1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: OR-504 - Salem/Marion, Polk Counties CoC

1A-2. Collaborative Applicant Name: ORS 190 Entity, Mid-Willamette Valley Homeless Alliance

1A-3. CoC Designation: CA

1A-4. HMIS Lead: ORS 190 Entity, Mid-Willamette Valley Homeless All

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	Yes
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	United Way/Foundations	Yes	Yes	Yes
35.	Faith-based Organizations	Yes	Yes	Yes

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The Alliance (CoC) communicated an open invitation for new members to join through its Affordable Housing Conference, held in May 2023, attended by 140 participants from the community. The CoC distributes newsletters throughout the year to a 1,854-person email list and posts all board and committee meetings on the CoC website calendar. The Alliance also contracts with a communications firm , significantly expanding its presence in print and on social media.
2. CoC board meeting notices state that meetings comply with the Americans with Disabilities Act and invite people needing special accommodations to contact the agency for assistance. The Oregon Telecommunications Relay Service (7-1-1) is available for people with hearing impairments. In addition, the Alliance works closely with Shangri-La, a community partner agency focused on serving people with disabilities. Shangri-La staff actively participate in Alliance committee meetings and are available to offer advice on outreach strategies.
3. Culturally specific organizations are continuously invited to participate in Alliance committees. The Alliance formed a Diversity Equity and Inclusion (DEI) Subcommittee with the purpose of advancing strategies and actions to the Alliance board, committees, and workgroups that create opportunities for people from diverse backgrounds, including those with lived experience in homelessness, to participate throughout the CoC structure. Because of DEI Subcommittee work, the Alliance board added two more members with lived experience.

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

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The Alliance (CoC) actively seeks and considers opinions from an array of organizations and individuals interested in and knowledgeable about homelessness by posting information for the board and its fifteen committees on its website, expanding email lists through ongoing outreach, establishing a social media presence, developing relationships with local news media, and making presentations at public forums. The CoC Collaborative Committee is “open to all,” with 100+ individuals representing more than 70 community groups participating. Fifty or more people attend monthly meetings, representing social services, health care, neighborhoods, education, government, tribal organizations, public safety, housing, and others. Many of our cities are small, with less than 5,000 population. Word of mouth and workgroups involving rural partners spread the news about CoC participation opportunities.
2. CoC board members spend time at monthly 2-hour board meetings going “around the table” sharing successes and giving updates on issues of interest. CoC meetings are noticed on the website and to interested community members and board meetings include opportunity for public testimony. Meeting minutes document this information-sharing and are posted on the website. Other CoC committees provide networking opportunities and solicit opinions in policy decisions that result in recommendations to the CoC board.
3. CoC meetings comply with the Americans with Disabilities Act and invite people needing special accommodations to contact the agency for assistance. The Oregon Telecommunications Relay Service (7-1-1) is used for people with hearing impairments.
4. An example of information that generated new approaches to preventing and ending homelessness is a series of public meetings that identified critical needs, priorities, and plans for our CoC to respond to the governor’s executive order declaring a homeless emergency and regional goals to establish new low-barrier shelter beds and rapidly rehouse people experiencing unsheltered homelessness. More than two dozen people from housing, health care, behavioral health, social services, street outreach, education, and employment, joined elected officials and those with lived experience in a half dozen meetings over three months. The result was a community plan that leveraged $10.4 M for our CoC to increase low-barrier emergency shelter capacity by 79 new and rehouse at least 158 households in the Marion-Polk region this year

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications–the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. When the CoC opened its local competition, it distributed a newsletter to a 1,854-person list, a media release to local news outlets, and an email to 544 CoC stakeholders. The announcements encouraged all eligible nonprofit organizations, governments, faith-based organizations, and tribal organizations within the Marion-Polk region to apply. The CoC's announcements included links to its website's NOFO page, where it posted relevant materials.
2. The CoC email blast, media release, and newsletter directed people to the CoC's website for detailed information about the application process, including a timeline and opportunity to participate in an Applicant Workshop and submit questions via email.
3. The CoC email blast, media release, and newsletter directed people to the CoC's website, which included information on the competition process and scoring tools, as well as the meeting dates and times for review and ranking, appeals, and final approval of applications to be submitted to HUD for funding. Scoring criteria was also reviewed during the Applicant Workshop, the slide deck for which was posted on the CoC website.
4. CoC media and newsletter announcements stated that people with disabilities needing assistance in accessing and reviewing materials could contact designated CoC representatives and provided contact information.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Organizations funded by Oregon Housing & Community Services	Yes

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

1. CoC representatives met multiple times with Oregon Housing & Community Services (OHCS), the state agency designated as recipient of ESG funds, to discuss formulary and special distribution of ESG funds. The CoC communicated local priorities for ESG funding and advocated for increased transparency in the state's process for allocating ESG funds.
2. The CoC's Performance and Evaluation Committee is responsible for monitoring and reviewing the performance of ESG program recipients and subrecipients. The committee monitors System Performance Measures and other outcomes of ESG-funded projects through review of Consolidated Annual Performance Evaluation Reports (CAPERs) and structured interviews with ESG-funded providers. In addition, the CoC monitors and reports on ESG-CV program implementation and HMIS data quality, provides technical assistance, and analyzes individual program CAPERs to identify areas for improvement.
3. The CoC provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the two Consolidated Plan jurisdictions within the Marion-Polk geographic area – Marion County and the City of Salem. Both Consolidated Plan jurisdictions are members of the CoC's board of directors and received the information when disseminated to the board. PIT and HIC data were also sent directly to Marion County and City of Salem staff engaged in responding to homeless service needs.
4. CoC representatives participated in meetings designed to gather stakeholder input and provided information to the two local Consolidated Plan jurisdictions to address homelessness within the Marion-Polk region, so it could be addressed in Consolidated Plans. The CoC also distributed its annual Gaps Analysis and annual Strategic Plan update to CoC board members, which includes the two local Consolidated Plan jurisdictions.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1.LOCAL EDUCATION AGENCIES AND YOUTH EDUCATION PROVIDERS. The CoC has formal agreements (MOUs) with the Marion-Polk Early Learning Hub (a consortium of early childhood providers), Chemeketa Community College, and the Willamette Education Service District (the region's LEA). The MOUs include provisions, such as the following: (a) identify the needs of families with children experiencing homelessness who are living in Marion and Polk counties; (b) explore how community services connected through the Mid-Willamette Valley Homeless Alliance can enhance school-based McKinney-Vento services; (c) share information about homelessness and educational services in the Marion-Polk region through meetings and other networking opportunities; (d) increase awareness of homeless assistance and homeless prevention resources and opportunities among community college staff and workforce partners; (e) explore best practices and approaches to engage families with young children in health, education, family support services, and other social services offered by participants in the early learning hub; and (f) assist providers of homeless services in complying with federal requirements related to educational services. The CoC Strategic Plan outlines collaboration objectives with the Marion-Polk region's fourteen school districts, such as connections with McKinney-Vento liaisons to share and analyze data and expanding case management capacity. Implementing the MOU with Willamette ESD will offer increased access to the region's districts as the ESD convenes the region's school district superintendents monthly.

