HOME ARP

Allocation Plan

Department of Planning and Community Development

Public Comment Period March 1 – March 20, 2023

Table of Contents

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HOME-ARP Allocation Plan

Public Comment March 1, 2023 thru March 20, 2023

All comments and questions should be directed to:

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Participating Jurisdiction (PJ): Norman Oklahoma **Date**: February 24, 2023

Introduction:

In September 2021, the U.S. Department of Housing and Urban Development announced the allocation of $1,560,908 to the City of Norman, Oklahoma for a new grant called the Home Investment Partnerships Grant American Relief Plan (HOME-ARP). The purpose of HOME-ARP funds is to provide homelessness assistance and supportive services through several eligible activities. Eligible activities include acquisition and development of non-congregate shelter, tenant based rental assistance, supportive services, HOME-ARP rental housing development, administration and planning, and nonprofit operating and capacity building assistance.

HOME-ARP funds must assist people in HOME-ARP "qualifying populations", which include:

- Sheltered and unsheltered homeless populations
- Those currently housed populations at risk of homelessness
- Those fleeing or attempting to flee domestic violence or human trafficking
- Other families requiring services or housing assistance or to prevent homelessness
- Those at greatest risk of housing instability or in unstable housing situations

To receive funding, the City must develop a HOME-ARP Allocation Plan that describes the distribution of HOME-ARP funds and identifies any preferences for eligible activities. This plan will be submitted and approved by HUD. The development of the HOME-ARP Allocation Plan must also be informed through stakeholder consultation and public engagement. The following is the City's HOME-ARP Allocation Plan.

References to "the ARP" mean the HOME-ARP statute at section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2).

Consultation:

In accordance with Section V.A of the Notice (page 13), before developing its HOME-ARP allocation plan, at a minimum, the City of Norman must consult with:

- CoC(s) serving the jurisdiction's geographic area,
- homeless service providers,
- domestic violence service providers,
- veterans' groups,
- public housing agencies (PHAs),
- public agencies that address the needs of the qualifying populations, and
- public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities.

State PJs are not required to consult with every PHA or CoC within the state's boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Describe the consultation process including methods used and dates of consultation:

The City of Norman Planning and Community Development Department manages the HOME Entitlement Program and will administer the HOME ARP program as well. Until April of 2022, the City of Norman served as the Collaborative Applicant for the OK504 Cleveland County Continuum of Care and still serves on the Executive Steering Committee. For each of the consultation meetings and presentations, the HOME ARP program, guidelines, and eligible activities were presented along with the qualifying populations. During these meetings, the unmet needs of persons experiencing homelessness and those fleeing domestic violence were discussed. Emergency and transitional housing for these clients is very limited, often resulting in service providers utilizing motels to house these clients. Especially families. There is currently a critical need for affordable housing for individuals and families in Norman. Due to ongoing population growth in Norman and competition for affordable housing by the University of Oklahoma student population, coupled with the substantial rent increases and economic hardship due to the COVID-19 pandemic, the existing stock of affordable housing fails to meet the current demand. There are large-scale developments being constructed in Norman, but these are targeted to more affluent income brackets.

Cleveland County has a homeless population primarily concentrated in the Norman area that generally consists of single adults. A contributing factor is the Oklahoma State Mental Hospital, Griffin Memorial, which is currently located in Norman. The majority of the unsheltered and those utilizing the Emergency Shelter system are individuals who meet the definition of chronic homeless. As noted above, there is a lack of affordable housing and supportive services to help these individuals locate and maintain suitable housing. Consultation meetings have resulted in a consensus that more affordable housing, along with wraparound supportive services, are needed to address long-term housing stability for the chronically homeless population. Permanent supportive housing for the chronically homeless is critical to reducing the high percentage of chronic homelessness. Providers have had to use motel rooms to house clients that are unable to use (or ineligible for) local shelters. Available rental properties are frequently on the

market for a few days at the most, and many of the clients who are homeless or at risk of homelessness have no means to contact landlords quickly. With an increase in supportive services, these clients may be able to locate and move in more quickly. In addition, research has shown that supportive services lead to higher rates of success in maintaining housing. The City of Norman continues to work towards the development of more affordable housing and provides federal and state funding to developers of affordable housing. City of Norman staff continues to have conversations with affordable housing providers and developers in an effort to provide additional housing utilizing the ARPA funding the City of Norman received

The consultation process consisted of three main components.

- Homelessness Gaps Analysis and the accompanying document Bridging the Gap: Action Steps to End Homelessness developed by Homebase, Inc. for the Cleveland County CoC and the City of Norman. This process extended over a fourteen month timeframe, and was completed (February 2022) prior to the HOME ARP award. The Gaps Analysis was updated and utilized in the compilation of data for the Allocation Plan. These two documents are combined and referred to as the Homebase Strategic Plan within this document.
- Developing and disseminating an online stakeholder survey in order to capture broad assessments of the community needs and areas for ARP allocation. The online survey was available for a two-week period in January 2023. The survey included both ARP program-specific questions and open-ended comment sections. Direct participation solicitation was made to over 120 organizations. The survey received twelve respondents, including those representing homeless services providers, the Continuum of Care (CoC), Fair Housing agencies, affordable housing developers, Public Housing Authority, domestic violence advocacy groups, and others.
- The third component was a virtual meeting of the Cleveland County Continuum of Care to discuss program parameters and to identify areas that the data does not fully address and to help develop priorities. This meeting was held on January 10, 2023 and had 33 participants.

<u>HOMEBASE STRATEGIC PLAN:</u>

In January 2021, the City of Norman embarked on a collaborative journey with the Cleveland County Continuum of Care and Homebase, Inc. to develop a Strategic Plan to address Homelessness within not only Norman but Cleveland County. This was a fourteen month process which included the development of a Gaps Analysis as well as a detailed Strategic Plan to begin to address the identified gaps. This document is attached as Exhibit A and hereinafter designated as the “Homebase Strategic Plan.” The extensive consultation process utilized is the basis of the recommendations of the City of Norman HOME ARP Allocation Plan. The development of the Homebase Plan included over 500 citizen surveys, 22 interviews with service providers, and five focus groups of persons with lived experience. Over 125 people with lived experience participated in the five focus groups that were facilitated by Homebase and hosted by Food and Shelter, Inc., Salvation Army, Thunderbird Clubhouse, Inc., and the Women’s Sanctuary operated by Catholic Charities. The Norman City Council and the OK504 Continuum of Care both accepted and adopted both the Gaps Analysis and the Strategic Plan in February 2022.

The primary effort for the Homebase Plan was conducted during 2021 and to allow for updating and supplementing this information, the City of Norman conducted an additional round of consultations beginning in Fall of 2022 and continuing into early 2023.

These additional consultations included the OK504 Continuum of Care, United Way of Norman, Women's Resource Center, Veterans Administration, SSVF, Metropolitan Fair Housing, Inc., Norman Affordable Housing Corporation, Inc., Norman Housing Authority, Norman CHDO 2015, Inc.

CLEVELAND COUNTY CONTINUUM OF CARE

A second component was to hold a specific meeting (January 10, 2023) with the Continuum of Care to present the HOME ARP program parameters and discuss how this opportunity could address the implementation of the Homebase Strategic Plan.

List the organizations consulted:

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
Norman Housing Authority	Public Housing Authority	In-Person Consultation	Consultation discussion prioritized the need for one bedroom units and appropriate supportive services. Survey response submitted indicated the priority need for affordable housing and supportive services. Identified that there is not enough inventory of rentals that allow housing vouchers and HOME funds should be utilized for new unit development. Provide direct outreach to landlords to assist development or improvement of new units. Better case management needed to facilitate housing stability.
Cleveland County Continuum of Care OK504 CoC	Services – Homeless Continuum of Care – Cleveland County, OK	Presentation and discussion at the January 2023 CoC Meeting and an online survey	Availability of Affordable Housing remains the biggest obstacle in achieving housing stability. There is a very large need for additional Case Management and Supportive Services to achieve and maintain housing stability.
United Way of Norman	Services-Homeless; Family; Education	In-Person Consultation	Participated in CoC meeting which discussed eligible populations and priority uses. Survey response submitted indicated the priority need for affordable housing and supportive services.
Metropolitan Fair Housing	Services – Fair Housing	Phone and email Consultation	Survey response submitted indicated the priority need for affordable housing and supportive services as well as increased access to fair housing services. Direct discussions and resource development regarding fair housing services and legal aid.
Heartland 211	Services - Referral	Phone and email Consultation	Participated in CoC meeting which discussed eligible populations and priority uses.

Legal Aid of Oklahoma	Services – Legal Services	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses. Direct discussions and resource development regarding fair housing services and legal aid.
Norman Public Schools	Services - Education	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Norman Police Department	Services – Law Enforcement	In person consultation	Discussion was centered on the difficulties of providing support and assistance to the homeless population in Norman without criminalizing the population. Department needs greater assistance to develop homelessness protocol. Additional Co-responders with mental health, substance abuse or housing focus will provide for better incident outcomes and follow-up services. Better funding is needed to provide resources to the homeless population, including better services for mental health, substance misuse, and housing.
Central Oklahoma Community Mental Health Center	Services – Mental Health	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses. Survey response submitted indicated the priority need for affordable housing and supportive services.
HUB	Services - Mental Health Day Facility	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Food and Shelter, Inc.	Services – Homeless Service Provider (Families; Individual)	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.

Thunderbird Clubhouse, Inc.	Services – Mental Health	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses. Survey response submitted indicated the priority need for affordable housing and supportive services.
Women's Resource Center, Inc.	Services – Domestic Violence Provider	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Progressive Independence, Inc.	Services – Independent Living Center	Email solicitation of online survey	No Response
Mission Norman	Services – Faith Based	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Norman Housing Ministries	Services – Faith Based	In Person Consultation	Discussion prioritized the need for additional affordable housing as well as supportive services.
Norman CHDO 2015	Community Housing Development Organization	In Person Consultation	Discussion prioritized the need for additional affordable housing.
Salvation Army	Services – Homeless Services Provider (Families; Individual)	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Transition House, Inc.	Services – Mental Health	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Bridges of Norman	Services – Homeless Services Provider (Youth)	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
Catholic Charities	Services – Faith Based Homeless Services Provider (Families; Individual)	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.

HOPE Community Services	Services – Mental Health	Invited to participate in the HOME ARP Presentation to the CoC	Not enough housing to use with vouchers. Participated in CoC meeting which discussed eligible populations and priority uses.
Pioneer Library System	Services – Public Library	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.
American Legion Post 88	Services - Veterans	Email solicitation of online survey	No response, multiple emails and phone messages left requesting meeting.
Envision Success, Inc.	Services - Veterans	Email solicitation of online survey	No response, multiple emails and phone messages left requesting meeting.
Dale K. Graham Foundation	Services - Veterans	Email solicitation of online survey	No response, multiple emails and phone messages left requesting meeting.
Veterans Administration	Services - Veterans	Invited to participate in the HOME ARP Presentation to the CoC	Not enough resources to meet the increased number of homeless or at-risk veterans with their pandemic-related federal financial assistance ending. Funding needed to supplement homeless veterans transitional housing programs as well as increased operational costs.
Social Services for Veterans Families (SSVF)	Services - Veterans	Invited to participate in the HOME ARP Presentation to the CoC	Not enough resources to meet the increased number of homeless or at-risk veterans with their pandemic-related federal financial assistance ending. Funding needed to supplement homeless veterans transitional housing programs as well as increased operational costs.
The Homeless Alliance	Services – Homeless Service Provider; HMIS Administrator	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses. Provided data on sheltered counts and local unmet demand.
Oklahoma Department of Human Services	Services – General Welfare	Invited to participate in the HOME ARP Presentation to the CoC	Participated in CoC meeting which discussed eligible populations and priority uses.

Summarize feedback received and results of upfront consultation with these entities:

Through this consultation process the City of Norman identified early on that the traditional assessments and sources of data would not adequately demonstrate a modern GAP analysis for the identified Qualified Populations (QPs) for two specific reasons. First, traditional sources of data, such as the American Community Survey (ACS) or the Comprehensive Housing Affordability Strategy (CHAS) were most recently completed in 2019-20, prior to the onset of the Covid-19 pandemic. Second, the ongoing impact of the Covid-19 pandemic has negatively impacted more recent efforts to update this traditional data, including regional Point in Time (PIT) studies.

The second apprehension with current data points was the waiver to skip the 2021 unsheltered population counts. Attempting to develop an emergency service plan to address the needs of the increasing homeless and at-risk population while waiving the continued collection of data is problematic. Firstly, without consistent measurements any new data points have no baseline for change which can reasonably be relied upon.

What is more useful to establishing priorities within the Continuum of Care is data generated locally and what can effectively incorporate these new data sources including the By Name List and program services. Utilizing the availability of the data that was available from service providers and the Continuum of Care By Name List the Gaps Analysis from the Homebase Strategic Plan was updated and incorporated into this analysis.

Public Participation:

In accordance with Section V.B of the Notice (page 13), PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of **no less than 15 calendar days**. The PJ must follow its adopted requirements for "reasonable notice and an opportunity to comment" for plan amendments in its current citizen participation plan. In addition, PJs must hold **at least one public hearing** during the development of the HOME-ARP allocation plan and prior to submission.

PJs are required to make the following information available to the public:

- The amount of HOME-ARP the PJ will receive, and
- The range of activities the PJ may undertake.

Throughout the HOME-ARP allocation plan public participation process, the PJ must follow its applicable fair housing and civil rights requirements and procedures for effective communication, accessibility, and reasonable accommodation for persons with disabilities and providing meaningful access to participation by limited English proficient (LEP) residents that are in its current citizen participation plan as required by 24 CFR 91.105 and 91.115.

During the Development of the Allocation Plan an initial Public Hearing was held on December 14, 2022.

- ***Date of public notice: 12/1/2022***
- ***Date of public hearing: 12/14/2022***

The HOME ARP Allocation Plan was also an Agenda Item at the Public Hearing held for the Community Development Block Grant Program

- ***Date of public notice: 12/17/2022***
- ***Date of public hearing: 1/4/2023***

The HOME ARP Allocation Plan Public Comment Period and Public Hearing at the Norman City Council Meeting for consideration of a Substantial Amendment to the Second Year (B21/M21) Action Plan.

- ***Date of public notice: 3/1/2023***
- ***Public comment period: 3/1/2023 – 3/20/2023***
- ***Date of public hearing: 3/14/2023***

Describe the public participation process:

The First Public Hearing was held on December 14, 2022 with 23 in attendance. A presentation was provided which outlined the HOME ARP program and the opportunities that were available. A robust discussion was held whereas the consensus was that the Preservation or Development of Affordable Housing was the top priority and the Provision of Supportive Services where beneficial was the second.

In conjunction with the Community Development Block Grant Citizen Participation Process, the HOME ARP program was also discussed in detail at a Public Hearing on January 4, 2023. There were twelve people in attendance. Again the consensus of those in attendance was the same as the HOME ARP Public Hearing #1 with Affordable Housing and Supportive Services being considered crucial.

To fully inform the Norman City Council of the opportunities of the HOME ARP Program, a Study Session was held on February 28, 2023. At this Study Session a presentation was made to the Council detailing the Consultation Process, the program requirements, and the resulting Allocation Plan. This meeting is streamed on the City of Norman You Tube Channel and staff contact information is provided as part of the presentation which allows any citizen to contact and provide comments.

On March 14, 2023 a second HOME ARP Public Hearing was held in conjunction with the Norman City Council meeting. At this meeting the HOME ARP Allocation Plan was considered along with the Substantial Amendment to the 2020 Action Plan.

Evidence of public posting and appeals for input will be placed here after the Public Comment Period closes.

Describe efforts to broaden public participation:

The City of Norman encouraged public participation and has provided ample opportunity for the public to comment on this HOME ARP Allocation Plan. In addition to the multiple consultation meetings, the City notified the public of the public comment period in multiple ways. Our "Norman News" system broadcast the upcoming public comment period and public hearing to over 2,300 subscribers. Public notice was published in the Norman Transcript, a local newspaper of general circulation, on March 1, 2023. Public notice has also been published on the City of Norman website. The draft plan has been made available for review in the City of Norman Planning and Community Development office or on the City of Norman website.

As part of the HOME-ARP Allocation process, a Substantial Amendment to the 2021-2022 Second Year Action Plan will be submitted. Notice of the Substantial Amendment was published on February 25, 2023 in conjunction with the notification of Public Comment in the Norman Transcript. A public comment period for the Substantial Amendment is running concurrently with the HOME ARP Allocation Plan Public Comment period.

A copy of the Public Notice, draft HOME ARP allocation plan, and PowerPoint presentations were also posted on the City of Norman website. https://www.normanok.gov/your-government/departments/planning-and-community-development/grant-programs/home-arp-funding

To provide the Norman City Council with specific information regarding the HOME ARP Allocation Plan prior to the Public Hearing, a Study Session was held on February 28, 2023. The PowerPoint Presentation is also located at the HOME ARP website listed above. At this Study Session a presentation was made to the Council detailing the Consultation Process, the program requirements, and the resulting Allocation Plan. This meeting is streamed on the City of Norman You Tube Channel and staff contact information is provided as part of the presentation which allows any citizen to contact and provide comments.

The City of Norman held a public hearing on March 14, 2023 to outline the HOME-ARP Allocation Plan and activities that may be funded through the plan. This meeting also included the Substantial Amendment to the Second Year Action Plan (2021-2022). The Staff presentation discussed the qualifying populations and the feedback that has been received through our consultation meetings and outlined the need to prioritize the chronically homeless and house this population with wraparound supportive services.

Members of the CoC were specifically invited to submit comments to the City of Norman. After HUD approval of the Substantial Amendment and the Allocation Plan, the City of Norman will notify the availability of the funding to interested parties invite them to participate in the planning and allocation process. The City of Norman continues efforts to provide public awareness for this program through continuing conversations with members of the public, service providers, affordable housing providers and developers.

Summarize the comments and recommendations received through the public participation process either in writing, or orally at a public hearing:

All comments have been accepted and were included within the development of the draft plan. Any comments made during the formal comment period will be accepted and included.

During the development of the Strategic Plan by Homebase multiple comments were documented and are summarized below:

> "There are people in the community that are one paycheck away from losing their home. Lots of people are housing insecure and have lost their income, they have had nowhere to go and are reaching out for services they never imagined they would be reaching out for."
>
> "I don't think I fully understand the nuances of the situation, and I feel like I don't know where and how to help because of competing narratives. I wish there could be some coalition building between the sides."
>
> "I used to view homelessness as the problem of the person experiencing it. Working with people who are homeless has made me realize that it is our systems that fail to provide, and people become homeless as a result of these gaps."
>
> "If we can find more affordable housing, we can offer more support to individuals."
>
> "Norman has a college community. A lot of college students are taking over one bedrooms and parents pay for this, which is very expensive."
>
> "Landlords are picky about who to rent to as one bedrooms are in high demand by college students. Landlords don't want to rent to homeless people."
>
> "The landlord will be more receptive if social workers do not drop the ball and follow through. A bad landlord experience sticks and spreads around [and] makes other landlords reluctant. It is important that social workers understand this and know they are marketing representatives for the promises."
>
> "Being in a college town, the low- to moderate income population is in great competition for student housing."

In addition with the consultation efforts to both update the Homebase Strategic Plan and for the development of this HOME ARP Allocation Plan, the following comments were recorded:

These comments will be added at the conclusion of the comment period on March 20, 2023.

Summarize any comments or recommendations not accepted and state the reasons why:

No comments or recommendations were intentionally dismissed. Some responses or recommendations derived either from the Homebase study, community surveys or through direct communication with area service providers did contain demonstrations of unmet need which are unable to be addressed given the restrictions on funding availability or individuals whom do not fall within the Qualified Population as defined by HUD. In these cases consideration is taken, and priority of funding is established as available.

Needs Assessment and Gaps Analysis:

In accordance with Section V.C.1 of the Notice (page 14), a PJ must evaluate the size and demographic composition of **all four** of the qualifying populations within its boundaries and assess the unmet needs of each of those populations. If the PJ does not evaluate the needs of one of the qualifying populations, then the PJ has not completed their Needs Assessment and Gaps Analysis. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services.

Homeless Needs Inventory and Gap Analysis Table

Homeless													
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	55	23	97	97	0								
Transitional Housing	5	1	12	12	0								
Permanent Supportive Housing	33	19	60	60	4								
Other Permanent Housing	52	24	21	21	0								
Sheltered Homeless						62	58	46	17				
Unsheltered Homeless						2	75	0	0				
Current Gap										12	4	50	50

Suggested Data Sources: 1. 2022 Point in Time Count (PIT); 2. 2022 Continuum of Care Housing Inventory Count (HIC); 3. Consultation

The Cleveland County Continuum of Care (OK504) in addition to conducting the HUD mandated Point in Time Counts utilizes a By-Name-List (BNL) to track persons and households that are experiencing homelessness in Cleveland County.

This BNL has been in existence since 2016 and is used extensively by the Coordinated Entry System and has been validated by the Built for Zero for its completeness and accuracy. Coordinated Entry System data provides useful context, including the By-name-list (BNL), which tracks individuals/heads of household who are in the homeless system of care and who need housing. The BNL includes intake and assessment data, including prioritization criteria (i.e., a ranking score) that helps match individuals and families to the housing and services that best serve their needs and helps to determine the order of priority when resources become available. Keeping the BNL up to date and looking at it over time, can help the CoC understand the need and any changes over time. See the table below of BNL data from January of each year from 2016 – 2020. One factor to note is that between 2019 and 2020, a data cleanup project removed inactive households from the list so some of the decrease seen in 2020 is the result of that data cleanup.

	January 2016	January 2017	January 2018	January 2019	January 2020	January 2021	January 2022
Singles	43	84	97	154	64	101	114
Families	2	3	0	6	0	6	4
Veterans	10	5	4	5	4	1	2

Housing Needs Inventory and Gap Analysis Table

Non-Homeless			
	Current Inventory	**Level of Need**	**Gap Analysis**
	# of Units	# of Households	# of Households
Total Rental Units	23,533		
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	1,238		
Rental Units Affordable to HH at 50% AMI (Other Populations)	12,211		
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)		5,465	
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)		4,460	
Current Gaps			12,362*

Suggested Data Sources: 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS) *The gap of 12,362 affordable units is the number of households in DP04 Selected Housing Characteristics 2021:5 Year Estimates Data Profiles that are paying more than 30% of household income for rent.

Population Experiencing Homelessness: Within Cleveland County, there are a total of 128 households which included a total of 197 persons that were experiencing homelessness with the January 2022 Point in Time Count. A documented 18 households, or 14% of total households, are family households (adults and children). The other 86%, or 110 households, are adult only households.

Victims of domestic violence – throughout 2022, there were a total of 319 unduplicated Domestic Violence (DV) victims served by emergency shelters and throughout 2022, there were 69 victims of domestic violence who experienced unsheltered homelessness at some point during the year.

Population At Risk Of Homelessness: During the COVID-19 pandemic, The Cleveland County District Court facilitated the use of the Emergency Rental Assistance Program to help avoid evictions. The facilitation included a designated work area for representatives of Legal Aid and the entities that were contracted to administer the Emergency rental Assistance Program. By allowing and supporting this partnership, evictions were greatly reduced during the COVID-19 Pandemic.

Currently, these dedicated resources are no longer available but the Legal Aid office participates in the Coordinated Case Management Conference to assist in occupancy issues for this population as well as providing legal assistance on tenant landlord issues to the general public.

Qualified Populations:

Definitions of the four Qualified Populations (QP) is described below. Refer to HUD CPD Notice 21-10 for a more complete definition:

- Homeless
    - Lacking fixed/regular and adequate nighttime residence
        - Nighttime residence is not designed for ordinary sleeping accommodations
        - Living in public/private shelter or commercial lodging
    - Will lose nighttime residence:
        - Within 14 days
        - Lacks support network needed to obtain new housing
    - Unaccompanied youth (under 25) or families with children which:
        - Defined by HUD as Runaway, DV, or McKinney-Vento
        - Not had lease or ownership in permanent housing within 60 days
- At-Risk of Homelessness
    - Annual income below 30% LMI ($17,200 per individual; $24,550 for household of four)
    - Not had lease or ownership in permanent housing within 60 days
    - Has been notified in writing of eviction
- Fleeing DV, Dating Violence, Stalking, or Assault
- Other populations
    - Families requiring services or housing assistance to prevent homelessness
    - At greatest risk of homelessness
        - Annual income less than 30% AMI
        - Cost burden of 50% of household income
    - Veterans and families that include a veteran member

Describe the size and demographic composition of qualifying populations within the City of Norman boundaries:

Homeless as defined in 24 CFR 91.5

According to the 2022 Cleveland County Point in Time (PIT) count, there were 197 people experiencing homelessness in Cleveland County on January 27, 2022. The count includes people that are staying in temporary emergency shelters and those that are unsheltered. The 2022 PIT count reports that out of the 197 people who are experiencing homelessness in the county 28 are under 18 years old and 6 are age 18 to 24 and 163 are over the age of 24. The data shows that 74 are females, 121 are males. Regarding race, most of the people from the PIT count indicated that they are White (135), Black or African American (30) and American Indian (21), while the remaining 11 persons reported multiple races. The Cleveland County 2022 PIT count finds that of the 197 people experiencing homelessness, 65 are Severely Mentally Ill, 71 are Chronic Substance Abuser and 29 are Victims of Domestic Violence.

At Risk of Homelessness as defined in 24 CFR 91.5

Extremely low- and low-income individuals and families with children who are currently housed are often living from one check to the next with no savings or safety net to fall back on should an unexpected event or emergency occur. These households include all types, single person, small family, large family, and elderly. Characteristics include lack of education, lack of transportation, lack of adequate daycare, inadequate health insurance, drug or alcohol abuse or serious illness. These persons are at risk of losing their homes through foreclosure or eviction, and unless they have extended family or other support, they are at risk of needing to reside in a shelter or becoming unsheltered.

In Norman, the share of renter households that are moderately or severely cost burdened decreased from 5,670 in 2015 to 4,900 in 2020. The incidence of housing cost burdens is highest for unassisted renter households with the lowest incomes. In Norman, renter households with incomes of less than $20,000 had the highest incidence of cost burden.

Households at-risk of homelessness include an estimated 6,295 households who are extremely cost burdened, paying over 50% of their income toward housing. Of those, 3,815 are renting households in the extremely low-income range (<30%). An estimated 4,900 LMI (<80%) renters are cost burdened at the 30% mark.

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

In Norman, the primary service provider for domestic violence is the Women's Resource Center, Inc. During consultation discussions they provided the following data for 2022. Staff operates three locations-DV Shelter, Rape Crisis Center (domestic violence forensic exams), and our Community Services Office. During 2022 we provided services to 319 victims of domestic violence-unduplicated. We

had 26 unduplicated individuals that were currently experiencing homelessness that came into shelter. Staff fielded 692 calls that were adult victims of domestic violence.

Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice

In looking to better assess the at-risk population staff reached out to the current Emergency Rental Assistance providers for consultation related to the impending end of the multiple current Emergency Rental Assistance programs. These programs, which are locally administered by multiple non-profits have been able to access unprecedented levels of funding as a result of government intervention due to the COVID-19 Pandemic. With the scheduled sunset of multiple funding streams including the HUD CARES Act ESG/CDBG CV funding and the US Treasury Emergency Rental Assistance Program, preparations for a dramatic increase in housing assistance needs are being developed. Since 2020 over 12 million dollars of funding has been available and distributed within Cleveland County to assist households with immediate needs to maintain housing. Typical levels of funding from the Emergency Solutions Grant Program (HUD) and the Emergency Food and Shelter Program (FEMA) have historically been less than $300,000 per year.

Like many communities in the United States, Norman is currently experiencing a shortage of affordable housing in addition to the homelessness crisis. As the availability of funding for housing prevention activities continues to shrink and affordability continues to decrease, the unmet needs of these qualifying populations will be required to be addressed through a combination of efforts not exclusive of new development with necessary subsidized support.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing:

Norman is in a unique position: the monthly number of households experiencing homelessness has remained relatively steady since 2018 and resources for rental assistance are at unprecedented high levels. However, available units for people exiting homelessness are at an all-time low. Households are being forced to search for housing for much longer and face a much tighter market. Affordable units and properties are in high demand from all income levels, giving landlords the ability to be more selective, often opting out of accepting any type of rental assistance, especially from people exiting homelessness. So even with unprecedented levels of federal investment in assistance for people experiencing homelessness, our system does not currently have enough dedicated and available units to move people into stable housing.

Currently, the availability of congregate and non-congregate shelter beds is extremely limited due to the number of beds available and the number of clients in need. To provide relief to the shortage, motel rooms are brought online during weather events to shelter homeless as funding is available. In addition the limited supply of family emergency shelter beds also requires the use of motel vouchers. This is not a sustainable plan for the future.

Affordable rental housing is extremely limited due to the sheer number of persons in need and the lack of affordable housing stock. Supportive services are limited in scope due to lack of funding and

lack of outreach resulting from the pandemic. The Norman Housing Authority operates the Housing Choice Voucher program, but the number of vouchers is insufficient to support the need. Current market rents are continually climbing and show no signs of leveling off.

Describe the unmet housing and service needs of qualifying populations:

Homeless as defined in 24 CFR 91.5

Sheltered and unsheltered homeless population in the Cleveland County Continuum of Care have an immediate and urgent need for housing and a path through which they can gain access to available housing units in the community and exit homelessness. This includes both appropriate, full service (with case management), emergency shelter beds as well as permanent housing and in many cases permanent supportive housing. Currently, the bulk of the emergency shelter beds available are only available at a low barrier seasonal, emergency shelter and may not help residents escape homelessness or address housing insecurity. During consultations, respondents also highlighted the following unmet service needs for the homeless population: legal aid, housing search and counseling, mental health services, outpatient health services, substance abuse treatment services, and comprehensive case management.

The Norman Housing Authority is a member of the CoC and works diligently to provide resources outside the usual Section 8 program for the provision of housing to this population. The Section 811 Mainstream Voucher Program awarded 100 vouchers to NHA with a homeless preference, Forty-Seven Emergency Housing Vouchers were issued in coordination with the CoC, and they are also providers of HUD VASH Vouchers. In addition to the noted shortage of affordable housing, the availability of case managers to provide and implement Housing Stability Plans is at a critically low level for the population that needs permanent supportive housing.

In Norman, the availability of rental housing that will participate in the Section 8 Program is very limited. Norman, being a university community has a steady supply of students in search of off campus housing with financial resources to utilize available units. A landlord that is faced with the decision to rent a unit to a student with financial backing from family versus providing rent to a homeless individual with a less than stellar rental history occurs daily in our community. To address overcoming the stigma that is prevalent within the rental management community regarding tenants that require Section 8 financial assistance, the City of Norman has partnered with the Norman Housing Authority to provide a Landlord Liaison that is providing valuable, accurate information to property owners regarding the benefits of utilizing the Section 8 program.

At Risk of Homelessness as defined in 24 CFR 91.5

The unmet needs for the populations at risk of homelessness and housing instability include resources for rental or utility deposit assistance and development of affordable rental housing units. This common theme was highlighted by multiple stakeholders citing the unmet need of sufficient supply of safe and affordable rental housing or emergency shelter. Inadequate supply of affordable rental housing inventory was not only highlighted in the initial Public Hearing, but it was also listed as the top unmet need of 38% of survey responses during the survey conducted for the Homebase Strategic Plan. 2015-2019 ACS data estimate city rental vacancy rates at less than three

percent. Housing counseling, financial literacy, and legal aid/ landlord mediation for eviction proceedings were highlighted during our consultation as service needs for the at-risk of homelessness and greatest risk of housing insecurity.

The Norman Housing Authority manages 1,235 Housing Choice Vouchers, including 10 vouchers for disabled veterans referred through the HUD-VASH program, 47 Emergency Housing Vouchers, and 100 Section 811 Mainstream Vouchers. Over 60 units have been developed in Norman through the associated nonprofit Norman Affordable Housing Corporation. A waiting list of over 270 families indicate a strong need to increase participation in the Section 8 program. In addition, the production of additional rental housing units and rental assistance programs are warranted to reduce the Housing Authority's waiting list. The composition of the waiting list shows a need for primarily one bedroom units (45%) followed by two bedroom units (30%).

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice

The Women's Resource Center Crisis provides 17 beds for victims in this population; however, the center noted a lack of affordable housing to survivors in need of permanent housing.

Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice

Households with household income less than or equal to 30% AMI with a cost burden greater than 50% are also at risk of homelessness. Based on the CHAS data, there are 3,815 renter households and 955 owner households in this category of potential risk.

Identify any gaps within the current shelter and housing inventory as well as the service delivery system:

Due to the ongoing COVID-19 pandemic, congregate shelters have had to significantly reduce capacity. While this situation has been alleviated somewhat, there is still a decrease of bed capacity which remains a gap. Some of the qualifying populations are utilizing motel or other non-congregate shelter options as funding is available. As the economy continues to improve the availability and economic impact of this type of housing is not sustainable. The available stock of this type of sheltering is limited and does not provide for housing stability.

The service providers in Norman work closely together to provide a continuum of services in response to needs identified through surveys of homeless persons and general observations of the providers. Providers in Norman are particularly strong in the areas of mental health services, employment training, and life skills training. There are not enough beds on a typical night to provide a safe, secure, accommodations for emergency shelter. This situation continues to be critical and is directly proportional to the need for increased permanent supportive housing capacity.

Current gaps within the shelter, housing inventory, and service delivery systems include: permanent low barrier shelter; sufficient case management to quickly resolve the household's homelessness; staffing to allow for a reasonable caseload; and permanent supportive housing.

As noted previously, the primary gap in the shelter and housing inventory is the availability of beds and units for adults with no children present. There is a need for over 100 more beds for this population.

There is a shortage of affordable housing in Norman. The availability of affordable housing units does not meet the needs of the qualifying population. There is a need for quality affordable housing units of multiple sizes in neighborhoods throughout the City. Housing inventory gaps include affordable 1-bedroom and 2-bedroom units. Vacancy rates of rental housing are extremely low and underscores the importance of creating and preserving affordable rental housing that can address the housing needs of the most vulnerable. Stagnating wages and rising house prices as noted in the City's most recent Consolidated Plan and Analysis of Impediments to Fair Housing report continue to serve as challenges to LMI households.

Under Section IV.4.2.ii.G of the HOME-ARP Notice, a PJ may provide additional characteristics associated with instability and increased risk of homelessness in their HOME-ARP allocation plan. These characteristics will further refine the definition of "other populations" that are "At Greatest Risk of Housing Instability," as established in the HOME-ARP Notice. If including these characteristics, identify them here:

The City of Norman does not plan to formally adopt a definition of "other populations, it will focus its HOME-ARP activities to assist homeless populations, those at-risk of homelessness, and persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Identify priority needs for qualifying populations:

The first priority need for Norman includes housing for single individuals who are experiencing homelessness to ease the congestion within the current shelter system as well as addressing unsheltered homelessness. Creating new affordable permanent supportive housing units for our chronically homeless population. The primary focus will be efficiency units and one-bedroom units. Identifying suitable housing and ongoing supportive services will be the focus of the HOME-ARP funds. The City of Norman will work with its affordable housing providers and work to forge new partnerships. Along with the production of new units, the City of Norman will also support the delivery of services for newly-housed populations. The target is a total of 12 units utilizing HOME ARP funding.

Explain how the PJ determined the level of need and gaps in the PJ's shelter and housing inventory and service delivery systems based on the data presented in the plan:

Housing inventory has been a recent topic for all income brackets within Norman as of late. To illustrate, an integral component of the Norman 2045 Comprehensive Plan is the preparation of a Housing Market Analysis and Affordability Strategy. This effort is being undertaken by the planning team of RDG-Garver. This will be a transformative document for future use but it is not at the stage to provide input for the HOME ARP Allocation Plan.

To determine the current need, the City of Norman looked at the community's total available housing resources for households experiencing homelessness and for households at risk of homelessness. To determine the level of need and gaps the City of Norman looked at both qualitative and quantitative measures. Data from the US Census, CHAS , 2022 CoC Point in Time Count, and 2022 Housing Inventory Count were used in partnership with feedback and on-the-ground insights from key stakeholders in the area.

The gaps in services and programs need to provide shelter, housing, and services were determined using not only the data sources identified above but extensive stakeholder and public engagement that was undertaken during the development process of the Homebase Strategic Plan in 2022 and then updated for the HOME ARP Allocation Plan. The level of need for unsheltered and sheltered households experiencing homelessness was determined by evaluating the number of unsheltered households utilizing the By Name List as well as PIT data, and the level of resources available to adequately house the families or individuals with permanent supportive housing and critical long-term supportive services to achieve housing stability. For households that are currently housed but have challenges maintain their home, the level of need was measured by the amount of inventory that had affordable, safe, and adequate living conditions and the number of renter households that are experiencing severe housing cost burdens.

The takeaways from data analysis and stakeholder input were incorporated into the needs assessment.

HOME-ARP Activities:

Describe the method(s)that will be used for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors:

Pending HUD approval of its HOME-ARP allocation plan, the City of Norman will issue a Request for Proposals (RFP) for interested and experienced operators and developers of permanent supportive housing and/or affordable housing and qualifying supportive services. The goal of the RFP will be to develop at minimum 12 units of Permanent Supportive Housing. There will be a posted public notice of the RFP as well as direct solicitation to interested parties. Preceding the issuing of the RFP, the City will host an advertised pre-solicitation workshop to advise prospective applicants of the process, HOME and HOME ARP Guidelines and Regulations. Applicants will be scored according to a rubric including points for criteria such as project composition, developer experience and capacity, services offered, project readiness, and availability to leverage other local, state and federal funding. Application exhibits must demonstrate the financial feasibility of the projects, conformity to HOME ARP requirements, commitments for services and other funding sources, site control, compliance with land use regulations, and detailed construction plans. Applicants will be required to submit materials by a specific deadline. The entities selected through the request for proposal (RFP) will then be contracted to move forward with development, rehabilitation, supportive

services, referral, and administration of services for qualified populations and the city will provide oversight, monitoring, and reporting.

Describe whether the PJ will administer eligible activities directly:

The City of Norman expects to administer the planning and administration activities under the grant. However, administering the remaining eligible activities will be subject to the results of the request for proposal process to identify and contract with agencies, developers, and organizations to submit proposals and those selected for funding will administer activities and projects. Considerations will be given to existing partnerships including the Norman Housing Authority, Norman Affordable Housing Corporation, Norman CHDO 2015, and Continuum of Care members.

