that are part of an expansion must have an expiration date in Calendar Year 2027 (as confirmed on the FY 2026 GIW or eLOCCS), must be the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

| | |
|---|---|
| **The Collaborative Applicant certifies that all projects listed are part of a CoC approved Expansion(s).** | X |
| **The Collaborative Applicant certifies the accuracy of all the individual project applications related to this expansion request(s)** | X |
| **The Collaborative Applicant certifies they have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed** | X |

**CoC must complete the following fields for each Expansion Application submitted.**

| | Applicant Name | Stand Alone Renewal Expansion Project Pin: | Stand Alone New Expansion Application (1) esnaps Project Number | Stand Alone New Expansion Application (2) esnaps Project Number |
|---|---|---|---|---|
| **Expansion #1:** | City of Oklahoma City | OK0190 | 237834 | |
| **Expansion #2:** | | | | |
| **Expansion #3:** | | | | |
| **Expansion #4:** | | | | |
| **Expansion #5:** | | | | |
| **Expansion #6:** | | | | |
| **Expansion #7:** | | | | |
| **Expansion #8:** | | | | |
| **Expansion #9:** | | | | |
| **Expansion #10:** | | | | |

# Funding Summary

## Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

| Title | Total Amount |
|---|---|
| CoC Renewal Amount | $4,080,207 |
| New CoC Bonus and CoC Reallocation Amount | $2,103,400 |
| New DV Bonus Amount | $1,134,308 |
| New DV Reallocation Amount | $630,411 |
| YHDP Renewal and Replacement Amount | $1,418,621 |
| YHDP Reallocation Amount | $224,782 |
| CoC Planning Amount | $368,708 |
| Rejected Amount | $0 |
| Total Funding Request | $9,960,437 |

# Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Certification of Consistency with the Consolidated Plan (HUD-2991) | Yes | CERTIFCATION OF C... | 09/24/2026 |
| Other | No | | |
| Other | No | | |
| Project Rating and Ranking Tool (optional) | No | | |

# Attachment Details

**Document Description:** CERTIFCATION OF CONSISTENCY

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

# Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

| Page | Last Updated |
|---|---|
| Before Starting | No Input Required |
| 1. Collaborative Applicant | 09/29/2026 |
| 2. Reallocation | 09/29/2026 |
| 2A. Grant(s) Eliminated | 09/29/2026 |
| 2B. Grant(s) Reduced | No Input Required |
| 3A. CoC New Project Listing | 09/29/2026 |
| 3B. CoC Renewal Project Listing | 09/29/2026 |
| 3D. CoC Planning Project Listing | 09/29/2026 |

| | |
|---|---|
| 3E. YHDP Renewal Project Listing | 09/29/2026 |
| 3F. YHDP Replacement and YHDP Reallocation Project Listing | 09/29/2026 |
| 4. Consolidation & Expansion | 09/29/2026 |
| 4B. Expansion | 09/29/2026 |
| Funding Summary | No Input Required |
| Attachments | 09/29/2026 |
| Submission Summary | No Input Required |

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number. 2501-0044
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: FY26 CoC Planning

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Chrysalis DV Transitional Housing

Location of the Project: Oklahoma City, OK

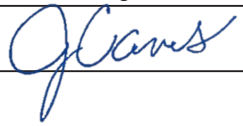
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature:  Date: 9/24/26

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**U.S. Department of Housing and Urban Development**

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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Applicant Name: City of Oklahoma City

Project Name: City Care DV Supportive Services

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature:  Date: 9/24/26

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OMB Number. 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: City Care Westlawn

Location of the Project: Oklahoma City, OK

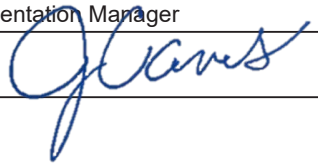
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: OKC CES

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: CH32

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature:  Date: 9/24/26

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: City Rescue Mission Case Management

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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Applicant Name: City of Oklahoma City

Project Name: Building Foundations

Location of the Project: Oklahoma City, OK

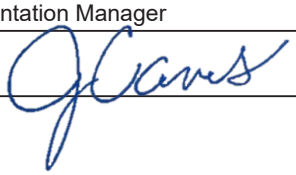
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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Applicant Name: City of Oklahoma City

Project Name: OKC HMIS

Location of the Project: Oklahoma City, OK

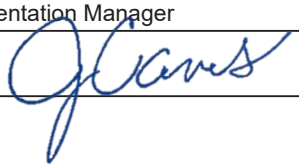
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Key To Home ERI Case Management

Location of the Project: Oklahoma City, OK

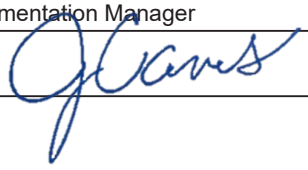
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: MHA Rental Assistance Program (RAP)

Location of the Project: Oklahoma City, OK

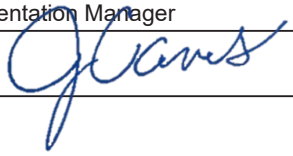
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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Applicant Name: City of Oklahoma City

Project Name: MHA Transitional Housing

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: MHA LTS OKC

Location of the Project: Oklahoma City, OK

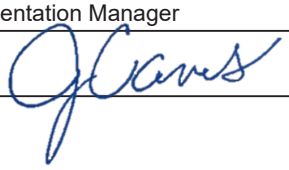
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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**U.S. Department of Housing and Urban Development**

OMB Number. 2501-0044
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Safe Homes Housing Navigation

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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OMB Number. 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Safe Homes

Location of the Project: Oklahoma City, OK

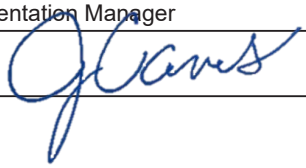
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: SC39

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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OMB Number. 2501-0044
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Sisu YHDP Drop-In Expansion

Location of the Project: Oklahoma City, OK

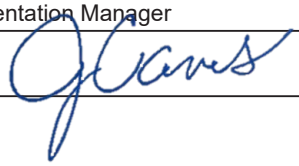
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature:  Date: 9/24/26

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: Sisu YHDP Drop-In

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26

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Applicant Name: City of Oklahoma City

Project Name: YHDP Transitional Housing

Location of the Project: Oklahoma City, OK

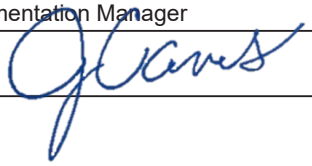
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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Applicant Name: City of Oklahoma City

Project Name: YHDP PSH

Location of the Project: Oklahoma City, OK

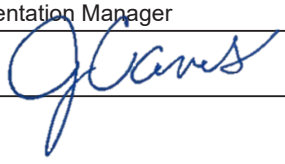
Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Oklahoma City

Project Name: YWCA DV Transitional Housing

Location of the Project: Oklahoma City, OK

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Oklahoma City

Certifying Official of the Jurisdiction
Name: Jamie Caves

Title: Strategy Implementation Manager

Signature: 

Date: 9/24/26