2.SCHOOL DISTRICTS. The Salem-Keizer School District (24J), Oregon's third largest school district, is one of eight entities forming the ORS 190 Entity through an intergovernmental agreement, serving as the CoC's legal entity and Collaborative Applicant. The 24J superintendent has been an active member of both the ORS 190 Entity board of directors and CoC board of directors. Though the superintendent retired in June of 2023, they remain the 24J appointee to both boards. In the CoC Governance Charter, 24J is named as holding a seat on the board of directors.

1C-4b.	**Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.**	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

The CoC board adopted an Eligibility for Educational Services Policy which is incorporated into the CoC Governance Charter. The policy requires recipients of CoC funding to: (1) designate a staff person to ensure children and youth program participants are enrolled in school; (2) consider the educational needs of children when placing families in emergency or transitional housing; (3) inform families about early childhood, disability, McKinney-Vento, and Title I educational services; (4) prominently display information about educational rights of homeless children; and (5) maintain documentation in case files that these requirements have been met. The CoC holds responsibility to: (1) collaborate with school districts to identify homeless families and inform those families of their eligibility for educational services; (2) promote similar policies and best practices among CoC partners through educational materials and training opportunities; and (3) develop agreements with school districts to establish formal protocols for student identification, service referrals, and data or information sharing.
CoC staff and members of the Performance & Evaluation Committee met with each CoC-funded provider during annual site visits and discussed how the agency or program was responding to this CoC Policy.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	Yes	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	Yes	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. Center for Hope & Safety (CHS) and Sable House are two key organizations within the CoC Marion-Polk region with expertise in providing housing and services to survivors of domestic violence, sexual assault, and stalking. CHS and Sable House advise the CoC Board of Directors on DV issues and work closely with CoC staff and partners to improve services for survivors. CoC policies developed with DV consultation over the past two years include Coordinated Entry policies and procedures, COVID protocols, RRH standards, and Emergency Transfer Plan policy. CHS staff also collaborates closely with state-level victim service organizations, influencing statewide policy development, such as the Oregon Coalition Against Domestic and Sexual Violence and the Oregon Attorney General Sexual Assault Task Force, and serves on state committees, including OCADSV CoC DV Policy Committee.
2. The CoC consults with CHS and Sable House to ensure the region's housing and services are trauma informed, survivor driven, and can meet survivor needs. Due to the large number of survivors in the region, not everyone will access CHS or Sable House services. It is critically important that all providers gain the skills needed to provide trauma-informed services.
The CoC relies on its local DV organizations to offer training and technical assistance. CHS has provided more than 100 hours of training and countless hours of technical assistance to CoC programs each year, focused on the dynamics of domestic and sexual violence and how to provide trauma-informed services. Recently, 57 people representing 38 organizations participated in DV training with the CoC Collaborative Committee. Participants included the Confederated Tribes of Grand Ronde; Child Welfare/Self-Sufficiency; healthcare providers (hospitals, clinics); housing authorities; and social service and treatment providers. A 24-hour bilingual hotline allows housing and service providers to connect a survivor with DV services or consult with DV staff on how to best support a survivor receiving services from their programs.
CHS and Sable House conduct outreach throughout the CoC region to ensure community providers are informed and can access services. Outreach includes distribution of materials in various languages and formats, tabling at events, and community presentations. CHS and Sable House participate in community meetings to update stakeholders on available services and resources and assist with individual case needs.

1C-5b.	**Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,500 characters)

1. The CoC works closely with the region's DV providers to train project staff on safety and DV protocols and best practices. The Center for Hope & Safety (CHS) leads an annual training for service providers on trauma-informed, client-centered practices to support DV survivors who access services.
CHS trainings include DV dynamics, anti-oppression, trauma/secondary trauma, survivor support, and safety measures to protect victims and staff when violence comes into the workplace. During the pandemic, CHS held Zoom training sessions so that community partners felt equipped to support survivors. Since the pandemic, CHS has returned to in-person trainings, providing them semi-annually or annually, depending on the needs of community partners. Sable House in rural Polk County likewise conducts community education regarding safety planning, survivor-centered services, and creating trauma-informed spaces for survivors.
In Oregon, to qualify as a DV provider, programs must meet a minimum of 40 training hours before providing services to victims. CHS provides its staff and volunteers an initial 52.5 hours including DV dynamics; safety planning; crisis intervention; anti-oppression work; suicide prevention/intervention; child abuse; youth issues; individuals with disabilities and vulnerable populations; ethics; boundaries; secondary trauma and self-care; community resources and referrals; and survivor-led, trauma-informed care to victims and survivors. Staff and volunteers receive ongoing training to keep skills current, such as confidentiality standards, protective orders, immigration issues, intensive case management, and Prison Rape Elimination Act services.
2. CoC Coordinated Entry (CE) assessment staff are trained by CHS on DV dynamics and how to make DV referrals for in-depth safety planning. CHS developed the DV-specific CE system protocols used in the Marion-Polk (CoC) region, including a pre-assessment tool for CoC CE assessment staff to determine households fleeing domestic violence. CHS provides DV-specific training to the CE assessment team, typically on a semi-annual or annual basis. CHS encourages the practice of assessing all adults individually. Survivors seeking services are offered completely confidential assessments, either at provider offices, confidential shelter locations, or over the phone when safety allows. Assessors are equipped to conduct crisis intervention and immediate safety planning when working with any survivor.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