If any portion of the PJ's HOME-ARP administrative funds are provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:

The City of Norman did not provide administration funds to a subrecipient prior to HUD's acceptance of the HOME ARP allocation plan.

In accordance with Section V.C.2. of the Notice (page 4), PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits.

Use of HOME-ARP Funding:

	Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	$ 100,000		
Acquisition and Development of Non-Congregate Shelters	$ 0		
Tenant Based Rental Assistance (TBRA)	$ 0		
Development of Affordable Rental Housing	$ 1,226,908		
Non-Profit Operating	$ 0	0 %	5%
Non-Profit Capacity Building	$ 0	0 %	5%
Administration and Planning	$ 234,000	15 %	15%
Total HOME ARP Allocation	$ 1,560,908		

Describe how the PJ will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:

The above table represents estimates of amount proposed for eligible activities based on our HOME ARP allocation. These funding amounts are subject to changes based on our request for proposal process and results.

The City of Norman expects to receive $1,560,908 from HUD for HOME ARP. The City will retain 15% of the HOME ARP funding order to ensure rapid implementation of successful projects as well as monitoring to ensure their ongoing compliance. The City, through a competitive RFP process, will determine the individual activity and amount for each category of funding listed in the HOME ARP Allocation Table above. The City will allocate funds ranging from no dollars for a category and up to the maximum grant amount of $1,560,908 allocated.

In funding supportive services, the City of Norman aims to increase housing stability and reduce levels of at risk homelessness for qualifying populations. Supportive Service activities will prioritize intense case management. Other services will include (but are not limited to):

- Mental Health Services
- Substance Abuse Treatment
- Outpatient Health Services
- Coordinated Service Linkage
- Outreach Services
- Employment Assistance and Job Training

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:

The community needs and gap analysis in the Homebase Strategic Plan documented a gap in our homelessness response system for permanent housing with supportive services. In addition, the results from recent Point in Time Counts, Housing Inventory Charts, multiple program waiting lists, and the By Name List, all reinforce these results. This data illustrates that there is a significant need for dedicated permanent supportive housing for the unsheltered homeless population. Utilizing the HOME ARP funding to develop additional permanent supportive housing units can help address these needs directly.

Many of the individuals and families who receive assistance to mitigate homelessness or to flee violent circumstances require all-encompassing services that are population specific with their housing because of the compounding and complex challenges they face. Separate from their need for housing, there is a high need for assistance to reduce housing instability for these qualified populations, which includes mental health, job development, legal aid and other supportive services. There are gaps in our service delivery system for our homeless population who have high mental health needs, including and those who struggle with substance abuse. Based on the input received from service providers and the data collected, the City is allocating a portion of funding to supportive services.

HOME-ARP Production Housing Goals:

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:

The City of Norman estimates that 12 units of permanent supportive housing will be produced utilizing the HOME ARP funding. The City will work with developers to understand what type of

funding resources can be leveraged with HOME ARP funding to increase the production of units, coordinating compliance with both HOME ARP regulations and what is required of those other funding resources.

The final production goals will be determined based upon the competitive RFP process allocating funding to specific projects after HUD approval of the HOME ARP Allocation Plan. The City will prioritize projects that are able to be developed quickly and that can operate with sufficient operating and supportive service dollars to meet the needs of tenants. Additionally, the City has the option to adopt the maximum per unit subsidy limit of other federal programs.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how the production goal will address the PJ's priority needs:

The City of Norman plans to bring permanent supportive housing units into service for those experiencing chronic homelessness. As noted above it is anticipated that at least 12 units of permanent supportive housing will be developed.

Knowing these HOME-ARP funds are one time in nature, the City decided to invest everything in creating more housing for the most vulnerable. By creating a permanent supportive housing project, the City can address the overall need for physical units, but also with the single site model, address other obstacles as well. For example, projects funded by the RFP must accept vouchers and must be low barrier/housing first. This ensures the chronically homeless can be housed. The City of Norman is proud to be part of a community effort to end chronic homelessness.

The City of Norman expects to partner with affordable housing providers to leverage this funding to create more units. The units developed with HOME ARP funds will meet the City of Norman's Consolidated Plan Priorities of Improving and Preserving the Quality of Housing and Expanding Affordable Housing Opportunities.

Preferences:

A preference provides a priority for the selection of applicants who fall into a specific QP or category (e.g., elderly or persons with disabilities) within a QP (i.e., subpopulation) to receive assistance. A *preference* permits an eligible applicant that qualifies for a PJ-adopted preference to be selected for HOME-ARP assistance before another eligible applicant that does not qualify for a preference. A *method of prioritization* is the process by which a PJ determines how two or more eligible applicants qualifying for the same or different preferences are selected for HOME-ARP assistance. For example, in a project with a preference for chronically homeless, all eligible QP applicants are selected in chronological order for a HOME-ARP rental project except that eligible QP applicants that qualify for the preference of chronically homeless are selected for occupancy based on length of time they have been homeless before eligible QP applicants who do not qualify for the preference of chronically homeless.

Please note that HUD has also described a method of prioritization in other HUD guidance. Section I.C.4 of Notice CPD-17-01 describes Prioritization in CoC CE as follows:

"Prioritization. In the context of the coordinated entry process, HUD uses the term "Prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice."

If a PJ is using a CE that has a method of prioritization described in CPD-17-01, then a PJ has preferences and a method of prioritizing those preferences. These must be described in the HOME-ARP allocation plan in order to comply with the requirements of Section IV.C.2 (page 10) of the HOME-ARP Notice.

In accordance with Section V.C.4 of the Notice (page 15), the HOME-ARP allocation plan must identify whether the PJ intends to give a preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project.

- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).
- The PJ must comply with all applicable nondiscrimination and equal opportunity laws and requirements listed in 24 CFR 5.105(a) and any other applicable fair housing and civil rights laws and requirements when establishing preferences or methods of prioritization.

While PJs are not required to describe specific projects in its HOME-ARP allocation plan to which the preferences will apply, the PJ must describe the planned use of any preferences in its HOME-ARP allocation plan. This requirement also applies if the PJ intends to commit HOME-ARP funds to projects that will utilize preferences or limitations to comply with restrictive eligibility requirements of another project funding source**. If a PJ fails to describe preferences or limitations in its plan, it cannot commit HOME-ARP funds to a project that will implement a preference or limitation until the PJ amends its HOME-ARP allocation plan.**

For HOME-ARP rental housing projects, Section VI.B.20.a.iii of the HOME-ARP Notice (page 36) states that owners may only limit eligibility or give a preference to a particular qualifying population or segment of the qualifying population <u>if the limitation or preference is described in the PJ's HOME-ARP allocation plan</u>. Adding a preference or limitation not previously described in the plan requires a substantial amendment and a public comment period in accordance with Section V.C.6 of the Notice (page 16).

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

The City of Norman intends to preference Category 1- Homeless with a subpopulation of Chronic Homeless. The City of Norman will prioritize single adults who meet the criteria as and chronically homeless as having the greatest need for housing and supportive services. Those fleeing or attempting to flee domestic violence or human trafficking may receive direct referrals by providers to housing partners and would be considered a second highest priority. Local prioritization will comply with all requirements of 24 CFR 5.105(a). The Norman/Cleveland County Continuum of Care Coordinated Case Management Committee (CCM) operates the Coordinated Entry System and the By Name List for Cleveland County. Potential clients will be referred to the CCM for the standardized assessment tool through the coordinated entry process.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:

The gap analysis revealed that the greatest need and the least number of resources were dedicated to single adults and especially those who are considered chronically homeless. Thus the City of Norman intends to preference Category 1- Homeless with a subpopulation of Chronic Homeless. By prioritizing those with the highest acuity and creating housing for them, HOME-ARP will address the unmet need for single adults experiencing homelessness. In order to facilitate access to all eligible populations, housing developed with HOME ARP funds will accept referrals from multiple sources, including the Coordinated Entry. No single source of referral will be used. Criteria for referrals will be defined in the Request for Proposal process. These recommendations will be based on whether someone can documented as chronically homeless (at least one year of homelessness and verification of a disability). Within this group, the current system will prioritize people based upon length of time homeless. The designation of this preference does not disqualify any individual that meets the Qualifying Population designation in 24 CFR 91.5 from accessing any HOME ARP unit.

Should the established preference of Homeless – Category 1 Subpopulation of Chronic Homeless not utilize all of the available units, other qualifying populations will be served. This would include those at risk of homelessness or those exiting jails, prisons, or institutions. In looking holistically at all the different funding sources to address Category 1 homelessness in the community– traditional and COVID, there are additional resources to assist all other qualifying populations - most notably, Tenant Based Rental Assistance, Continuum of Care, and Emergency Solutions Grant Program funds.

For those at risk of homelessness, the system is primarily utilizing Emergency Solutions Grant Program funding. For those feeling domestic violence, the system is accessing state and federal funding allocated for victims of domestic violence. For other populations where providing supportive services or assistance would prevent the family's homelessness, several funding sources are currently utilized by providers.

Referral Methods:

PJs are not required to describe referral methods in the plan. However, if a PJ intends to use a coordinated entry (CE) process for referrals to a HOME-ARP project or activity, the PJ must ensure compliance with Section IV.C.2 of the Notice (page10).

A PJ may use only the CE for direct referrals to HOME-ARP projects and activities (as opposed to CE and other referral agencies or a waitlist) if the CE expands to accept all HOME-ARP qualifying populations and implements the preferences and prioritization established by the PJ in its HOME-ARP allocation plan. A direct referral is where the CE provides the eligible applicant directly to the PJ, subrecipient, or owner to receive HOME-ARP TBRA, supportive services, admittance to a HOME-ARP rental unit, or occupancy of a NCS unit. In comparison, an indirect referral is where a CE (or other referral source) refers an eligible applicant for placement to a project or activity waitlist. Eligible applicants are then selected for a HOME-ARP project or activity from the waitlist.

The PJ must require a project or activity to use CE along with other referral methods (as provided in Section IV.C.2.ii) or to use only a project/activity waiting list (as provided in Section IV.C.2.iii) if:

1. the CE does not have a sufficient number of qualifying individuals and families to refer to the PJ for the project or activity;
2. the CE does not include all HOME-ARP qualifying populations; or,
3. the CE fails to provide access and implement uniform referral processes in situations where a project's geographic area(s) is broader than the geographic area(s) covered by the CE

If a PJ uses a CE that prioritizes one or more qualifying populations or segments of qualifying populations (e.g., prioritizing assistance or units for chronically homeless individuals first, then prioritizing homeless youth second, followed by any other individuals qualifying as homeless, etc.) then this constitutes the use of preferences and a method of prioritization. To implement a CE with these preferences and priorities, the PJ **must** include the preferences and method of prioritization that the CE will use in the preferences section of their HOME-ARP allocation plan. Use of a CE with embedded preferences or methods of prioritization that are not contained in the PJ's HOME-ARP allocation does not comply with Section IV.C.2 of the Notice (page10).

Identify the referral methods that the PJ intends to use for its HOME-ARP projects and activities. PJ's may use multiple referral methods in its HOME-ARP program.

In order to facilitate access to all eligible populations, housing developed with HOME ARP funds will accept referrals from multiple sources, including the Coordinated Entry. No single source of referral will be used. Criteria for referrals will be defined in the Request for Proposal process.

Describe whether the PJ intends to limit eligibility for a HOME-ARP rental housing project to a particular qualifying population or specific subpopulation of a qualifying population identified in section IV.A of the Notice:

Limiting eligibility for a HOME-ARP rental housing or NCS project is only permitted under certain circumstances.

- The City of Norman understands that as a participation jurisdiction it must follow all applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those

requirements listed in 24 CFR 5.105(a). This includes, but is not limited to, the Fair Housing Act, Title VI of the Civil Rights Act, section 504 of Rehabilitation Act, HUD's Equal Access Rule, and the Americans with Disabilities Act, as applicable.

- The City of Norman may not exclude otherwise eligible qualifying populations from its overall HOME-ARP program.
- Within the qualifying populations, participation in a project or activity may be limited to persons with a specific disability only, if necessary, to provide effective housing, aid, benefit, or services that would be as effective as those provided to others in accordance with 24 CFR 8.4(b)(1)(iv). The City must describe why such a limitation for a project or activity is necessary in its HOME-ARP allocation plan (based on the needs and gap identified by the City of Norman in its plan) to meet some greater need and to provide a specific benefit that cannot be provided through the provision of a preference.
- For HOME-ARP rental housing, section VI.B.20.a.iii of the Notice (page 36) states that owners may only limit eligibility to a particular qualifying population or segment of the qualifying population if the limitation is described in Norman's HOME-ARP allocation plan.
- The City may limit admission to HOME-ARP rental housing to households who need the specialized supportive services that are provided in such housing. However, no otherwise eligible individuals with disabilities or families including an individual with a disability who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.
- The City of Norman does not intend to set limitations.

HOME-ARP Refinancing Guidelines:

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with 24 CFR 92.206(b). The guidelines must describe the conditions under with the PJ will refinance existing debt for a HOME-ARP rental project, including:

- ***Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity***

  The City of Norman will not provide refinancing activities with HOME ARP funds.

- ***Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.***

  N/A

- ***State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.***

  The City of Norman intends to invest HOME ARP funds to create additional affordable housing units.

- ***Specify the required compliance period, whether it is the minimum 15 years or longer.***
  The compliance period will be determined by the sources of funding with the longest tenure being enforced. Compliance period will be 15 years minimum.

- ***State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG***.
  The City of Norman will not utilize HOME ARP funds to refinance any multifamily loans.

- ***Other requirements in the PJ's guidelines, if applicable:***
  N/A

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PUBLIC NOTICE

HOME Investment Partnerships Program American Rescue Plan (ARP) Allocation Plan for the City of Norman - Fiscal Year 2021-22, Second Year Action Plan Substantial Amendment.

HOME ARP Funds, Section 3205 of the American Rescue Plan of 2021, Public Law 117-2.

Public Hearing: March 14, 2023; Norman City Council Meeting

Public Comment Period: March 1, 2023 - March 20, 2023

In accordance with the federal regulations, 24 CFR, Part 91, NOTICE is hereby given to residents of the City of Norman that a draft version of the HOME-American Rescue Plan (HOME-ARP) Allocation Plan will be available for review and a 15-day public comment period. During the comment period one Public Hearing will be held. This Public Hearing will supplement the Public Hearing that was held on December 14, 2022 and the HUD required consultation process.

The City of Norman was awarded $1,560,908 in HOME-ARP funds in a one-time allocation from the U.S. Department of Housing and Urban Development (HUD). 15% of these funds can be spent on program implementation and administration. The City of Norman anticipates using this full amount to fund its HOME-ARP programs between now and 2030, and plans to use the remaining $1.327 million for other eligible activities.

This Allocation Plan is required by HUD for the City to receive federal HOME-ARP grant funds. The HOME-ARP Allocation Plan is a strategic plan detailing the allocation of funding to assist individuals or households who are experiencing homelessness, at risk of homelessness, and other vulnerable populations, by providing affordable housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability. The Allocation Plan defines the use of federal HOME-ARP grant funds to address these needs.

A draft of the HOME ARP Allocation Plan for the participating jurisdiction of the City of Norman is now available for public review. The draft HOME ARP Allocation Plan is a requirement of the U.S. Department of Housing and Urban Development (HUD) for the use of $1,560,908 of federal HOME ARP grant funds and provides an assessment of the shelter and housing inventory, needs, and gaps of the following population groups: homeless, at-risk of being homeless, persons and/or households experiencing, fleeing, or with a history of domestic violence, sexual assault, human trafficking, other vulnerable populations, and veterans, who are household members of the aforementioned groups. The Allocation Plan provides a pathway for the City of Norman to address the needs and gaps of these populations. After HUD reviews and approves the Allocation Plan, these federal funds will be made available through a Request for Proposals process for use by eligible entities within the City of Norman.

The draft Allocation Plan can be found at the following locations for your review:

On the City of Norman website here: https://www.normanok.gov/your-government/departments/planning-and-community-development/grant-programs/home-arp-funding

A hard copy at the Planning Department Grants Office Monday through Friday from 8:00 am to 5:00 pm at 225 N. Webster, Norman, OK 73069.

A hard copy is available upon request by contacting Lisa Krieg, CDBG Grants Manager at 405-366-5464 or lisa.krieg@normanok.gov.

The City of Norman appreciates all public input on the draft Allocation Plan. A summary of all citizen comments will be included in the substantial amendment to the Action Plan to be submitted to HUD on or before March 31, 2023. Public Comment can be submitted from March 1, 2023 through March 20, 2023 to Lisa Krieg, CDBG Grants Manger in one of the following ways:

Via email to: lisa.krieg@normanok.gov.

In writing mailed to City of Norman Plan-

ning Department, PO Box 370, Norman, OK 73070 with attention to: Lisa Krieg.
At the Public Hearing to be held on March 14, 2023 as indicated below:

Public Hearing

The City of Norman HOME Investment Partnership will hold a Public Hearing in conjunction with the regularly scheduled City of Norman City Council Meeting scheduled for March 14, 2023 at 6:30 pm. Meeting location is the City Council Chambers at 201 W. Gray, Norman, OK. Please contact the City Clerk?s office listed below for meeting details and to schedule to speak pertaining to this item. Anyone needing reasonable support to be able to participate in this meeting held by the City of Norman should contact the City Clerk at (405) 366-5406 or by email at brenda.hall@normanok.gov at least five days prior to the meeting date.

Advertising Receipt

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Ad taker: JT **Salesperson:**

Classification: 147 **Ad Notes:**

Description	Start	Stop	Extras	Total
HOME ARP Public Comment	02/25/2023	02/25/2023	0.00	108.30

Ad Text: **Payment Reference:**

(Published in The Norman Transcript February 25, 2023, 1t)
PUBLIC NOTICE
HOME Investment Partnerships Program American Rescue Plan (ARP) Allocation Plan for the City of Norman - Fiscal Year 2021-22, Second Year Action Plan Substantial Amendment.
HOME ARP Funds, Section 3205 of the American Rescue Plan of 2021, Public Law 117-2.
Public Hearing: March 14, 2023; Norman City Council Meeting
Public Comment Period: March 1, 2023 - March 20, 2023

Total: 108.30
Tax: 0.00
Net: 108.30
Prepaid: 0.00
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Norman/Cleveland County
CONTINUUM OF CARE

City of Norman & Norman/Cleveland County Continuum of Care

Homelessness Gaps Analysis

Prepared for the City of Norman and the Norman/Cleveland County Continuum of Care - by Homebase

September 2021

Homebase
ADVANCING SOLUTIONS TO HOMELESSNESS

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Norman and Cleveland County are facing a crisis on the streets, in our shelters, and in our neighborhoods. Homelessness affects all of us, our families, our neighbors, and our broader community. Rather than accept what is happening and continue to have hundreds of individuals and families suffer needlessly, we are choosing to dig deep to evaluate our current system, identify the needs and gaps within the system, and to develop recommendations to consider what resources can be brought to bear to improve our approach to homelessness.

Our community is lucky enough to have public entities, nonprofit providers, ~~,~~ volunteers, policymakers, and business owners working together to ~~o~~ address the complex issues of homelessness every day. Despite all of the hard work, hundreds of people still live on our streets, unable to obtain stable housing. We recognize that we cannot resolve homelessness without addressing the system as a whole, including looking beyond the homeless system to our health care, housing, social welfare, and criminal legal systems.

In spite of the many challenges facing us right now, we believe we have an important opportunity to come together to take collective action to address homelessness. Through this Gaps Analysis, we set out to provide context for us to begin a community-wide conversation that will help us prioritize action steps that will lead us to the goal of making homelessness rare, brief, and one-time in the region.

Success will only be possible by working together and in partnership with people experiencing homelessness. We believe that all of Cleveland County can join in this effort, bringing compassion and courage to help our friends, family, and neighbors who are struggling to find and maintain home.

Darrel Pyle

City Manager

City of Norman, Oklahoma

INTRODUCTION

The City of Norman, in conjunction with the Norman/Cleveland County Continuum of Care (CoC), contracted with Homebase — a national technical assistance provider helping communities prevent and end homelessness — to perform a gaps analysis of the region's homeless system of care. The purpose of the gaps analysis is to evaluate the current system, including street outreach, shelter, and housing programs, and to identify existing system gaps. This report also includes recommendations designed to improve the homeless system of care and to provide opportunities to build upon current efforts to better meet the needs of people experiencing homelessness or who are precariously housed in the City of Norman and throughout Cleveland County. The gaps analysis also represents an important step toward understanding and addressing racial and ethnic disparities among the homeless population. The demographic analysis contained in this report is intended to inform policy decisions as the City works to address any systemic inequities and promote opportunity for all.

The homeless system of care in Cleveland County includes a variety of programs including shelter, street outreach, and housing programs designed to meet the needs of people experiencing homelessness or to prevent homelessness across the county. These efforts are multi-sector and supported by local, state, federal, and private funding sources. Additionally, there are other system partners serving people experiencing homelessness, including cities and nonprofit agencies, as well as mainstream programs that are not exclusively dedicated to serving people experiencing homelessness, but each provides significant support and resources in preventing and addressing homelessness. That so many agencies and partners across the community dedicate resources as part of the system of care reflects a common interest and commitment to ending and preventing homelessness in Cleveland County.

For purposes of this report, the best available data was utilized to determine where system gaps exist and to find areas where additional data is needed to improve services, guide planning, and track equity across the system of care. Because obtaining consistent quality data for people experiencing homelessness is one key gap identified in this evaluation, it is recommended that the CoC adopt a data quality plan for future data collection, performance evaluation, and monitoring. Despite the lack of consistent quality data, a number of gaps in the system were identified. This report outlines those gaps and recommends possible solutions to address them.

Within the Norman/Cleveland County area there are many individuals and key stakeholders who are extremely passionate about the issue of homelessness and its impacts on the region and who care about resolving homelessness in a way that positively impacts the community in which they live. However, there are also deep divides about the best course of action to accomplish that goal. This report endeavors to be transparent about conflicting feedback and identify areas where the existing tension may in fact impede efforts to address homelessness.

Over 85% of community survey respondents either agreed or strongly agreed that it is possible to significantly reduce homelessness in Cleveland County. Given that consensus, the process of identifying the gaps and considering potential solutions can help identify a path forward to provide housing and services to people experiencing homelessness and to improve conditions in the community that are most impacting area residents. This report can be a first step in fostering dialogue between all interested parties and begin the process of identifying the strategies and next steps that will advance collective action.

METHODOLOGY

Homebase carried out the Gaps Analysis for the Norman/Cleveland County Continuum of Care (CoC) between January and June 2021 to identify key gaps and needs to inform the City and CoC's plans to reduce and end homelessness. The methodology to complete this analysis relied on a combination of quantitative and qualitative data sources to determine existing resources and unmet needs. Quantitative methods used to assess the performance of the homeless system of care included collecting and analyzing data from housing and services providers and from annual Point-in-Time (PIT) counts of individuals experiencing homelessness in the region.

Most housing and service providers who receive public funding are required to enter client information into the Homeless Management Information System (HMIS) that includes data of client demographics, housing status, disabilities, and sources of income and non-cash benefits. HMIS data also serves as the chief source of information for tracking system performance such as the Department of Housing and Urban Development (HUD)-mandated System Performance Measures (SPMs) and the Longitudinal Systems Analysis (LSA). Local HMIS-participating housing and service providers within Cleveland County are Catholic Charities (Women's Sanctuary), the City of Norman, Food and Shelter, HOPE Community Services, the Oklahoma Department of Mental Health Substance Abuse Services, the Salvation Army, and Thunderbird Clubhouse. Data entered in HMIS by the Coordinated Entry System was also used in this analysis.

The Point-in-Time (PIT) count is a biennial census of sheltered and unsheltered persons in a CoC. PIT counts are conducted during a single 24-hour period in January and record demographic information about people experiencing homelessness. The Housing Inventory Count (HIC), an annual inventory of shelter beds dedicated to people experiencing homelessness and permanent housing beds dedicated to formerly homeless persons, is completed on the same date as the PIT count. Data collected as part of the most recent unsheltered PIT count (2020) and HIC (2021) were used in this analysis, as were past counts. Local planning documents and CoC policies and procedures and competition materials were also consulted to help assess the capacity of existing housing and services within the system.

To write the analysis, Homebase also relied on key qualitative data sources, including:

- Surveys administered by the City of Norman and the CoC and answered by more than 500 community providers, local residents, people with lived experience of economic insecurity and/or homelessness, and business representatives.
- Interviews with more than 22 stakeholders across Cleveland County, including housing and service providers, public officials, business representatives, and city staff members. (A list of organizations interviewed is in Appendix B)
- Focus groups, including individual adults experiencing homelessness, heads of households of families experiencing homelessness, and individuals and families with recent experiences of homelessness. (A list of locations where focus groups were held is in Appendix B)

Qualitative Data	
	500 surveys
	22 interviews
	5 focus groups

In the surveys and during interviews, questions asked of the participants included:

- What causes economic insecurity and homelessness?
- What barriers exist to access and what resource gaps exist within the homeless system of care?
- What is the impact of homelessness on the community?
- What are the greatest needs for those experiencing homelessness and economic insecurity?
- What impact has the COVID-19 pandemic had on homeless service providers and individuals experiencing homelessness and economic insecurity?
- What are some possible solutions for homelessness?

An analysis of the homeless system of care would be incomplete without the direct perspective of individuals experiencing homelessness or those with recent experience of homelessness. Five focus groups were held with a diverse range of individuals with current or recent lived experience of homelessness, including heads of households of families experiencing homelessness. The focus groups were held at Food and Shelter, Thunderbird Clubhouse, the Salvation Army, and Catholic Charities. During the focus groups, clients discussed their experiences navigating the homeless system, the challenges of connecting with services or housing opportunities, and the impact of homelessness on their health and welfare. All focus groups were held virtually through Zoom video conferencing software with the assistance of the providers. In addition to the focus groups for persons with lived experience, a survey specifically designed for individuals with lived experience was administered by local providers and outreach teams. Over forty surveys were completed and collected.

An Advisory Committee, which helped organize and publicize focus groups for individuals with lived experience, provided feedback on initial qualitative data gathered. The Advisory Committee members included staff from First National Bank, Food & Shelter, the Homeless Alliance, the Norman Housing Authority (NHA), the Oklahoma Department of Mental Health Services, the Pioneer Library, the Salvation Army, Thunderbird Clubhouse, and the United Way.

The Gaps Analysis is based on the most recent data available at the time of the analysis. It represents the input of many stakeholders, including the private and public sectors, homeless service providers, local advocates, behavioral health experts, members of the business community, jurisdictional leaders from the City of Norman, and people with lived experience of homelessness.

Drawing on the extensive feedback, Homebase identified 7 key priority areas for action to be considered, each described in a separate section of the report below. These areas include:

	1 Opportunities for Safe and Affordable Housing		4 Transportation to Employment, Services, and Shelter
	2 Low-Barrier Housing and Day Services		5 Coordinated Prevention Assistance
	3 Supportive Services		6 Robust Data Collection and Analysis
	7 Coordination and Communication to Ensure Effective Use of Limited Resources		

The Gaps Analysis is divided into two main sections. First, it provides a background section that presents an overview of Norman/Cleveland County and the homeless system of care, including a description of individuals currently experiencing homelessness in the County, and a review of existing housing stock. Second, it identifies the primary gaps and barriers that exist in the current homeless system and offers a summary of recommendations that outline potential solutions to each of the identified gaps as well as other challenges within the homeless system.

BACKGROUND

Historic and Economic Context

Cleveland County is the third most populous county in Oklahoma, with approximately 284,014 residents.[1] It is home to the cities of Etowah, Hall Park, Lexington, Moore, Noble, Norman, and Slaughterville. The largest city in Cleveland County is the City of Norman, which is home to 45% of county residents (124,880).[2] Favored for its proximity to the nearby state capitol of Oklahoma City, located 15 miles north, Norman is home to the main campus of the University of Oklahoma and to Griffin Memorial Hospital – Oklahoma Mental Health Center. As both a commuter city adjacent to the much larger Oklahoma City and a home to a large University influenced by student rental demands, Norman is challenged to house all residents and maintain the area as a safe affordable place to live.

Almost 80% of Cleveland County residents are White, with people identifying as two or more races comprising 6% of the population, Black and African Americans comprising 5.5% of the population, American Indian and Alaskan Natives comprising 5.3% of the population, and other races comprising less than 5% of the population. A little more than 9% of Cleveland County identifies as Hispanic/Latinx.

According to the U.S. Census Bureau, 94% of individuals over age 25 are high school graduates in the City of Norman. In the county of Cleveland, that number is 92% (the national and state equivalent is 88%). Forty-three percent of Norman residents have a bachelor's degree (compared to 33% for the

[1] QuickFacts, Cleveland County, Oklahoma, U.S. Census Bureau.
[2] Quick Facts, City of Norman, Oklahoma, U.S. Census Bureau.

County and 26% for Oklahoma).[3] In addition to the high education rate, Cleveland County also has a higher median household income than the median for both the state of Oklahoma and the United States. Despite the high levels of education and median income, the City of Norman has a high poverty rate, especially in comparison to the County of Cleveland. In the City of Norman, close to 18% of residents live at or below the Federal Poverty Level (FPL). In the County of Cleveland, close to 12% of residents live at or below the FPL (nationally, 10.5% live at or below the FPL).[4] The FPL for a family of 4 in 2021 is $26,500[5].

The median value of a home in the City of Norman is almost $20,000 more than the County of Cleveland ($183,200 and $165,800 respectively) and $30,000 more than the state of Oklahoma (at $153,300). Housing prices in Cleveland County tend to be higher than other parts of Oklahoma, with the median price for an owner-occupied home at $165,000 and the median gross rent $956 per month (both based on 2019 data).[6] In 2019, there were 117,000 housing units throughout the County, the majority of which were single units (87,000 or 74%). Seventy-one percent of Cleveland County housing units were three-bedroom or more (83,595). Less than 10% of housing units were one bedroom. Only 36% of housing units were renter-occupied.[7] While the median gross rent was $956 per month, 41% of rental units cost over $1,000 per month.

The presence of the University of Oklahoma significantly impacts the economic circumstances in the City of Norman and surrounding areas. The University brings approximately 31,903 students[8] to the community, which affects the rental market. At first glance, it may appear that Norman has a good cross-section of available units; however, the reality is that most of the units that are available for rental and ownership are not affordable to a renter or buyer whose monthly earnings are at or below 80% of the area median income (AMI). Many of the units that are available in that range may be in substandard condition.

The community survey, conducted during March and April 2021, had more than 450 responses from Cleveland County residents. Many respondents were homeowners who did not work regularly with people experiencing homelessness. Most respondents felt concerned either for themselves or for someone they knew about finding an affordable place to stay and believe that many people in their community are just one or two unforeseen circumstances away from becoming homeless in Cleveland County. A lack of affordable housing in the area was also a matter of concern among most respondents as well.

The City of Norman's housing needs include that a significant portion of lower income rental households are experiencing a housing cost burden greater than 30% of income and that lower income renters are also experiencing overcrowding and substandard housing conditions. The disparity between income and affordable housing has created a cost burden for a significant portion of the population impacting all household types. The U.S. Department of Housing and Urban Development (HUD) defines cost-burdened families as those who pay more than 30 percent of their income for housing and may have difficulty affording necessities such as food, clothing, transportation, and medical care. Fifty percent or more of income spent on rent is considered severely cost burdened and a major risk factor for falling into homelessness. Severe cost burden is considered a high risk for homelessness because a household that

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[3] QuickFacts, Cleveland County, Oklahoma, U.S. Census Bureau.

[4] QuickFacts, Cleveland County, Oklahoma, U.S. Census Bureau.

[5] 2021 Federal Poverty Levels, Office of the Assistant Secretary for Planning and Evaluation.

[6] QuickFacts, Cleveland County, Oklahoma, U.S. Census Bureau.

[7] Selected Housing Characteristics, Cleveland County, U.S. Census Bureau.

[8] University of Oklahoma Enrollment Summary Report, Fall 2020.

is paying a significant share of their income on housing expenses is less able to handle any unexpected financial demands that may arise such as a health crisis, automotive repair, employment loss, family crisis, etc. A cost burdened household is also less likely to have the financial savings in place to cover unexpected costs that arise.

Cost burden (30 to 50% of household income going to housing expenses), extreme cost burden (more than 50% of household income going to housing expenses), and no cost burden (less than 30% of household income going to housing expenses) are compared by racial/ethnic group to the city as a whole in the table below.

Table 1: Housing Cost Burden – Cleveland County

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)	% Population w/ >30% income paid for housing
Jurisdiction as a whole	30,560	6,550	7,070	750	32%
White	25,235	5,140	5,130	545	30%
Black / African American	800	285	535	15	51%
Asian	915	175	345	110	41%
American Indian, Alaska Native	780	245	310	0	42%
Pacific Islander	8	0	0	0	0%
Hispanic	1,535	340	450	10	34%

Nearly a third of the overall population of Cleveland County experiences a cost burden for housing, making this population vulnerable to homelessness. In addition, there are variations impacts of cost burden by race. While the population as whole (all combined) and White residents experience a cost burden for housing around a third of the time, Black or African American residents experience a cost burden for housing **over half of the time** and Asian or American Indian or Alaskan Native residents experience a cost burden for housing **approximately 40%** of the time.

HOMELESSNESS IN CLEVELAND COUNTY[9]

The principal data sources used to analyze the homeless population in Cleveland County include:

1. The Point-in-Time count, which provides an estimate of the size of the homeless population during a single 24-hour period in January.
2. Data entered in the Homeless Management Information System (HMIS) by homeless service providers operating an Emergency Shelter (ES), Transitional Housing (TH) Program, Rapid Rehousing (RRH) Program, or Permanent Supportive Housing (PSH) Program in the

[9] *All data in this report is taken from the Homeless Management Information System (HMIS) Annual Performance Reports (APRs) and/or the Point-in-Time count (PIT) and/or Housing Inventory Count (HIC) for Cleveland County unless otherwise specified. PIT count reports can be found on the HUD website at https://www.hudexchange.info/programs/hdx/pit-hic/data-reports/ HUD-funded programs use a definition of homelessness mandated by the U.S. Department of Housing and Urban Development (HUD). This definition counts people as homeless when they are living in a place not meant for human habitation (such as an encampment, tent, or vehicle), emergency shelters, or transitional housing. People who are doubled up or couch surfing are not counted as homeless under this definition.*

Norman/Cleveland County CoC in the form of Annual Performance Reports (APRs) and HUD System Performance Measures.

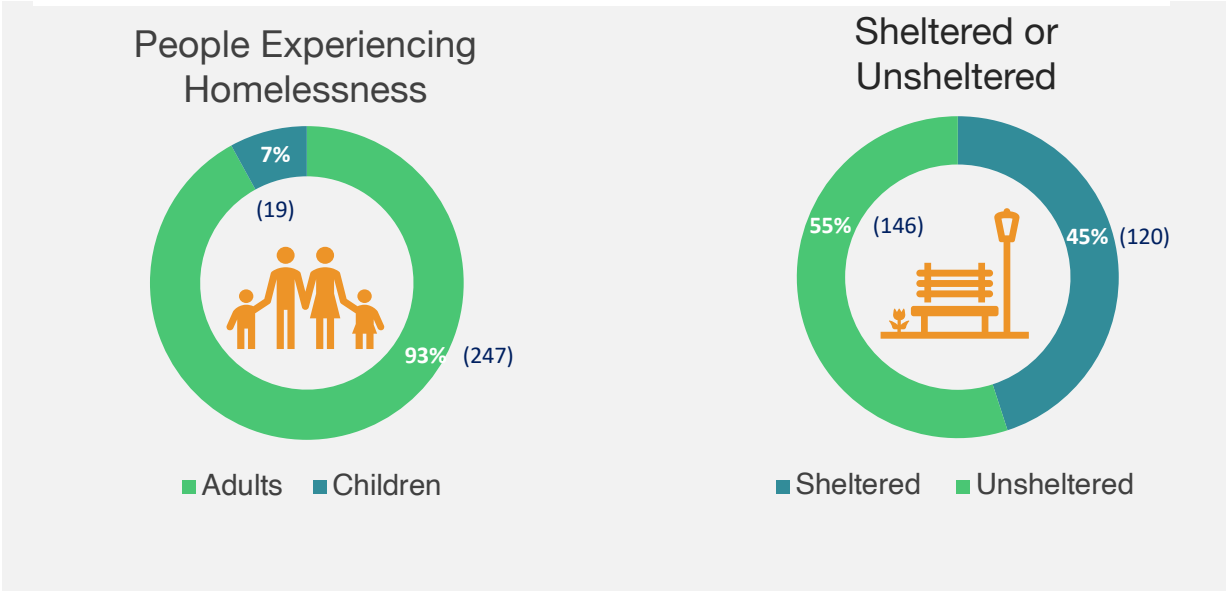
3. Housing Inventory Count (HIC) Reports, which provide an inventory of housing conducted annually during the last ten days in January. The reports tally the number of beds and units available on the night designated for the count by program type, and include beds dedicated to serve individuals and families who are homeless.

Homelessness in the region impacts everyone in the community. Despite effective programs and dedicated providers, the number of people experiencing homelessness in the County continues to be an issue. As mentioned above, nearly one third of all residents experience a cost burden or severe cost burden for housing. When such a large proportion of income is spent on housing, any unexpected expense can lead to homelessness. Each year, hundreds of Cleveland County residents – neighbors, friends, and co-workers, etc. – experience a crisis that results in loss of housing, and once housing is lost, it is increasingly difficult to regain economic security and housing stability.

To best address the crisis and develop strategies to fit the unique needs of the region, it is vital to understand who is experiencing homelessness and to document the needs of this population. Every year, the Norman/Cleveland County CoC conducts a "Point in Time" (PIT) count provides a snapshot of the size and characteristics of the homeless population each year on a single day. CoCs are only required to count the unsheltered population every other year (although the Norman/Cleveland County CoC includes a count of unsheltered individuals every year). These January PIT counts can be evaluated over time to determine trends in the characteristics of people experiencing homelessness, which is a critical aspect for effective planning and performance management toward the goal of ending homelessness. In addition, data gathered from the programs who serve people experiencing homelessness provide greater insight into the number of people served in a year and help determine the effectiveness of these programs.