The CoC's DV Coordinated Entry (CE) practices incorporate the following elements:
1. SAFETY PLANNING PROTOCOLS. DV CE practices in the Marion-Polk (CoC) region consider safety at every juncture of interactions with survivors of violence. Safety protocols include private meeting spaces, confidentiality policies and protocols, and keeping records in an encrypted confidential database. DV providers work to improve the safety of protocols for all CoC programs working with survivors. This includes conducting confidential assessments for survivors referred from other regional programs, if survivors want a confidential process where their information does not become part of the HMIS system.
A significant part of working toward long-term safety and stability for survivors during the DV CE process is assisting them in designing an action plan around their needs and goals. Housing advocates work on this voluntary safety plan in partnership with survivors. Housing advocates are trained to have planning protocols that are flexible and focused on short and long-term safety and stability. Advocates assist survivors with developing action plans and modifying them if they no longer work or the survivor's safety is compromised.
3.CONFIDENTIALITY PROTOCOLS. Survivors in the Marion-Polk (CoC) region are provided completely confidential services. Staff conducting assessments are fully trained Victim Services Advocates with certified Victim Advocate Privilege under Oregon law (similar in scope to Attorney Client Privilege). No client's information can be disclosed without the written, detailed, time-limited consent of the survivor through a VAWA-approved release of information form. All assessment data is de-identified before being entered on the DV Confidential Interest List. If another CoC program pulls a household from the de-identified list, the Center for Hope & Safety (CHS) contacts the survivor and provides them with the program information. The client can make an informed choice about working with the outside agency. As a Victim Services Provider, CHS uses a secure comparable database to store project client data.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. The CoC's two local DV providers, Center for Hope & Safety (CHS) and Sable House, supply de-identified aggregate data about DV survivors from comparable databases.
Based on HUD guidance and the National Network to End Domestic Violence Safety Net Project, CHS selected Empower DB. Empower is a relational database that stores all of CHS's client data for all programs. It meets all 2022 HMIS Data Standards required on October 1, 2021. Empower provides the following up-to-date HUD required reports: Annual Performance Report (APR), Consolidated Annual Performance Evaluation Report (CAPER), and Data Quality Framework. Empower also provides up-to-date federal partner reports. Empower has sufficient security protocols in place, including end-to-end data encryption, automatic time out or lock out, concurrent login prevention, username, and password access requirements. Empower also meets all the Violence Against Women Act (VAWA) requirements for confidentiality of sensitive survivor information. The Empower vendor meets HUD and federal partner deadlines for implementing data element, response category, and report specification updates and can create a valid comma separated values (CSV) export per the current HUD CSV specifications. The comparable database can import and export data to the latest HUD CSV specifications.
Sable House in rural Polk County uses the Osnium database. Osnium was designed specifically for DV service provider organizations in Oregon and is also compatible with HUD data standards and reporting.
2. The CoC uses de-identified aggregate data to evaluate how to best meet DV specialized needs in several ways. One of the most important ways is to identify gaps in services to survivors: available resources, community connections, and geographic areas of the region needing additional outreach or support. For CoC-funded programs, de-identified aggregate data is used to identify the number of survivors receiving housing and those still in need of housing resources and support; what mainstream benefits, education, and/or employment survivors seek; and what supportive services housing clients are using or may still need.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1. Yes, the CoC Board of Directors adopted a region-wide Emergency Transfer Plan policy and procedures.
2. Individuals and families seeking or receiving CoC Program assistance through any CoC program receive information about the Emergency Transfer Plan policy and procedures, regardless of survivor status, through direct interchanges between CoC staff, housing providers, and staff from CHS and Sable House DV programs. An Emergency Transfer Plan document is provided to all participants at program intake and the process is explained. As detailed in the CoC policy and procedures, the process requires a tenant to submit a written request for an emergency transfer to the housing provider. Clients can contact any CHS or Sable House Advocate to request an emergency transfer when they believe there is a threat of imminent harm from further violence if they remain in the same housing unit. Survivors can request an emergency transfer to another housing unit while still preserving assistance. As victim services providers, CHS and Sable House can serve as Qualified Third-Party entities. This allows CHS and Sable House Advocates to assist with the legal fourteen-day emergency lease breaking process when an emergency transfer is necessary.
3. As detailed in the CoC policy and procedures, a housing provider and Coordinated Entry staff act quickly to move a tenant/DV survivor to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. DV Advocates will discuss safety concerns with Housing Team Supervisors, form a short-term and longer-term safety plan with the survivor, assist with the paperwork (including serving as a Qualified Third-Party entity to certify the process when needed), assist with notifying the landlord, and assist with identifying a safe unit. If the survivor is residing in a Public Housing Authority (PHA) property, housing advocates work closely with PHA staff to complete the emergency transfer process. Part of helping survivors keep the new units safe is discussing ways to keep their information confidential from outside entities. Advocates discuss and assist survivors in signing up for the State of Oregon Address Confidentiality Program or use the CHS mail program. Survivors can also meet with advocates to discuss additional ways to keep their personal information confidential.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1. The CoC works diligently to ensure survivors have safe access to all available housing and supportive services. One way is by facilitating interagency coordination among DV providers and the CoC's Coordinated Entry (CE) System. These organizations have created a "no wrong door" approach, providing equitable access to the region's housing and supportive services. In addition, DV survivors, with the survivor's approval, can be pulled from either the DV CE list or the regular CE list. This greatly expands opportunities for DV survivors.
Another way is through CHS training for area housing and services providers on how a "no wrong door" approach can be used when working with survivors. Training emphasizes that survivors can access DV services and other housing and supportive services at the same time, and providers of housing and supportive services providers can receive DV technical assistance and support at any time.
2. Housing and supportive services providers and DV service providers in our CoC region work closely together to identify and remove systemic barriers within the homeless response system. DV experts share education and information on interpersonal violence with housing and services providers at the many CoC meetings, ensuring issues are proactively addressed before they become barriers to survivors. The process engages an array of rural and urban programs, such as behavioral health, housing, and social services providers and public safety agencies.
An example of the proactive nature of collaborations within the CoC region occurred in a recent CoC Collaborative Committee meeting with participation from rural service providers. Rural providers gained greater awareness of bilingual/bicultural DV services specific to their areas, including 24-hour crisis response, emergency transportation, consultation, and weekday walk-in services. Other collaborative groups within the region also request communications about DV survivor housing and service needs, such as the Executive Council of the Marion-Polk System of Care, Emergency Housing Network, Public Safety Coordinating Council, Woodburn Task Force, Marion County Human Trafficking Task Force, and Silverton Service Integration Team. DV staff often serve in leadership roles for these collaborations and bring information and education about how decisions and programming may impact survivors.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1.The Marion-Polk CoC ensures survivors with a range of lived experience are involved in developing CoC-wide policy and programs in the following ways.
(a) Roles include involving leadership of local DV service providers (staff, volunteers, board members) in survivor recruitment and CoC committee membership, inclusion of survivors on CoC committees as subject matter experts and advisors, and seeking survivor input through surveys and feedback methods, such as shelter and support groups and community surveys.
(b) To engage survivors, our CoC relies on two strong, local DV service providers--Center for Hope & Safety (CHS) and Sable House. Survivors are actively engaged, recruited, trained, and compensated through the DV programs and encouraged to serve on CoC committees, providing input on CoC-wide policies and programs. DV service providers and the CoC are thoughtful about recruiting and training survivors with lived experience after they have had time to focus on their own healing and are stable and safe. CoC funding pays for highly trained Housing Advocates who are survivors and often come from BIPOC, LGBTQ+, and other underserved and marginalized communities.
(c) The region's DV providers were founded and continue to base all aspects of their policies and programming on input and guidance of survivors from all backgrounds and walks of life. In serving as key CoC consultants, these DV providers and survivors who serve on CoC committees bring this same approach to developing CoC DV policies and programs. Their recommendations are based on seeking input from survivors and community partners from diverse backgrounds to make sure the CoC is reaching underserved and marginalized communities. Feedback provided through CoC committee members who are survivors is used to make substantive changes to CoC policies and programs. This has led to developing and implementing a DV CE process, CoC Emergency Transfer policy and procedures, and the partner trainings on domestic violence and trauma informed services for the CoC region.
2. The CoC relies on CHS and Sable House to train CoC staff, volunteers, housing and service providers, and other partners in how to work with survivors' unique and complex safety needs and how to best support survivors, including how to ask for their name, gender, and language preferences and how to protect their confidentiality and ensure their consent to participate in all aspects of CoC work.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