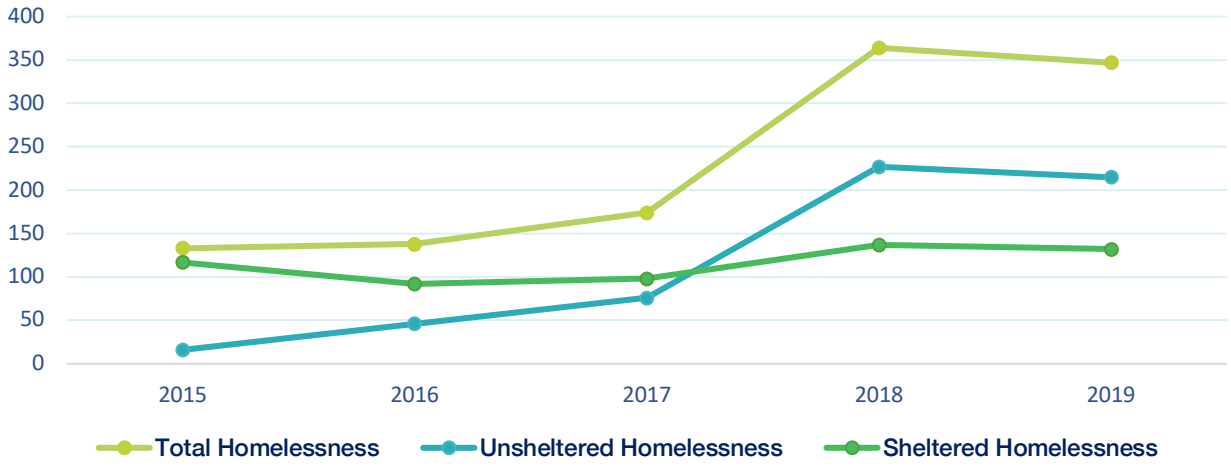
During the last full January PIT count in 2020, volunteers identified 266 men, women and children experiencing homelessness in Cleveland County, with 146 (55%) of those people living unsheltered on the streets, in vehicles, or in encampments (refer to Figure 1 below).

Figure 1: Total Population of People Experiencing Homelessness



The number of people experiencing homelessness in Norman/Cleveland County's January PIT count has increased since 2015 by 100%, from 133 individuals in 2015 to 266 individuals in 2020. In 2015, the majority of people experiencing homelessness were sheltered, but by 2020, more people experiencing homelessness in the County were living unsheltered. It is important to note that the increase in the overall homeless population over that five-year span is partially attributable to a more robust annual January PIT count. In 2018, the CoC engaged in more recruitment and training of volunteers to improve the accuracy of the January PIT count. However, improvements in the January PIT count methodology only account for a portion of the increase so other data must be incorporated to understand the trends (Figure 2).

Figure 2: Point-In-Time Count In Cleveland County



In fact, the number of people who experience homelessness in the region over the course of a year is much higher than what is measured during the January PIT count. This is, in part, because the January PIT count only measures the number of people who are homeless on a given day and does not account for the many people who fall in and out of homelessness during the rest of the year. According to the Norman/Cleveland County's Homeless Management Information (HMIS) System Performance Measures (SPM, Measure 3.2), 427 people in Cleveland County enrolled at an emergency shelter or transitional housing program during FY2020, while many more Cleveland County residents experiencing homelessness were unable to access shelter or housing at all. Additionally, over the course of a year, many more children experience homelessness than are captured by the January PIT count. Under the federal McKinney-Vento Act, schools are also required to track students experiencing homelessness, using a definition of homelessness that also includes youth who are "doubled-up" (e.g., with multiple families sharing the same space).[10]

Causes of Homelessness

People become homeless for many reasons, and the precipitating set of circumstances for any one individual or family may not be the same as for another. However, there are common risk factors and

[10] *42 U.S.C. §11434(2)(B), McKinney-Vento Act, U.S. Department of Education.*

conditions that exist. Common causes include the lack of affordable housing, economic insecurity, unemployment or inadequate wages, and mental or physical health conditions. Other causes can be a health crisis, substance use or domestic violence. Some individuals working low-wage jobs are unable to cover rent, maintain a mortgage, and/or other basic necessities. For those living paycheck-to-paycheck, a few reduced working hours, a costly medical bill, or an unexpected family emergency can be enough to result in a housing crisis. Older adults are struggling to find affordable housing even when they may be receiving Social Security or other mainstream benefits. Without meaningful and coordinated action, homelessness is likely to continue to grow in Norman/Cleveland County as more community members lose their housing and are unable to overcome the barriers to exit homelessness.

> "There are people in the community that are one paycheck away from losing their home. Lots of people are housing insecure and have lost their income, they have had nowhere to go and are reaching out for services they never imagined they would be reaching out for."
>
> *— Local provider*

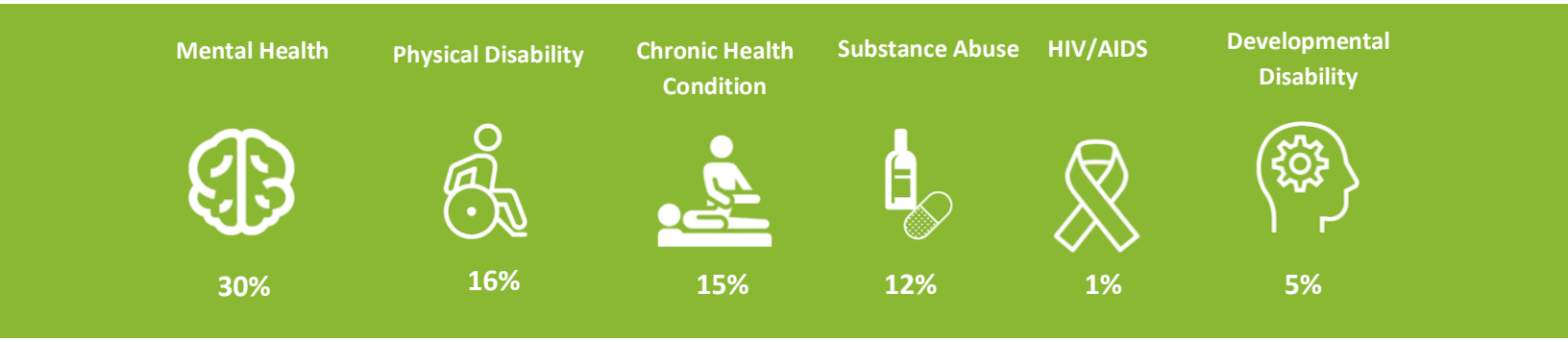
Among residents who accessed the local homeless services system between 2017 and 2019 whose income was known, 60% reported having no income at all. Among adults who accessed homeless services during this period, only 14% reported earned income when presenting for services. In addition, 46% of residents reported having no sources of non-cash benefits, such as benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), while 59% of residents reported having no sources of health insurance when presenting for services.

Among residents who accessed homeless services between 2017 and 2019, 27% were either survivors of domestic violence or were actively fleeing a domestic violence situation at the time they presented for services. Another 22% experienced chronic homelessness, *i.e.*, had experienced homelessness for at least one year and experienced a disabling condition; 7% were Veterans; and 7% were youth under the age of 25.

The lack of health coverage and public benefits is striking given the number of reported health conditions and disabilities among individuals accessing homeless services. Thirty percent of residents who received services reported having a mental health problem; while 16% reported having a physical disability; 15% reported having a chronic health condition; 12% reported experiencing a substance use disorder; 5% reported a developmental disability; and 1% reported experiencing HIV/AIDS (Figure 3).

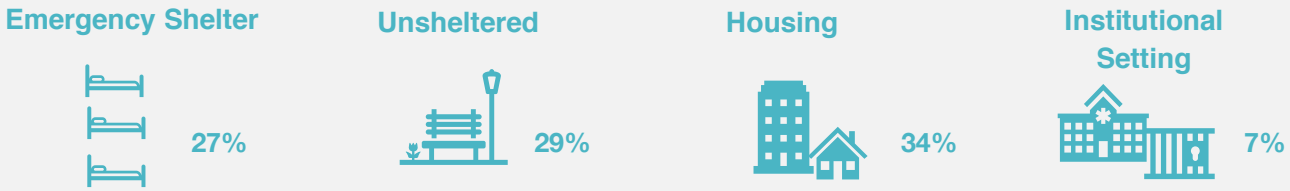
- Among all residents who accessed homeless services between 2017 and 2019 whose disability status was known, 37% reported at least one disability, while 23% reported having multiple disabilities; and 15% reported experiencing three or more disabilities when presenting for homeless services.

Figure 3: Disability Status of Individuals Accessing Homeless Services



It is important to note that once an individual becomes homeless, it is difficult to overcome the barriers to exit homelessness. Among the 725 residents who accessed emergency shelter between 2017 and 2019 and whose prior living situation was known, 59% reported experiencing a homeless situation, including 27% who reported coming from an emergency shelter and 29% who reported coming from a place not meant for human habitation. In contrast, a lower share of residents who accessed emergency shelter reported coming directly from housing. Between 2017 and 2019, 34% of residents who accessed emergency shelter reported coming directly from temporary or permanent housing, including 9% who reported coming from a rental unit with no ongoing subsidy and 5% who reported owning a permanent housing unit with no ongoing subsidy. In addition, 7% of residents who accessed emergency shelter between 2017 and 2019 reported coming from an institutional setting, such as jail or prison, a substance abuse treatment facility or detox center, or a psychiatric facility or hospital.

Living Situation Prior to Accessing Homeless Services



Family Status

Homelessness in Norman/Cleveland County is a crisis both seen and unseen. While the community's growing unsheltered population has been the source of significant public attention, homelessness for many other residents is more hidden. This can result in misunderstandings about the tremendous diversity of Norman/Cleveland County residents – families and individuals, young children, and seniors – who are experiencing the crisis of homelessness and require additional support to return to housing or to remain stably housed.

Between 2017 and 2019, according to statistics from HMIS, 1,861 residents in Norman/Cleveland County accessed the local homeless services system. Of those 1861, 304 residents accessed prevention programs seeking help to maintain their housing. Most of the residents who accessed the homeless system of care during this timeframe were single adults. Among residents who received services from 2017 to 2019, 79% were either single adults or couples without children; 20% were part of family households; and 1% were unaccompanied youth.

Homeless service providers in Norman/Cleveland County reported enrolling distinct populations in their respective programs over this three-year period. Among residents who accessed emergency shelter, 88% were single adults or couples, while 11% were part of family households, and 1% were unaccompanied youth. In contrast, a mere 39% of residents who accessed transitional housing were single adults or couples. Among residents who accessed rapid rehousing or permanent supportive housing, 66% and 54% (respectively) were single adults or couples, while 70% of residents who accessed prevention services were part of family households.

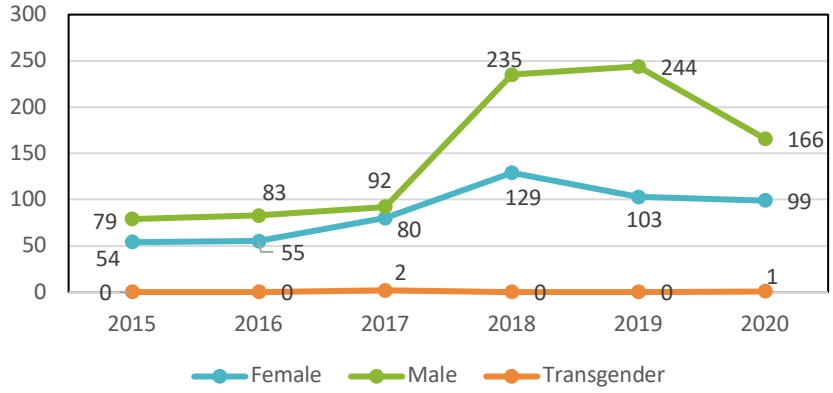
GENDER

Women comprised 50%[11] of Norman/Cleveland County's general population and 34% of the unsheltered homeless population in 2020, a dramatic increase from 24% in 2019. Women also comprised 42% of Norman/Cleveland County's sheltered population in 2020, an increase from 39% in 2019.

Men comprised 50% of Norman/Cleveland County's general population and 66% of the unsheltered homeless population in 2020, a decrease from 76% in 2019. Men also comprised 58% of Norman/Cleveland County's sheltered population, a decrease from 61% in 2019.

While no transgender or gender non-conforming persons were identified during the 2019 January PIT count, one transgender person was identified during the 2020 January PIT count.

Figure 4: Total Homeless Population Cleveland County by Gender (2015 v. 2020 Point-in-Time)



Among the 1,584 adults who accessed homeless services in Norman/Cleveland County between 2017 and 2019 whose gender was known, 61% were male, 39% were female, and 1% were transgender or gender non-conforming.[12] While the preponderance of adults accessing homeless services in

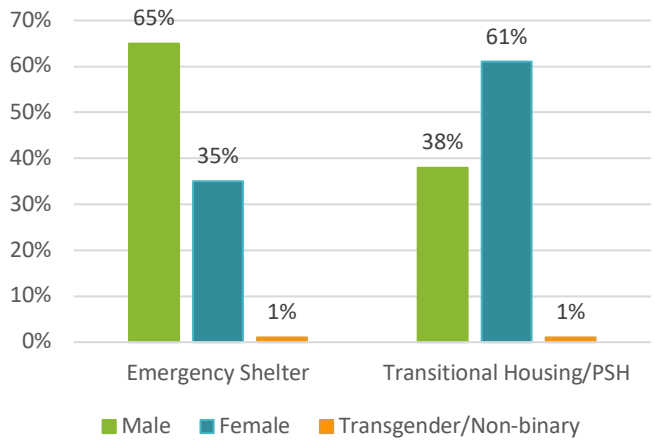
[11] *U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates.*

[12] *Due to rounding, some percentages may not add up to 100%.*

Norman/Cleveland County during this period were single men, important distinctions were observed across different shelter and housing programs.

On the whole, the gender composition of residents accessing emergency shelter more closely mirrored that of the unsheltered population, while female residents formed a greater share of clients in transitional housing and permanent housing programs for formerly homeless persons. Among adults who accessed emergency shelter between 2017 and 2019, 65% were male, 35% were female, and 1% were transgender or gender non-conforming. In contrast, transitional housing and permanent housing programs for formerly homeless persons reported serving a larger share of female clients. Thirty-eight percent of adults who accessed transitional housing were male, while 61% were female and 1% were transgender or gender non-conforming.

Figure 5: Access to Emergency Shelter v. Transitional Housing/PSH by Gender

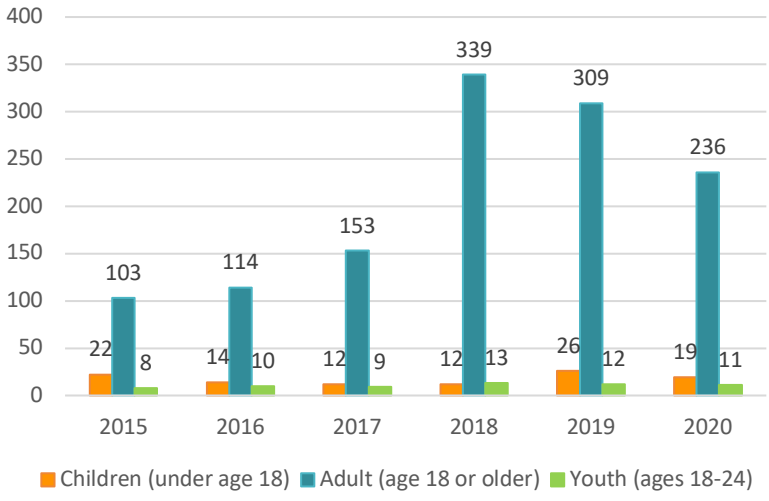


At the same time, permanent housing programs for formerly homeless persons in Norman/Cleveland County reported serving a more equal share of men and women. Forty-eight percent of adults who accessed rapid rehousing were male and 52% were female, while no transgender or gender non-conforming adults accessed rapid rehousing during this period. Similarly, 47% of adults who accessed permanent supportive housing were male, 52% were female, and 1% were transgender or gender non-conforming. Prevention programs, however, reported serving an even greater share of female residents: Among adults who accessed homelessness prevention services between 2017 and 2019, 37% were male, 62% were female, and 1% were transgender or gender non-conforming.

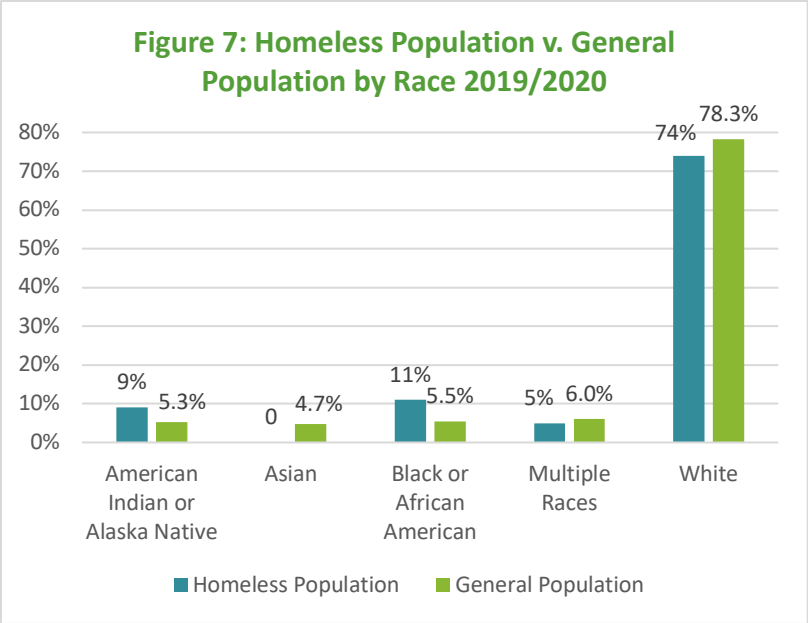
AGE

Adults over 18 comprise 93% of Norman/Cleveland County's homeless population. Adults over 18 but under 65 years old comprise 65% of the general population, with 21% of the population under 18 years of age and 14% of the population over 65 years of age. Children under 18 years of age comprise only 7% of the homeless population.

Figure 6: Total Homeless Population Cleveland County by Age (2015-2020)



Homebase
ADVANCING SOLUTIONS TO HOMELESSNESS



Race and Ethnicity

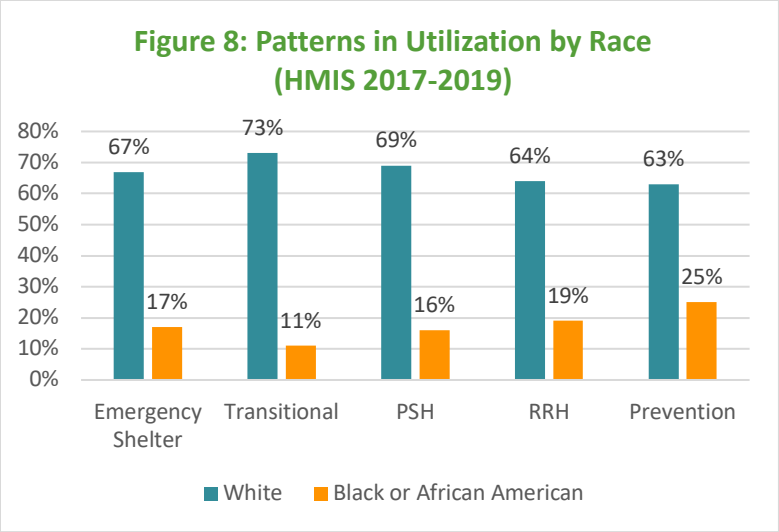
Overall, Norman/Cleveland County has less diversity than the general population of the State of Oklahoma, with a slightly higher percentage of White residents (78%) living in the region compared to the state (74%). People of color in Norman/Cleveland County are represented at a lower percentage than the state as a whole.

An analysis of the Norman/Cleveland County January PIT count revealed distinctions in how different racial groups are represented among the homeless population compared to the general population. While Asian and White individuals are underrepresented in the homeless population, Black or African Americans and Native Americans/Alaskan Natives are **two times more likely** to be in the homeless population than the general population (5.5% compared to 11% and 5.3% to 9% respectively).

In addition, the analysis identified important distinctions in how members of different racial groups experiencing homelessness in the County are represented in local shelter or housing programs. Due to the small sample size available for some populations, further research may be needed to confirm the representation of different racial groups among the County's homeless population. Nevertheless, the demographic analysis featured in this report demonstrates potential evidence of ongoing racial inequities in the local homeless system.

In general, the proportion of racial groups who accessed homeless services in Norman/Cleveland County in recent years mirrored the number of sheltered and unsheltered persons experiencing homelessness identified during the most recent January PIT count. Among the 1,752 residents who accessed homeless services between 2017 and 2019 whose race was known, 67% were White; 18% were Black or African American; 7% were American Indian or Alaska Native; 1% were Native Hawaiian or Other Pacific Islander; less than 1% were Asian; and 7% were persons of multiple races.

In addition, subtle but important distinctions in access to services among different racial groups were observed across different program types. While the percentage of White and Black or African American



persons who accessed emergency shelter (67% and 17%, respectively) closely mirrored the percentage of races accessing services across all program types, transitional housing programs and permanent supportive housing programs reported serving a higher share of White residents and a lower share of Black or African American residents.

Between 2017 and 2019, 73% of residents who accessed transitional housing were White, while 11% were Black. Similarly, 69% of residents who accessed permanent supportive housing during this period were White, while 16% were Black. In contrast, rapid rehousing and homelessness prevention programs reported serving a lower share of White residents and a higher share of Black residents. Among residents who accessed rapid rehousing between 2017 and 2019, 64% were White while 19% were Black. Similarly, 63% of Norman/Cleveland County residents who accessed homelessness prevention programs during this period were White while 25% were Black.

Among the 1,751 residents who accessed homeless services in Norman/Cleveland County between 2017 and 2019 whose ethnicity was known, 7% were Hispanic or Latino while 93% were Non-Hispanic or Non-Latino. While lower rates of Hispanic or Latino residents accessed emergency shelter (6%) and permanent supportive housing (5%) during this period, transitional housing, rapid rehousing, and homelessness prevention providers reported serving higher rates of Hispanic or Latino residents (14%, 8% and 13%, respectively).

Chronic Homelessness

Individuals or heads of households experiencing homelessness for a year or longer who also experience at least one disabling condition are considered chronically homeless. At initial presentation at an emergency shelter, individuals self-report their chronic status. Once they are assessed and matched for CoC-funded permanent housing, their chronic homeless status is verified. Among residents who accessed homeless services between 2017 and 2019, 22%, or 161 persons, were identified as chronically homeless. While the percentage of residents accessing homeless services who were identified as chronically homeless has been stable since 2017, the number of residents experiencing chronic homelessness has steadily increased in recent years. Over the course of three consecutive 18-

month periods from 2017 to 2021, 74 (2017–2018), 128 (2018–2019), and 134 (2020–2021) residents who accessed homeless services in Cleveland County were identified as chronically homeless.

Within the Norman/Cleveland County homeless system of care, there were 116 permanent supportive housing beds available for residents experiencing chronic homelessness in 2020. However, analysis of the utilization of available housing and services throughout the system of care shows that this is inadequate. There is a clear pattern of chronically homeless households utilizing housing and services designed for households with less severe needs and lower vulnerability suggesting that they are being underserved and are less likely to move out of homelessness and achieve stability. This suggests an urgent need for improved matching and additional interventions capable of addressing the needs of individuals and families who are experiencing long-term homelessness.

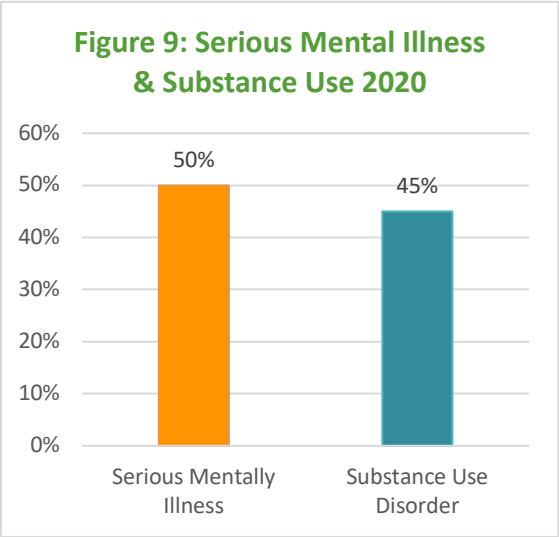
Among residents who accessed emergency shelter between 2017 and 2019 whose chronic homeless status was recorded, 33%, or 124 persons, were identified as chronically homelessness, suggesting a need for additional permanent supportive housing opportunities. In addition, 11% of residents who accessed transitional housing and 18% of residents who accessed rapid rehousing were identified as chronically homeless during this period. It is unclear whether these individuals are opting for or are being referred to these programs that are characterized by a shorter length of stay and fewer supportive services, but this trend suggests a need for further investigation and supports the conclusion that additional permanent supportive housing is needed.

It is worth noting that a significant number of residents who accessed homeless services in Norman/Cleveland County in recent years were of indeterminate chronic homeless status. Among the 1,861 residents who accessed homeless services between 2017 and 2019, 1,123 did not have their chronic homeless status identified in the system. The rate of residents who accessed emergency shelter whose chronic homelessness status was unknown has been particularly high: only 25% of residents who accessed shelter between 2017 and 2019 had their chronic homeless status identified.[13] Given the limitations in data quality, it is important to stress that the actual percentage of residents accessing homeless services who are chronically homeless may be higher.

In addition, there are few reliable estimates of the rate of chronic homelessness among the population of unsheltered residents who do not access homeless services. The annual Point-in-Time (PIT) count captures information on the number of chronically homeless residents in emergency shelter and unsheltered situations and is typically used by federal and state funders and local policymakers as a key indicator. However, Norman/Cleveland County has reported that 100% of residents in emergency shelter and unsheltered situations at the time of the 2018, 2019, and 2020 January PIT counts were experiencing chronic homelessness. While the rate of chronically homeless residents who access emergency shelter may be higher than the 33% reported by HMIS-participating homeless service providers, the notion that *all* residents in emergency shelter and unsheltered situations would be experiencing chronic homelessness seems improbable and inconsistent compared to other data reviewed and stakeholder reports. A reevaluation of January PIT count methodology with respect to the chronic homeless status of residents in emergency shelter and unsheltered situations, including a review of data entry and data quality requirements for HMIS-participating homeless service providers, are likely needed to improve local

[13] *Data on the chronic homeless status of residents in permanent housing programs has been more complete. Seventy-four percent of residents who accessed rapid rehousing between 2017 and 2019 were identified as either chronically homeless or not chronically homeless, while permanent supportive housing programs, which limit participation to chronically homeless households, were able to determine the chronic homeless status of 91% of participants between 2017 and 2019.*

understanding of the scope of chronic homelessness in Norman/Cleveland County. This is particularly important given that the data analyzed shows that some households experiencing chronic homelessness are currently being underserved. Understanding the level of need will allow policymakers and the CoC to make informed decisions.



Behavioral Health

In 2020 of the 266 people experiencing homelessness, 50% were identified as having a serious mental illness, a substance use disorder, or both:

- 132 had a serious mental illness
- 120 had a substance use disorder

Thirty-seven percent of Norman/Cleveland County residents who accessed homeless services in recent years reported experiencing a disability. An analysis of HMIS data suggests a particular need for sustained behavioral health support for residents experiencing homelessness.

Among the 1,034 residents who accessed homeless services between 2017 and 2019 and whose disability status was known, 30% reported experiencing a mental health problem; 16% reported experiencing a physical disability; 15% reported experiencing a chronic health condition; 12% reported experiencing a substance use disorder; 5% reported experiencing a development disability; and 1% reported experiencing HIV/AIDS.

In addition, a significant percentage of residents who accessed homeless services between 2017 and 2019 reported experiencing more than one disability. Twenty-three percent of residents who accessed services during this period reported experiencing at least two disabilities when they accessed homeless services, while 15% reported experiencing at least three disabilities.

Moreover, a large portion of residents who accessed less-intensive interventions such as emergency shelter and transitional housing reported experiencing a disability. Between 2017 and 2019, 36% of residents who accessed emergency shelter reported experiencing a disability, while 23% of residents who accessed transitional housing during this period reported experiencing a disability, suggesting that large numbers of residents experiencing homelessness are in need of robust and ongoing health and behavioral health services.

As with the chronically homeless population, a significant number of residents who accessed homeless services in recent years did not have an identified disabled status. Among residents who accessed homeless services between 2017 and 2019, 44% lacked an identified disabled status. Among residents who accessed emergency shelter during this period, 54% did not have an identified disabled status on file. As a result, it is possible that the percentage of residents with a disability who accessed homeless services in recent years may be higher than 37%.

Despite these limitations, HMIS represents the preferred source of information on homeless residents with mental health conditions. Significant fluctuations in the rate of homeless adults with a mental health

condition observed during the 2019 and 2020 January PIT counts raise questions about their accuracy. For example, 21% of residents in emergency shelter at the time of the 2019 January PIT count reported experiencing a mental health condition; by 2020, 75% of residents in shelter reported a mental health condition. Similarly, 71% of residents who were unsheltered at the time of the 2019 January PIT count reported experiencing a mental health condition; by 2020, the rate of unsheltered residents who reported a mental health condition had dropped to 51%.

While external factors may account for some or all of these fluctuations, a reassessment of PIT methodology is recommended to ensure that the scope of health and behavioral health needs among residents experiencing homelessness in Norman/Cleveland County is recorded. In addition, an analysis of data entry practices and increased training for HMIS-participating homeless service providers may reduce the rate of residents experiencing homelessness in Norman/Cleveland County whose disabled status is unidentified.

The Continuum of Care in Cleveland County

Norman/Cleveland County CoC has a system with passionate and impactful providers dedicated to addressing homelessness. The City of Norman, the City of Moore, and the surrounding Cleveland County area constitute the Norman/Cleveland County CoC. While resources are limited, the programs work diligently to divert people from homelessness wherever possible and help connect households experiencing homelessness to housing and other resources as quickly as possible.

The Norman/Cleveland County CoC provides centralized countywide leadership and coordination for the system of care, including through the designation of a Coordinated Entry System operator and Administrative Entity for the CoC. The City of Norman serves in both of those functions and helps to facilitate the CoC meetings. (The City of Norman is not a direct services provider.)

The CoC Steering Committee is comprised of 41 members with an elected Executive Committee composed of 20 members plus at-large seats. They have a Governance Committee comprised of the elected leadership of the CoC and key funded agencies as well as a Data Committee that was designed to help the CoC improve data quality and evaluate and monitor system performance.

Although a Housing Liaison and an Outreach Case Manager were recently added, historically the City of Norman has operated with one full-time permanent staff person dedicated to homelessness. With this staff, the City of Norman:

- Coordinates weekly CoC Coordinated Entry case conferencing meetings to discuss people who have entered the system of care and match them with available housing and services through collaborative discussion, including prioritizing those most in need according to the CoC's chosen assessment tools and prioritization criteria. There are approximately 12-15 organizations that participate in weekly meetings.

- Coordinates the CoC Board, which meets monthly to discuss the needs of families and individuals experiencing homelessness, to discuss various topics including the regulatory requirements of the funding, other funding opportunities, policy development and revisions, collaborative opportunities for work within the community, outreach and Coordinated Entry work, and data, including system performance measures and other HUD reporting. All 20 member organizations participate monthly.

- Supports the City of Norman's Ad Hoc Committee to Address Homelessness, which was formed to focus on developing a plan and strategies for addressing homelessness in the region.
- Administers tenant-based rental assistance (TBRA) to CoC-approved clientele
- Coordinates several other initiatives, including a new federal Emergency Rental Assistance Program and the annual HIC and PIT count.
- Manages the annual HUD CoC Program funding application process and the year-round oversight of the funding.
- Acts as the HMIS Lead for the CoC, ensuring that the data entered in the HMIS system by the contractor administrator is functional and accurate to complete all HUD reporting.
- Hosts and manages the winter warming shelter, which is typically a seasonal shelter available for overnight use during severe weather. However, the program has been extended over 2020-2021due to the ongoing impacts of COVID-19, the high demand and the successful outcomes, with plans to extend it at least through August 2022

In addition, efforts that the City of Norman has made since the inception of the CoC in 1998 include developing and revising a 10-Year Plan to respond to homelessness, leveraging additional funding, and adding dedicated staffing.

HeartLine (formerly the United Way) operates a centralized non-emergency 2-1-1 telephone hotline. In 2005, HeartLine was charged with a new, broader mission: connecting Oklahomans with help, hope and information 24 hours a day. They help more than 200,000 Oklahomans in need each year.

number and website that connects thousands of community members each year to a wealth of services and resources related to housing, health, behavioral health, income, legal issues, education, and other needs. In addition, the United Way provides financial support to many of the homeless service provider organizations throughout the region, though there are not enough resources to support as many of the providers as apply.

During the COVID-19 pandemic, the City of Norman, the CoC, and local homeless service providers have successfully secured new state and federal funding to target resources toward effective and proven strategies to support families and individuals to exit homelessness. This includes extending and expanding the seasonal shelter program and other housing and services in the region. Without the additional efforts, the impacts of COVID-19 and homelessness on Norman/Cleveland County community would likely have been significantly worse.

Housing and Services

The region served by the Norman/Cleveland County CoC continues to struggle with a significant unsheltered population, as well as notable rates of residents who are either experiencing homelessness for the first time or returning to homelessness after having secured permanent housing. In the 2020 January PIT count, 146 residents were found to be unsheltered, most of whom were chronically homeless (i.e., had experienced homelessness for at least a year and reported a disabling condition). In 2020, the CoC's HMIS showed that 265 persons who enrolled at a shelter or housing program in Norman/Cleveland

County reported experiencing homelessness for the first time. Among the population of homeless persons who had moved into permanent housing in recent years, 8% were found to have returned to homelessness within two years.

Currently the region does not have enough services available to meet the need. There are two year-round overnight shelters and a few other agencies that offer a small number of apartments or rooms for emergency shelter use. There is also one seasonal shelter available to people experiencing homelessness. All shelters are in the City of Norman. During severe weather in the County, the shelters have extended hours to accommodate more people from the community.

The City of Norman's low barrier warming shelter was opened for the first time in 2019. For the past year, since December 6, 2020, it has been serving people on a nightly basis. The City of Norman just recently approved a budget that would provide continued funding for the shelter to remain open through October 2021 with a potential for the shelter to remain open indefinitely. As of May 11, 2021, there had been at least 219 distinct individuals using the shelter.

In 2020, the HIC identified a total of 259 year-round beds available in the community for Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), and Emergency Shelter (ES), with an additional 66 seasonal beds and 4 overflow beds. Fifty-three percent of these year-round beds (138) were dedicated to some type of permanent housing and the remaining 47% (121) were for temporary housing.

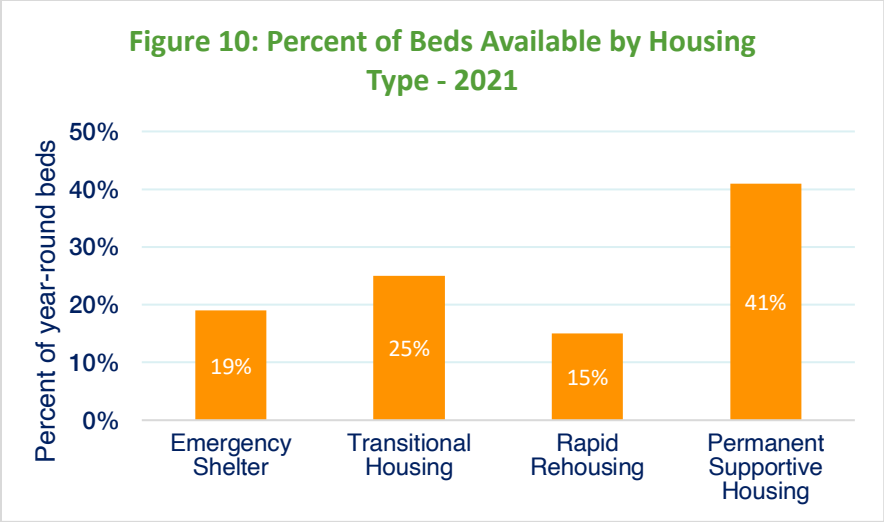
Of the 259 year-round beds available in 2020, the region had 116 permanent supportive housing beds (45% of all the year-round beds) and 22 RRH "beds"[14] (9% of all year-round beds). As of June 2021, there was a wait list for PSH of approximately 76 qualified individuals and for RRH of 31 qualified individuals.

Additionally, the area had 121 year-round temporary beds, 59 emergency shelter (23% of all year-round beds), and 62 transitional housing (24% of all year-round beds). Of those, 16 of the 59 shelter beds (27%) are dedicated to women and their children who are survivors of domestic violence.

Table 2: Bed Inventory for Cleveland County

								Subset of Total Bed Inventory		
	Family Units	Family Beds	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow /Voucher	Chronic Beds	Veteran Beds	Youth Beds
Emergency, Safe Haven and Transitional Housing	16	40	78	3	121	66	4	n/a	28	3
Emergency Shelter	6	20	36	3	59	66	4	n/a	28	3
Transitional Housing	10	20	42	0	62	n/a	n/a	n/a	0	0
Permanent Housing	25	60	78	0	138	n/a	n/a	0	18	28
Permanent Supportive Housing*	15	38	78	0	116	n/a	n/a	0	18	28
Rapid Re-Housing	10	22	0	0	22	n/a	n/a	n/a	0	0
Grand Total	41	100	156	3	259	66	4	0	46	31

[14] *RRH is an intervention typically defined locally in the written standards and matched with a set group of participants through the Coordinated Entry prioritization. Frequently, it is used for households that need assistance locating and then getting established in a unit (security deposit, etc.) and with shorter term rental assistance and lighter touch case management than other interventions. Due to the COVID-19 pandemic, new funding made available and flexibility with existing funding streams have allowed the City/CoC to use RRH to serve individuals who would traditionally have been identified as a match for permanent supportive housing (individuals experiencing chronic homelessness) and use it as a bridge until longer term options may be identified. This option is available as a COVID-19 prevention measure and is focused on individuals who are particularly vulnerable to the virus if unsheltered. Some of the funding for this program is one-time funding so there ae questions around how to ensure those that are currently housed will be able to maintain those placements or transition to PSH when the current funding expires.*



Among residents who accessed homeless services in Cleveland County between 2017 and 2019, 15% exited to permanent housing destinations. However, rates of successful exits to permanent housing varied dramatically across different program types. While a mere 1% of residents who accessed emergency shelter exited directly to permanent housing, 59% of residents who accessed transitional housing during this period exited to permanent housing, and 73% of residents who accessed permanent supportive housing subsequently exited to stable and permanent housing.

Norman/Cleveland County has more permanent housing beds available than temporary housing beds.

When asked what the top two challenges people face in working with people experiencing homelessness, the most frequent responses, **in addition to lack of affordable housing**, were:

- Lack of landlords willing to rent
- Insufficient mental health services or case managers with expertise on mental health
- Insufficient services for substance use disorders
- Lack of adequate transportation
- Not enough places for people to safely congregate during daylight hours
- No low-barrier shelters in Norman/Cleveland County
- Misperceptions and stigma associated with homelessness

Despite substantial barriers to reducing homelessness, a diverse range of stakeholders and CoC members expressed support for the City of Norman's leadership and commitment to addressing homelessness and appreciation of the fact that the City was fulfilling many roles with limited staffing. However, some community members also expressed concern about the City's investment in homeless services and the initiatives they have undertaken. Others raised concerns about the tension that exists between the City and at least one grassroots organization that advocates for other approaches to address homelessness and economic insecurity. Some neighbors expressed a desire for greater transparency from the City and the CoC.

> "I don't think I fully understand the nuances of the situation, and I feel like I don't know where and how to help because of competing narratives. I wish there could be some coalition building between the sides."
>
> *— Survey respondent*

GAPS AND NEEDS

The Norman/Cleveland County area has a homeless system of care that is aligned with many national best practices and is made up of engaged, committed, and passionate providers and other stakeholders dedicated to preventing and ending homelessness. The Norman/Cleveland County CoC has participated in the national Built for Zero and 100,000 Homes campaigns, successful housing efforts that placed over 426 chronically homeless individuals and 140 veterans into permanent housing since the beginning of those efforts. As a high performing community, the CoC committed to ending homelessness for Veterans and for those experiencing chronic homelessness and reached functional zero for the Veteran population in early 2018. The CoC was formally recognized by HUD, the U.S. Department of Veterans Affairs, and the U.S. Interagency Council on Homelessness (USICH) for that achievement indicating that they had sufficient resources to provide housing to every homeless veteran in the City of Norman and Cleveland County. The CoC continues to work collaboratively to maintain functional zero while working towards ending chronic homelessness.

Despite this progress and strong collaboration, there are gaps in the system and existing tensions that prevent the community from responding as effectively and meaningfully as they could to end homelessness. Looking ahead, the community has the opportunity to build on its strong foundation in a long-lasting way. With an effort focused around key areas, the community will be well positioned to enhance and improve the current system and anticipate and address the challenges ahead. This section provides an overview of the gaps and needs of the current system with recommendations about how to address those gaps and needs in Norman/Cleveland County.

Stakeholders and focus group participants identified a number of strengths in Norman/Cleveland County:

- An engaged, collaborative CoC with generally good internal communication;
- A strong partnership with the NHA;
- A crisis intervention program through the City of Norman Police Department;
- A low-barrier emergency/winter shelter and warming center providing supportive services;
- Support for sub-populations in the region:
    - A youth program providing shelter and a breadth of supportive services,
    - Day shelter and other programs for families with children,
    - Specialized housing and services for individuals and families fleeing domestic violence,
    - Targeted, outreach, housing and services for veterans; and
- An active CoC/CES Lead – the City of Norman.

Using data analysis and a robust stakeholder engagement process, several key gaps and needs were identified. A focused effort on the following areas could help to improve services and further strengthen the efforts to end homelessness in the Norman/Cleveland County CoC:

- Opportunities for Safe and Affordable Housing
- Low-Barrier Housing and Day Services
- Supportive Services
- Transportation to Employment, Services, and Shelter
- Coordinated Prevention Assistance
- Robust Data Collection and Analysis
- Coordination and Communication to Ensure Effective Use of Limited Resources

> "I used to view homelessness as the problem of the person experiencing it. Working with people who are homeless has made me realize that it is our systems that fail to provide, and people become homeless as a result of these gaps."
>
> *— Survey respondent*

Opportunities for Safe and Affordable Housing

Across all the surveys, interviews, focus groups, and data analyzed, there was strong consensus that Norman/Cleveland County needs more affordable housing to effectively address homelessness. Access to affordable housing is vital to enable individuals who have become homeless to regain housing. It also provides an essential base for ongoing stability, which in turn prevents future homelessness.

> "If we can find more affordable housing, we can offer more support to individuals."
>
> *— Survey Respondent*

Permanent housing programs, such as permanent supportive housing (PSH) and rapid rehousing (RRH), are well-established as some of the most cost-effective and successful strategies to address homelessness. These programs offer subsidized housing with the supportive services a household needs to retain that housing and attain long-term stability. Services can include case management, connections to employment and public benefits, and medical, mental health, and substance use treatment as well as transportation, childcare, and life skills. The programs tailor services to the unique needs of each household and successfully support many Cleveland County residents each year to permanently exit homelessness and regain self-sufficiency.

There are not enough permanent housing options and related supportive services currently available to meet the need in Norman/Cleveland County. Although there are disagreements on many issues, when the community-at-large was asked, more than two out of three respondents strongly or somewhat agreed that they support funding new permanent supportive housing (e.g., long-term housing with supportive services for people with disabling conditions).

Need for Affordable Units

The annual 2020 Norman/Cleveland County January PIT count made it clear that there are not enough permanent supportive housing beds to meet the needs of the hundreds of people experiencing chronic homelessness:

While 166 permanent supportive housing beds were available in 2020, 215 individuals experiencing chronic homelessness were identified during the same year, including 146 unsheltered chronically homeless individuals, suggesting an urgent need for more permanent supportive housing beds.

Fifty-six percent of survey respondents believe that there is either a shortage in the supply or a *severe* shortage in the supply of affordable housing units. When asked what they believed were the top three barriers to finding affordable housing, more than half of survey respondents identified a simple lack of affordable units.

> "I am tired of living outside. I would be really grateful for housing, please."
>
> — *Focus group participant*

In Norman, the University of Oklahoma brings over 31,000 students to the community and thus to the rental market. An evaluation of the numbers of available units and the breakdown of the unit sizes would indicate that Norman has a good cross-section of availability. However, most of the units that are available for rental and ownership are not affordable to the renter/buyer at or below 80% of the area median income (AMI). Census data indicates that there are 19,215 households in Norman at 80% or below AMI, and there are 11,897 households at or below Median Family Income that are cost burdened**. There currently is not sufficient housing for households at 0 to 30% AMI.** There is also a shortage of housing for remaining income levels (30 – 80%) when considering quality and cost burden.[15]

> "Norman has a college community. A lot of college students are taking over one bedrooms and parents pay for this, which is very expensive."
>
> — *Stakeholder*

Larger units are also a challenge for families to afford. Recently the City of Norman has experienced an increase of private student housing being developed where the rent is based upon a bedroom unit versus a multiple bedroom unit. As noted above, almost three quarters of the housing units available in Cleveland County are three-bedroom units or larger. One stakeholder pointed out that housing in the community is built to cater to students with four- or five-bedroom houses.

In the Cleveland County HUD Metro FMR Area, the Fair Market Rent (FMR) for a one-bedroom apartment is $738 and a two-bedroom is $918 in 2021.[16] The median gross rent in Cleveland County in 2020 was $926. A household must earn $36,669 annually in order to afford this level of rent and utilities without paying more than 30% of income on housing. Assuming a 40-hour work week, 52 weeks per year, **this level of income translates into an hourly Housing Wage of $17.62/hour, which is more than double the Oklahoma minimum wage of $7.25**.[17]

Despite this, there is limited housing assistance available. The Norman Housing Authority (NHA) provides approximately 1,250 Housing Choice Vouchers and operates a public housing program consisting of 173 units in the Norman City limits. Yet, there were still over 500 eligible households, including individuals and

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[15] *City of Norman Consolidated Plan 2020-2024, First Year Action Plan 2020, pg. 68.*

[16] *FY 2021 Fair Market Rent Documentation System, Cleveland County, Oklahoma, HUD.*

[17] *The State of Oklahoma follows the federal minimum wage, which for 2021 is $7.25 per hour. U.S. Minimum Wage, Department of Labor.*

families, on the waiting lists in 2020.[18] Since 2020, the with the issuance of additional Mainstream Vouchers and new Emergency Housing Vouchers, the NHA has helped households to access housing and move off the waiting list. At the time of this writing, there is virtually no waiting list.

Increasing the Number of Landlords Willing to Rent to People with Lived Experience of Homelessness

Landlords are invaluable partners in helping people exit homelessness and regain stability. Participating landlords can benefit from subsidized rent programs because they provide a reliable source of rent as well as a support system for both the landlord and the participant.
Program staff can act as mediators, help support the participant to remain stably housed, and can also help locate new tenants quickly if necessary. Despite these benefits, landlords are often reluctant to rent to people who were recently homeless, as they may have gaps in their rental history, credit issues, histories of past evictions, or other barriers.

> "Landlords are picky about who to rent to as one-bedrooms are in high demand by college students. Landlords don't want to rent to homeless people."
>
> — *Stakeholder*

Many communities – even those in high-cost rental markets – are highly successful in working with landlords and property managers to identify units for people exiting homelessness. Building relationships, including understanding and addressing landlords' concerns, is key.

> "The landlord will be more receptive if social workers do not drop the ball and follow through. A bad landlord experience sticks and spreads around [and] makes other landlords reluctant. It is important that social workers understand this and know they are marketing representatives for the promises."
>
> — *Survey respondent*

Stakeholders in Norman/Cleveland County, however, shared that there are not many landlords in the region who are willing to rent to people experiencing homelessness. At least one stakeholder believes that small, independent landlords are more open to working with homeless service providers and their clients, but that many landlords located in the City are larger and less flexible. Stakeholders have also found landlords charging three times the rent for deposit, which makes it almost impossible for people with little or no income or living on a fixed income to afford. Respondents also indicated that there was a bias against renting to people with housing vouchers, which frequently is tied to a lack of understanding of the benefits and the stigma associated with public benefits. Many stakeholders expressed that the community needs to do more outreach to landlords and property owners to help voucher holders succeed, especially those with multiple barriers.

Survey respondents indicated that some of the greatest barriers to accessing affordable housing are landlords. Forty-three percent of community members surveyed indicated that one of the top barriers to

[18] *City of Norman Consolidated Plan 2020-2024, First Year Action Plan 2020, pg. 49.*

access affordable housing is landlords unwilling to accept tenants with certain conditions (e.g., credit issues, criminal history, etc.) (43%). Other top barriers identified by survey respondents included landlords unwilling to rent to people just out of homelessness (22%) and landlords unwilling to accept subsidies or rental assistance (19%).

Homeless service providers also indicated that not only is it difficult to find landlords willing to rent to people experiencing homelessness, but the situation is more dire when people wishing to rent have a serious mental illness or a criminal background. Stakeholders familiar with Oklahoma City felt that it was much easier to get landlords to rent to people who are homeless there than it is in Norman/Cleveland County.

Affordable Housing for People with a Criminal Background

Cleveland County is particularly challenged with being able to find affordable housing for people with a criminal history, especially those who have been convicted of a sex offense. Like many communities, having a criminal history in Cleveland County is a barrier to being able to access affordable housing.

> "Being in a college town, the low- to moderate income population is in great competition for student housing."
>
> — *Stakeholder*

There are no laws requiring landlords to rent to people with criminal histories. Of the 104 individuals recently listed as sex offenders, at least 18 (17%) were identified as homeless, compared to violent offenders, of which none were identified as homeless. Stakeholders shared that while people with misdemeanor offenses were able to obtain rental housing, those individuals experiencing homelessness who had a history of violent or more serious crimes continue to find it nearly impossible to rent in the area, especially without assistance from service providers.

> "In Norman you can't drive without driving by schools, churches or parks – they are everywhere – more concentrated."
>
> — *Stakeholder*

For individuals who have been convicted of a sex offense, affordable housing is extremely difficult to find. The state of Oklahoma has very strict rules about how close they can live to schools, parks, churches, and other public spaces. Pursuant to Oklahoma State Law,

> Individuals who have been convicted, received a suspended sentence, or a deferred sentence for a crime requiring them to register pursuant to the terms of the Sex Offender Registration Act cannot live, either temporarily or permanently, within a 2000-foot radius of any public or private school site, educational institution, property or campsite used by an organization whose primary purpose is working with children, a playground or park that is established, operated or supported in whole or in part by city, county, state, federal or tribal government, or licensed child care center as defined by the Department of Human Service.[19]

[19] *Offender Registration Information, City of Norman.*

Based on the geographies of the City of Norman, there are very few state permissible "green zones" that allow people with sex offender histories to be able to rent or own. Norman encompasses over 196 square miles. Yet, schools, parks, and day care facilities greatly limit the areas where sex offenders can live in accordance with the Oklahoma State Statute.[20] Stakeholders report that there are a very limited number of available apartments within the green zones that are eligible for people convicted of a sex offense to live. Within those zones, they face difficulty finding landlords willing to rent to them based on their past conviction.

> "Norman has talked in the past about how they would love to have SROs. SROs in a green zone would be great."
>
> — *Stakeholder*

Other Barriers to Housing

In addition to the lack of affordable units, many individuals also face barriers to housing because they do not have sufficient government issued identification or other documents to show eligibility, may have been evicted in the past, may have poor credit history, and/or lack the resources needed to cover move-in costs (security deposit, etc.).

> "Application fees are a huge barrier… people have no money - they can't afford to fill these out all the time."
>
> — *Focus group participant*

For those individuals who continue to try to apply for affordable apartments, it usually involves paying a fee for every application form they complete even when they may be rejected because of past history. In some cases, when they apply, the rental company or landlord does not make an effort to reply to them, making it more challenging for them to afford any future opportunity that may come up. For many households experiencing homelessness, it is difficult to save for upfront first-time costs for housing. Without help from local providers, it is very challenging to transition from homelessness into housing and maintain stability long-term. This assistance is available through various providers; however, it is limited and has specific eligibility criteria. In addition, the focus groups demonstrated that some individuals experiencing unsheltered homelessness are not aware of all of the resources available, including how to obtain identification and assistance with application fees and even basic necessities and crisis management.

Some stakeholders shared that there are biases against people of color in terms of access to housing and services in Norman/Cleveland County. More than one individual experiencing homelessness reported having experienced discrimination when trying to access the system of care and in interactions with crisis response. One service provider indicated that they accompany their clients who are women of color when they apply for housing "to ensure fairness," as they have seen a troubling trend of discrimination when they go without a service provider representative.[21]

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[20] *Ibid.*

[21] *The City of Norman has a contract with the Metropolitan Fair Housing Council of Oklahoma, Inc. to document fair housing activities under the City of Norman's Community Development Block Grant (CDBG) contract. They report annually on any housing complaint intakes/inquiries processed and formal housing discrimination claims filed with HUD. In FY 2021, 44 housing complaint intake/inquiries were processed related to Norman tenancy under the CDBG-funded fair housing contract, and 7 formal housing discrimination claims were filed with HUD's Office of Fair Housing & Equal Opportunity for violations covered under the Federal Fair Housing Act. Note that these figures are specific to CDBG-funded activities and that not all incidents of housing discrimination are formally reported.*

Some stakeholders who participated in the community engagement process noted that the CoC is very effective at housing people who are better able to navigate the system, less vulnerable, and have fewer barriers to housing than individuals with greater need and, in many cases, that are more vulnerable, facing severe mental or physical illness, and are unable to navigate the system on their own. However, there were also concerns expressed by some that the CoC had been overly focused on serving individuals with the highest vulnerability, leaving others who could be more easily and quickly housed and connected with services, like rapid rehousing, waiting longer than necessary for help. As discussed above, the existing data indicates that a significant number of the unsheltered population are currently chronically homeless and that a variety of interventions are being used to serve people experiencing chronic homelessness. However, due to data quality issues, the fact that no unsheltered January PIT count could be performed in 2021, and the ongoing impacts of the COVID-19 pandemic, additional analysis is required to better understand the current context in the region.

Coordinated Entry System data provides useful context, including the By-name-list (BNL), which tracks individuals/heads of household who are in the homeless system of care and who need housing. The BNL includes intake and assessment data, including prioritization criteria (i.e., a ranking score) that helps match individuals and families to the housing and services that best serve their needs and helps to determine the order of priority when resources become available. Keeping the BNL up to date and looking at it over time, can help the CoC and City Staff understand the need and any changes over time. See the table below of BNL data from January of each year from 2016 – 2020. One factor to note is that between 2019 and 2020, a data cleanup project removed inactive households from the list so some of the decrease seen in 2020 is the result of that data cleanup.

Table 3: Data from By-Name-List Data January 2016 – January 2020

	January 2016	January 2017	January 2018	January 2019	January 2020
Singles	43	84	97	154	64
Families	2	3	0	6	0
Non-chronic Veterans	10	5	4	5	4
Chronic Veterans	1	1	3	0	2

The City of Norman, in conjunction with other local organizations and businesses, has historically pulled together a regular event that brings a coalition together to help people obtain their birth certificates, state identification, and social security numbers/cards. Before the COVID-19 pandemic, these events were held every quarter so that individuals experiencing homelessness locally would only have to attend this one event to get the assistance needed to overcome some of the documentation barriers preventing individuals from receiving housing and benefits. Individuals who had benefited from these events were very grateful and highly praised the efficiency and benefit of this one-stop approach. Additionally, other individuals who were struggling to obtain these documents, especially during the pandemic, highlighted the importance of holding future events. Even with the one-stop opportunity on hold during COVID-19, there is an ability for people experiencing homelessness to receive documents through multiple agencies, though that can be challenging to access.

Stakeholder interviews and focus groups highlighted an increased need for housing-based case management, landlord engagement, and legal assistance to support reducing existing barriers to identifying and connecting households to affordable permanent housing and helping them to stabilize and maintain that housing.

Recommendations

AFFORDABLE HOUSING

- Commit to additional permanent supportive housing units. Consider a wide range of options, including rehabilitation or renovation of existing buildings and new construction as well as utilizing as many vouchers as possible for persons experiencing homelessness (to be used at the locations of their choice):
    - Establish a five-year Countywide Housing Development Pipeline that identifies an achievable path to establish new housing so that households with members who have disabilities can exit homelessness and attain stability.
    - Evaluate the feasibility and next steps for non-traditional housing options, such as repurposed motels and accessory dwelling units (ADUs).
    - Establish a shared housing program that can increase the housing available to single adults by using 2- and 3-bedroom homes for individuals exiting homelessness.
    - Support the addition of mainstream and HUD-VASH vouchers as available.
- Identify funding and partnership options that would increase the availability of permanent housing for single adults, including short- and medium-term rental assistance, PSH, and new deveopment.
- Consider adopting policies that require set asides for all new development dedicating a certain proportion or number of units for extremely low-income households.
- Identify potential sites and provide land, aggressively expedite development and offer other incentives for PSH development.
- Widely advertise the eligibility criteria and necessary process for obtaining housing assistance
- Prioritize the development of single-room occupancy (SROs) buildings, which provide small furnished single rooms within multi-tenant buildings providing housing for residents with low or minimal income who may be transitioning out of long-term homelessness.

Recommendations

AFFORDABLE HOUSING (cont'd)

- Identify potential sites and provide land, aggressively expedite development and offer other incentives for PSH development.
- Widely advertise the eligibility criteria and necessary process for obtaining housing assistance.
- Prioritize the development of single-room occupancy (SROs) buildings, which provide small furnished single rooms within multi-tenant buildings providing housing for residents with low or minimal income who may be transitioning out of long-term homelessness.

> "An SRO is a good alternative and people who are not accepting services would be more open to an SRO."
>
> — *Stakeholder*

LANDLORD ENGAGEMENT

- Invest in staffing to develop and lead a year-round landlord engagement campaign to educate the general public and recruit landlords.
- Develop a robust landlord engagement campaign, which can include targeted outreach to landlords, education and training, developing a speakers' bureau, annual luncheons, landlord and tenant awards, and other efforts such as:
    - Develop an outreach message and ensure it reaches landlords and property managers. Publicize the program in landlord and business association publications and at meetings and gatherings. Engage participating landlords in the program to tell their stories of success to their peers.
    - Create materials that help explain the advantages for the landlord and the steps the programs take to ensure the properties are respected, the clients are supported, and rent is paid. Utilize landlord testimonials whenever possible highlighting benefits such as the reliability of external support if issues arise and risk mitigation back-up for damages if they are to occur.
- Address barriers for individual tenants by creating a portfolio for the client by including letters of support from community members who know the client or by adding information about the client's background and the steps they have taken to improve their housing stability. Help with criminal record expungement, credit repair, and eviction expungement, if needed. Provide opportunities for potential tenants to meet landlords one-on-one to create personal connections.

Recommendations

LANDLORD ENGAGEMENT (cont'd)

- Establish a landlord risk mitigation fund that provides compensation if issues between landlord and tenant arise. Ensure landlords have a liaison they can call if they have concerns. When a client is not a good fit for a unit, programs should move quickly to prevent the need for an eviction proceeding.
- Consider creating financial incentives for landlords renting to voucher holders. The incentive program could include bonuses for new and/or returning landlords. Additionally, provide coverage for application fees and assistance with security deposits and move-in costs to help ensure vouchers are utilized and used equitably.
- Develop shared talking points to deepen landlord's awareness and understanding of how homeless-serving programs work, how supportive services are provided to program participants, and how the landlord mitigation fund is provided (see below).
- Create a bridge of support between landlords and clients to have a positive experience and continue building the relationship in the local program over time. Landlords often express gratitude about the ability to fill vacant units quickly without the cost of advertising and appreciate having the monthly rent guaranteed.
- Train and support providers to enable conversations with landlords to respond to their concerns and ensure that providers are taking important steps to cultivate ongoing relationships with landlords who are part of their programs.
- Ensure that each agency has a formalized practice protocol for being responsive to participating landlords, including providing timely assistance during a crisis as well as accepting and responding to their feedback.

HOUSING ASSISTANCE

- Designate a countywide housing navigator who can meet in-person with individuals and families experiencing homelessness. Provide outreach in the streets, at encampments, and at partner organizations, and train staff from other organizations to better provide housing navigation assistance.
- Conduct a countywide advertising campaign to highlight the availability of various types of rental assistance programs, including emergency and temporary rental assistance.

Recommendations

HOUSING ASSISTANCE (cont'd)

- Review and revise policies for COVID-19 rental assistance programs to ensure that the COVID-19 nexus criteria are as broad as allowable. For example, most families with back rent have a COVID-19 nexus. Emphasize that lay-offs, reduced hours, increased rent, unemployment and COVID-19 illness can all create a nexus that meets the eligibility criteria.
- Consider a flexible funding pool, which provides financial support to individuals and families to address the limitations of traditional funding streams for financial barriers that can prevent people from successfully exiting homelessness (e.g., high rent deposits, move-in costs, car repair and other one-time costs).
- Expand highly successful coordinated efforts to assist people experiencing homelessness with obtaining identification documents and connect them to public benefits by holding community events more frequently than once per quarter.
- Strengthen access to resources to support households with criminal and eviction expungement, credit assistance, and document readiness to ensure they can use available housing subsidies as quickly as possible. Include navigation and peer support to help individuals accomplish these tasks in between coordinated events.
- Develop a peer outreach and support program utilizing individuals with recent lived experience to help individuals experiencing homelessness build trust and guide them in navigating the system.
- Locate a development in Oklahoma green zones to provide independent housing for people with criminal convictions.
- Expand flexibility and availability of resources to subsidize and operate supportive housing for people exiting homelessness.

Low-Barrier Housing and Day Services

Norman/Cleveland County has a large number of people experiencing long-term homelessness who require intensive engagement and support. Some shelters provide meal services, a food pantry, and/or connections to IDs/benefits during the day, and another provides a day center for women and children. However, with no permanent full-service daytime drop-in centers and reportedly only one completely low-barrier overnight shelter – and relatively few shelter beds of any kind – Norman/Cleveland County has a relatively large population of people who live outside full-time.

> "[There is] no place to put people and that's why people stay for longer in encampments."
>
> — *Stakeholder*

Ending homelessness for individuals and families who have long been homeless often requires frequent and repeated engagement over time. With a limited number of outreach resources available for the large number of people experiencing chronic, long-time, unsheltered homelessness in the current system, many people are not getting connected to services and support.

> "It is hard for a person to fix their problems if the biggest concern is where to sleep."
>
> — *Focus group participant*

Housing-focused crisis shelters (often known as "emergency shelters") are an important part of a community's response to homelessness. While they help people stay safe from the dangers of living outside, they are also a valuable link to permanent housing, especially for people who have been homeless for an extended period of time and might be reluctant to engage in services.

> "When I'm at Food & Shelter, I can use the internet, [but] they don't serve dinner here. You have to go down to Salvation Army to eat. And after they serve food, we have to find somewhere else to sleep – so a vicious circle."
>
> — *Focus group participant*

The most effective shelters are "housing focused," meaning that they are low-barrier and tailor their services to support the household with the goal of exiting homelessness. These programs have few preconditions for admittance, such as sobriety, ID, income, etc., and limit the barriers to entry by allowing some flexibility (e.g., entry of partners and pets are allowed, storage for personal belongings are available, and there is a flexibility of hours whenever possible). The programs typically do not require participation in services as a condition of stay, but instead offer client-focused, voluntary case management working cooperatively with the household to create an action plan to help move them into housing. This work is individualized for each client and offers flexibility with intensity and frequency, recognizing client choice with the focus on assessing barriers to housing and achieving housing stability.

A **Housing First/Low Barrier** approach. Housing First is a national best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible. Under a Housing First approach, people experiencing homelessness are supported in returning to housing as quickly as possible, often through supportive housing programs that have no pre-requisites, preconditions, or program participation requirements. Housing First does not mean "no rules," but it does mean no unnecessary rules that could prevent people from entering the program.

The Housing First approach has been extremely successful in reducing the length of time households are homeless, preventing returns to homelessness, and supporting participants' long-term stability and well-being. Research suggests Housing First program participants are 2.5 times more likely to be housed after 18-24 months than other programs.[1]

Multiple studies show that Housing First significantly reduces the costs of homelessness on communities, for example:

- A study of 700 veterans across 14 medical centers showed a 32% reduction in VA health care costs for those receiving a Housing First intervention, with intensive inpatient costs down by 54%.[1]
- The City of Albuquerque saw a 64% reduction in jail costs and 84% reduction in costs for in-patient medical and mental health visits after one year of using a Housing First approach.[1]
- Another study found that providing a Housing First intervention saved the system $2,449 per person per month.[1]

Focus group participants and stakeholders expressed the need for more low-barrier, housing-focused services in Norman/Cleveland County. While people experiencing homelessness appreciated the important work happening through the Salvation Army and Food & Shelter, participants were concerned about the lack of places they could go during the day to get comprehensive services such as taking showers, doing laundry, undertaking job searches, getting job training, and other life skills education. Participants also expressed that they would like to easily access places that can offer various kinds of supportive services in order to help them transition from living unsheltered to stable housing.

While many organizations have some emergency shelter beds, only three year-round shelters have the capacity to serve more than 5 individuals/households at a time. Most of the emergency shelters have program rules for entry and conditions for participation, which limits who can be sheltered. The warming/emergency shelter, which has been run by the City of Norman for the past two years, is a low-barrier shelter that will continue to stay open through August 2022

As with permanent housing, some of the shelters require people to have proof of identification to stay at the shelter or use day services. There are people currently living on the street or in encampments who do not have IDs and do not have supportive services to help them get the documentation needed to access those shelters. Many providers offer assistance with the process of obtaining identification documents, but this can be a lengthy and complex process, which was one of the concerns most raised during the focus groups with individuals currently experiencing homelessness.

Providers and people experiencing homelessness equally identified the need for more shelters that are low barrier with the ability to shelter people who have pets, partners, and a larger number of personal items. Service providers interviewed and surveyed recognized that having low-barrier shelter gets people into the system and provides improved access to services and connection to benefits but discussed the need to balance that with some rules to maintain effective programs.

> "A 24-hour shelter would do great. And save more struggle and failing of those in need."
>
> *— Survey respondent*

The Winter/Warming shelter has provided a low-barrier alternative for the past few years. This past year, the shelter has been in operation since December 2020 and does not require participants to display their identification, to commit to sobriety, or to participate in any programs. Administered by the City of Norman, the shelter has not had a decline in people using the shelter even during other climate seasons. Utilizing a variety of funding methods, the City of Norman has operated and will keep the shelter open at least through August 2022

Focus group participants reported experiencing a trend towards criminalizing homelessness in the region, including making it unlawful to sleep in public, being evicted from encampments, or being stopped regularly while walking or congregating. Forcibly removing people from sidewalks and alleys when they are sleeping on the streets does not force them to leave the region nor does it end their homelessness. Instead, most people simply relocate to sleep in a different part of the community. These processes can be expensive and require the use of public resources such as law enforcement to carry out the actions – so it is often worth considering whether there are times that these resources would be better spent in longer-term solutions such as the outreach, shelter, navigation, and long-term housing.

Recommendations

- Establish a permanent year-round, low-barrier housing-focused shelter with day and night access thereby increasing the capacity of the system and the long-term housing placement rate of individuals experiencing homelessness.
- Reduce existing barriers to entry when possible in the housing programs that are currently available in the region.
- Consider adaptations to policies of the existing shelter and crisis response system where applicable to ensure the full system is housing-focused and low-barrier. This would include:
    - Admission policies that screen-in rather than screen-out potential participants with the greatest barriers to housing.
    - Minimal rules and restrictions that focus on behavioral expectations to help ensure client and staff safety – few rules, not "no rules."
    - Client-focused, strength-based case management with an emphasis on helping connect people to housing.
    - Accommodations that welcome partners, pets, and possessions so that people do not face a choice of housing or separation.
    - Flexible access to shelter and services, including extended hours of operation, arrangements for late arrivals, non-restricted mealtimes, and lenient curfew policies.
- Provide voluntary wrap around services and connections to key resources at all overnight and day shelters.
- Emphasize supporting participants to exit to permanent housing through proactive case management and best practice strategies, such as motivational interviewing, trauma-informed care, and housing-focused case planning.

Supportive Services

Nonprofits, community groups, and county agencies provide a variety of services that can help people to exit homelessness and stay housed for the long-term. Programs such as mental health treatment, employment and job training, health care, and substance use recovery can meaningfully help people attain greater stability. More than one in three community survey respondents indicated that one of the top three barriers that prevents people from accessing affordable housing is the lack of supportive services necessary for people to sustain housing (37%).

> "Many people need one on one help to see what their needs are."
> — *Stakeholder*

While some of these programs are dedicated to people experiencing homelessness, others are resources available to everyone in the community. Ensuring that these programs are available and accessible for people experiencing homelessness allows the community to get the most out of its existing resources.

A large majority of survey respondents indicated that the services needed most in the region are mental health services (70%), substance use treatment (56%), and case management (42%).

Trauma, affecting people's physical, emotional, social, or spiritual well-being, is widespread amongst those experiencing homelessness. The impacts of trauma and mental illness are widespread across the City of Norman and Cleveland County's population experiencing homelessness.

> "A large majority of our homeless population are mental health patients. They are not capable; they are living in survival mode. They are not capable of keeping appointments. They need a safe place to sleep."
>
> — *Stakeholder*

Many of the individuals experiencing homelessness in Norman/Cleveland County have mental health conditions and substance use disorders. For the 2021 January PIT Count, close to 50% of people experiencing homelessness were identified as having a serious mental illness.

For teens experiencing homelessness in Norman/Cleveland County, they often share a common experience of trauma and need mental health treatment. During the COVID-19 pandemic, service providers found challenges in providing mental health services were exacerbated due to participants living in small rooms and all the protective gear needed to go to school and interact with other peers. For a period of time, mental health services were discontinued and then returned online only. Some teens chose not to get the online services as they preferred to receive them in-person.

> "The 'mentally displaced' need extra care and the staff at the shelter can only provide so much help to keep things going. The staff can't help those who need help, they aren't qualified, so where do those folks go and how do they get there for help. It's not here!"
>
> — *Survey respondent*

When community survey respondents were asked to identify the biggest roadblock to ending homelessness in the region, the most common answer was insufficient mental health support. At the same time, 89% of community survey respondents said that they strongly or somewhat agreed with the statement, "I support providing more medical, mental health, and substance abuse care to people experiencing homelessness.'

> "The programs are there, but not everyone responds to the same care in the same way. There will be a day and they are going to look in the mirror and they will suddenly realize what has happened to them."
>
> — *Stakeholder*

Multiple focus group participants noted the challenge of accessing housing (e.g., permanent supportive housing) for people who have severe physical or mental disabilities. They shared that the system was understandable and fairly easy to navigate if an individual is familiar with terminology and can advocate for themselves or has someone to advocate for them. But for individuals with less education or who have a mental illness or a substance use disorder, they believe the system is hard to

understand and often leads people to prefer living unsheltered in encampments. When people experiencing homelessness were asked in a survey what would be the most helpful, one of every three respondents said mental health services.

When specifically asked about availability of mental health services, stakeholders – both service providers and people with lived experience of homelessness - felt that services were available for people who had the skill set, education, and lower acuity mental health conditions to be able to seek out and ask for what they needed.

> "Stabilization is not treatment."
> —*Stakeholder*

A number of stakeholders described experiencing a crisis situation and needing immediate help. In most cases, they needed to go to a facility to be evaluated by a mental health professional. Reportedly, the facility might admit them, but they usually stayed for no more than five days for the facility to stabilize them. After that, they were typically provided with up to a two-weeks supply of medication and given a follow-up mental health appointment. Service providers and individuals who experienced these brief stays shared that many of the participants experiencing severe mental illness, especially in a crisis state, struggle to take their medications and do not go to the follow-up appointment. Unfortunately, they also frequently repeat this cycle again at some point, if not immediately.

> "Mental health doesn't listen, gives too many prescriptions."
> — *Focus group participant*

One concern expressed was that supportive services were not sufficient for people with higher acuity conditions, with less education, or more intense needs. Some stakeholders raised concerns that mental illness was not understood and is not being treated as a disability and that people with serious mental illnesses were not supported adequately within the system of care in Norman/Cleveland County. Many were concerned that crisis management and stabilization was the primary means of treating people with a serious mental illness and that intensive treatment as well as comprehensive case management and wraparound services are limited due to a lack of resources.

Many stakeholders raised the issue that the state mental hospital discharges people into the City of Norman without a transition plan. Because Griffin Memorial Hospital is the primary state mental institution in the City, people from across Oklahoma come to the area to access inpatient services. For those individuals who do not have family or a place to be discharged, stakeholders shared that people are simply being discharged into the community without a home or place to go, rather than being returned to their home communities. Others similarly shared concerns about the Department of Corrections discharging from custody where reportedly individuals are discharged in the area without any advance transition or housing plan in place.

One area lacking consensus was the expertise of law enforcement around working with people who have a mental illness, especially those with serious mental illness or those experiencing a crisis. Many providers expressed support for the work of the specially trained officers and the City highlighted the importance of the collaboration with law enforcement in their efforts. Some focus group participants expressed their appreciation regarding positive experiences they had with officers trained to serve people who have a mental health illness, but others felt there was a disconnect between a strong police presence and people with serious mental illness. Some specifically shared that having police officers appear in uniforms with guns could be traumatizing and others reported negative interactions with officers. Some stakeholders and persons with lived experience felt that more training for officers, outreach

to unsheltered individuals and building trust was needed and multiple participants suggested embedding individuals with mental health expertise with law enforcement.

Stakeholders indicated that service providers with mental health expertise were over worked, underpaid, and unable to provide the breadth of services needed in the homeless community. They shared that the system is difficult to navigate overall, but, worse for people with mental illness. They believe that it is difficult to know what resources are available in the moment of crisis. They also shared that the biggest roadblock to obtaining affordable housing was insufficient mental health support.

When community survey respondents were asked whether they would support more medical, mental health, and substance use treatment for people experiencing homelessness, close to 9 out of 10 people either strongly or somewhat agreed.

Substance Use Disorder

One area that a variety of stakeholders addressed was the lack of support for people hoping to address their substance use disorders. Many people indicated that there are extremely limited resources available to help people with substance use disorders, calling for Norman to establish a drug treatment facility and/or a methadone clinic. The state of Oklahoma in general has no state-run detox centers; the only ones that exist are privately run.

> "Norman needs a drug treatment facility"
> — *Survey respondent*

Stakeholders in the surveys and in interviews shared that there are not enough resources for people with substance use disorders. The services that are available are difficult to access, especially in person, and this became more difficult during COVID-19. People with lived experience said that not only are there insufficient services, but there is still a great deal of stigma in the community. Some noted they were afraid to get help from service providers because they may get charged with crimes. Some individuals said that in practice, if people have a substance use issue, they may be deemed ineligible for housing.

> "From my perception, Norman needs a non-judgmental methadone clinic or help escaping from addiction."
> — *Survey respondent*

Case Management

Case management is a crucial supportive service for people experiencing, exiting, and at risk of homelessness. For people who are currently homeless, housing-focused case management is a best practice that focuses on the specific challenges and barriers keeping the family or individual from regaining housing. While people experiencing homelessness often have complex needs, these are generally more effectively addressed after they are housed.

> "Almost all the case managers are not outreach case managers. They are working full-time jobs and then doing outreach in addition to what they do."
> — *Stakeholder*

Of the top 5 priority areas that survey respondents mentioned with regard to the most needed supportive services, among the top three services was case management.

Stakeholders acknowledged that there are not enough case managers doing work on behalf of the CoC. They noted that it is especially difficult with the existing amount of dedicated case management and outreach staff to manage all of the households that are unsheltered or recently housed. They noted that it is especially difficult to find and maintain a relationship with unsheltered individuals given staffing limitations.

> "I would strongly disagree with any housing initiative that is funded with public money that does not include case management to assist the homeless person with the root issues that have put them in their current situation."
>
> — *Survey respondent*

For many of the case managers in the community, they work full-time jobs for their organizations and provide additional case management services after hours. Many reported doing outreach case management at local encampments in addition to their full-time jobs or are staffing the Warming/Winter shelter part-time in addition to their full-time job for a local agency.

Some stakeholders indicated that passionate community advocates have stepped in to do informal case management with unsheltered homeless individuals but are not necessarily working in conformity with best practices or in collaboration with the CoC. Stakeholders also shared that they have individuals on the by-name-list in need of services that sometimes must wait over 6 months for case managers to assist them. Others suggested that there was a gap in the involvement of the County regarding case management, noting that the County would soon be receiving additional federal funding that could be used to assist individuals experiencing homelessness and hoped for improved collaboration around how to deploy those resources within the system of care.