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

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback. The CoC first adopted a CoC-wide anti-discrimination policy in June 2020, four months after the new CoC was organized. The policy was a one-paragraph statement that the CoC is a non-discriminatory organization and that all CoC members and CoC-funded providers are required to adhere to anti-discrimination policies, under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2). In October 2021, the CoC amended its anti-discrimination policy, based on stakeholder feedback, to incorporate language referencing the Civil Rights Acts of 1964 and 1968; the Americans with Disabilities Act of 1990 and Rehabilitation Act of 1973; VAWA; Title 1 of the Housing Community Development Act; Age Discrimination Act of 1975; and HUD's Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (2012 Equal Access Rule), including the Equal Access in Accordance with an individual's Gender Identity in Community Planning and Development Programs (2016 Gender Identity Final Rule).
2. By inviting the Fair Housing Council of Oregon to conduct anti-discrimination training, the CoC assisted providers in developing and implementing policies consistent with the CoC-wide anti-discrimination policy, local and federal laws, and HUD standards, ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination.
3. The CoC evaluates compliance through Performance & Evaluation Committee site visits and interviews where committee members and staff meet with providers at least annually to ensure compliance with the HUD contract provisions and CoC policies. The process includes interviews with agency staff, review of relevant documents, and site observations.
4. The CoC Governance Charter describes the CoC's corrective actions process. The first step is that staff notifies the program in writing about any findings of non-compliance. The program then has an opportunity to provide additional information. If the performance issue is related to policy or practice deficiencies, the program may be placed on probation for a board-designated time period and will enter into a Performance Improvement Agreement with the CoC. CoC staff and consultants facilitate technical assistance during the probation period. To date, the CoC has not needed to place a program on probation for anti-discrimination issues.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Salem Housing Authority	23%	Yes-HCV	No
Marion County Housing Authority	5%	Yes-HCV	No

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

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

(limit 2,500 characters)

1. The CoC works closely with its three PHAs: Salem Housing Authority covering the urban Salem-Keizer area, Marion County Housing Authority covering rural Marion County, and West Valley Housing Authority covering rural Polk County. PHA directors serve on the CoC board, providing essential expertise to board discussions. PHA staff also participate actively in Built for Zero team meetings, Collaborative Committee meetings, and special workgroups, such as the group that developed MOUs for EHVs. The CoC has gained a greater understanding of the limited preferences that have been developed to ensure that CoC clients in PH-PSH and PH-RRH programs have access to Housing Choice Vouchers. Salem Housing Authority incorporated a limited preference for domestic violence survivors and provides vouchers to Center for Hope & Safety, a CoC-funded RRH program. Salem Housing Authority has also provided vouchers to clients served through the CoC-funded PSH Shangri-La and Community Action programs through limited preferences. At present, these are the only three CoC-funded housing programs in the Marion-Polk region.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Local landlords accepting Section 8 vouchers	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	SHA - Redwood Crossings	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Salem Housing Aut...
West Valley Housi...

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

Name of PHA: Salem Housing Authority

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

Name of PHA: West Valley Housing Authority

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

1. Foster Care	No
2. Health Care	No
3. Mental Health Care	No
4. Correctional Facilities	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Each CoC-funded renewal project's actual use of the Housing First approach is verified through annual site visits, project interviews and an annual Coordinated Entry System evaluation using the HUD CE System Evaluation Self-Assessment, client feedback and provider interviews. New projects undergo the same verification, in addition to technical assistance during project start-up to communicate CoC expectations about use of the Housing First approach and other relevant program policies.
2. The CoC uses information gathered via intake forms, client feedback and individual project interviews during the Housing First evaluation. Factors and performance indicators include evidence that the provider does or does not require service participation or preconditions (sobriety, minimum income) to rapid placement and stabilization in permanent housing, operates with low barriers, works to quickly move people into permanent housing, and does not require participation in supportive services.
3. The CoC's Performance and Evaluation Committee monitors CoC and ESG funded projects and general homelessness system performance. Project performance is evaluated through annual project assessments and interviews, in addition to the annual HUD Notice of Funding Opportunity process. The evaluation assessment tools incorporate items that ascertain the extent to which programs use a Housing First approach. Review teams applied a uniform framework, set out in an evaluation tool based on HUD CoC criteria, to filter required project reports and information provided in interviews with the program staff. The evaluation tool is used to confirm that each project meets HUD guidelines for Housing First and quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Project assessments and interviews also confirm that supportive services are offered to maximize housing stability and prevent returns to homelessness, as opposed to addressing predetermined treatment goals prior to permanent housing entry. Through the Performance & Evaluation Committee monitoring and annual Coordinated Entry System evaluation, the CoC monitors project adherence to using a Housing First approach and prioritizing rapid placement and stabilization in permanent housing without requiring service participation or preconditions of program participants.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