> "We are really good at housing people who are easy to be housed but more creative solutions are needed like overnight case managers and talking to people who are more difficult to be housed."
>
> — *Stakeholder*

Others shared that in addition to not having enough case managers in general, that there were not enough case managers who are people of color. One stakeholder noted that some funders balk at funding administrative costs, which often include case management services. They reported that organizations need to be creative about how to include case management into a grant.

Street and Encampment Outreach

Street and encampment outreach teams meet people where they are to provide connections to services. Many people with extensive histories of homelessness are disconnected from the network of services that could help them return to housing. They often have deep-seated trauma and negative experiences with the safety net system that may make them reluctant to engage with providers.

> "People lean into the people who will walk them through getting an ID, getting Section 8 housing, etc. Having someone introduce you to all the different programs."
>
> — *Focus group participant*

When outreach workers go to where people are living, they can build trust, better understand the circumstances that people are facing, and offer advice and support to help people move to more

supportive environments. Outreach specialists use proven engagement techniques, such as Trauma Informed Care, Critical Time Intervention, and Motivational Interviewing, to build relationships of trust and help people connect to services and support they need to find and keep housing.

Some stakeholders noted that there is a nurse from Norman Regional Hospital who partners with CoC members to provide outreach, but that there is not a medical street team that is regularly engaged in the community.

For street outreach that is not providing medical or other specific care, connecting to people experiencing homelessness to build trust and connect them to housing and supportive services can be difficult. One service provider indicated that they have worked with people who have been homeless for two or three years who were not aware of the agencies and services available to them. For an individual that is not already connected to services or who has recently become homeless, it can be hard to find out what resources are available.

> "Homelessness services are not personal enough... More one-on-one with providers… It would be easier if providers reached out to those needing help."
>
> *— Focus group participant*

Both focus group participants and stakeholders recognized that there are not sufficient case management services in the community particularly for individuals who are living unsheltered. Stakeholders acknowledged that much of the case management happens at organizations and not on the streets. Some of the people with more serious mental illness find it difficult to make appointments and follow-up to get onsite to an organization to get the services that they need.

Many focus group participants felt that community partners, the City and the police know them. But one concern expressed was that outreach for unsheltered individuals focused solely on whether a person wanted to move from the street to temporary housing, without sufficient supportive services. A sentiment among providers, community advocates, and individuals experiencing homelessness was that additional supportive services in the field is needed, especially finding dedicated outreach specialists to help build trust and develop relationships needed for people experiencing chronic homelessness to transition to permanent housing.

For successful outreach models, several homeless service providers noted that the case managers doing Veteran's outreach provided a good model for outreach. Their main staff is dedicated to spending time on the streets and in encampments on a regular basis, making the program successful at building trusting relationships. Service providers would like to see similar outreach for the rest of the homeless community.

Another issue that consistently arose throughout the community engagement process was concern about the negative impacts of encampments in the City of Norman/Cleveland County and how to best address these areas. Community stakeholder feedback emphasized the negative impacts of encampments on adjacent areas—including neighborhoods, businesses, and recreation areas—by damaging the environment, decreasing housing valuation, threatening safety, and reducing use and enjoyment. Some neighbors felt fear for their families or community and anger about the actions or perceived inaction of local jurisdictions or the CoC surrounding these issues. Others expressed being upset about the situation coupled with confusion, compassion, and concern for those experiencing homelessness and expressed a desire to find solutions collaboratively with the City and/or CoC.

On the other hand, there was feedback from other stakeholders and providers who wanted to acknowledge that encampments were the temporary home of too many unsheltered individuals who are vulnerable and at risk and that when disrupted, it can have significant consequences for the health and safety of those individuals and their ability to move out of homelessness. As the City of Norman grapples with how to balance the various interests and impacts of encampments, they have recently intervened to clear encampments in conjunction with offering services and shelter/other housing options. Unfortunately, this may be necessary at times, but it is the case that once people have moved to a new location, their service providers may no longer be able to find them, resulting in missed opportunities to follow-up and connect them to housing, benefits, or other resources needed to help them exit homelessness. Optimally, investments in low-barrier permanent shelter as well as in supportive housing options are more effective interventions whenever possible and should be utilized as a part of any comprehensive plan to reduce homelessness and meaningfully address the impacts of homelessness on the community.

Other Supportive Service Barriers

There were several other barriers to supportive services identified by stakeholders, including language and cultural barriers as well as administrative requirements that are difficult for some people experiencing homelessness to complete on their own.

Given the limited staffing for supportive services, there may not be people who speak a participant's spoken language. For some individuals, culturally it may be harder to trust someone not from their community or who does not speak their language. Reportedly, they can sometimes find help in a local community church if not through the Continuum of Care. In some instances, the local church stands in the shoes of social services.

Surveys completed by people experiencing homelessness indicated that when a person calls or applies in-person, the availability of help is highly dependent upon whether funds are available. People with lived experience also indicated that many of the resource lists available to them were not kept current or were misleading. A resource list might make it appear that providers and churches could help, but after they expend the energy to get to them, they would find that very few had resources available or were very helpful. The system was not always easy to navigate and often one place would refer them to another or send them away. In contrast, peer support and guidance were identified as being helpful.

> "Many don't have licenses, birth certificates, IDs, addresses or phones and can't get a lot of help if [they are] just in the street."
>
> — *Focus group participant*

Survey respondents also shared their frustrations of remaining on waiting lists (for some up to 1½ years), with very little supportive services and less communication than they would like while waiting to be placed. Some people experiencing homelessness said more help for persons convicted of felony offenses who want to get jobs would be especially helpful. The City of Norman noted that it refers convicted felons and sex offenders through a warm hand-off to Oklahoma City partners who offer services and work closely with the City of Norman. However, with only one full-time staff person until very recently, the City of Norman has had challenges to staffing and communication.

> "[There is a] lot of paperwork and requirements. There could be assistance to shorten and make faster"
>
> — *Focus group participant*

When people experiencing homeless were surveyed and asked what would be most helpful to them, in addition to transportation (73%) and help paying rent (65%), 39% would like help accessing public benefits, 35% indicated they need help with health care or medicine, 33% needed mental health services, 22% wanted help finding jobs, and 8% would benefit from legal assistance.

Recommendations

- Expand effectively coordinated countywide street and encampment outreach.
- Ensure existing outreach teams provide access to housing-focused case management, Coordinated Entry, HMIS, public benefits enrollment and other critical housing-focused resources.
- Coordinate interdisciplinary outreach teams comprised of a mix of staff from different disciplines - street medicine, social work, nursing, housing navigation – to build trusting relationships, provide medication management, and help with document readiness.
- Consider funding and staffing a mobile outreach van program that includes medical, behavioral health, and housing navigation services and can access people experiencing unsheltered homelessness and homelessness outside of urban areas.
- Develop a peer support program as part of an interdisciplinary approach that trains and uses peers with lived experience of homelessness for street outreach and system navigation.
- Deepen housing-focused emphasis and programming at locations where people experiencing homelessness regularly access.
- Ensure staff trained on housing-focused approaches and housing navigation are available at crisis shelters, health centers, day centers, transit centers, and library.
- Expand intensive case management supports for housed individuals with high needs. Include as part of the planned job description for case managers time to conduct street outreach.
- Establish a shared community-wide understanding across all homelessness service providers of best practices for implementing housing-focused approaches, including housing-focused training and case planning.
- Strengthen coordination with mainstream resources such as legal aid, credit repair services, public benefits advocacy and appeals, workforce development and community volunteers.
- Emphasize provision of supportive services and case management to complement hotel/motel vouchers.

Recommendations

- Evaluate and revise salaries and benefits for case managers to ensure that Norman/Cleveland County can recruit and retain qualified staff.
- Work with State and local systems to ensure there is adequate communication and planning in place to prevent discharge into homelessness and/or provide services to those who are discharged.

Transportation to Employment, Services, and Shelter

Many of the services and housing options in the region are concentrated in certain parts of the county. These resources are often inaccessible for people experiencing homelessness who live outside of those areas. The lack of affordable, reliable public transportation between areas is a significant barrier for low-income households and people with disabilities living in Norman/Cleveland County. It also restricts the viable locations for creating new housing resources for people who are low income or experiencing homelessness and who need to be near transit centers and services.

> "We don't have transportation to begin with – the bus that runs to where I live only runs half-way there – so I have to get off and walk a half mile to get home."
>
> *— Focus group participant*

Across the board, stakeholders identified transportation as a significant issue in the County. Providers and focus group participants both identified the lack of transportation as a key challenge for people trying to end their homelessness. It poses barriers to finding and maintaining employment and to accessing needed services and assistance. Some shared that transportation exists to get to the main downtown supportive services and shelters, but that transitions from other services were not supported by the current public transportation system.

> "Transportation to connect to services for those outside of Norman is very hard for those experiencing homelessness from Moore, Noble, Lexington, etc."
>
> *— Survey respondent*

There are some situations where the lack of transportation is particularly acute. Stakeholders mentioned that releases from correctional facilities occurred from sites that are not on the transportation line at all. And even when they are on the transportation line, discharges from the criminal justice system and the state hospital often happen during hours where the system is not running. Other stakeholders shared that when people are sheltered by using motel/hotel vouchers, the areas where the hotels are located have no public transportation access. Additionally, some of the apartment complexes where service providers are helping to place people who are homeless have no bus stops nearby.

> "I have no health insurance and no transportation, so my body usually feels exhausted when trying to get to important appointments."
>
> *— Focus group participant*

For people who need to access case management, behavioral health, and health care, a lack of transportation access creates a barrier to services. When people cannot access transportation, they are unable to make their appointments, which usually require them to be in-person at the organization providing the services. Service providers and outreach workers spend considerable time transporting

clients to appointments, but significantly more transportation support is needed to help people get to appointments and access benefits and services.

Focus group participants said that it was difficult to learn the bus system schedule if they did not have a smart phone, which many of them did not. They also identified the transportation system as one place where they had experienced discrimination, with one individual sharing that they rode a bus to an appointment and upon return from the appointment, the bus driver refused to stop at the location downtown near the shelter, telling them that they had already been on the bus too much that day.

Twenty-three percent of community members who participated in the community survey identified transportation challenges as one of the top three barriers to addressing homelessness. However, people with lived experience were surveyed and three out of four people experiencing homelessness indicated that transportation assistance would be the most helpful service provided.

A majority of people experiencing homelessness who responded to the survey indicated that if money were not an issue, a bad location that was either unsafe or where there was lack of transportation would be a barrier to accepting a housing placement. When asked what services would be the most helpful, nearly 100% said transportation. This aligned with the feedback from the focus groups.

Recommendations

- Develop a comprehensive transportation strategy in partnership with local transit authorities that considers the transportation needs of people experiencing homelessness.
    - Convene additional focus groups of people experiencing homelessness, people recently housed, people living in permanent and transitional housing sites, and people living in public housing in the City of Norman, as well as in outlying areas throughout the County to better understand their needs.
    - Develop a coordinated transportation plan that ensures all individuals experiencing homelessness can affordably and reliably access services and supports.
- Create a program/expand existing programs that provide(s) discounted or free transit passes to people experiencing homelessness to ensure transportation is affordable, especially once the pre-COVID-19 fare structure is reinstated
- Consider developing a subsidized ridesharing program or creating a van service for individuals experiencing homelessness/recently housed.
- Provide visible, easily accessible information about transit schedules that does not require a smart phone or access to the internet.
- Work with health care providers to enable transportation to and from medical appointments.

Recommendations

- Develop uniform decision-making guidelines for outreach teams providing assistance with transportation.
- Set up and identify locations where personal belongings may be stored and where pets and service animals may be cared for while individuals access services and resources.

Coordinated Prevention Assistance

Living without stable housing, even briefly, is a traumatizing experience, and many never recover from the physical, emotional, and financial impacts. By preventing homelessness, Norman/Cleveland County can help individuals and families avoid the economic, social, mental, and physical challenges that result from homelessness – often at a much lower cost than it takes to serve people after they lose their housing.

Effective prevention requires having adequate safety net services in place to address needs before they escalate to crises. Prevention involves adequate cross-sector collaboration, including with schools, the child welfare system, public health/emergency rooms, mental health care facilities, public benefit programs, etc. It also includes increased awareness and attentiveness to housing stability as well as effective transition and/or discharge planning. Systems should work together to ensure that individuals are effectively connected to mainstream resources to reduce the risk of homelessness.

> "We are not preventing enough. I am not aware of any prevention resources that are being pursued."
>
> — *Survey respondent*

Many people who are experiencing homelessness come from households living on the economic margins who routinely face choices between housing and meeting other basic needs, which are households unable to accumulate a savings cushion. Of the people experiencing homelessness who were surveyed, more than two out of three respondents said they needed help paying rent. Of the stakeholders surveyed, close to 65% somewhat or strongly agreed that they or someone they knew had been concerned about finding an affordable place to live. Over 70% somewhat or strongly agreed that many people in their community could be just one or two unforeseen circumstances away from becoming homeless. Prevention programs are necessary to counteract this prevalent instability and prevent a housing crisis from escalating further into homelessness.

> "Often people are right on the brink who can be helped and that doesn't happen as there are no prevention resources."
>
> — *Stakeholder*

> "Prevention funds are scarce to come by… to help people not fall back into homelessness."
>
> — *Survey respondent*

Prevention programs currently exist within Norman/Cleveland County that are addressing some of this need; however, stakeholder interviews along with the data reviewed demonstrate that this area is under-resourced given the level of need. HUD Emergency Solutions Grant (ESG) funding can be used for prevention assistance and is tracked through the CoC's HMIS. There are other prevention programs in the community that are not tracked through HMIS. The CoC allocates approximately $170,000 in ESG funding to Food and Shelter and Thunderbird Clubhouse to provide prevention and diversion services, including housing relocation and stabilization services, short and/or medium-term rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair as necessary to prevent the individual or family from becoming homeless. In addition, other programs are trained to provide diversion assistance through conflict resolution and problem-solving conversations.

Despite programs having limited or in some cases no prevention resources, stakeholders, and individuals with lived experience of homelessness reported that the service providers are able to effectively help many households prevent homelessness. In addition, there are also faith-based organizations in the area that provide prevention services. During the height of the COVID-19 pandemic, the United Way of Norman created a COVID-19 relief fund to help keep families in their homes with rental assistance. HeartLine is the area's 211 service, which connects callers to area resources, including any available prevention resources.

Despite these efforts, the CoC's Fiscal Year 2020 System Performance Measure that measures how many people become homeless for the first time each year showed that 265 individuals entered the homeless system of care who had not been in the system before (or had not been in the system for at least the 24 months prior). This indicates that the current resources are still not meeting the existing need.

Recommendations

- Involve philanthropy, service organizations, and the faith community in supporting critical initiatives, such as public engagement campaigns, and raising funding for flexible housing, risk mitigation funds, and volunteers.
- Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.
- Continue to leverage prevention and diversion programs to allow the system to reserve limited beds in shelter and housing programs for those that need additional support to regain housing.
- Establish a coordinated homelessness prevention and problem solving (homelessness diversion) system to help people at high risk of homelessness remain housed. Expand on the work being done in CCM and CoC Board planning meetings.

Recommendations

- Emphasize established prevention system protocols for identifying, prioritizing, and serving households at risk of homelessness. Use HMIS/CES data and provider input to identify characteristics of at-risk households
- Align resources for prevention and identify gaps in availability of crucial resources per individual ESG policies in Written Standards.
- Provide regular training for all stakeholder partners in problem solving conversation techniques, including all access and outreach points.
- Establish a monitoring protocol, including a field in HMIS to identify households who fall into homelessness for the first time, and to track impact of interventions.
- Strengthen partnerships with criminal justice, child welfare, and health care systems to coordinate support people at high risk of homelessness to avoid discharges into homelessness.
- Increase support for formerly homeless households with intensive service needs to attain long-term housing stability.
- Expand access to income, including employment and benefits, for people experiencing homelessness and recently homeless households.

Robust Data Collection and Analysis

Sound decision-making and evaluation of outcomes both require access to reliable, valid data. Without access to such data, decision makers do not have the proper basis to make informed choices necessary to guide planning processes, prioritize resources, or evaluate and measure performance in a manner designed to increase the likelihood of preventing or ending homelessness. In addition, key funders—including state and federal governments—rely on data collected through the Point-in-Time count and System Performance Measures, to allocate limited resources. It is imperative that CoCs develop and implement policies, procedures, and systems to ensure that quality information is contained within the HMIS. The responsibility extends to every HMIS-participating agency to commit the resources necessary to collect and contribute timely data accurately.

"Data quality" refers to the reliability and validity of client-level data as collected and maintained within the community's HMIS. Where data quality is high, it will accurately reflect the circumstances of persons experiencing homelessness in the real world, enabling CoC leadership to make the decisions necessary to improve the overall system of care and impact the lives of individuals and families in a positive manner.

The City of Norman is the HMIS Lead agency for the City of Norman/Cleveland County CoC. To ensure that data meets appropriate quality standards, HMIS Lead Agencies — with input from stakeholders, including all HMIS-participating agencies — typically develop Data Quality Plans that are formally

adopted by the CoC as a whole. Data Quality Plans establish expectations for both the community and end users to capture reliable, valid data on persons accessing the homeless system of care, which:

- Identify the responsibilities of all parties within the CoC that affect data quality;
- Establish specific data quality benchmarks for timeliness, completeness, and accuracy;
- Describe the procedures that the HMIS Lead Agency and HMIS System Administrator will take to implement the Plan and monitor progress to meet data quality benchmarks; and,
- Establish a time frame for implementation to monitor the quality of data on a regular basis.

> "There is really good system in place [the VI-SPDAT] but it's not clear that it's being followed."
>
> — *Survey respondent*

The quality of data is determined by assessing the (1) timeliness, (2) completeness, and (3) accuracy of the information. In addition to addressing these three core determinants of quality, Data Quality Plans also include provisions related to (4) monitoring and (5) incentives/enforcement. Data Quality Plans should be developed as part of a community-wide discussion, in order to generate stakeholder buy-in and ensure that the data itself will meet the needs of the CoC.

Currently the CoC does not have its own Data Quality Plan, but the City of Norman/Cleveland County CoC works with Information Services of Oklahoma (ISOK) as their HMIS System Administrator. To help participating agencies succeed and ensure that their CoC partners meet the high standards necessary to successfully accomplish its work, ISOK developed a "Sharelink HMIS Policies and Procedures Manual." The Manual includes a data quality section. Within the data quality section, the Manual lists the core minimum standards for data quality, timeliness, and completeness. The data quality section is incorporated into each of the City of Norman/Cleveland County CoC agency's memorandum of agreement (MOA) with ISOK, which every agency that joins HMIS must sign.

Throughout the Gaps Analysis process, it was determined that several challenges and barriers exist in gathering and maintaining accurate, timely data within Norman/Cleveland County's system of care. Many participating agencies reported that they do not have an adequate number of resources to input HMIS data in a timely and accurate manner. In some cases, they over-rely on the HMIS Lead and, to a lesser extent, the System Administrator to enter or correct data. The practice appears to be commonly accepted throughout the CoC. However, the further removed data entry is from real-time – from when and how events occur – the less likely it is to be accurate, especially if it is being entered by an entity other than the one working directly with individuals and families.

It is important that all stakeholders have a shared commitment to ensuring that the CoC obtain and preserve good quality data so that the CoC can understand who they serve, whether they are succeeding, how and when to make changes, as well as to ensure compliance with funders to maintain or increase resources to do the important work.

It appears, however, that there is a lack of understanding by some staff and organizations about the importance of data quality and about some of the fundamental aspects of the HMIS system and required HUD reporting. The HMIS System Administrator provides regular training to HMIS partner agencies, but that may not be sufficient to ensure that the CoC is meeting the highest data quality standards expected by HUD.

The CoC has a Data Committee that is charged with overseeing aspects of how data is collected and maintained. However, it is unclear if and how the Committee evaluates and monitors performance and whether they truly can incentivize or enforce data quality within the CoC. Additional clear roles and responsibilities around data quality could serve as an incentive to full HMIS data participation.

CoC processes currently supporting data quality include:

- Each participating HMIS agency must sign an MOA that incorporates data quality requirements, including timeliness and completeness, into the agreement.
- All HMIS users are required to receive initial training which includes entering the HUD universal and program specific data entry elements.
- Prior to COVID, quarterly and as-needed HMIS training were offered to both new users and as a refresher to existing users in the City of Norman/Cleveland County. In addition, the training was provided monthly at the Homeless Alliance in Oklahoma City with invitations to Norman agencies. The full CoC membership receives these invites and are aware of the mandatory training staff must have to comply with HMIS standards.
- Prior to COVID, there were monthly data quality meetings where the City of Norman HMIS Lead met with participating agencies. Each quarter ISOK, the HMIS System Administrator, also provided a Q&A session during the meeting to provide answers to agencies' particular questions and issues. The sessions also included instruction on running and reviewing federal reports generated by HMIS. All HMIS participating agencies were required to attend the meetings.
- Since COVID, the CoC has held at least two HMIS training sessions per month, which are offered online. The trainings are open to both new users and to users seeking refresher training. The CoC also offers online training videos that cover HMIS data entry that can be accessed in each of the HMIS' tabs.
- ISOK corresponds with HMIS-participating agencies one-on-one to answer questions on data entry, correction, requirements, reporting, grant requirements, etc. ISOK has significant interaction with each HMIS participating agency on a monthly/quarterly basis. They also offer HMIS reporting training every other month to assist staff with reporting responsibilities.

There are also opportunities for the CoC to use the data collected for HUD to help improve systems overall. The CoC can utilize and analyze the data to ensure their programs are meeting the needs of individuals and families experiencing homelessness and housing insecurity in the community. The CoC currently uses data as needed when making decisions using annual data or CES data when making recommendations to the CoC Board or Governance Committee. However, in addition to this type of data-based decision-making, regular performance and evaluation should occur.

The Data Committee should regularly assess the CoC's System Performance Measures (SPMs) and design custom local performance measures that may be more responsive to various issues in Cleveland County or within the City of Norman. For example, one common CoC performance and evaluation plan might include:

- Bi-annual in-depth project-level assessment during the CoC Program competition and as a mid-year check-in to help projects and the CoC make adjustments as needed.
- Quarterly SPM check-ups to help the CoC be responsive to new trends (i.e., an increase in first time homelessness or a decrease in income) and to take steps to address them promptly; and
- Incorporate the use of longitudinal system analysis (LSA) data into data reports.

There are some systems in place to ensure data participation and data quality in the CoC. More can be done to ensure that data is timely, complete, accurate, and used to improve the performance of the CoC.

Recommendations

- Revise data quality standards and develop a more robust, clear, and transparent CoC "Data Quality Plan" that establishes expectations for both the community and end users to capture reliable, valid data on persons accessing the homeless system of care. A formal CoC Data Quality Plan will:
    - Enable more formal and structured data quality policies and procedures with incentives and enforcements;
    - Clarify that that data quality is the responsibility of the agencies of the entire CoC and not only a City of Norman and/or ISOK;
    - Establish specific data quality benchmarks for timeliness, completeness, and accuracy;
    - Describe the procedures that the HMIS Lead Agency and HMIS System Administrator will take to implement the Plan and monitor progress to meet data quality benchmarks; and,
    - Establish a time frame for implementation to monitor the quality of data on a regular basis.
- Revitalize the CoC's Data Committee with a clear mandate and expectations. The Data Committee should:
    - Oversee HMIS data quality;
    - Expand HMIS bed coverage;
    - Oversee ISOK's regular efforts to train, monitor, and oversee participation in the HMIS, including data quality, and
    - Develop, monitor, and oversee system performance measures.
- Reevaluate PIT count methodology, especially with respect to the chronic homeless status of residents in emergency shelter and unsheltered situations.
- Review data entry and data quality requirements for HMIS-participating homeless service providers to improve local understanding of the scope of chronic homelessness in Norman/Cleveland County.
- Develop and deliver appropriate training and support resources (including technical assistance) to all HMIS-participating agencies.
    - The CoC should be prepared to support agencies to adopt internal policies, procedures, and practices as necessary to ensure the development of high-quality data
    - The CoC should work through the Data Committee to draft and deliver new training and support resources required to carry out the new Data Quality Plan.

Recommendations

- If data quality metrics are not met, require agencies to participate in additional training and ascertain what additional support and resources those agencies need

- Develop data quality benchmarks. The Data Committee should incorporate into the CoC's own detailed manual baseline benchmarks and provide regular updates to each HMIS-participating agency on the current progress toward the specific data quality benchmarks established in the CoC Data Quality Plan at an agency, program, and individual user level.

- Develop incentives and establish a monitoring structure. Once the Data Quality Plan has been drafted and adopted with benchmarks and timelines, the CoC should implement appropriate incentives and establish a monitoring structure to regularly assess the collection, entry, and quality of the data contained in the HMIS. Examples include:

  - Regular review;
  - Public reporting and recognition (i.e., monthly report cards);
  - Corrective Action Plans;
  - Continue scoring incentives in funding competitions (projects with highest data quality more likely to receive funding); and
  - Funder-imposed sanctions (Collaborative Applicant/Administrative Entity report to funder – possible suspension of funds, etc.).

- Seek out additional resources for HMIS to subsidize license costs and consider a program to sponsor agencies based on need to make HMIS participation more financially accessible to a diverse range of stakeholders. Consider requiring organizations that want to place their clients in housing to participate in HMIS if a subsidy is available.

- Produce aggregate data reports, at least quarterly, which can provide public information about the numbers of people being served by the homeless system of care and/or placed in stable housing, including demographic information.

- Evaluate, track, and implement training and program modifications to address any disparities in system access and service provision for special subpopulations, including for people of color, non-English speakers, and persons who identify as LGBTQ+. Improved data quality will allow for more robust analysis of potential racial and ethnic disparities among the homeless population to inform policy decisions as the City and CoC work to address any systemic inequities.

Coordination and Communication to Ensure Effective Use of Limited Resources

One area where improvement could make a difference in the effectiveness of the homeless system of care without a large investment of resources is coordination and communication within the CoC and between the CoC and the broader community. As previously discussed, there is a wide variation in terms of how people feel about the existing structure and efforts to address homelessness within the CoC, the City of Norman, and the broader system of care in the region; however, the vast majority of people who participated in the gaps analysis were passionate about addressing homelessness and finding solutions.

> "There needs to be more direction in the CoC, and the Board needs to have a clear role for all the partners. A voice for the CoC Board is needed."
>
> — *Stakeholder*

Within the CoC there is a core group of organizations providing emergency shelter, housing, and supportive services. Community meetings are advertised in paper, online, and on social media. Enhancing that work, some CoC members undertake outreach for people living unsheltered throughout the community and in encampments. The City of Norman/Cleveland County have a significant number of active organizations that engage with the CoC; however, there are also community-based organizations and advocacy organizations working to support homeless individuals and/or to end homelessness who are not part of the CoC's more formal efforts. As coordination and partnership expands, data confidentiality is one key area that must be addressed.

> "Communication is good in the inner circle, but not good communication with all the others who are not part of the CoC but still working with the [homeless] community."
>
> — *Stakeholder*

Generally, those who are a part of the CoC feel positive about local efforts – including weekly Coordinated Case Management meetings to discuss the by-name list, as well as formal and informal regular efforts to coordinate and collaborate across organizations – and are hopeful about the ability of the CoC to continue to reduce homelessness. However, there is not consensus amongst the active CoC groups about how to work best with the broader community. Moreover, because funding from the CoC and private partners is limited, there is some competition for resources that impacts organizations' abilities to collaborate with one another.

Amongst the critiques, stakeholders shared that there is insufficient transparency about the activities of the CoC, that the community could benefit by broadening the circle of organizations who coordinate efforts, that more outreach and information is necessary for people experiencing homelessness, and that public misperceptions about homelessness exacerbate the community tensions. Most commonly CoC stakeholders felt that additional community engagement was necessary to overcome these issues.

> "There are obviously a lot of people who care who are trying to help. We just need to make sure we are communicating with one another and building systems of care that are sustainable and do not just offer a small group of volunteers who are over extended."
>
> — *Survey respondent*

At the same time, most agencies can improve their coordination efforts so that the City and CoC have the information needed to update the broader community on homeless efforts. A few stakeholders shared that they are not always aware when partner organizations have staff turnover or hold relevant events. These things may be posted on an agency's website, but often are not shared.

CoC Transparency

A number of stakeholders lauded the communication between active CoC members but expressed concern that there was not adequate communication between the CoC and the other groups working in the homeless system of care, as well as the public at large. People shared that the lack of transparency made it more difficult to get community support for the efforts the CoC pursues. They mentioned that an area that was still fairly opaque was the City of Norman processes around homeless funding. Certain funding streams have allocation processes that are determined by the regulatory framework of the funder, such the Emergency Solutions Grant and Continuum of Care Programs. In both cases, the CoC is the body that makes the funding determination, and the City of Norman acts as the facilitator of the competition. A transparent, public process is required to maintain that funding. However, both those programs have fairly complex requirements so stakeholders or community members who are unfamiliar with these funding streams may find the processes somewhat difficult to understand and navigate in the beginning. Other homeless funding administered by the City of Norman, including General Fund and the Community Development Block Grant program, all have public processes to review and award funding.

> "Community meetings should be held to help us understand the impact of homelessness on not only individuals, but the community itself."
>
> — Survey respondent

Another area that stakeholders felt could be improved was the flexibility and openness to feedback from CoC leadership. They felt that the internal processes were generally good, but that when there was constructive criticism from the broader community, the CoC would benefit from more dialogue, open mindedness, and flexibility for trying different strategies. The City of Norman shared that they plan to work out a respectful, meaningful way to have a dialogue that will also prevent individual staff from feeling targeted.

A number of stakeholders mentioned a divide between the City of Norman and some members of the community, recognizing that it needs healing, time and attention; that there are specific agencies and organizations that also need to do work on that front.

Some stakeholders did not understand why the work around homelessness was happening more at the city level. They wondered why more resources were not being distributed amongst the nonprofit providers to undertake the activities, rather than have those resources be housed at the City of Norman.

Broaden Engagement and Knowledge of Homeless Service Providers

While the community has established a strong foundation for coordinated partnerships between providers through the Continuum of Care, greater investment and collaboration is needed by jurisdictional and system-level stakeholders to collectively achieve shared goals.

There is a group of CoC members and stakeholders who meet weekly who collaborate, cooperate, and coordinate to support one another and people experiencing homelessness. However, there are other organizations that work in the arena who are not involved in the CoC and who are not engaged in the coordinated efforts. Stakeholders felt there was a gap between the two different groups and that efforts could be made to bridge the divide and broaden participation in the CoC. CoC members also expressed a desire to increase participation in the CoC and connect with organizations that currently were not actively involved in the CoC. Confidentiality is one key area that must be addressed as broader coordination efforts are developed.

> "In order to make any sort of change in the community, the right kind of people need to be at the table. Every stakeholder from faith-based agencies to law enforcement, from city official[s] to parent[s] from the community. They all need to be part of the coalition, to provide input, and help strategically plan strategies to prevent or reduce the risk of homelessness."
>
> *— Survey respondent*

Stakeholders noted that the City of Norman/Cleveland County is a small area and that "everyone tends to know each other" who works in this sector. These personal connections and relationships can facilitate further collaboration and partnership but can also cause some underlying friction. Many stakeholders recognized that there are some tensions with local advocates and the City. A frequently cited example by both persons with lived experience and providers was that one advocacy group warned persons experiencing unsheltered homelessness not to use the warming shelter that was run by the City of Norman despite it being the only low-barrier shelter and the only one with availability during some inclement weather last season. Others noted that there can at times be a divide between the faith-based and the non-faith-based community that makes it more challenging to collaborate community-wide.

> "There is a friction between the faith-based communities and the non-faith-based organizations that has prevented more effective collaboration."
>
> *— Stakeholder*

Some stakeholders questioned whether policies and protocols around the by-name-list, the prioritization process, and Housing First were being followed as diligently as they should be. Currently the by-name list is sent to all CoC partners weekly. Trainings on the by-name-list protocols for all CoC staff is conducted on a regular basis. Similarly, all CoC partners should participate in the weekly by-name-list meetings. Organizations need to timely respond to requests to report data about clients to ensure that the list is current and reflects the best information available to partners.

Stakeholders also noted that it would be beneficial to do renewed best practice trainings and open them up to all interested parties from the homeless system of care, including those not traditionally involved in the formal CoC. Trainings that are currently available to partners include, Housing-first/low-barrier implementation, trauma-informed care, motivational interviewing, and in-services to help staff know the

right time to reach out to legal aid or get involved before a household might get evicted. CoC stakeholders also suggested the possibility of conducting formal facilitated discussions between CoC providers and interested community partners.

Another issue that came up was the uneven geographic distribution of housing and services. Most of the available shelter beds and supportive services are concentrated in the City of Norman; however, other areas in the county, such as Moore, were identified as having additional needs. The City of Moore is engaged in the CoC, which handles referrals from Moore. Unfortunately, there are currently no services offered in Moore at this time.

Ensuring that CoC resources are equitably distributed and that entry into the system is available throughout the geographic area are important considerations for the CoC for the future.

> "I find it interesting that in most communities that things happen at the county level – lots of other communities that things are happening at the county – why is that not happening here? In those places it is happening at the state level too. Would love to see more of that in the [Cleveland] community."
>
> — *Stakeholder*

Participants also raised the question about the participation of Cleveland County in addressing homelessness and within the CoC. Stakeholders shared that the Sheriff's office participates in Coordinated Entry for the population they serve, but that the County could play a greater role providing mental health and substance use services and collaborating generally on homelessness.

Outreach for People Experiencing Homelessness

When asked about what can be improved, a number of stakeholders noted that they would like to see more engagement with the community, educating them about the CoC's services. They indicated that providing more robust resource information to the community at large, including community members, community-based organizations, and faith-based organizations, would help provide a baseline understanding of the services that are available to help connect individuals in need of services.

There have been public engagement events and public meetings offered to the broader community, particularly before the COVID-19 pandemic. In 2019, the CoC hosted over 60 different public events at library conferences, public schools, assisted living establishments, area businesses and other venues, with little to no attendance from organizations and individuals outside the CoC. Given that response, additional types of outreach efforts may be needed, and perhaps the release of the Gaps Analysis can be leveraged to engage the community.

> "It seems as if we don't get enough responses to what our care or concerns are."
>
> — *Focus group participant*

It does appear from the focus groups that there are individuals experiencing homelessness who are unaware of the breadth of housing and services that are available in the City of Norman/Cleveland County. Additionally, one stakeholder noted that most of the surrounding areas outside of the City of Norman offer minimal services and people in those communities lack information about what is available in the City. An agency also reported that when they go to the west side of the City to provide services, most of the people they serve are not aware of what the wider community has to offer.

During focus groups, participants were asked how they first found out about shelter and services and where to get help. Most participants shared that they learn about where to get help by word-of-mouth from other people experiencing homelessness. Once people are connected to services, they frequently learned about other organizations through the providers they interacted with. However, few identified the source of information being the CoC or Coordinated Entry. Similarly, when people with lived experience of homelessness were surveyed about how they find help when they need it, most people said word of mouth, while a handful of said they found information about shelters from the internet or Google.

> "If organizations had more information about other organizations. Better community ties and communication between organizations."
>
> — *Focus group participant*

A gap that became apparent was that there is not sufficient information for people experiencing homelessness about the broad array of help that is available. This applies not only to housing navigation or case management, but also to assistance with document readiness, job skills and life skills training, negotiating landlord relationships, accessing benefits, etc. In one of the focus groups, a participant acknowledged that they slept outside a shelter for days that was full because they were not aware of the warming shelter that had availability nearby.

Some people experiencing homelessness strongly suggested that the community could benefit from a peer-support model, where people formerly homeless provide assistance, could build trust, and had knowledge of what people were going through. Some had experience with similar programs in other communities and highly recommended it as a model.

Educating the Public on the Causes and Challenges of Homelessness

Homelessness is growing and there are many myths and misconceptions around why people are homeless and the programs and services that work best in solving the problem. Rising costs of housing, combined with wages that are not keeping pace, are among the main causes of increasing rates of homelessness. A deeper understanding of homelessness and its solutions will strengthen community support for critical next steps, as well as help begin the process of resolving some of the persistent confusion surrounding this issue within the community.

> "There is a great deal of public education that can take place in recognizing that there is no one solution in addressing homelessness."
>
> — *Stakeholder*

Community survey respondents were asked to identify the biggest roadblocks that prevent Norman/Cleveland County from ending homelessness. Amongst the top reasons, more than one in three respondents felt that "negative stereotypes about people experiencing homelessness" was one of the biggest roadblocks to ending homelessness.

There is also disconnect in both service providers and the broader community that many people do not want help even when it is offered. Some stakeholders shared that building a better understanding of the trust needed and supportive services required to be able to support people once they are housed could help the broader community understand the need for longer term, more intensive services for them to transition to stable housing.

Many of the community members surveyed, especially those who do not work with people experiencing homelessness and/or do not know someone who have experienced homelessness, had the perception that people experiencing unsheltered homelessness do not want to be housed.

Other stakeholders surveyed and interviewed who work within the homeless system of care reported that, in their experience, the requirements attached to some housing programs, such as income requirements, identification documents, employment, sobriety, and mandatory service participation (i.e., required chores, meetings, etc.), can act as a barrier for unsheltered individuals, especially those who are chronically homeless and experiencing severe mental illness. Several interviewees expressed the belief that reducing barriers in housing and creating additional low-barrier opportunities would increase the likelihood of housing many of the currently service resistant unsheltered population. Other CoC members noted that they were working hard to place clients with housing challenges through a one client at a time approach, recognizing that removing barriers does not happen overnight.

> "We need to shift the attitude in our community of people thinking those who experience homelessness are lazy or choose to be there. We need to educate people in the community to understand that the nuances of mental health and substance abuse conditions that lead to homelessness are complex and profound. We need to encourage awareness and compassion."
>
> — *Survey respondent*

Individuals who were currently experiencing homelessness in the area or who had recent lived experience provided further in sight on these issues. The vast majority of unhoused survey participants said they would be interested in any housing if it were available. Focus group participants shared a deep interest in being housed. When asked why they felt there was still a significant population of individuals living unsheltered, the most common answers were untreated mental illness, the barriers within existing programs (i.e., no pets or partners allowed, sobriety, identification requirements, inadequate storage, etc.) and the lack of access to market rate rentals, including inequitable treatment from landlords and others based on their homeless status, race/ethnicity and/or gender.

> "There are a lot of myths about homelessness…With the general public there is a feeling of – they are homeless because they want to be so why should we spend time and effort on them. [That is the] prevailing…attitude."
>
> — *Stakeholder*

There will always be some individuals who are unsheltered who persist in being resistant to offered housing, supports and other interventions. In many cases, long-term client-centered outreach utilizing principals of harm-reduction and trauma-informed care are needed to develop trust and build relationships before progress can be made, particularly where they have long histories of homelessness or have serious mental illness. Peer outreach and multi-disciplinary teams, including individuals with mental health expertise and others with tangible supports, such as nursing, medication support, etc. can be particularly useful in establishing the needed connections.

Recommendations

- Create formal mechanisms to support transparency about the CoC to the broader community. They might include:
    - A dedicated comprehensive website that represents the CoC
    - A weekly column in a local newspapers or e-newsletter
    - A calendar of events published on the City of Norman's website, a new CoC website, and/or in local newspapers.
- Agencies will need to contribute relevant information
    - A quarterly insert with a list of services available for information and referral with contact information.
    - Profiles of people with lived experience who have been helped by the CoC that can be shared with newspapers, on the CoC website, the City of Norman's website, and in other locations to highlight success stories, that complements what is already occurring through partner organizations.
    - Continue to provide updates at least quarterly of CoC activities at the Ad Hoc Committee on Homelessness, CoC meetings, and published on the CoC website with performance data.
- Include success stories, challenges, key policy decisions, allocations, announcements of new staff, available resources, housing opportunities, etc. on the CoC website, the City of Norman website, at the public library, and other public places frequently visited by individuals experiencing homelessness.
- Continue posting Point-in-Time Count/System Performance Measure/Data Quality reports on the CoC website, the City of Norman website, and other CoC-participating agency websites.
- Involve philanthropy, service organizations, and the faith-based community in supporting critical initiatives such as public engagement and education campaigns, raising funds for the flexible housing and risk mitigation funds, and volunteer opportunities.
- Undertake a community engagement campaign that includes landlords, people recently housed, the business community and other leaders.
- Establish a lived experience advisory board, comprised of people currently experiencing homelessness or with recent lived experience who can provide feedback to the CoC and be involved in policymaking and allocations processes within the CoC.
- Provide a leadership coach to staff of the City of Norman to help facilitate interactions with community members that are highly critical of the work of the CoC

Recommendations

- Create and fund peer-based supportive services that recruit people with lived experience to participate in the CoC by providing services and navigation support to people who are currently homeless.
- Develop resource materials and educational information that can be available online and distributed at the public library, at transportation sites, and other places where people experiencing homelessness or at risk of homelessness can learn more about the variety of organizations and services in the community.
- Create a communications campaign to improve public understanding of homelessness and the local response and to promote dialogue and collaboration:
    - Develop educational materials and training opportunities
    - Disseminate and publicize the Gaps Analysis, using the process as an opportunity to increase community-wide understanding of the causes of homelessness and the characteristics of the homeless population in the area and to promote dialogue about potential solutions
    - Host a community forum reviewing the key findings of the Gaps Analysis, gather feedback on proposed solutions, and focus on building consensus around action steps
    - Update survey takers and interviewees on key findings
    - Use Gaps Analysis as a platform to develop long-term strategic action plan and to move community towards collective action
- Include introductory information about homelessness when collecting community feedback, hosting townhalls, holding hearings, or having large meetings related to homelessness to ensure shared understanding of the issue and help preemptively respond to potential questions.
- Conduct a year-round Citywide campaign addressing common myths about homelessness and celebrating progress:
    - A consistent and comprehensive campaign over time that stresses how homelessness is an issue that impacts everyone can be an effective way to build support for new projects and increase visibility of current interventions being implemented. Humanizing the issue with specific stories and experiences, in addition to empirical data can be effective
- Create a publicly facing dashboard or scorecard that shows progress towards identified goals of services offered, people assisted, or people placed into housing

CONCLUSION

There is a tremendous amount of work happening throughout the City of Norman/Cleveland County to prevent and end homelessness. Through the Gaps Analysis process, strengths and achievements as well as potential areas for growth were identified. Seven key gaps were identified, each with tailored strategies for response: safe and affordable housing; low-barrier housing and day services; supportive services; transportation; prevention; data collection and analysis; and coordination and communication.

In each of the seven focus areas there is an extensive set of recommendations that the community can consider for adoption or improve existing efforts, as the process moves forward into developing an action plan to build out the programs, services, and systems changes presented in this analysis.

The next stage in the process is to share the Gaps Analysis with CoC partners, nonprofit organizations and other service providers, city and county officials, business leaders, neighbors, and individuals experiencing homelessness. There will be opportunities for interested stakeholders to discuss the recommendations and give input on what each would like to see prioritized and developed into specific action steps to be adopted by the CoC and the City of Norman.

Not all the proposed solutions can be implemented at once and each has differing levels of anticipated effort and impact. Additionally, many of these recommendations build off existing programs and resources or current efforts to improve the system while others will require new resources or creative new solutions. By working together to identify the most promising and timely solutions and match resources and partners to those efforts, the region can begin to lay the foundation for future success.

At this time, the region can and should reflect on the great work that has already occurred in the community over the past ten years and come together in this moment to consider action steps to better prevent and reduce homelessness and preserve the quality of life in the City of Norman/Cleveland County for all residents moving forward.

APPENDIX A: GLOSSARY OF TERMS

Annual Performance Reports (APRs)	Annual Performance Reports (APRs) are reporting tools that HUD uses to track program progress and accomplishments and inform the Department's competitive process for homeless assistance funding.
At Risk of Homelessness	At risk of homelessness is defined by the U.S. Department of Housing and Urban Development (HUD) as an individual or family who has unstable housing and inadequate income and resources to prevent them from becoming homeless.[22]
Behavioral Health	Behavioral health describes the connection between a person's behaviors and the health and well-being of the body and mind.[23]
"By-Name" List	The by-name list is a complete and inclusive list of every person experiencing homelessness in Norman/Cleveland County. It includes information collected and shared with the individual's consent like their name, history, health considerations, and housing needs.
Case Management	Case management includes assessment, planning, facilitation, care coordination, evaluation, and advocacy with people experiencing homelessness. Staff work with individuals and families to address their comprehensive needs to help them exit homelessness and stay housed.
Chronically Homeless	A person is chronically homeless who has been homeless for at least a year, either 12 months consecutively or over the course of at least 4 separate occasions in the past 3 years. To be chronically homeless, the individual or head of household must also have a disability.
The City of Norman's Ad Hoc Committee to Address Homelessness	The City of Norman's Ad Hoc Committee to Address Homelessness, is a committee of the City Council that was formed to develop a plan and strategies for addressing homelessness in the region.

[22] *See 24 C.F.R. § 576.2 for complete definition of "at risk of homelessness" under the Emergency Solutions Grant Program.*
[23] *See https://www.cdc.gov/pcd/issues/2020/20_0261.htm*

Community Engagement	Community engagement is an essential and important component of homeless response activity. Centering a homeless response system's work around people with lived experience of homelessness means that the homeless response system has structures in place to ensure the direct participation from people experiencing homelessness in policies, strategies, implementation, and evaluation of the homeless response system. While there are many ways to engage people with lived experience in the homeless response system, often a formal structure such a Community Advisory Board or a Lived Experience Advisory Board that is comprised solely of people formerly/currently homeless, provides a vehicle for regular and meaningful engagement.
Community Development Block Grant (CDBG)	The federal Community Development Block Grant (CDBG) provides annual funding to states, cities, and counties to support housing and expand economic opportunities in communities. CDBG grants must benefit low- and moderate-income people, aid in the prevention or elimination of slums or blight and meet a need having particular urgency (urgent need).
Continuum of Care (CoC)	The Continuum of Care (CoC) is a group comprised of nonprofit organizations, service providers, and local government agencies that coordinates homeless services and homelessness prevention activities across a specified geographic area. Through the CoC application process, communities submit to HUD a consolidated application to fund homelessness assistance programs. Each CoC must establish a Board to act on its behalf. It may also appoint additional committees or workgroups to fulfill its responsibilities. The CoC must develop a governance charter to document all groups created to support the CoC and each group's relative responsibilities. A CoC's three primary responsibilities are: 1) Operating the CoC; 2) Planning; and 3) Designating and operating a Homeless Management Information System (HMIS).
Coordinated Case Management Committee (CCM)	A Sub-Committee of the CoC Executive Board comprised of CoC funded partners and key stakeholders in the community, all of whom are directly engaged with the housing process. Clients who are receive housing assistance through CCM also receive intensive case management based upon the principles of the Housing First philosophy. CCM is the appropriate pathway approved by the CoC Executive Board to advocate all clients for prioritization, timeliness for housing placements, and appropriate funding source.

Coordinated Entry System (CES)	The Coordinated Entry System (CES) provides a centralized approach to connect the region's most vulnerable homeless residents to housing through a single community-wide assessment tool and program matching system. CE processes, deployed across an entire community, make it possible for people experiencing or at risk of experiencing homelessness to have their strengths and needs quickly assessed (triage), and to be swiftly connected to appropriate, tailored housing and services within the community. People with the greatest needs receive priority for any type of housing and homeless assistance available, including permanent supportive housing, rapid rehousing, and other interventions.
Critical Time Intervention (CTI)	Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents. (https://www.criticaltime.org/cti-model/)
Drop-in Centers/Day Services	Day centers or day services offer showers, internet access, case management, housing navigation, and other supportive services during traditional daytime hours. In most cases these services are free.
Diversion	Diversion is an intervention designed to immediately address the needs of someone who has just lost their housing and has become homeless. Diversion is a client-driven approach. Its goal is to help the person or household find safe alternative housing immediately, rather than entering shelter or experiencing unsheltered homelessness. It is intended to ensure that the homelessness experience is as brief as possible, to prevent unsheltered homelessness, and to prevent stays in shelter.[24]
Emergency Shelter	Emergency shelter means any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for people experiencing homelessness in general or for specific populations of people in homeless situations.

[24] *National Alliance to End Homelessness.*

Emergency Solutions Grant (ESG)	Federal Emergency Solution Grants (ESG) provide grants by formula to states, metropolitan cities, urban counties, and U.S. territories for eligible activities, which generally include essential services related to emergency shelter, rehabilitation, and conversion of buildings to be used as emergency shelters, operation of emergency shelters, and homelessness prevention services. The specific five program areas that ESG funds are: street outreach, emergency shelter, homelessness prevention, Rapid Rehousing assistance, Homeless Management Information System (HMIS), as well as up to 7.5% of a recipient's allocation can be used for administrative activities.
Federal Poverty Guidelines	Federal Poverty Guidelines are issued each year by the U.S. Department of Health and Human Services (HHS). The guidelines are a simplification of the federal poverty thresholds and are used to determine financial eligibility for certain federal programs.
Green Zones	Green zones are areas in a community that prohibit individuals who have been convicted, received a suspended sentence, or a deferred sentence for a crime to live, either temporarily or permanently. Under state law, such individuals are prohibited from living within a 2000-foot radius of any public or private school site, educational institution, property, or campsite used by an organization whose primary purpose is working with children, a playground or park that is established, operated or supported in whole or in part by city, county, state, federal or tribal government, or licensed childcare center as defined by the Department of Human Service.[25]
Homeless Management Information System (HMIS)	Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
Homeless System of Care	A homeless system of care is another way of describing the Continuum of Care (CoC) and the network of partners who come together to work to support people experiencing homelessness or at risk of homelessness.
Housing Choice Vouchers (HCVs)	Housing Choice Vouchers (HCVs), formerly known as the Section 8 program, are long-term rental subsidies funded by HUD and administered by Public Housing Authorities that can be used to help pay for rent.

[25] *Offender Registration Information, City of Norman.*

Housing First	Housing First is a well-accepted, national, evidenced-based best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible. Housing First is an approach to connect households experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered on a voluntary basis to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.[26]
Housing-Focused Shelters	Housing-Focused Shelters (sometimes called "Navigation Centers") help people connect long-term solutions to homelessness and address the barriers that keep them from becoming housed. The goal is to help people exit homelessness as rapidly as possible. Once housed, people can work on the underlying challenges that undermine their stability. Housing-Focused Shelters typically offer: • Admissions policies that screen-in (not screen out) households, and welcome pets, partners, and possessions. • Minimal rules and restrictions that focus on safety (e.g., no weapons) and ability for people to come and go, with 24-hour operations. Rule violations that are addressed through case management and behavior modification, rather than termination of assistance. • Client-centered services tailored to support a household's ability to exit homelessness (e.g., job training, benefits enrollment), including voluntary, intensive case management geared toward helping clients obtain and maintain permanent housing as quickly as possible through a housing action plan. • Physical layout and aesthetics that include community spaces, outdoor spaces for pets, storage for possessions, mixed-gender dormitories that allow partners to request beds next to one another, and other design elements that promote a welcoming environment. • Staff with cultural competencies who treat residents with respect and dignity and caseloads that are kept small enough for staff to spend adequate time with each client. • Co-location of benefits eligibility workers, health care, Department of Public Health, and other services. Partnerships with programs such as meals-on-wheels can assist with providing food.

[26] *What Housing First Really Means, National Alliance to End Homelessness (NAEH), https://endhomelessness.org/what-housing-first-really-means/*

Housing Inventory Count (HIC)	The Housing Inventory Count (HIC) reflects the number of beds and housing units available on the night designated for the January PIT count that are dedicated to serve people who are/were homeless. The HIC provides data by program type and includes permanent housing beds and data on beds dedicated to serve specific sub-populations. The data often comes from HMIS and/or from service providers.
HUD Definition of Homelessness	The Department of Housing and Urban Development (HUD) has a specific HUD definition of homelessness that applies to the homelessness programs that the federal government funds. Under HUD programs, homelessness is defined as: people living in a place not meant for human habitation (such as an encampment, tent, or vehicle), emergency shelters, or transitional housing.
Landlord Incentive Program	Landlord incentive programs provide education and incentives to landlords to make it more likely they will rent to people experiencing homelessness. They can provide funding to support risk mitigation (compensating landlords if tenants harm their premises) and financial incentives that make landlords more likely to rent to people transitioning out of homelessness. Most programs include an education component and address racial inequities in voucher acceptance and access to housing.
Low-Barrier	Low-barrier shelters are emergency shelters that have removed most requirements/obstacles for entry into the program so that households are more likely go indoors to connect to services rather than stay on the street. For example, unhoused residents are allowed to bring their pets and possessions, to live with their partners, and do not have to exit the shelter each morning. They are not expected to abstain from using alcohol or other drugs, so long as they do not engage in these activities in common areas of the shelter and are respectful of other residents and staff.
McKinney-Vento Act	The McKinney-Vento Act is a federal statute that has a more expansive definition of homelessness than the HUD definition. The Act requires schools to track students experiencing homelessness. For public education programs tup through high school, homelessness includes people experiencing homelessness under the HUD definition, but also includes youth who are couch surfing or doubled-up (e.g., with multiple families sharing the same space).

Motivational Interviewing	Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change. (https://www.umass.edu/studentlife/sites/default/files/documents/pdf/Motivational_Interviewing_Definition_Principles_Approach.pdf)
Notice of Funding Availability (NOFA)	The Notice of Funding Availability (NOFA) is something that CoCs apply to every year through a competitive process in response to HUD's CoC Program Notice of Funding Availability (NOFA). After enactment of the annual federal Appropriations Act for the Fiscal Year, HUD issues a NOFA allowing all CoCs in the country to compete for funding. HUD awards CoC Program funding competitively to nonprofit organizations, states, and/or units of general-purpose local governments (often counties), collectively known as recipients. In turn, recipients may contract or sub-grant with other organizations or government entities (known as Subrecipients) to carry out the grant's day-to-day program operations. The NOFA requires that each CoC design, operate and follow a collaborative process to develop and approve of applications for funding. The CoC has to establish priorities for funding projects in its geographic area and determine if the CoC will file one comprehensive application for funding or more than one. Funding acquired through the CoC Program NOFA can be used to support: permanent housing (PSH and RRH); Transitional Housing; Supportive Services Only (SSO) (including coordinated entry); HMIS (available to HMIS leads only); and homelessness prevention (limited).
Permanent Supportive Housing	Permanent Supportive Housing (PSH) provides long-term housing with intensive supportive services to persons with disabilities. These programs typically target people with extensive experiences of homelessness and multiple vulnerabilities and needs who would not be able to retain housing without significant support.
Prevention	Prevention is a strategy intended to target people who are at imminent risk of homelessness (whereas diversion usually targets people as they are initially trying to gain entry into shelter).
Rapid Rehousing	Rapid Rehousing (RRH) provides rental housing subsidies and tailored supportive services for up to 24-months, with the goal of helping people to transition during that time period to more permanent housing.

Point-in-Time (PIT) Count	Every year, the Norman/Cleveland County Continuum of Care (CoC) conducts a "Point in Time" (PIT) count of people experiencing homelessness on a single night in January. The January PIT count provides the best data available on the size and characteristics of the homeless population over time.
Roles Within a CoC	There are many roles that communities fill in order to ensure the CoC functions well and effectively serves people experiencing homelessness. • CoC: Coalition of local government, nonprofits, and other stakeholders • CoC Board: The entity established to act on behalf of the CoC. It must be representative of relevant organizations and projects serving homeless subpopulations in the community. • Collaborative Applicant: A legal entity that is designated by the CoC to apply for annual NOFA funding on behalf of the CoC. The Collaborative Applicant also applies for planning funds on behalf of the CoC. Many CoCs delegate additional administrative tasks to the Collaborative Applicant. • HMIS Lead: A legal entity designated by the CoC to manage the day-to-day operation of the CoC's Health Management Information System (HMIS). • CoC Program Funding Recipients/Subrecipients ("programs" or "projects") • Workgroups or Committees: HUD requires the CoC to establish workgroups and/or committees to help carry out other activities of the CoC.
Seriously Mentally Ill	A person is seriously mentally ill if they have a mental, behavioral, or emotional disorder that leads to functional impairments that prevent people from accomplishing one or more activities of daily living.
Single Room Occupancy (SROs)	Single Room Occupancy (SROs) are units that provide single, low-income homeless individuals with housing in privately owned, rehabilitated buildings. Typically, HUD contracts with local Public Housing Agencies to rehabilitate residential properties and then provide rental assistance payments to landlords who rent the space to people experiencing homelessness. The HUD rental assistance lasts up to ten years. Owners are compensated for the costs of rehabilitation and maintaining the property, through rental assistance payments. The rental assistance is project-based, so it stays with unit and does not travel with the individual in the event that they move.

Street Outreach	Street outreach involves multi-disciplinary teams who work in streets or encampments to engage with people experiencing homelessness who may be disconnected or alienated from services and supports that are offered at an agency.
Substance Use Disorder	Substance use disorder is a disease that affects a person's brain and behavior that leads to an inability of the person to control the use of medications or drugs.
Supportive Services	Supportive services include assistance applying for benefits, mental health and substance use services, outpatient health services, information and referral services, child care, education, life skills training, employment assistance and job training, housing search and counseling services, legal services, outreach services, transportation, food assistance, risk assessment and safety planning (particularly for individuals and families experiencing domestic violence), and case management services such as counseling, finding and coordinating services, and monitoring and evaluating progress in a program.
System Performance Measures (SPMs)	System Performance Measures (SPMs) are a selection of criteria that CoCs report regarding system level performance that are used to determine CoC funding. SPMs are used to measure performance and CoCs use them to adapt or modify practices to better meet the needs of people experiencing homelessness.
Transitional Housing (TH)	Transitional Housing (TH) provides temporary housing accommodations and supportive services. While many households benefit most from direct connections to permanent housing programs such as RRH or PSH (which are often more cost-effective over the long term), transitional housing can also be an effective support. In particular, certain subpopulations, such as people fleeing domestic violence and transitional age youth, can meaningfully benefit from a transitional housing environment.
Trauma-Informed Care	Trauma-informed care is a practice that focuses on understanding and compassion, especially in response to trauma. The practice utilizes tools that empower people to work toward stability. It recognizes a wide range of trauma that can impact people experiencing homelessness; physical, psychological, social, and emotional trauma. It emphasizes the safety of both clients and providers.

APPENDIX B: STAKEHOLDER ENGAGEMENT

The organizations interviewed for the Gaps Analysis were:

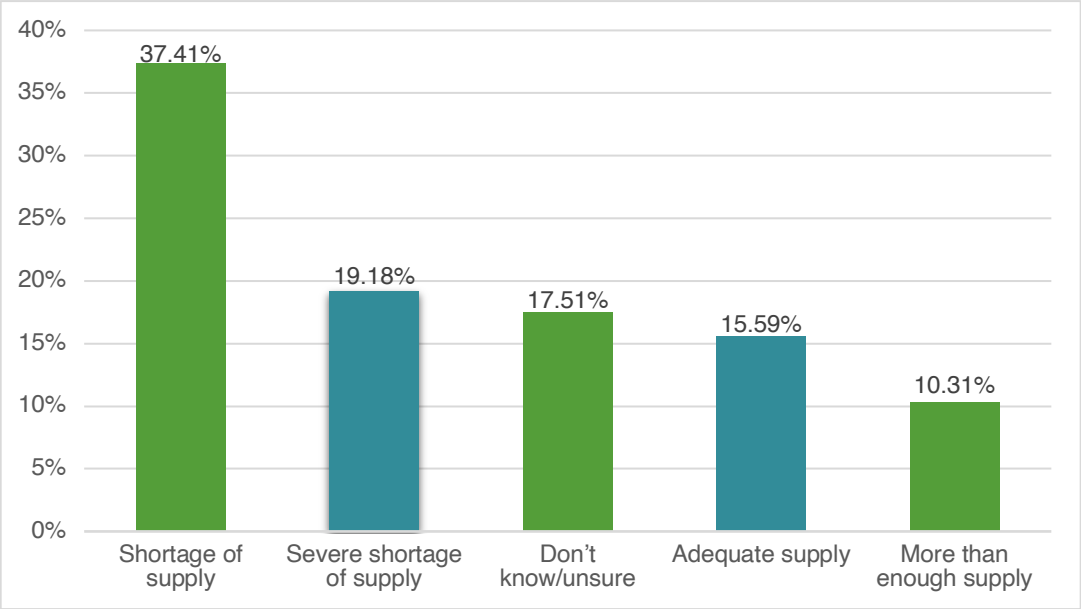
- Bridges of Norman
- Catholic Charities
- Central Oklahoma Community Mental Health
- The Chamber of Commerce
- The City of Norman
- First National Bank and Trust
- Food and Shelter
- The Homeless Alliance
- Hope Community Services
- The Norman Housing Authority
- The Norman Police Department
- Oklahoma Human Services Department
- The Pioneer Library System
- The Salvation Army
- The Social Injustice League
- Thunderbird Clubhouse
- Transition House
- The U.S. Veterans Administration
- The United Way

Focus groups included individuals and heads of households of families with lived experience or with recent lived experience of homelessness. The focus groups were held at the following locations:

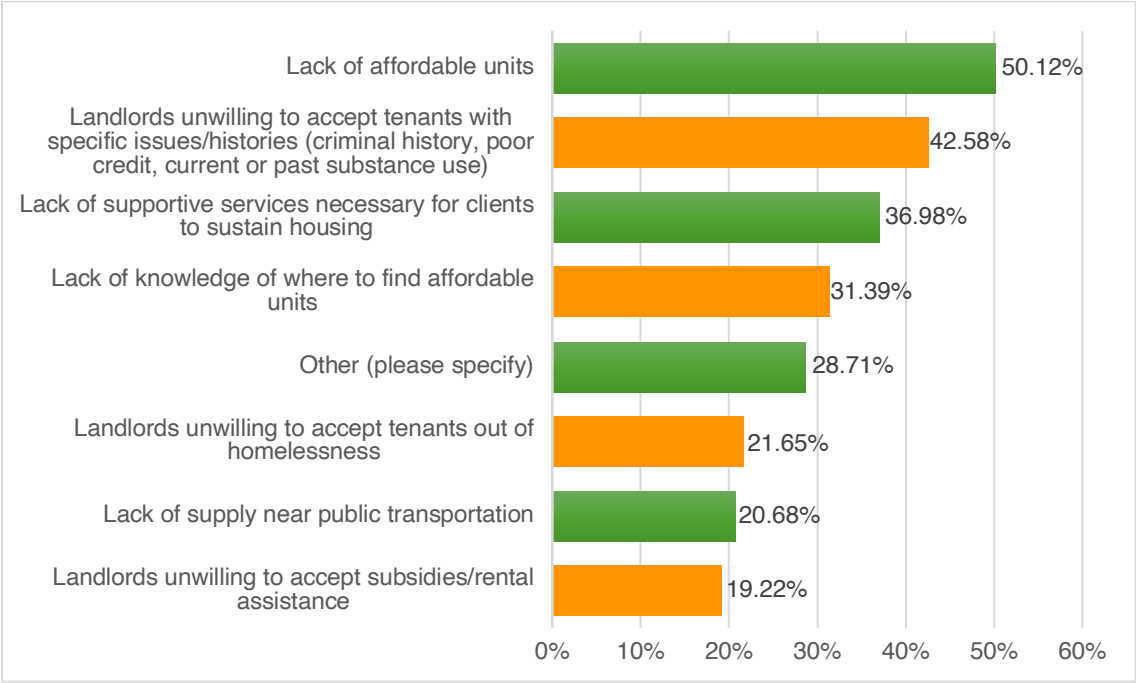
- Food and Shelter
- The Sanctuary
- The Salvation Army
- Thunderbird Clubhouse

APPENDIX C: COMMUNITY SURVEY (EXCERPTS)

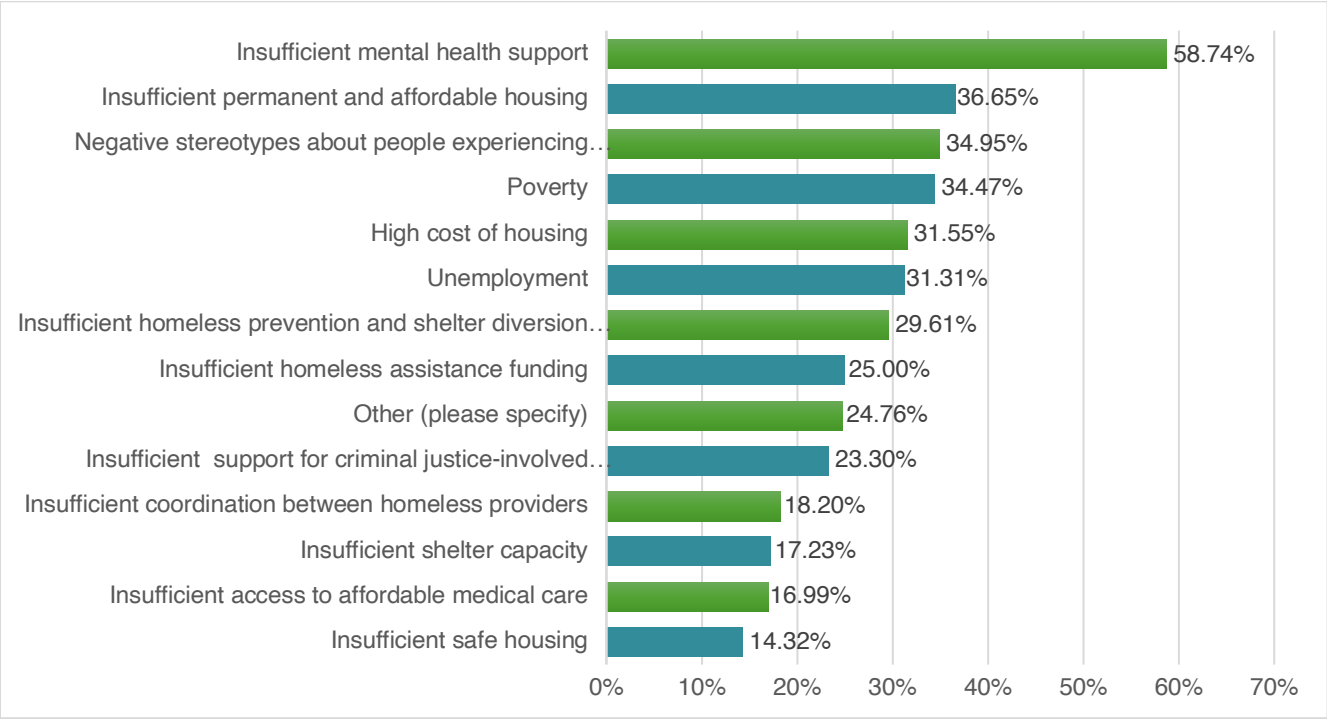
QUESTION 17. WHAT IS YOUR ASSESSMENT OF THE EXISTING SUPPLY OF HOUSING FOR PEOPLE EXPERIENCING OR AT-RISK OF HOMELESSNESS RELATIVE TO DEMAND?



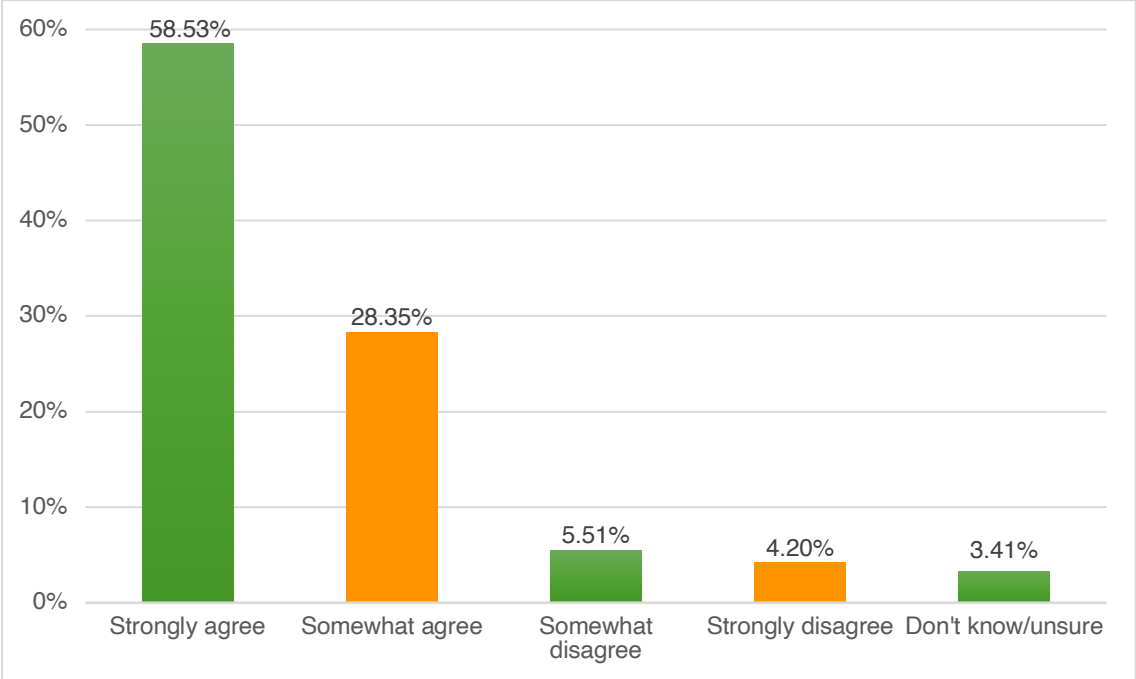
QUESTION 18. WHAT ARE THE GREATEST BARRIERS TO FINDING PERMANENT AND AFFORDABLE HOUSING FOR PEOPLE EXPERIENCING HOMELESSNESS IN CLEVELAND COUNTY?



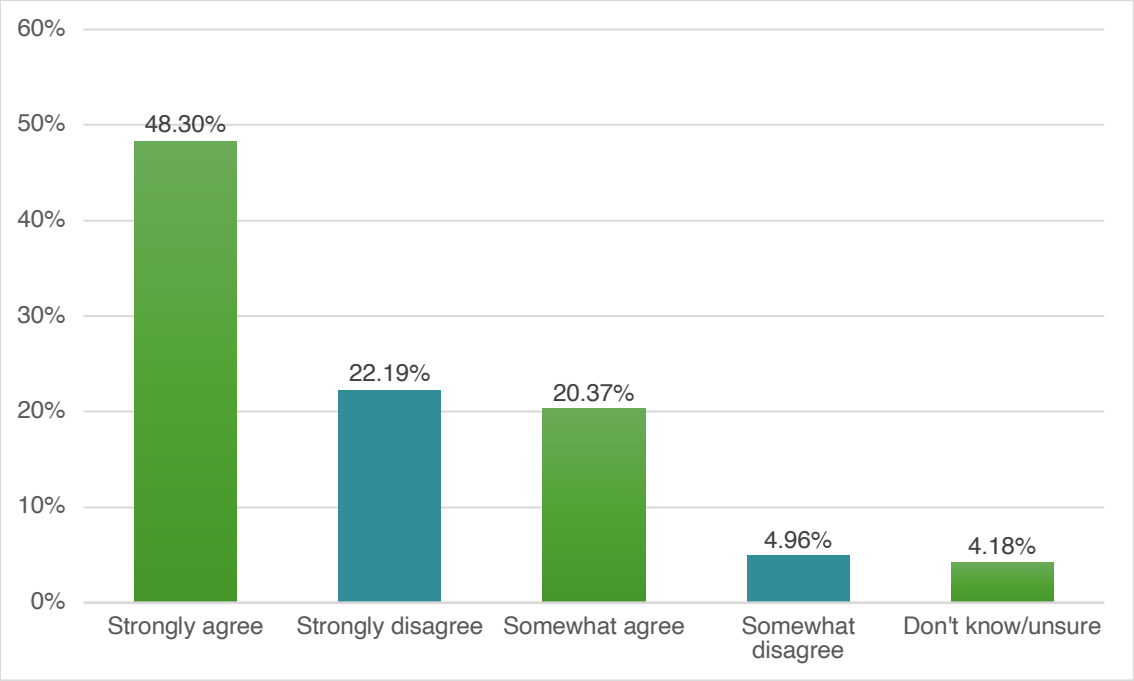
QUESTION 20. WHAT DO YOU THINK ARE THE BIGGEST ROADBLOCKS TO KEEPING CLEVELAND COUNTY FROM ENDING HOMELESSNESS?



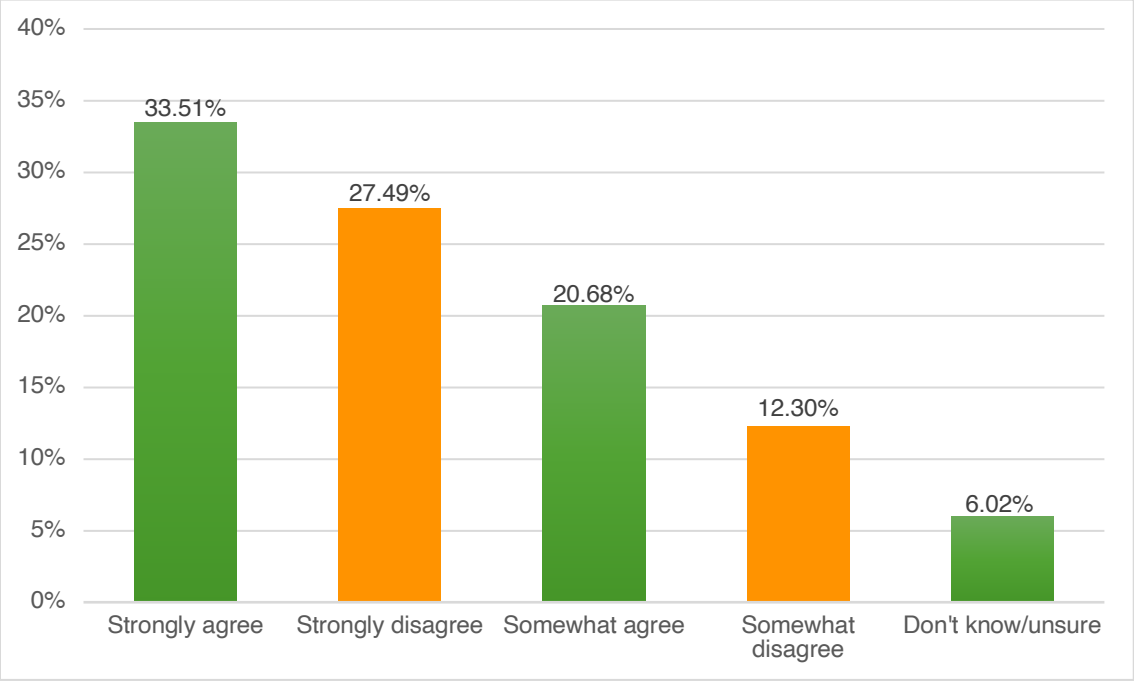
QUESTION 24: I BELIEVE IT IS POSSIBLE TO SIGNIFICANTLY REDUCE HOMELESSNESS IN CLEVELAND COUNTY.