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

4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. The CoC's street outreach efforts include the coordinated work of 13 different outreach teams that are assigned to cover different geographic areas throughout the Marion-Polk region. Joint training and real-time communications help ensure that all persons experiencing unsheltered homelessness are identified and engaged. Outreach staff are trained in motivational interviewing, de-escalation, and safety practices, as well as how to access resources in the field and options for transportation to site-based community resources. Outreach staff are equipped with supplies to address immediate needs and are able to access additional health, safety, and sheltering supplies from CoC partner organizations. Supplies include resources to meet the needs of people who are unsheltered (e.g., tents, clothing, hygiene supplies), as well as pet food and access to veterinarian services for beloved pets. Having these additional resources helps outreach staff engage with all persons experiencing unsheltered homelessness.
2. The CoC's Street Outreach covers 100 percent of the CoC's geographic area of 1,938 square miles.
3. The CoC conducts outreach seven days a week for 5-8 hours per day, at various times of day. Some days outreach takes place around dawn, often handing out fresh brewed coffee. Teams visit camps and off-road areas, and more visible sites throughout the day. Outreach can extend later during the summer when it is light well into the evening.
4. The CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance by training outreach teams in incremental engagement strategies, focused on meeting persons experiencing homelessness "where they are at" and effectively engaging those individuals who are least likely to request assistance. Certain outreach teams are strategically deployed to identify and engage people purposely operating "off the grid." Rural teams work with small communities to become familiar with forested areas, creeks, and ditches where people may be camping. A new bilingual/bicultural specialty team was formed in the past year to identify and engage farmworkers.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes

5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	296	264

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	Oregon Health Plan (Medicaid)	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC systematically provides up-to-date information on mainstream resources through training and resource sharing during monthly Collaborative Committee meetings. On average, 60 people representing more than 50 organizations attend each meeting. For example, the committee hosted a training by the region's largest Medicaid Coordinated Care Organization (CCO) to equip organizations to help clients gain or retain Medicaid services, particularly during redetermination process which began in 2023. The CoC promotes several resource databases and referral systems including Mid-Valley Resources database, Unite Us and 211. Resources on these platforms include navigation for Food Stamps, SSI, SSDI, TANF, Medicaid, health services including substance abuse programs, and more.
2. Healthcare organizations are represented at nearly every level of the CoC including the board where designees from the region's largest hospital/clinic system and the region's main Medicaid CCO are seated. The CoC formed a Health & Safety Subcommittee with equal representation from healthcare related entities and housing/project staff, along with representatives of law enforcement and Oregon Department of Human Services. The subcommittee addresses health and safety needs of people experiencing homelessness throughout the Marion-Polk region through partnerships among housing, healthcare and other appropriate entities.
3. The CoC works with project staff to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. Six of eight CoC-funded housing projects have staff who have had SOAR training in the past 24 months. SOAR trainers make presentations at provider meetings and train in SAMHSA's SOAR model to assist clients in obtaining SSI/SSDI benefits.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

New funding awarded through foundations and local governments (City of Salem, Marion County, and State of Oregon) has significantly expanded non-congregate sheltering in the CoC region. Oregon's Project Turnkey program initially funded the 2022 conversion of two former motels to 150 beds for emergency shelter, with a third 56-bed facility added in early 2023.
Through one-time federal funding, City of Salem dedicated $7.78 million in FY 22 and FY 23 for micro-shelter village start-up costs and operations. Salem recently used State dollars to continue contracting with local providers and to create a third micro-shelter village adding 20 two-bed pods (40 beds) to the emergency shelter inventory. These villages provide meals in a common area, showers, bathrooms, and access to onsite case management, health care and other services.
On 1/10/23 the newly elected governor of Oregon issued an executive order, declaring a homeless crisis and identifying resources and State agency leadership for the communities experiencing the greatest increase in homelessness to expand low-barrier, non-congregate emergency beds and rapidly rehouse people experiencing unsheltered homelessness. The CoC used more than $6M of the $10M State grant to fund renovations and operations for more than 200 new low-barrier, non-congregate beds. The first five of those beds were filled in June 2023, a total of 55 were in use by September, and the remaining beds will be operational by January 2024.
Repurposed motels and new micro-shelter villages have become the preferred model, rather than expanding congregate sheltering where it is more difficult to protect against the transmission of communicable diseases or provide a sanctuary of privacy and buffer from emotional triggers. The primary reasons the CoC is expanding non-congregate sheltering include basic expansion of capacity to serve people experiencing homelessness with greater dignity. In addition, non-congregate shelters reduce the spread of infectious diseases. Populations prioritized for new non-congregate sheltering include young adults and those who are medically fragile and more susceptible to infectious diseases and the rigors of outdoor living.

ID-8.	**Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.**	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	**develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and**
2.	**prevent infectious disease outbreaks among people experiencing homelessness.**

(limit 2,500 characters)

1. In 2021, the CoC created a Health & Safety Subcommittee where healthcare organizations work together with homeless services providers to address health and safety issues among people experiencing homelessness, which includes infectious disease prevention and response. In 2023, the subcommittee consulted the region's public health authorities to create an Infectious Disease Prevention and Response Policy, which was approved by the CoC Board of Directors. This policy outlines communication with public health authorities to coordinate protocols and train providers of homeless services on reporting and responding to infectious disease outbreaks. It also outlines the CoC's outreach to and communication with public health authorities. To respond to outbreaks, the Oregon Health Authority publishes 24/7 county communicable disease reporting phone lines where organizations are asked to report communicable diseases. When a health department is notified, often by a hospital emergency department, that a person without an address has tested positive for a communicable disease, health workers contact shelters and other providers and will even go out to camps searching for that person. Health workers respond to foodborne illness outbreaks, which can result when well- meaning groups provide meals for people camping outside and provide information on how to dispose of soiled items and human material. Marion County's Public Health Department operates a mobile van, conducting STD and HIV testing, with follow up treatment.
2. To prevent infectious diseases, the CoC works closely with the region's two public health authorities, both of whom have representatives on the Health & Safety Subcommittee. Additionally, both public health authorities partnered to provide training on infectious disease prevention and response at the Collaborative Committee. The CoC's Infectious Disease Prevention and Response Policy indicates the CoC will work closely with public health authorities to provide training on infectious disease prevention to homeless services providers. Homeless services providers also partner with clinics to provide vaccinations at shelter sites, day centers and camps.

ID-8a.	**Collaboration With Public Health Agencies on Infectious Diseases.**	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	**shared information related to public health measures and homelessness, and**
2.	**facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.**

(limit 2,500 characters)

1. The CoC shares important health information, including information about public health measures and homelessness, through committee meetings, email communication and media posts. For example, this year, the region's two public health authorities partnered to provide training on infectious disease prevention and response within homeless services settings at the Collaborative Committee. The CoC also shared resources such as HUD's Infectious Disease Toolkit for CoCs and Disease Risks and Homelessness webpage with Collaborative Committee members.
2. The CoC's Health & Safety Subcommittee was created to facilitate conversations between health (including public health) and housing (including street outreach and shelter providers) around critical health issues including infectious disease prevention. In 2023, the CoC's Board of Directors approved an Infectious Disease Prevention and Response Policy created and recommended by the Health & Safety Subcommittee. This policy outlines communication with public health authorities to coordinate protocols and train providers of homeless services on reporting and responding to infectious disease outbreaks. It also outlines the CoC's outreach to and communication with public health authorities. Public health representatives participate monthly in the Health & Safety Subcommittee and in the broader Collaborative Committee (50-60 attendees monthly) to inform providers about measures to prevent or limit infectious diseases.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. In 2021, the CoC established new CE access sites at multiple locations. Last year it had six, and now has a total of 10 CE assessment sites and mobile assessors that serve all populations across 100% of the 1,938 square mile region, co-located with services specifically for families, Veterans, youth and young adults, and domestic violence survivors. To reach people least likely to apply for homeless assistance, the CoC has a mobile CE Assessment Team that goes into the field with outreach workers and visits emergency shelters and other locations to conduct assessments. This mobile team partners with outreach workers, including those focused on rural, unincorporated areas. Currently, the CoC is piloting a model whereby assessments are conducted by in-the-field case managers, alleviating the mobile assessors to focus in other areas. It has trained more than 250 people, including outreach teams, emergency shelters, and RRH providers, in CE System basics, including their roles in facilitating connections between clients and assessment services and updating client information, and another 200 people who interact with mainstream services about the CE System and how to make referrals for assessments.
2. The CoC uses VI-SPDAT standardized assessment tools across all access points, including prevention and homeless assessments tools, as indicated, for individuals, families, and transition-aged youth (TAY). Assessors participate in annual training and are monitored for implementation fidelity. To prioritize people most in need of assistance, the CoC protocols are based on VI-SPDAT, VAT, and FUSE scores, which identify levels of vulnerability, as well as history of chronic homelessness. The CoC's PSH and RRH providers are required, and agree, to serve chronically homeless people with the highest levels of vulnerability and work with others to provide adequate supportive services to ensure clients gain housing stability.
3. The CoC's CE System uses feedback gathered through surveys of clients and participating agencies to improve CE policies, procedures, and practices. This input is assessed quarterly to inform changes to the CE System. In addition, providers participate in an annual CE System evaluation and make recommendations for system improvements.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. The CoC's Coordinated Entry System trains outreach workers and staff within other social service agencies, including culturally specific organizations, to serve as "ambassadors" for the CE system and provide information and warm hand-off referrals for people who are least likely to apply for homeless assistance. Since implementing this new model two years ago, the CoC has more than doubled the number of CE assessments conducted annually.
2. The CoC's Coordinated Entry System Policies & Procedures include standards for prioritizing people most in need of assistance. The prioritization criteria are based on VI-SPDAT scores, as well as FUSE scores and emerging circumstances, such as pregnancy, emerging health conditions, and recent victimization.
3. The CoC's Coordinated Entry System Policies & Procedures are client-centered, prioritizing client choice, and facilitated by housing navigators that can assist clients to weigh their options, offering that assistance and responding, as requested.
4. The CoC's "no wrong door" approach to Coordinated Entry, which provides maximum flexibility in how to engage with CE, along with collaborative case conferencing, helps reduce any burdens people may experience by needing to participate in a CE assessment.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1. The CoC's Coordinated Entry System affirmatively markets housing and other services through partnerships with culturally specific organizations, as well as mainstream service providers and street outreach staff, to ensure it reaches all persons experiencing homelessness. Information is translated into the primary languages spoken in the region, and CE staff participate in training related to equity, trauma informed care, and domestic violence annually. Additionally, standards for serving as a CE Assessment Site include the capacity to communicate in the client's first language.
2. The CoC's Coordinated Entry System Policies & Procedures include protocols for informing participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws. The CoC provides all participants with information and asks them to sign a statement of receipt.
3. The CoC's Coordinated Entry System and individual service providers work closely with the Fair Housing Council of Oregon and the two local jurisdictions responsible for certifying consistency with their Consolidated Plans (City of Salem and Marion County) to report and remedy any conditions or actions that impede fair housing choice for current or prospective program participants. The City of Salem's Human Rights & Relations Specialist is an active partner in the CoC's efforts to address homelessness and serves as the City's liaison to the homeless community.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/14/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC elevated equity in its community-driven response to the governor's 2023 executive order declaring a homeless emergency by examining racial disparities in the CoC's local homeless response system. While the State provided a PIT Count (fewer than 1,900 people) comparison to Census data, our CoC dug deeper to compare the Census data to the 4,500 people who participated in a Coordinated Entry assessment, and then CE data to populations served in emergency shelters and rapid rehousing programs.
2. The CoC identified the following racial disproportionalities in people identified as homeless through CE assessments. Disproportionality refers to the state of being out of proportion. Disproportionality describes a condition when the percentage of persons of a certain race or ethnicity in a target population differs from the percentage of persons of the same group in a reference (or base) population. (a value of 1.0 means the population is equally represented in category as in the overall Census):
DISPROPORTIONATLY HOMELESS:
Black, African American, or African – 3.7
Native Hawaiian or Other Pacific Islander – 1.8
American Indian, Alaska Native, or Indigenous – 1.8

The CoC identified racial and ethnic disparities in people engaged in homeless services in order of disparity:
DISPROPORTIONATELY UNDERSERVED IN EMERGENCY SHELTER:
Multiple Races – 1.3
Black, African American, or African – 1.3
Hispanic or Latinx – 1.2
American Indian, Alaska Native, or Indigenous – 1.2

DISPROPORTIONATELY UNDERSERVED IN RRH PROGRAMS:
American Indian, Alaska Native, or Indigenous – 2.2
Hispanic or Latinx – 1.5
White – 1.1
Black, African American, or African – 1.1

1D-10b.	**Implemented Strategies that Address Racial Disparities.**	
	NOFO Section V.B.1.q.	