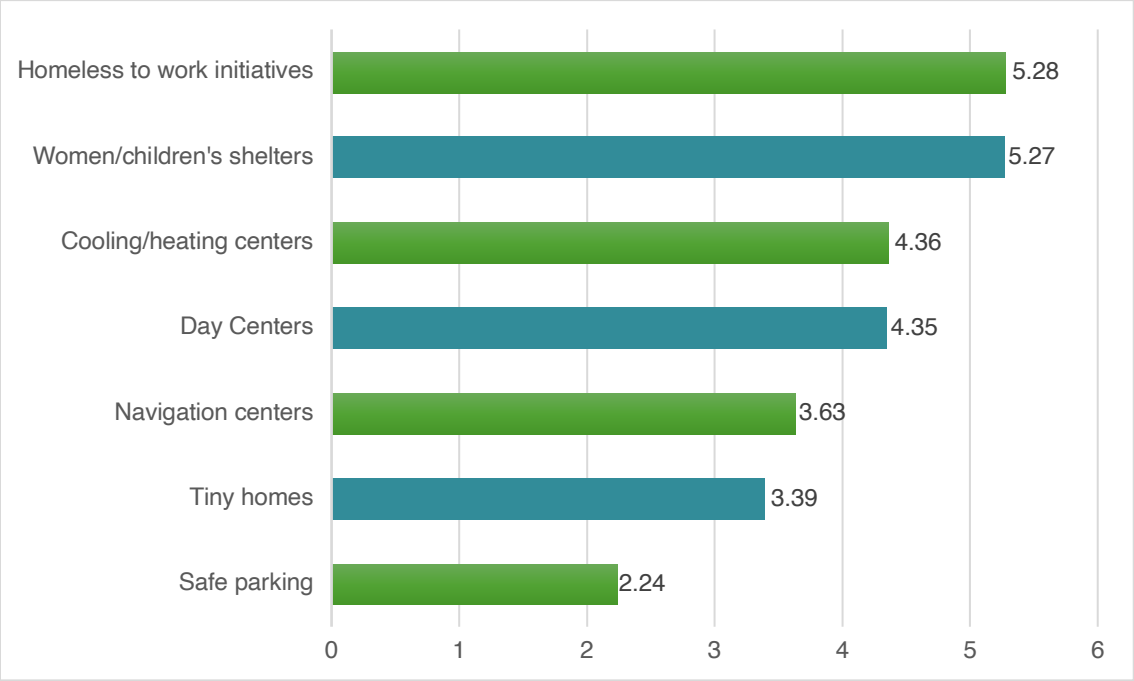
QUESTION 25: I WOULD SUPPORT FUNDING FOR NEW PERMANENT SUPPORTIVE HOUSING, (I.E. LONG-TERM HOUSING AND SUPPORTIVE SERVICES FOR PERSONS WITH DISABLING CONDITIONS)



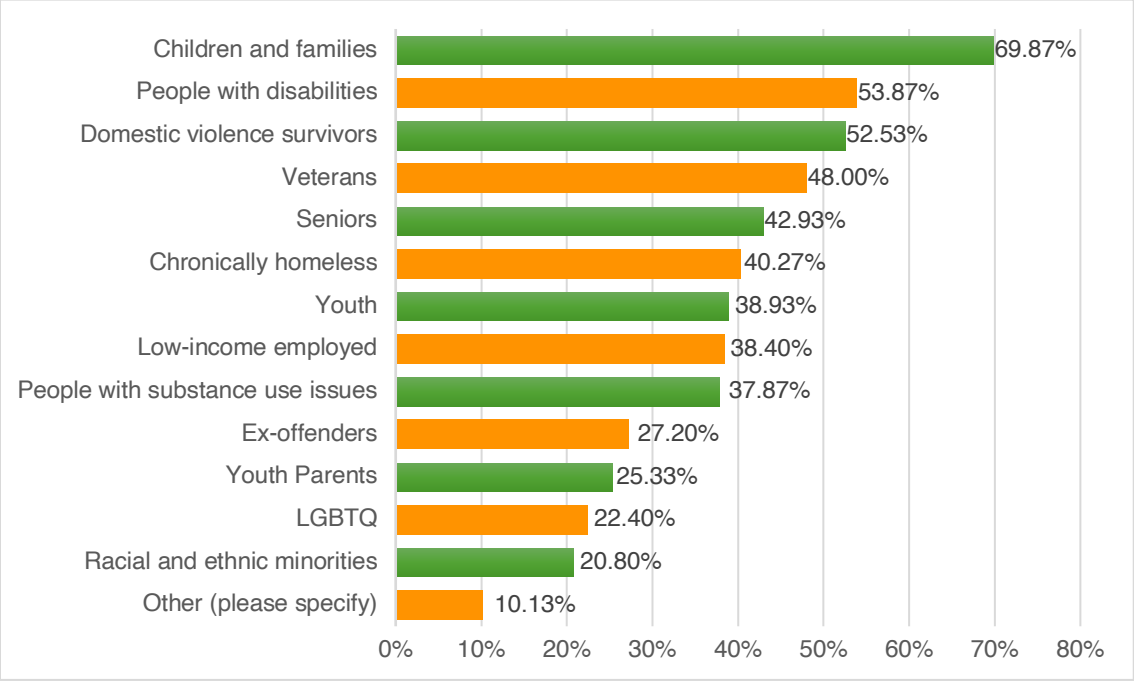
QUESTION 26: I WOULD SUPPORT FUNDING FOR NEW SHORT-TERM RENTAL ASSISTANCE WITH OR WITHOUT CASE MANAGEMENT.



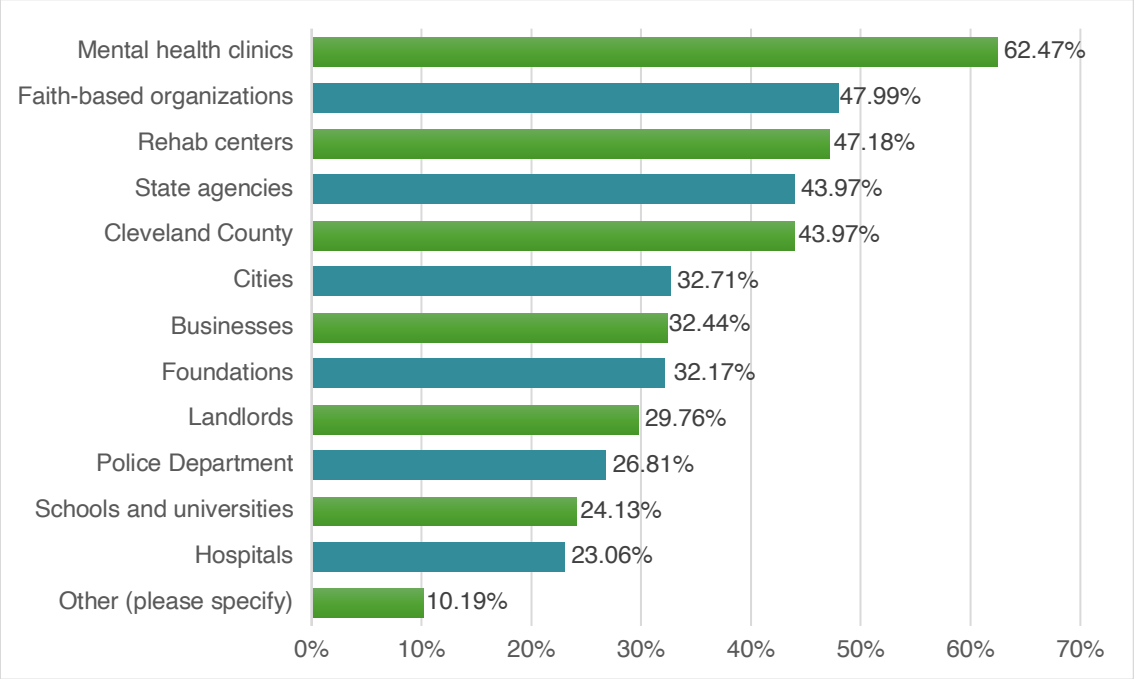
QUESTION 31: WHAT OTHER FACILITIES OR INITIATIVES WOULD MAKE THE BIGGEST IMPACT ON PEOPLE EXPERIENCING HOMELESSNESS IN CLEVELAND COUNTY? PLEASE RANK IN ORDER OF NEED.



QUESTION 33: WHAT POPULATIONS NEED IMMEDIATE ATTENTION IN THE RESPONSE TO HOMELESSNESS?

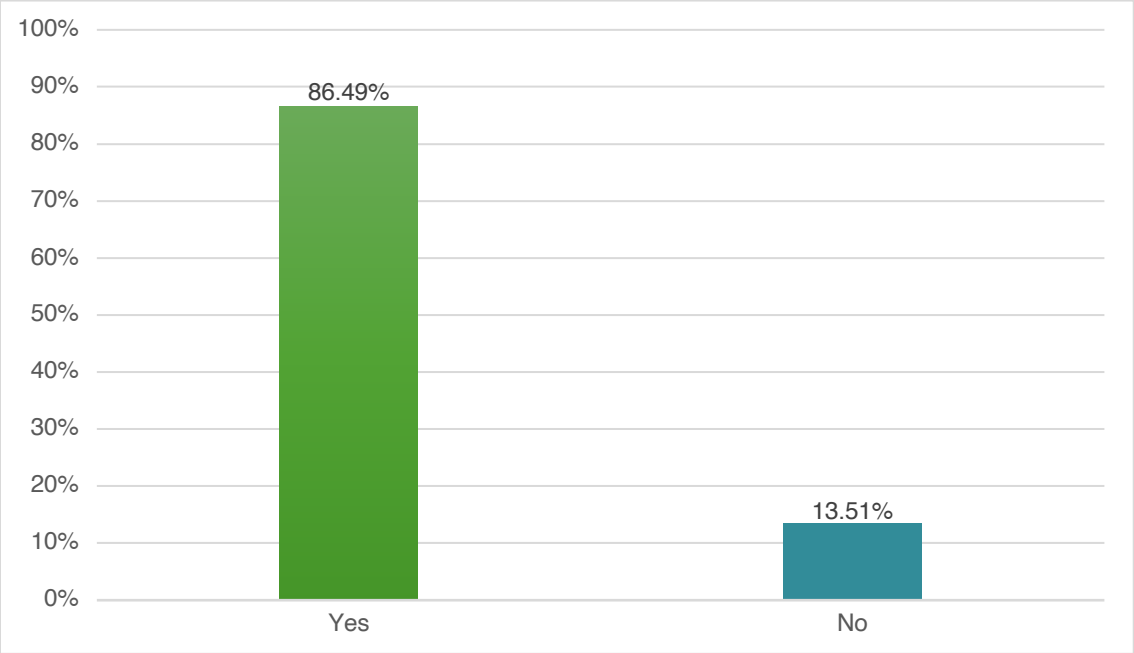


QUESTION 34: WHAT STAKEHOLDERS WOULD YOU LIKE TO SEE PLAY A BIGGER ROLE IN ADDRESSING HOMELESSNESS?

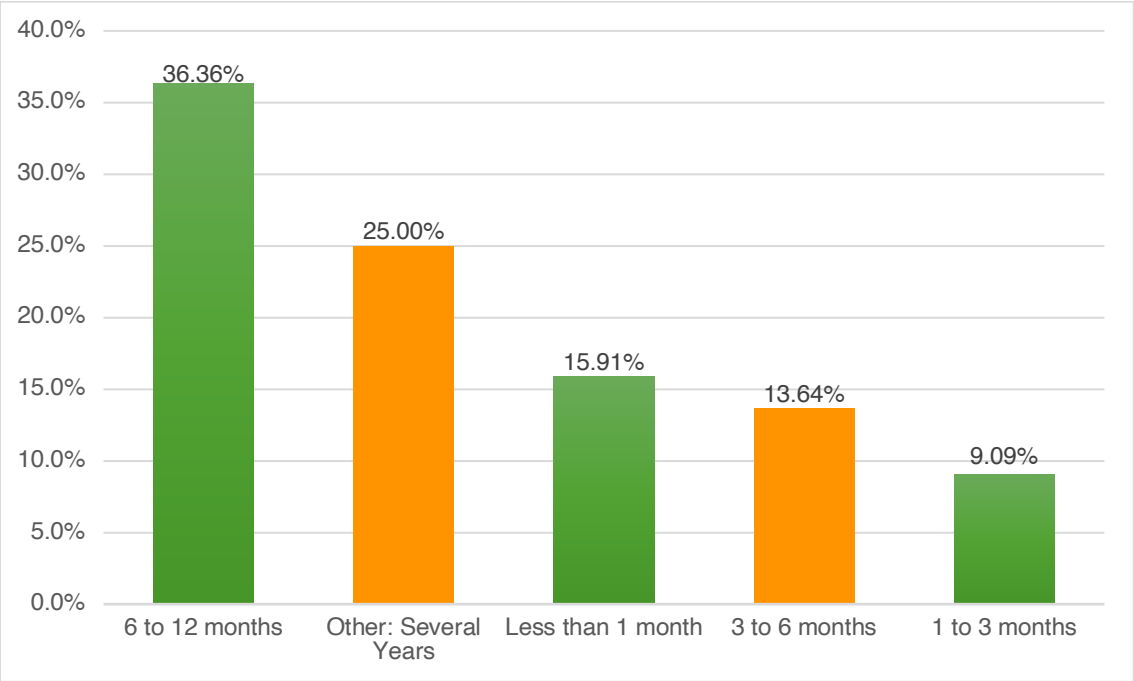


APPENDIX D: PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS SURVEY

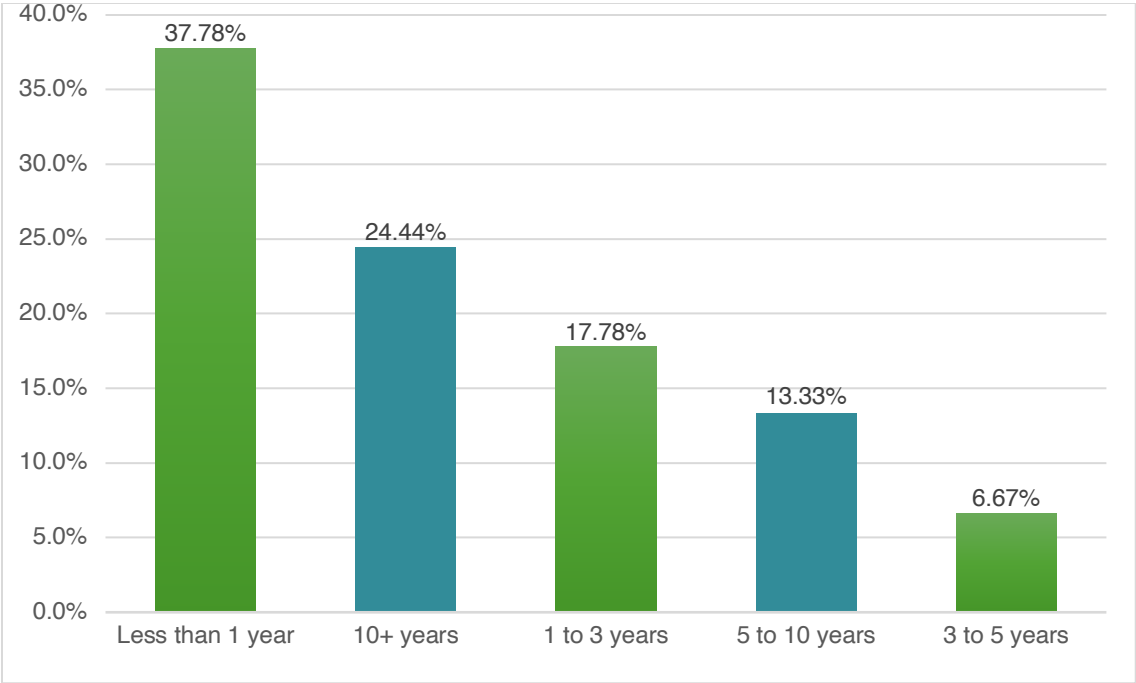
QUESTION 7: ARE YOU CURRENTLY HOMELESSNESS?



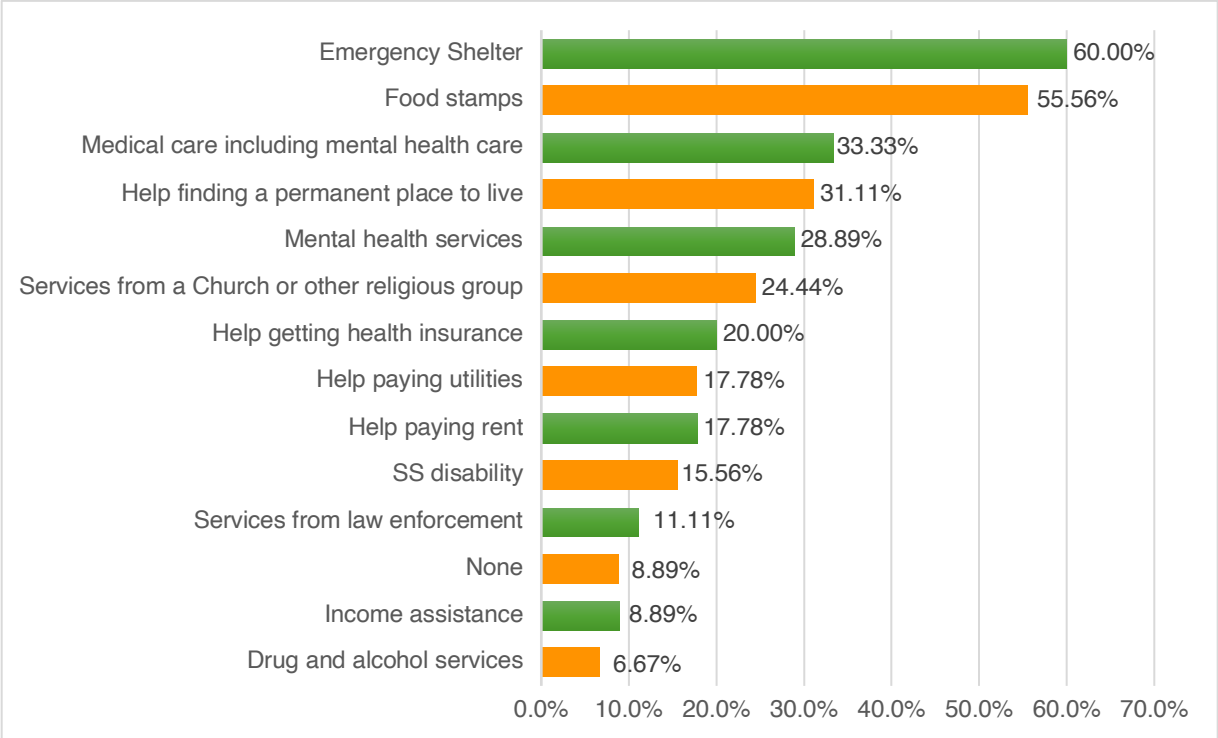
QUESTION 10: HOW LONG HAVE YOU EXPERIENCED HOMELESSNESS?



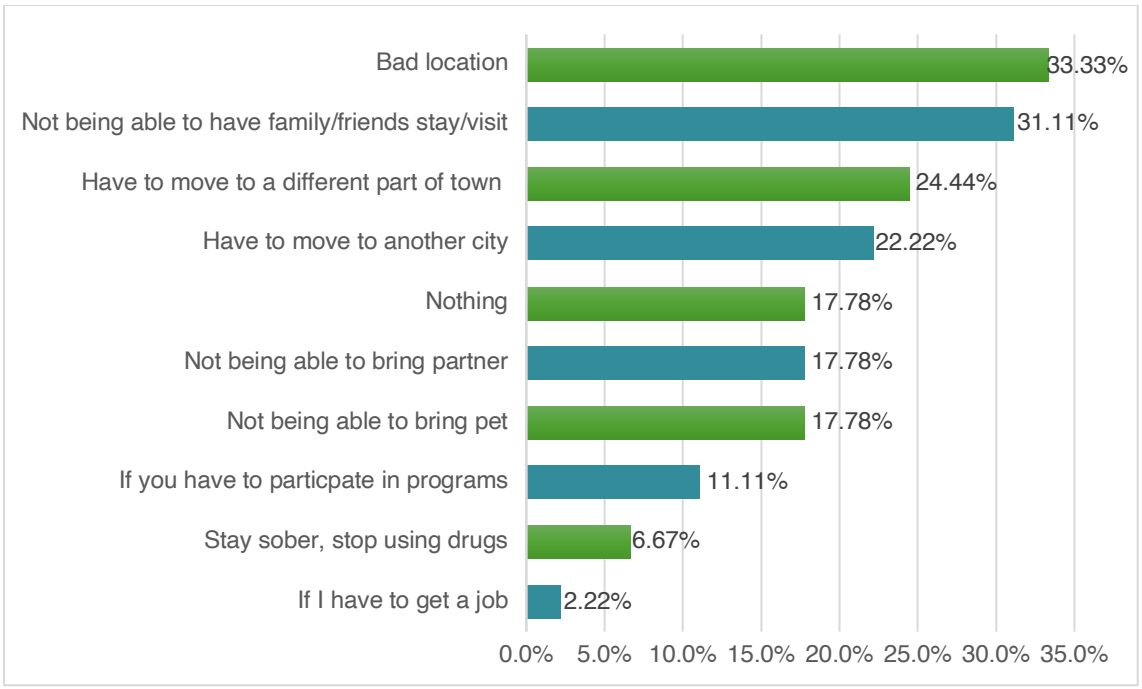
QUESTION 11: HOW LONG HAVE YOU LIVED IN CLEVELAND COUNTY?



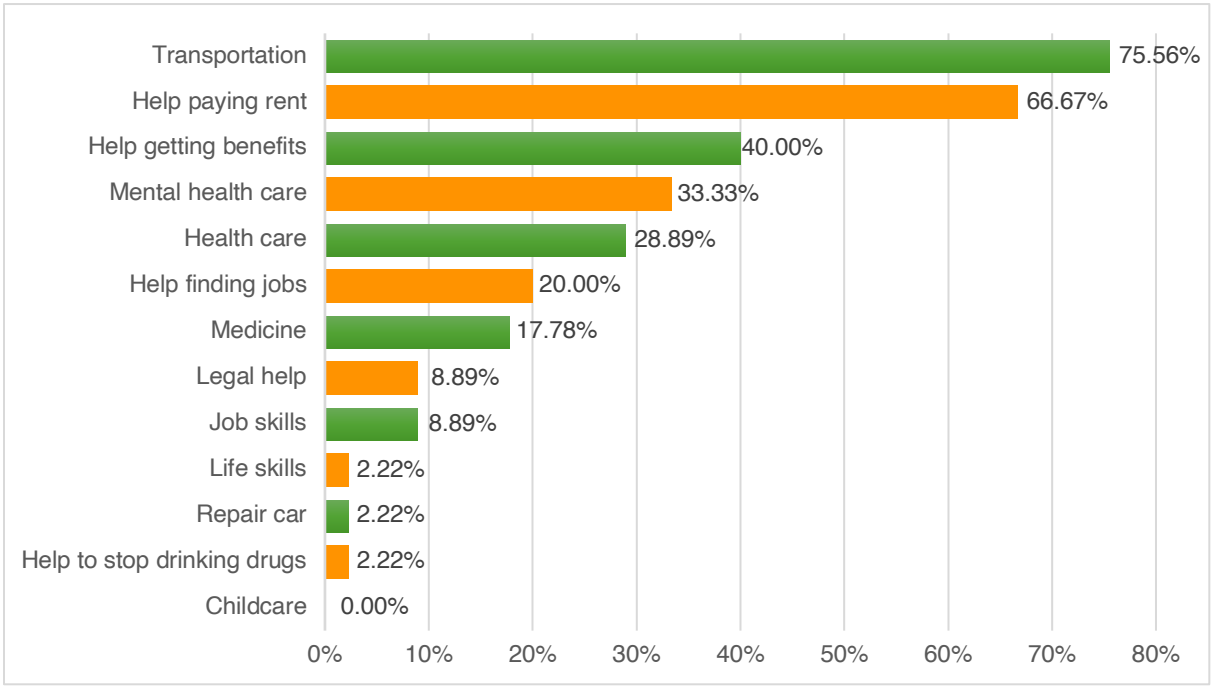
QUESTION 13: WHAT KIND OF HELP HAVE YOU GOTTEN FROM ORGANIZATIONS OR PROGRAMS IN CLEVELAND COUNTY?



QUESTION 16: IF YOU WERE OFFERED HOUSING TODAY AND MONEY WER NOT A PROBLEM, WOULD ANY OF THESE KEEP YOU FROM ACCEPTING IT?



QUESTION 17: WHAT KINDS OF ASSISTANCE WOULD BE MOST HELPFUL TO YOU?



Norman/Cleveland County
CONTINUUM OF CARE

Norman/Cleveland County Continuum of Care (OK-504)

Bridging the Gap: Action Steps to End Homelessness

Prepared for the Norman/Cleveland County Continuum of Care - by Homebase

February 2022

ACTION PLAN

The following Action Plan was developed after conducting a robust Homelessness Gaps Analysis, distributing and collecting data from a community-wide feedback survey, and convening two community-wide meetings. The Action Plan is intended to provide a roadmap to guide current and future planning by the Norman/Cleveland County Continuum of Care (CoC OK-504) in its efforts to prevent and end homelessness.

GUIDING PRINCIPLES

The following guiding principles should lead the planning efforts in Cleveland County.

HOUSING FIRST

An effective response to homelessness requires additional housing opportunities, first and foremost, and any housing (whether permanent, temporary, or emergency) should embrace the evidence-based practice of Housing First.

The Housing First approach centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services needed to maintain their housing. The premise of Housing First is that housing is a basic human right. The approach treats housing as a tool, rather than a reward, with supportive services offered as needed and on a voluntary basis. In addition to being a proven practice, a Housing First approach is consistent with what most people experiencing homelessness want.

INCLUDE EVERY VOICE

Communication and inclusive collaboration and coordination between and among the CoC, the Cities of Norman, Moore, and Noble, Cleveland County, and individual organizations and stakeholders – including both housed and homeless neighbors – is vital to success.

Working in silos is a natural result of individuals and organizations rising to the challenges faced by their neighbors and their communities. Limited resources, funding streams with varying administrative and reporting requirements, and different operating structures and leadership all contribute to the quilted landscape of housing and service providers in any community. Cleveland County is no exception.

No matter how compassionate and effective individual organizations and agencies are, when it comes to most efficiently using limited resources and best serving the most vulnerable members of any community, coordination is key. The more layered, well-informed, and comprehensive that coordination is, the greater a community's gains. Effective coordination is simply not possible without widespread, thoughtful communication and intentional, generous collaboration.

Collaboration and coordination is also required when it comes to resourcing the responses to homelessness. This plan assumes no one jurisdiction, provider, agency, or stakeholder group will be solely responsible for providing funding or other resources to implement the work. Rather, it is imperative that all stakeholders recognize the importance of investing in the

community's future, and also recognize that the investment will necessarily differ in both type and scope across jurisdictions, agencies, providers, systems, and other stakeholder groups.

PROMOTE A PERSON-CENTERED APPROACH

Promote a person-centered approach that is trauma-informed, empathetic and effective for those at risk of or experiencing homelessness. Creating a system that can provide customized responses to the immensely complicated circumstances that surround homelessness is administratively and financially challenging. But incorporating flexibility that allows for person-centered, individualized housing and services is vital to ensuring improved housing outcomes and overall well-being for individuals, families, and the community as a whole.

GOALS, STRATEGIES, AND ACTION STEPS

The community-wide process identified three overarching goals for the CoC:

	**Goal 1: Secure a Housing Future for All Residents of Cleveland County**
	**Goal 2: Increase Access to Homeless Emergency Response Services**
	**Goal 3: Mobilize a Countywide Response to Prevent and End Homelessness**

Together the three **Goals** address the key challenges and needs identified in the CoC's Homelessness Gaps Analysis. Each goal includes a set of **Strategies** that enable the community to achieve the goal and **Action Steps** that are recommended to move the strategy forward.

In addition, the Action Plan identifies a series of short-term (6 months to 1 year), medium-term (2 to 3 years), and long-term (3 to 5 years) metrics associated with each goal. The metrics, while not exhaustive or prioritized, identify specific and quantifiable ways the community can measure whether and when the goals have been met.

Included in Appendix A is an **Implementation Plan**, which provides more detail and specificity for implementing the strategies, including prioritization of the action steps.

GOAL ONE: SECURE A HOUSING FUTURE FOR ALL RESIDENTS

Cleveland County needs more affordable housing to effectively address homelessness. Access to affordable housing is vital to enable individuals who have become homeless to regain housing. It also provides an essential base for ongoing stability, which in turn prevents future homelessness. Recognizing this need, the City of Norman has budgeted funds for a comprehensive Housing Market Analysis and Affordability Strategy which will address some of these items.

Additionally, there are not enough permanent housing options and related supportive services currently available to meet the need in Cleveland County. Although there are disagreements on many issues, when the community-at-large was asked, more than two out of three respondents strongly or somewhat agreed that they support funding new permanent supportive housing (e.g., long-term housing with supportive services for people with disabling conditions). Additionally, many stakeholders expressed that the community needs to do more outreach to landlords and property owners to help voucher holders succeed, especially those with multiple barriers. The following section further details the actions and strategies to secure a housing future for all residents of Cleveland County.

Goal One addresses the following identified **key priority areas**:

- Develop Policies and Opportunities to Increase the Number of Safe and Affordable Housing Units Available in the Community
- Increase the Number of Landlords Willing to Rent to People with Lived Experience of Homelessness

STRATEGY 1.1: ASSESS AND USE AVAILABLE PUBLIC AND PRIVATE LAND FOR HOUSING

ACTION STEPS:

1.1.a: Conduct a Housing Market Analysis and Affordability Strategy for the County and the Cities of Moore and Noble.

1.1.b: Evaluate the feasibility and next steps for immediate development of rent-controlled apartment buildings, multi-family housing units, and in-law units, as well as non-traditional options such as repurposed motels/hotels and/or Accessory Dwelling Units (ADUs).

1.1.c. Establish a five-year Countywide Housing Development Pipeline that identifies an achievable path to establish new housing for unsheltered populations, people exiting mental and criminal institutions, and other underserved populations.

- 1.1.c.i. Conduct an inventory of unused, underutilized, and available properties to determine what may be available for additional affordable housing units throughout Cleveland County.
- 1.1.c.ii. Identify the most suitable sites for rehabilitation or development of affordable permanent housing in Cleveland County.
- 1.1.c.iii. Initiate planning to aggressively expedite development and offer other incentives specifically for permanent supportive housing (PSH).

1.1.c.iv. Locate or create a development in Oklahoma green zones to provide independent housing for people involved in the criminal legal system.

1.1.d: Prioritize the development of single-room occupancy (SROs) buildings, which provide non-congregate, small furnished single rooms within multi-tenant buildings for residents with low- or minimal income who may be transitioning out of long-term homelessness.

STRATEGY 1.2: PROTECT AND EXPAND AFFORDABLE HOUSING THROUGH LOCAL POLICY

ACTION STEPS:

1.2.a: Adopt policies by municipalities and the County that require set asides for *all* new development, dedicating a certain proportion or number of units within each new development for very low-income (VLI) and extremely low-income (ELI) households.

1.2.b: Revise City and/or County policies to expand and streamline, by-right, a wide variety of resources, services, and housing for people experiencing homelessness.

1.2.c. Develop “Moving On” policies within the Norman Housing Authority (NHA) that prioritize Housing Choice Vouchers for people in permanent supportive housing (PSH) to provide an affordable housing option and short-term services and resources that support program participants during and shortly after their move to a greater level of independence.

1.2.d. Create local policies that incentivize absent landlords to sell or develop properties (e.g., residential vacancy tax or other similar efforts, including county-level approaches).

STRATEGY 1.3: DEVELOP GREATER ACCESS TO AFFORDABLE HOUSING THROUGH A COORDINATED LANDLORD ENGAGEMENT CAMPAIGN

ACTION STEPS:

1.3.a: Establish a county-wide landlord engagement strategy that includes year-round staffing support to educate the general public, recruit landlords, engage in outreach to property managers, and develop materials to explain the advantages for landlords to work with the CoC and local housing programs. Develop specific strategies to connect with landlords who may not live in the city or county.

1.3.b: Address barriers that make it difficult for tenants to obtain affordable housing by creating client portfolios that include letters of support from community members who know the client or by adding information about the client’s background and the steps they have taken to improve their housing stability. Provide people help with criminal record expungement, credit repair, and eviction expungement, if needed. Provide opportunities for potential tenants to meet landlords one-on-one to create personal connections.

1.3.c: Establish a landlord risk mitigation fund that provides compensation to landlords to mitigate any damage caused by tenants. Develop a formalized protocol that creates standards for responding to landlords seeking mitigation assistance.

1.3.d: Create financial incentives for landlords renting to voucher holders, including bonuses for new and/or returning landlords.

STRATEGY 1.4: EXPAND HOUSING THROUGH THE COORDINATED ASSISTANCE PROGRAM

ACTION STEPS:

1.4.a: Expand the highly successful coordinated efforts to assist people experiencing homelessness to obtain identification documents and connect them to public benefits by holding community events more frequently than once per quarter. Also establish effective communication and coordination efforts between agencies to strengthen connections and streamline access to documents and benefits.

1.4.a.i. Strengthen access to resources to support households with criminal and eviction expungement, credit assistance, and document readiness to ensure they can use available housing subsidies.

1.4.b: Create a countywide housing navigator program tasked with meeting in-person with individuals and families experiencing homelessness. Provide trauma-informed care and motivation interviewing training to all housing navigators.

1.4.c: Expand rental assistance programs to cover application fees and assistance with security deposits and move-in costs to help ensure vouchers are utilized equitably.

1.4.c.i: Increase the availability and amount of flexible funds that support homeless and at-risk households through both one-time and short-term, recurring financial assistance to solve acute housing crises and emergencies

1.4.d. Develop a shared housing program that can increase the housing available to single adults through 2- and 3-bedroom homes for individuals exiting homelessness by coordinating across programs.

1.4.e. Expand intensive case management supports for formerly homeless individuals with high needs who are already housed.

GOAL ONE METRICS: Secure Housing Future for Norman/Cleveland County Residents

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
Metric 1.1: Public Housing Authorities operating in Cleveland County has implemented a Moving On preference for Housing Choice Vouchers for people in permanent supportive housing no later than January 2023. **Metric 1.2:** Community-wide coordinated efforts to help people become document ready and apply for mainstream benefits are held at least every other month by	**Metric 1.3**: A landlord mitigation fund and/or a landlord incentive program is developed, funded, and providing resources to local landlords by December 2023. **Metric 1.4:** A robust housing navigator program is up and running by January 2023. **Metric 1.5:** Policies enabling Single Room Occupancy units have been proposed and passed and at least one building	**Metric 1.6:** 120 new PSH units with services are purchased, built, and/or rehabilitated and ready for occupancy no later than December 2026.

the end of January 2022 (unless COVID prohibits implementation).	supporting SROs is in place by December 2024.	

GOAL TWO: INCREASE ACCESS TO HOMELESS EMERGENCY RESPONSE SERVICES

With no permanent full-service daytime drop-in centers and reportedly only one completely low-barrier overnight shelter – and relatively few shelter beds of any kind – Cleveland County has a relatively large population of people who live outside full-time. Housing-focused crisis shelters (often known as "emergency shelters") are an important part of a community's response to homelessness. While they help people stay safe from the dangers of living outside, they are also a valuable link to permanent housing, especially for people who have been homeless for an extended period of time and might be reluctant to engage in services. Additionally, investments in outreach, substance use and mental disorder services, housing and related services are needed in the community and addressed in the next section.

Goal Two addresses the following identified **key priority areas**:

- Increase Low-Barrier, Housing-Focused Shelter
- Expand Supportive Services Necessary for People to Sustain Stable Housing
- Improve Transportation to Employment, Services and Shelter

STRATEGY 2.1: INCREASE LOW-BARRIER, HOUSING-FOCUSED SHELTER

ACTION STEPS:

2.1.a: Establish at least one permanent year-round, low-barrier housing-focused shelter with day and night services.

2.1.b: Provide additional support to participants who exit shelters to permanent housing through proactive case management and best practice strategies, such as motivational interviewing, trauma-informed care, and housing-focused case management and planning.

2.1.c: Provide optional wrap-around services and connections to key resources at all overnight and day shelters.

2.1.d: Reduce existing barriers to entry in already existing shelters and other housing programs whenever possible.

- 2.1.d.i: Enact admission policies for all shelters that screen-in rather than screen-out potential participants who face the greatest barriers to housing.
- 2.1.d.ii: Enact minimal rules and restrictions that focus on behavioral expectations to help ensure client and staff safety – few rules, not "no rules."

Shelter is defined as temporary or interim places for people to stay, which include year-round emergency shelters, winter and warming shelters, navigation centers, and transitional housing. These types of shelter have varying lengths of stay, food options, and support services.

2.1.d.iii: Provide accommodations that welcome partners, pets, and possessions so that people do not face a choice of housing or separation.

2.1.d.iv: Establish flexible access to shelter and services, including extended hours of operation, arrangements for late arrivals, non-restricted mealtimes, and lenient curfew policies.

Low-barrier programs have few preconditions for admission. They don't require people to be sober, have identification, proof of income, etc., They limit the barriers to entry by allowing some flexibility (e.g., partners and pets are allowed, they can store personal belongings, and there is a flexibility of hours whenever possible).

Housing First is a well-accepted, national, evidenced-based best practice that eliminates barriers to housing, ensuring individuals and families can exit homelessness as quickly as possible.

STRATEGY 2.2: EXPAND STREET AND ENCAMPMENT OUTREACH INCLUDING TREATMENT FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

ACTION STEPS:

2.2.a: Create a coordinated, county-wide street and encampment outreach team that includes staff from a mix of different disciplines, including street medicine, social work, nursing, behavioral health, and housing navigation.

2.2.b. Purchase and equip a mobile outreach van program that can offer medical, behavioral health, and housing navigation services.

2.2.c: Expand capacity and support of existing outreach teams.

- 2.2.c.i: Ensure existing outreach teams offer access to housing-focused case management, public benefits, and other critical housing-focused resources.
- 2.2.c.ii: Ensure street outreach staff are engaged with and participating in Coordinated Entry (CE) and use the Homeless Management Information System (HMIS).

2.2.d: Develop a peer support program as part of an interdisciplinary approach that trains and uses peers with lived experience of homelessness for street outreach and system navigation.

STRATEGY 2.3: EXPAND SUPPORTIVE SERVICES AND HOUSING-FOCUSED CASE MANAGEMENT

ACTION STEPS:

2.3.a: Provide ongoing training and educational opportunities to all community partners and their staff (current and new) on housing-focused approaches and best practices to connect people to housing and services.

2.3.b Ensure staff trained on housing-focused approaches and housing navigation are available night and day at crisis shelters, health centers, and day centers.

2.3.c. Strengthen partnerships and coordination with mainstream agencies such as legal aid, credit repair services, public benefits advocacy and appeals (Medicaid, SNAP, TANF, SSI/SSDI), workforce development, etc.

2.3.d: Evaluate and revise salaries and benefits for case managers to ensure that the CoC can recruit and retain qualified staff.

STRATEGY 2.4: IMPROVE TRANSPORTATION TO EMPLOYMENT, SERVICES, AND SHELTER

ACTION STEPS:

2.4.a: Develop a comprehensive transportation strategy in partnership with local transit authorities that considers the transportation needs of people experiencing homelessness.
2.4.a.i. Provide visible, easily accessible information about transit schedules that does not require a smart phone or access to the internet.
2.4.a.ii Create a program/expand existing programs that provide(s) discounted or free transit passes to people experiencing homelessness.
2.4.a.iii. Set up and identify locations where personal belongings may be stored and where pets and service animals may be cared for while individuals access services and resources.

2.4.b: Work with health care providers to enable transportation to and from medical appointments.

2.4.c: Develop a subsidized ridesharing program or creating a van service for individuals experiencing homelessness/recently housed.