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

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	No
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	No
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	No
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes

8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.	The CoC's DEI Subcommittee created an Equity Lens tool to guide decision making at board and committee levels by considering the impact of proposed decisions on underserved, diverse, marginalized, and disproportionally impacted individuals, and groups.	Yes

1D-10c.	**Implemented Strategies that Address Known Disparities.**	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC's recent analysis of racial and ethnic disparities in the homeless services system immediately led to adding a weighed priority for addressing racial disparities in CoC-funded programs, including $10M to expand low-barrier, non-congregant shelter beds and rapid rehousing for households experiencing unsheltered homelessness, as well as the CoC's FY 2023 competition.
The CoC's 2021 noted that it is often more difficult for ethnically and racially diverse groups and minority-run nonprofits to navigate complex bureaucracy and barriers. The CoC continues to implement strategies to mitigate these complexities and more fully engage and support culturally specific populations and organizations throughout the region, including peer education and relation-based technical assistance.
The CoC's current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served at the same rate they are experiencing homelessness include: (1) outreach and communications, (2) provider training, specifically in equity, inclusion, and cultural responsivity, and (3) embedding Diversity Equity and Inclusion (DEI) strategies throughout the CoC organization. As examples, the CoC has expanded outreach in geographic areas with higher concentrations of underrepresented groups, and one provider has an outreach team that engages specifically with migrant farmworkers; Fair Housing Council of Oregon staff regularly attend the Collaborative Committee and have presented on Oregon's history of housing discrimination and annually on housing equity for LGBTQ+ populations; and the DEI subcommittee recently developed an equity lens to help all sectors, committees, and providers examine practices and decisions for impact on equity.
Examples of providers' work to address disparities include the Center for Hope & Safety's educational materials available in Spanish, Russian, Vietnamese, Chinese, Braille, audio, large print, and some in pictorials; co-located office space with the Confederated Tribes of Grand Ronde Warriors of Hope Victim Advocacy Program, leading to more Native American survivors being served in DV programs, and a partnership with a local culturally specific organization to provide services to survivors going through the immigration process.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. The HMIS Users Workgroup participates in a quarterly review to ensure the collection of data to better understand the pattern of program use for people of different races and ethnicities. The Coordinated Entry (CE) Committee analyzes quarterly data on CE Assessments and conducts an annual study of CE processes to understand the impacts on people of different races and ethnicities experiencing homelessness. The Performance and Evaluation Committee reviews APR and CAPER data to understand the patterns of program use for people of different races and ethnicities in CoC- and ESG-funded programs.
2. The CoC's Diversity, Equity, and Inclusion (DEI) Subcommittee created an Equity Lens as a tool to assist the CoC in considering the impact of proposed decisions on underserved, diverse, marginalized, and disproportionally impacted individuals, and groups. This tool asks decision makers a series of questions centered around (1) alignment with the CoC's mission/vision, (2) barriers to more equitable outcomes, (3) how the decision builds capacity and power in underserved groups or groups experiencing systemic oppression, (4) what data has been used to inform the proposal and/or initiative, and what that data tells about the impact on various population of houseless people, (5) populations the decision, proposal, and/or initiative effect positively and negatively, (6) how members of the community are intentionally involved in the decision-making process, and what the community members tell the CoC about the proposal and/or initiative, (7) where power is held in the decision-making process and how it should be shared to include those most impacted by the decision, (8) what would it take for the initiative to be sustainable and scalable, (9) how the committee/board has taken time to listen and learn from those who are impacted by the decision, and (10) what data should be collected to inform reflection on the effects of the decision. After a decision is made, the tool asks decision makers to consider, (1) if there have been unintended consequences affecting equity because of the decision and how those consequences have been mitigated and/or resolved, and (2) what the data says about the impact and success of specific population and how will the CoC share the findings with those most impacted by the initiative.

1D-11.	**Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.**	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

Outreach efforts to engage youth and young adults with lived experience of homelessness to participate in the CoC's Youth Action Board (YAB) include use of social media, peer events, word of mouth, and working with and through youth service providers and McKinney-Vento school liaisons. Interested youth and young adults are encouraged to attend, observe, and participate in a YAB meeting prior to applying. Current YAB members conduct the interviews and recommend board appointments. The YAB Chair has lived experience and is a voting member of the CoC board of directors.
In addition to the YAB Chair, the board includes two additional voting members with lived experience, one who was through the Law Enforcement Assisted Diversion (LEAD) Program Navigator and another who was recruited through the CoC Collaborative Committee. The Collaborative Committee conducts outreach through its partner members of people currently or recently involved with homeless services that may be interested in serving on a committee or board.
Outreach efforts to engage adults with lived experience of homelessness also occur through action teams, such as the one which developed a plan to serve individuals and families with severe service needs. These outreach efforts focus on trusted relationships to introduce the opportunity and, if needed, provide support to access and engage in meetings. The CoC works with and through service providers, ensuring that they fully understand the opportunities and can answer initial questions before connecting the individual to the project point person. The project point person engages one-on-one with the individual, often over a cup of coffee or a meal, prior to them taking on their new role. Throughout the engagement, the point person is mindful to continue one-on-one communications, debriefing meetings and ensuring the individual has the information, time, and support to maintain engagement.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	14	2
2.	Participate on CoC committees, subcommittees, or workgroups.	35	6
3.	Included in the development or revision of your CoC's local competition rating factors.	0	0
4.	Included in the development or revision of your CoC's coordinated entry process.	644	278

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

In 2020, four months after its inception, the CoC entered into a Memorandum of Understanding with Willamette Workforce Partnership, the region's WIOA organization, which provides mainstream employment resources, on-the-job training, continuing education, and individual case management, as well as focused resources to assist people experiencing homelessness or participating in housing programs to gain workforce skills and relevant experience for sustainable employment. Willamette Workforce Partnership operates WorkSource Centers throughout the region and coordinates skill-based training to meet the needs of the emerging workforce. Cognitive-based work readiness programs assist people who have been displaced to re-enter the world of work. Several years ago, Willamette Workforce Partnership developed a program in conjunction with Community Action to provide paid internships for people experiencing homelessness. Findings from that recent pilot program resulted in adapting outreach and engagement practices for people experiencing homelessness and changing the focus to "re-thinking employment" before focusing on skill-based training.
Several CoC member organizations offer professional development and employment opportunities to individuals with lived experience of homelessness. One of the premier examples is an organization called Church at the Park. This young but robust organization is built on the philosophy of servant leadership and developing meaningful community connections. This philosophy sets the foundation for honoring lived experience in the workplace and investing in professional development that equips people with the skills, confidence, humility, and support to serve others experiencing homelessness. The invitation for program clients to participate in community living provides an entree to purpose-driven experiences. The accompanying training, mentoring, and support help clients recognize the value of their contributions and move into paid positions within the organization. The majority of Church at the Park's staff have recent (or current) lived experience with homelessness.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