GOAL TWO METRICS: Increase Access to Homeless Emergency Response Services

Short-Term 6 months to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
Metric 2.1: A series of trainings on housing-focused services has been designed and offered to staff from all CoC partners and is in place for bi-annual trainings for current staff and more frequent training for new staff no later than December 2022. **Metric 2.2:** A peer support group of people with lived experience of homelessness is created, funded, trained, and providing support to people experiencing homelessness by December 2022. **Metric 2.3**: Ensure 90% participation in the countywide HMIS, from the city, county, and nonprofit providers who	**Metric 2.4**: A mobile van for street outreach has been funded/purchased, staffed, and on the streets by no later than June 2023. **Metric 2.5**: At least one year-round low-barrier, housing-focused shelter is providing shelter and services no later than June 2023.	**Metric 2.6**: The 2025 PIT count shows 30% fewer unsheltered individuals in Cleveland County compared to the 2019 PIT count.

primarily serve individuals experiencing homelessness by December 2022.		

GOAL THREE: MOBILIZE THE COUNTYWIDE RESPONSE TO PREVENT AND END HOMELESSNESS

Improving the homelessness system response includes efforts in prevention, coordination with other sectors, people with lived experience of homelessness and ensuring decision makers have the data to make informed decisions. Cleveland County can help individuals and families avoid the economic, social, mental, and physical challenges that result from homelessness – often at a much lower cost than it takes to serve people after they lose their housing. Prevention involves adequate cross-sector collaboration, including with schools, the child welfare system, public health/emergency rooms, mental health care facilities, public benefit programs, etc. It also includes increased awareness and attentiveness to housing stability as well as effective transition and/or discharge planning. Additionally, ensuring coordination and communication within the CoC and between the CoC and the broader community In Cleveland County will improve the homeless system response.

Goal Three addresses the following identified key priority areas:

- Expand Coordinated Prevention Assistance
- Improve Communication, Coordination, and Transparency
- Commit to Robust Data Collection and Analysis

STRATEGY 3.1: EXPAND COORDINATED PREVENTION AND DIVERSION ASSISTANCE

ACTION STEPS:

3.1.a: Establish a coordinated homelessness prevention and problem-solving (homelessness diversion) system to help people at high risk of homelessness remain housed.

- 3.1.a.i: Provide regular training for all stakeholder partners in problem-solving techniques, motivational interviewing, and include staff from all access and outreach points in training opportunities.
- 3.1.a.ii: Identify a cohort of staff who focus on problem-solving with people before they enter the homeless system of care.
- 3.1.1.iii: Leverage prevention and diversion programs to allow the system to reserve limited beds in shelter and housing programs for those that need additional support to regain housing.

3.1.b: Review current rental assistance programs' eligibility and protocols and revise policies to ensure that all households eligible for rental assistance receive help.

3.1.c: Establish a monitoring protocol, including a field in HMIS to identify households who fall into homelessness for the first time, and to track impact of interventions.

Flexible funds have increasingly been permitted and encouraged as an allowable expense by federal, state, and County funders. Flexible funds can be used for different purposes. They can pay for costs that will result in an immediate solution of a housing crisis. They can bridge the gap while permanent housing is secured. They can cover household needs that will help people keep in their housing. (
Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.
Prevention is a strategy intended to target people who are at imminent risk of homelessness (whereas diversion usually targets people as they are initially trying to enter shelter)

STRATEGY 3.2: PROVIDE INFORMATION AND ENGAGEMENT OPPORTUNITIES TO PEOPLE WITH LIVED EXPERIENCE OF HOMELESSNESS

ACTION STEPS:

3.2.a: Establish a lived experience advisory board, comprised of people currently experiencing homelessness or with recent lived experience who can provide feedback to the CoC and be involved in policymaking and allocations processes within the CoC.

3.2.b: Develop resource materials and educational information that can be available online and distributed at the public library, at transportation sites, and other places where people experiencing homelessness or at risk of homelessness can learn more about the variety of organizations and services in the community, including the name, location, and hours of operation for shelters, day services, food, etc.

STRATEGY 3.3: DEVELOP A PUBLIC EDUCATION ABOUT THE HOMELESS SYSTEM OF CARE

3.3.a: Undertake a community-wide engagement campaign that includes landlords, people recently housed, the business community, and other leaders to dispel common myths about homelessness and celebrate progress of the community's efforts to reduce and end homelessness.

3.3.a.i: Outreach and involve philanthropy, service organizations, and the faith-based community in supporting engagement campaigns.

3.3.b: Include introductory information about homelessness when collecting community feedback, hosting townhalls, holding hearings, or having large meetings related to homelessness.

STRATEGY 3.4: IMPROVE COMMUNICATION, COORDINATION, AND TRANSPARENCY OF THE CoC

3.4.a: Create a new and accessible standalone CoC website that is separate from the City of Norman's website, which provides information regarding success stories, challenges, key policy decisions, funding allocations, announcements of new staff, available resources, housing opportunities, etc.

- 3.4.a.i: Create a publicly facing dashboard that shows progress towards identified goals (i.e., services offered, people assisted, or people placed into housing).
- 3.4.a.ii: Prominently display a link to the CoC website on the Cities of Norman and Moore websites, at the public library, on the Cleveland County website, on all stakeholder partner websites, and other public places frequently visited by individuals experiencing homelessness. Provide mobile friendly and printed materials with QR codes on all documents.

3.4.b: Create additional formal mechanisms to provide transparent information about the CoC to the broader community and require agencies to contribute timely and relevant information to the efforts.

3.4.c: Provide additional opportunities for facilitated conversations with the staff of the Cities of Norman, Moore, Cleveland County and CoC leadership, and members of the community as they seek to work together in an actionable way to implement the Action Plan.

STRATEGY 3.5: COMMIT TO ROBUST DATA COLLECTION

ACTION STEPS:

3.5.a: Revise data quality standards and develop a more robust, clear, and transparent CoC "Data Quality Plan" that establishes expectations for both the community and end-users.

- 3.5.a.i: Develop data quality benchmarks. The Data Committee should incorporate into the CoC's own detailed manual baseline benchmarks and provide regular updates to each HMIS-participating agency.
- 3.5.a.ii: Once the Data Quality Plan has been drafted and adopted with benchmarks and timelines, the CoC should implement appropriate incentives and establish a monitoring structure.
- 3.5.a.iii: Review data entry and data quality requirements for HMIS- participating homeless service providers to improve local understanding of the scope of chronic homelessness in Cleveland County.

3.5.b: Revitalize the CoC's Data Committee with a clear mandate and expectations; including to monitor Homeless Management Information System (HMIS) data quality, expand HMIS bed coverage, oversee ISOK's regular efforts, review and revise HMIS Policies and Procedures as necessary, etc.

- 3.5.b.i: Produce aggregate data reports, at least quarterly, which can provide public information about the numbers of people being served by the homeless system of care and/or placed in stable housing.
- 3.5.b.ii: Review data entry and data quality requirements for the HMIS-participating homeless service providers to improve local understanding of the scope of chronic homelessness in Cleveland County.

3.5.c: Reevaluate Point-in-Time (PIT) count methodology, especially with respect to the chronic homeless status of residents in emergency shelters and unsheltered situations.

3.5.d: Evaluate, track, and implement training and program modifications to address any disparities in system access and service provision for special subpopulations.

3.5.e: Establish a monitoring protocol, including a field in HMIS to identify households who fall into homelessness for the first time or who return to homelessness, and to track impact of interventions.

3.5.f: Seek out additional resources for HMIS to subsidize license costs and consider a program to sponsor agencies based on need to make HMIS participation more financially accessible to a diverse range of stakeholders. Consider requiring organizations that want to place their clients in housing to participate in HMIS if a subsidy is available.

GOAL THREE METRICS: Mobilize the Citywide Response to Prevent and End Homelessness

Short-Term 6 moths to 1 year	Medium-Term 1 to 3 years	Longer-Term 3 to 5 years
Metric 3.1: The CoC will have a stand-alone webpage no later than June 2022. **Metric 3.2:** The CoC will launch its first outreach initiative that provides information and resources to people at risk or experiencing homelessness by December 2022. **Metric 3.3**: The CoC's Data Committee has been reconvened and has made public at least one aggregate report by June 2022.	**Metric 3.4**: Launch a robust homelessness diversion effort no later than September 2023. **Metric 3.5**: A new Data Quality plan is approved and in place, with training and education available by December 2022. **Metric 3.6:** All agencies working with the CoC are fully participating in HMIS, including those that need subsidization, no later than March 2023.	

APPENDIX A: IMPLEMENTATION PLAN

Goal 1: Secure a Housing Future for All Norman Residents

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 1.1: Assess and use available public and private land for housing	**Short-Term** 1.1.a: Conduct a Housing Market Analysis and Affordability Strategy for the County and the Cities of Moore and Noble. 1.1.b: Evaluate the feasibility and next steps for immediate development of rent-controlled apartment buildings, multi-family housing units, and in-law units, as well as non-traditional options such as repurposed motels/hotels and/or Accessory Dwelling Units (ADUs). **Medium-Term** 1.1.d: Prioritize the development of single-room occupancy (SROs) buildings, which provide non-congregate, small furnished single rooms within multi-tenant buildings for residents with low- or minimal income who may be transitioning out of long-term homelessness. **Long-Term** 1.1.c: Establish a five-year Countywide Housing Development Pipeline that identifies an achievable path to establish new housing for unsheltered populations, people exiting mental and criminal institutions, and other underserved populations. 1.1.c.i: Conduct an inventory of unused, underutilized, and available properties to determine what may be available for additional affordable housing units throughout both the City of Norman and Cleveland County. 1.1.c.ii: Identify the most suitable sites for rehabilitation or development of affordable permanent housing in both the City of Norman and in Cleveland County. 1.1.c.iii: Initiate planning to aggressively expedite development and offer other incentives specifically for permanent supportive housing (PSH).			

	1.1.c.iv: Locate or create a development in Oklahoma green zones to provide independent housing for people with criminal convictions.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 1.2: Protect and expand affordable housing through local policy	**Short-Term** 1.2.c: Develop "Moving On" policies within the Norman Housing Authority (NHA) that prioritize Housing Choice Vouchers for people in permanent supportive housing (PSH) in order to provide an affordable housing option and short-term services and resources that support program participants during and shortly after their move to a greater level of independence. **Medium-Term** 1.2.a: Adopt policies at the municipal and county levels that require set asides for *all* new development, dedicating a certain proportion or number of units within each new development for very low-income (VLI) and extremely low-income (ELI) households. 1.2.b: Revise City and/or County policies to expand and streamline, by-right, a wide variety of resources, services, and housing for people experiencing homelessness. 1.2.d: Create local policies that incentivize absent landlords to sell or develop properties (e.g., residential vacancy tax or other similar efforts, including county-level approaches).			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 1.3: Develop Greater Access to Affordable Housing Through a Coordinated Landlord Engagement Campaign	**Short-Term** 1.3.a: Establish a county-wide landlord engagement strategy that includes year-round staffing support to educate the general public, recruit landlords, engage in outreach to property managers, and develop materials to explain the advantages for landlords to work with the CoC and local housing programs. Develop specific strategies to connect with landlords who may not live in the city or county. 1.3.b: Address barriers that make it difficult for tenants to obtain affordable housing by creating client portfolios that include letters of support from community members who know the client or by adding information about the client's background and the steps they have taken to improve their housing stability. Provide people help with criminal record expungement, credit repair, and eviction expungement, if needed. Provide opportunities for potential tenants to meet landlords one-on-one to create personal connections. **Long-Term** 1.3.c: Establish a landlord risk mitigation fund that provides compensation to landlords to mitigate any damage caused by tenants. Develop a formalized protocol that creates standards for responding to landlords seeking mitigation assistance. 1.3.d: Create financial incentives for landlords renting to voucher holders, including bonuses for new and/or returning landlords.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 1.4: Expand Housing Through the Coordinated Assistance Program	**Short-Term** 1.4.a: Expand the highly successful coordinated efforts to assist people experiencing homelessness to obtain identification documents and connect them to public benefits by holding community events more frequently than once per quarter. 1.4.a.i: Strengthen access to resources to support households with criminal and eviction expungement, credit assistance, and document readiness to ensure they can use available housing subsidies. 1.4.c: Expand rental assistance programs to cover application fees and assistance with security deposits and move-in costs to help ensure vouchers are utilized equitably. 1.4.c.i: Increase the availability and amount of flexible funds that support homeless and at-risk households through both one-time and short-term, recurring financial assistance to solve acute housing crises and emergencies 1.4.e: Expand intensive case management supports for formerly homeless individuals with high needs who are already housed. **Long-Term** 1.4.b: Create a countywide housing navigator program tasked with meeting in-person with individuals and families experiencing homelessness. Provide trauma-informed care and motivation interviewing training to all housing navigators. 1.4.d: Develop a shared housing program that can increase the housing available to single adults through 2- and 3-bedroom homes for individuals exiting homelessness by coordinating across programs.			

Goal 2: Increase Access to Homeless Emergency Response Services

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 2.1: Increase Low-Barrier, Housing-Focused Shelter	**Short-Term** 2.1.b: Provide additional support to participants who exit shelters to permanent housing through proactive case management and best practice strategies, such as motivational interviewing, trauma-informed care, and housing-focused case management and planning. 2.1.c: Provide optional wrap-around services and connections to key resources at all overnight and day shelters. 2.1.d: Reduce existing barriers to entry in already existing shelters and other housing programs whenever possible. 2.1.d.i: Enact admission policies for all shelters that screen-in rather than screen-out potential participants who face the greatest barriers to housing. 2.1.d.ii: Enact minimal rules and restrictions that focus on behavioral expectations to help ensure client and staff safety – few rules, not "no rules." 2.1.d.iii: Provide accommodations that welcome partners, pets, and possessions so that people do not face a choice of housing or separation. **Medium-Term** 2.1.a: Establish at least one permanent year-round, low-barrier housing-focused shelter with day and night services.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 2.2: Expand Street and Encampment Outreach Including Treatment for Mental Health and Substance Use Disorders	**Short-Term** 2.2.c: Expand capacity and support of existing outreach teams. 2.2.c.i: Ensure existing outreach teams offer access to housing-focused case management, public benefits, and other critical housing-focused resources. 2.2.c.ii: Ensure street outreach staff are engaged with and participating in Coordinated Entry (CE), the Homeless Management Information System (HMIS). **Medium-Term** 2.2.a: Create a coordinated, county-wide street and encampment outreach team that includes staff from a mix of different disciplines, including street medicine, social work, nursing, behavioral health, and housing navigation. 2.2.b: Purchase and equip a mobile outreach van program that can offer medical, behavioral health, and housing navigation services. **Long-Term** 2.2.d: Develop a peer support program as part of an interdisciplinary approach that trains and uses peers with lived experience of homelessness for street outreach and system navigation.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 2.3: Expand Supportive Services and Housing-Focused Case Management	**Short-Term** 2.3.a: Provider ongoing training and education opportunities to all community partners and their staff (current and new) on housing-focused approaches and best practices to connect people to housing and services. **Medium-Term** 2.3.b: Ensure staff trained on housing-focused approaches and housing navigation are available night and day at crisis shelters, health centers, and day centers. 2.3.c: Strengthen partnerships and coordination with mainstream agencies such as legal aid, credit repair services, public benefits advocacy and appeals (Medicaid, SNAP, TANF, SSI/SSDI), workforce development, etc. 2.3.d: Evaluate and revise salaries and benefits for case managers to ensure that the CoC can recruit and retain qualified staff.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 2.4: Improve Transportation To Employment, Services, And Shelter	**Short-Term** 2.4.b: Work with health care providers to enable transportation to and from medical appointments. **Medium-Term** 2.4.a: Develop a comprehensive transportation strategy in partnership with local transit authorities that considers the transportation needs of people experiencing homelessness. 2.4.a.i: Provide visible, easily accessible information about transit schedules that does not require a smart phone or access to the internet. 2.4.a.ii: Create a program/expand existing programs that provide(s) discounted or free transit passes to people experiencing homelessness. 2.4.a.iii: Set up and identify locations where personal belongings may be stored and where pets and service animals may be cared for while individuals access services and resources. 2.4.c: Develop a subsidized ridesharing program or creating a van service for individuals experiencing homelessness/recently housed.			

Goal 3: Mobilize The Citywide Response To Prevent And End Homelessness

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 3.1: Expand Coordinated Prevention and Diversion Assistance	**Short-Term** 3.1.b: Review current rental assistance programs' eligibility and protocols and revise policies to ensure that all households eligible for rental assistance receive help. 3.1.c: Establish a monitoring protocol, including a field in HMIS to identify households who fall into homelessness for the first time, and to track impact of interventions. **Medium-Term** 3.1.a: Establish a coordinated homelessness prevention and problem-solving (homelessness diversion) system to help people at high risk of homelessness remain housed. 3.1.a.i: Provide regular training for all stakeholder partners in problem-solving techniques, motivational interviewing, and include staff from all access and outreach points in training opportunities. 3.1.a.ii: Identify a cohort of staff who focus on problem-solving with people before they enter the homeless system of care. 3.1.1.iii: Leverage prevention and diversion programs to allow the system to reserve limited beds in shelter and housing programs for those that need additional support to regain housing.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 3.2: Provide Information and Engagement Opportunities to People with Lived Experience of Homelessness	**Short-Term** 3.2.b: Develop resource materials and educational information that can be available online and distributed at the public library, at transportation sites, and other places where people experiencing homelessness or at risk of homelessness can learn more about the variety of organizations and services in the community, including the name, location, and hours of operation for shelters, day services, food, etc. **Medium-Term** 3.2.a: Establish a lived experience advisory board, comprised of people currently experiencing homelessness or with recent lived experience who can provide feedback to the CoC and be involved in policymaking and allocations processes within the CoC.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 3.3: Develop a Public Education About the Homeless System Of Care	**Short-Term** 3.3.a: Undertake a community-wide engagement campaign that includes landlords, people recently housed, the business community, and other leaders to dispel common myths about homelessness and celebrate progress of the community's efforts to reduce and end homelessness. 3.3.a.i: Outreach and involve philanthropy, service organizations, and the faith-based community in supporting engagement campaigns. 3.3.b: Include introductory information about homelessness when collecting community feedback, hosting townhalls, holding hearings, or having large meetings related to homelessness.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 3.4: Improve Communication, Coordination, and transparency of the CoC	**Short-Term** 3.4.a: Create a new and accessible CoC website that is separate from the City of Norman's website, which provides information regarding success stories, challenges, key policy decisions, funding allocations, announcements of new staff, available resources, housing opportunities, and etc. 3.4.a.i: Create a publicly facing dashboard that shows progress towards identified goals (i.e., services offered, people assisted, or people placed into housing). 3.4.a.ii: Prominently display a link to the CoC website on the City of Norman website, at the public library, on the Cleveland County website, on all stakeholder partner websites, and other public places frequently visited by individuals experiencing homelessness. 3.4.c: Provide additional opportunities for facilitated conversations with the staff of the City of Norman, CoC leadership, and members of the community as they seek to work together in an actionable way to implement the Action Plan. **Medium-Term** 3.4.b: Create additional formal mechanisms to provide transparent information about the CoC to the broader community and require agencies to contribute timely and relevant information to the efforts.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
Strategy 3.5: Commit to Robust Data Collection	**Short-Term** 3.5.b: Revitalize the CoC's Data Committee with a clear mandate and expectations; including to monitor Homeless Management Information System (HMIS) data quality, expand HMIS bed coverage, oversee ISOK's regular efforts, review and revise HMIS Policies and Procedures as necessary, etc. 3.5.b.i: Produce aggregate data reports, at least quarterly, which can provide public information about the numbers of people being served by the homeless system of care and/or placed in stable housing. 3.5.b.ii: Review data entry and data quality requirements for the Homeless Management Information System (HMIS) participating homeless service providers to improve local understanding of the scope of chronic homelessness in Cleveland County. 3.5.c: Reevaluate Point-in-Time (PIT) count methodology, especially with respect to the chronic homeless status of residents in emergency shelters and unsheltered situations. 3.5.e: Establish a monitoring protocol, including a field in HMIS to identify households who fall into homelessness for the first time or who return to homelessness, and to track impact of interventions. **Medium-Term** 3.5.a: Revise data quality standards and develop a more robust, clear, and transparent CoC "Data Quality Plan" that establishes expectations for both the community and end-users. 3.5.a.i: Develop data quality benchmarks. The Data Committee should incorporate into the CoC's own detailed manual baseline benchmarks and provide regular updates to each HMIS-participating agency. 3.5.a.ii: Once the Data Quality Plan has been drafted and adopted with benchmarks and timelines, the CoC should implement appropriate incentives and establish a monitoring structure.			

Activity	Steps ($ → $$$ scale indicates initial cost from low to high)	Responsible Parties	Stakeholders	Funding Source
	3.5.a.iii: Review data entry and data quality requirements for HMIS-participating homeless service providers to improve local understanding of the scope of chronic homelessness in Cleveland County. 3.5.d: Evaluate, track, and implement training and program modifications to address any disparities in system access and service provision for special subpopulations. 3.5.f: Seek out additional resources for HMIS to subsidize license costs and consider a program to sponsor agencies based on need to make HMIS participation more financially accessible to a diverse range of stakeholders. Consider requiring organizations that want to place their clients in housing to participate in HMIS if a subsidy is available.			

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	16	1	1	**18**
Total Number of persons (Adults & Children)	**57**	**5**	**2**	**64**
Number of Persons (under age 18)	23	4	1	**28**
Number of Persons (18 - 24)	1	0	1	**2**
Number of Persons (over age 24)	33	1	0	**34**

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	25	1	1	**27**
Male	31	4	1	**36**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	**0**
Questioning	0	0	0	**0**
Transgender	1	0	0	**1**

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latin(a)(o)(x)	53	5	2	**60**
Hispanic/Latin(a)(o)(x)	4	0	0	**4**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous	11	1	0	**12**
Asian or Asian American	0	0	0	**0**
Black, African American, or African	11	0	0	**11**
Native Hawaiian or Pacific Islander	0	0	0	**0**
White	29	4	0	**33**
Multiple Races	6	0	2	**8**

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	6		1	**7**
Total number of persons	13		2	**15**

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	0	0	0	0	**0**
Total Number of children (under age 18)	0	0	0	0	**0**

Gender (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	0	**0**
Male	0	0	0	0	**0**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	0	0	0	0	**0**

Ethnicity (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	0	0	0	0	**0**
Hispanic/Latin(a)(o)(x)	0	0	0	0	**0**

Race (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	0	0	0	0	**0**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	0	0	0	0	**0**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	0	0	0	0	**0**
Multiple Races	0	0	0	0	**0**

Chronically Homeless (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	**0**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	32	7	0	71	**110**
Total Number of persons (Adults)	**51**	**7**	**0**	**75**	**133**
Number of Persons (18 - 24)	1	1	0	2	**4**
Number of Persons (over age 24)	50	6	0	73	**129**

Gender (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	17	2	0	28	**47**
Male	33	5	0	47	**85**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	1	0	0	0	**1**

Ethnicity (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	49	6	0	71	**126**
Hispanic/Latin(a)(o)(x)	2	1	0	4	**7**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	2	0	0	7	**9**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	11	1	0	7	**19**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	38	6	0	58	**102**
Multiple Races	0	0	0	3	**3**

Chronically Homeless (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	15		0	40	**55**

Date of PIT Count: 1/27/2022
Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	48	8	0	72	**128**
Total Number of Persons	108	12	0	77	**197**
Number of Children (under age 18)	23	4	0	1	**28**
Number of Persons (18 to 24)	2	1	0	3	**6**
Number of Persons (over age 24)	83	7	0	73	**163**

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	42	3	0	29	**74**
Male	64	9	0	48	**121**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	2	0	0	0	**2**

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin (a)(o)(x)	102	11	0	73	**186**
Hispanic/Latin(a)(o)(x)	6	1	0	4	**11**

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	13	1	0	7	**21**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	22	1	0	7	**30**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	67	10	0	58	**135**
Multiple Races	6	0	0	5	**11**

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	28		0	42	**70**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	16	1	1	**18**
Total Number of persons (Adults & Children)	**57**	**5**	**2**	**64**
Number of Persons (under age 18)	23	4	1	**28**
Number of Persons (18 - 24)	1	0	1	**2**
Number of Persons (over age 24)	33	1	0	**34**

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	25	1	1	**27**
Male	31	4	1	**36**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	**0**
Questioning	0	0	0	**0**
Transgender	1	0	0	**1**

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latin(a)(o)(x)	53	5	2	**60**
Hispanic/Latin(a)(o)(x)	4	0	0	**4**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous	11	1	0	**12**
Asian or Asian American	0	0	0	**0**
Black, African American, or African	11	0	0	**11**
Native Hawaiian or Pacific Islander	0	0	0	**0**
White	29	4	0	**33**
Multiple Races	6	0	2	**8**

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	6		1	**7**
Total number of persons	13		2	**15**

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	0	0	0	0	**0**
Total Number of children (under age 18)	0	0	0	0	**0**

Gender (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	0	**0**
Male	0	0	0	0	**0**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	0	0	0	0	**0**

Ethnicity (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	0	0	0	0	**0**
Hispanic/Latin(a)(o)(x)	0	0	0	0	**0**

Race (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	0	0	0	0	**0**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	0	0	0	0	**0**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	0	0	0	0	**0**
Multiple Races	0	0	0	0	**0**

Chronically Homeless (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	**0**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	32	7	0	71	**110**
Total Number of persons (Adults)	**51**	**7**	**0**	**75**	**133**
Number of Persons (18 - 24)	1	1	0	2	**4**
Number of Persons (over age 24)	50	6	0	73	**129**

Gender (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	17	2	0	28	**47**
Male	33	5	0	47	**85**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	1	0	0	0	**1**

Ethnicity (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	49	6	0	71	**126**
Hispanic/Latin(a)(o)(x)	2	1	0	4	**7**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	2	0	0	7	**9**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	11	1	0	7	**19**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	38	6	0	58	**102**
Multiple Races	0	0	0	3	**3**

Chronically Homeless (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	15		0	40	**55**

Date of PIT Count: 1/27/2022
Population: Sheltered and Unsheltered Count

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	48	8	0	72	**128**
Total Number of Persons	108	12	0	77	**197**
Number of Children (under age 18)	23	4	0	1	**28**
Number of Persons (18 to 24)	2	1	0	3	**6**
Number of Persons (over age 24)	83	7	0	73	**163**

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	42	3	0	29	**74**
Male	64	9	0	48	**121**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	2	0	0	0	**2**

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin (a)(o)(x)	102	11	0	73	**186**
Hispanic/Latin(a)(o)(x)	6	1	0	4	**11**

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	13	1	0	7	**21**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	22	1	0	7	**30**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	67	10	0	58	**135**
Multiple Races	6	0	0	5	**11**

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	28		0	42	**70**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Number of Households	16	1	1	**18**
Total Number of persons (Adults & Children)	**57**	**5**	**2**	**64**
Number of Persons (under age 18)	23	4	1	**28**
Number of Persons (18 - 24)	1	0	1	**2**
Number of Persons (over age 24)	33	1	0	**34**

Gender (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	25	1	1	**27**
Male	31	4	1	**36**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	**0**
Questioning	0	0	0	**0**
Transgender	1	0	0	**1**

Ethnicity (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latin(a)(o)(x)	53	5	2	**60**
Hispanic/Latin(a)(o)(x)	4	0	0	**4**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
American Indian, Alaska Native, or Indigenous	11	1	0	**12**
Asian or Asian American	0	0	0	**0**
Black, African American, or African	11	0	0	**11**
Native Hawaiian or Pacific Islander	0	0	0	**0**
White	29	4	0	**33**
Multiple Races	6	0	2	**8**

Chronically Homeless (adults and children)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	6		1	**7**
Total number of persons	13		2	**15**

Population: Sheltered and Unsheltered Count

Persons in Households with only Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	0	0	0	0	**0**
Total Number of children (under age 18)	0	0	0	0	**0**

Gender (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	0	0	0	0	**0**
Male	0	0	0	0	**0**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	0	0	0	0	**0**

Ethnicity (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	0	0	0	0	**0**
Hispanic/Latin(a)(o)(x)	0	0	0	0	**0**

Race (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	0	0	0	0	**0**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	0	0	0	0	**0**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	0	0	0	0	**0**
Multiple Races	0	0	0	0	**0**

Chronically Homeless (only children)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	0		0	0	**0**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Population: Sheltered and Unsheltered Count

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	32	7	0	71	**110**
Total Number of persons (Adults)	**51**	**7**	**0**	**75**	**133**
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Gender (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	17	2	0	28	**47**
Male	33	5	0	47	**85**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	1	0	0	0	**1**

Ethnicity (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin(a)(o)(x)	49	6	0	71	**126**
Hispanic/Latin(a)(o)(x)	2	1	0	4	**7**

2022 Point-in-Time Count OK-504 Norman/Cleveland County CoC

Race (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	2	0	0	7	**9**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	11	1	0	7	**19**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	38	6	0	58	**102**
Multiple Races	0	0	0	3	**3**

Chronically Homeless (adults)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	15		0	40	**55**

Date of PIT Count: 1/27/2022
Population: Sheltered and Unsheltered Count

Total Households and Persons

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Number of Persons (over age 24)	83	7	0	73	**163**

Gender

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	42	3	0	29	**74**
Male	64	9	0	48	**121**
Gender that is not singularly ‘Female’ or ‘Male’	0	0	0	0	**0**
Questioning	0	0	0	0	**0**
Transgender	2	0	0	0	**2**

Ethnicity

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latin (a)(o)(x)	102	11	0	73	**186**
Hispanic/Latin(a)(o)(x)	6	1	0	4	**11**

Race

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
American Indian, Alaska Native, or Indigenous	13	1	0	7	**21**
Asian or Asian American	0	0	0	0	**0**
Black, African American, or African	22	1	0	7	**30**
Native Hawaiian or Pacific Islander	0	0	0	0	**0**
White	67	10	0	58	**135**
Multiple Races	6	0	0	5	**11**

Chronically Homeless	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	28		0	42	**70**

Row #	Year	Proj. Type	Organization Name	HMIS Org ID	Project Name	HMIS Proj ID	Geo Code	HMIS-Participating	Inventory Type	Bed Type	Target Pop.	Housing Type	McKinney- Vento	McKinney- Vento: Esg	McKinney- Vento: EsgEs	Year-Round Beds	Total Seasonal Beds	Overflow Beds	PIT Count	Total Beds	Utilization Rate
544641	2022	ES	Bridges (formerly Independent Living Services for Youth)	11458	Sooner Point Apartments ES	11944	402190	Yes	C	Facility-based beds	NA	Site-based – single site	No	No	No	1		0	0	1	0%
544642	2022	ES	Food & Shelter	11447	McKown Village Emergency	12317	402190	Yes	C	Facility-based beds	NA	Site-based – single site	No	No	No	52			52	52	100%
544640	2022	ES	Norman Agency	12095	Norman Emergency Shelter	12096	402190	Yes	C	Facility-based beds	NA	Site-based – single site	Yes	No	No	35		0	32	35	91%
544636	2022	ES	The Salvation Army	11456	TSA Shelter Family	11540	402190	Yes	C	Facility-based beds	NA	Site-based – single site	No	No	No	8			5	8	62%
544638	2022	ES	Women's Resource Center	11915	WRC Shelter	11916	409027	No	C	Facility-based beds	DV	Site-based – single site	No	No	No	15		2	3	17	18%
544639	2022	ES	Thunderbird Clubhouse	11469	ESG 2014-2015 (Level 4)	11531	402190	Yes	C	Facility-based beds	NA	Site-based – single site	Yes	Yes	Yes	1			1	1	100%
544637	2022	ES	The Salvation Army	11456	TSA Shelter	11539	402190	Yes	C	Facility-based beds	NA	Site-based – single site	No	No	No	43	0		15	43	35%
544648	2022	PSH	Bridges (formerly Independent Living Services for Youth)	11458	Bridges Residential (11459)	11459	402190	Yes	C		NA	Site-based – single site	No	No	No	24			24	24	100%
544653	2022	PSH	Catholic Charities	11465	Catholic Charities Norman	12117	402190	Yes	C		NA	Site-based – single site	No	No	No	20			20	20	100%
544654	2022	PSH	Central Oklahoma Community Mental Health	11688	State of Oklahoma PSH	11689	402190	Yes	C		NA	Site-based – clustered / multiple sites	Yes	No	No	1			1	1	100%
544647	2022	PSH	Food & Shelter	11447	Food and Shelter Inc- SHP01 (11451)	11451	402190	Yes	C		NA	Tenant-based – scattered site	Yes	No	No	12			12	12	100%
544645	2022	PSH	HOPE Community Services	11445	HOPE- Shelter Plus Care (Norman) (11446)	11446	402190	Yes	C		NA	Tenant-based – scattered site	Yes	No	No	18			18	18	100%
544650	2022	PSH	Thunderbird Clubhouse	11469	Thunderbird Clubhouse PSH	11536	402190	Yes	C		NA	Tenant-based – scattered site	Yes	No	No	12			12	12	100%
544646	2022	PSH	Thunderbird Clubhouse	11469	Thunderbird T-Bird PSH (Level 4)	11535	402190	Yes	C		NA	Tenant-based – scattered site	Yes	No	No	2			2	2	100%
544651	2022	PSH	Veteran Affairs Norman	12147	zVA Norman-VASH (PSH) (INV)	12148	402190	No	C		NA	Site-based – single site	No	No	No	4			4	4	100%
544652	2022	RRH	Food & Shelter	11447	ESG RRH	11455	402190	Yes	C		NA	Site-based – single site	Yes	Yes	No	22			22	22	100%
544655	2022	RRH	Food & Shelter	11447	Food and Shelter ESG Re-Housing COVID	12246	402190	Yes	C		NA	Site-based – single site	Yes	Yes	No	24			24	24	100%
544649	2022	RRH	Goodwill	11426	SSVF Re-Housing	11427	402190	Yes	C		NA	Tenant-based – scattered site	No	No	No	0			0	0	
544656	2022	RRH	Thunderbird Clubhouse	11469	Thunderbird-RapidReHousing COVID	12288	402190	Yes	C		NA	Site-based – clustered / multiple sites	Yes	Yes	No	27			27	27	100%
544644	2022	TH	Food & Shelter	11447	McKown Village	11795	402190	Yes	C		NA	Site-based – single site	No	No	No	5			5	5	100%
544643	2022	TH	Transition House	11913	Duffy Apartments	11914	402190	No	C		NA	Site-based – clustered / multiple sites	No	No	No	12			7	12	58%
																Sum : 338	Sum : 0	Sum : 2	Sum : 286		

Comprehensive Housing Affordability Strategy ("CHAS") data

Summary Level: City | Created on: March 3, 2023

Data for: Norman city, Oklahoma | Year Selected: 2015-2019 ACS

Income Distribution Overview	Owner	Renter	Total	
Household Income less-than or= 30% HAMFI	1,255	5,625	6,880	
Household Income >30% to less-than or= 50% HAMFI	1,770	4,370	6,140	
Household Income >50% to less-than or= 80% HAMFI	2,935	5,260	8,195	
Household Income >80% to less-than or=100% HAMFI	2,800	2,480	5,280	
Household Income >100% HAMFI	16,530	4,890	21,420	
Total	25,290	22,625	47,915	
Housing Problems Overview 1	Owner	Renter	Total	
Household has at least 1 of 4 Housing Problems	4,155	10,090	14,245	
Household has none of 4 Housing Problems	21,135	12,535	33,670	
Cost burden not available, no other problems				
Total	25,290	22,625	47,915	
Severe Housing Problems Overview 2	Owner	Renter	Total	
Household has at least 1 of 4 Severe Housing Problems	1,855	5,595	7,450	
Household has none of 4 Severe Housing Problems	23,430	17,030	40,460	
Cost burden not available, no other problems				
Total	25,290	22,625	47,915	
Housing Cost Burden Overview 3	Owner	Renter	Total	
Cost Burden less-than or= 30%	21,410	12,045	33,455	
Cost Burden >30% to less-than or= 50%	2,340	4,790	7,130	
Cost Burden >50%	1,395	4,900	6,295	
Cost Burden not available	145	890	1,035	
Total	25,290	22,625	47,915	
Income by Housing Problems (Owners and Renters)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	5,465	1,410		6,880

Household Income >30% to less-than or= 50% HAMFI	4,460	1,680		6,140
Household Income >50% to less-than or= 80% HAMFI	2,540	5,655		8,195
Household Income >80% to less-than or= 100% HAMFI	745	4,535		5,280
Household Income >100% HAMFI	1,025	20,395		
Total	14,245	33,670		47,915
Income by Housing Problems (Renters only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	4,470	1,150		5,625
Household Income >30% to less-than or= 50% HAMFI	3,550	820		4,370
Household Income >50% to less-than or= 80% HAMFI	1,600	3,660		5,260
Household Income >80% to less-than or= 100% HAMFI	325	2,155		2,480
Household Income >100% HAMFI	135	4,755		4,890
Total	10,090	12,535		22,625
Income by Housing Problems (Owners only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	995	260		1,255
Household Income >30% to less-than or= 50% HAMFI	910	860		1,770
Household Income >50% to less-than or= 80% HAMFI	940	1,995		2,935
Household Income >80% to less-than or= 100% HAMFI	420	2,380		2,800
Household Income >100% HAMFI	890	15,640		16,530
Total	4,155	21,135		25,290
Income by Cost Burden (Owners and Renters)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	5,380	4,560	6,880	
Household Income >30% to less-than or= 50% HAMFI	4,350	1,390	6,140	
Household Income >50% to less-than or= 80% HAMFI	2,280	230	8,195	

Household Income >80% to less-than or= 100% HAMFI	695	20	5,280	
Household Income >100% HAMFI	725	100	21,420	
Total	13,430	6,295	47,915	
Income by Cost Burden (Renters only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	4,425	3,815	5,625	
Household Income >30% to less-than or= 50% HAMFI	3,490	1,000	4,370	
Household Income >50% to less-than or= 80% HAMFI	1,455	85	5,260	
Household Income >80% to less-than or= 100% HAMFI	305		2,480	
Household Income >100% HAMFI	15		4,890	
Total	9,690	4,900	22,625	
Income by Cost Burden (Owners only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	955	745	1,255	
Household Income >30% to less-than or= 50% HAMFI	855	385	1,770	
Household Income >50% to less-than or= 80% HAMFI	825	145	2,935	
Household Income >80% to less-than or= 100% HAMFI	390	20	2,800	
Household Income >100% HAMFI	710	100	16,530	
Total	3,735	1,395	25,290	

1. The four housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
2. The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%.
3. Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.