	Describe in the field below:
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. The CoC gathers feedback from people experiencing homelessness through surveys and focus groups, as well as engaging people with lived experience to serve on the board, committees, and special work groups. Beginning this past year, the CoC's CE assessment process includes a short client survey to provide feedback on the experience, and the CE Committee is currently designing focus groups to gather additional information. The CoC Board of Directors includes three voting members with lived experience. The CoC's Youth Action Board is comprised of 15-20 youth and young adults with lived experience. More than half of the committee members reviewing applications for CoC, YHDP, and State funding have lived experience.
2. CoC- and ESG-funded programs conduct focus groups and routinely gather feedback from their clients on their experiences receiving assistance. As an example, one provider conducted three focus groups with a total of 40 clients to hear what they thought about possible program expansions and ways to better support people receiving services. This input was used to improve existing services and develop new services. Another provider conducts a monthly "kitchen table talk" to gather feedback from clients, which is used to improve services.
3. In 2022, the CoC developed a Comprehensive Plan to End and Prevent Youth and Young Adult Homelessness. This plan was informed by more than 20 youth and young adults with lived experience of homelessness. These voices of lived experience identified challenges unique to young people, including difficulty finding a place of belonging among the predominantly adult world of people experiencing unsheltered homelessness. Responding to the level of insecurity and trauma described by these young people became a central theme of the comprehensive plan. The priorities identified by these young people shaped the housing and supportive services that received more than $3 million in funding through the Youth Homelessness Demonstration Program (YHDP). These four YHDP-funded projects have continued to engage with the CoC's Youth Action Board, using their input to design everything from policies and procedures to marketing materials, facility plans, job descriptions, and job titles.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

The CoC board includes several local elected officials, including mayors of the two largest cities in the region, city councilors from two rural cities (Monmouth and Independence), a councilwoman from the Confederated Tribes of Grand Ronde, and county commissioners from both counties in the region (Polk and Marion). This setting provides ample opportunities for the CoC to inform state and local government efforts to reform zoning and land use policies and reduce regulatory barriers to increase housing development. CoC board members helped guide the following reforms.

1. Marion County reformed zoning and land use policies in a variety of ways to permit more housing development. Accomplishments include adding provisions to qualify additional housing on rural farmland, adding provisions to qualify additional housing on rural forest land, removing occupancy limits of persons in dwelling units, and adding provisions to permit wildfire related hardship dwellings. The City of Monmouth reformed zoning code in 2023 to remove barriers to affordable housing development in a variety of ways including reducing parking requirements, increasing density, reducing lot sizes, increasing the range of allowed housing types, and streamlining review procedures. A grant provided by the City of Salem enabled the CoC to host a conference on creative affordable housing strategies. The conference was attended by representatives from several sectors including city, county and state government representatives. Presentations included guidance on reforming zoning practices.

2. Marion County successfully reduced a number of barriers to housing development by reducing barriers to establishing needed farm housing, modernizing standards for manufactured housing on urban land, and removing barriers to establishing accessory dwelling units.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	**Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.**	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	**Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.**	07/14/2023
2.	**Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.**	07/14/2023

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.**	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Provided points for projects that addressed specific severe barriers to housing and services.**	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	400
2.	How many renewal projects did your CoC submit?	7
3.	What renewal project type did most applicants use?	PH-RRH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

	Describe in the field below:
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The CoC analyzed data regarding each housing project through regular review of HMIS/comparable database reports, focusing on length of time homeless, exit destinations, and shifts in cash and non-cash income.
2. Renewal project applicants were asked to submit an Annual Performance Report (APR) for the 12-month period ending June 30, 2023 as part of the FY 23 local competition. A consultant conducted a technical review and data analysis of each project application and provided a synopsis to the Review and Recommendations (R&R) Committee members. An example of data displayed for one of the DV renewal projects is: “37/39 of all exits moved into permanent housing = 97%. Average Length of Time to move in was 42 days. 74% of households had earned income at start, and 80% of leavers had earned income at exit.”
3. The Marion-Polk region experiences high rates of chronic homelessness. In 2021-22, 62% of the region’s homeless population of adults without children were chronically homeless, compared with 34% in Oregon and 27% nationwide. In considering specific severity of needs and vulnerabilities, the CoC prioritized projects serving chronically homeless populations. During the review and ranking process, each renewal project’s APR was reviewed to ensure the project had been serving vulnerable subpopulations, including vulnerabilities such as alcohol abuse, drug abuse, chronic health conditions, HIV/AIDS, developmental and physical disabilities, persons fleeing domestic violence, gender, institutional setting, and income status, and including vulnerabilities associated with living at or below the federal poverty level. Additionally, each applicant was scored on ability to serve program participants experiencing specific severe barriers, preventing rapid placement in permanent housing or the ability to maintain permanent housing.
4. Review and ranking scoring tools incorporated 20% or more under “Project Design” for reviewers to evaluate priority vulnerable subpopulations. Reviewers assessed the extent to which the project design reflected the applicant’s understanding of target population to be served and the applicant’s experience working with target population. These points could mitigate or offset deficiencies in System Performance Measures for providers working with subpopulations with severity of needs and vulnerabilities.

1E-3.	**Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.**	
	NOFO Section V.B.2.e.	

	Describe in the field below:
1.	**how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;**
2.	**how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and**
3.	**how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.**

(limit 2,500 characters)

1. Comparing the CoC's Coordinated Entry data to Census data, the CoC identified the following populations experience homelessness at a disproportionate rate: Black/African American/African at 274% (nearly three times) greater than Census, Native Hawaiian/other Pacific Islander at 83% greater, American Indian/Alaska Native/Indigenous at 76% greater, and White at 12% greater than Census. To develop the scoring tools, the CoC Collaborative Committee, a broad stakeholder group, conducted a review of tools and processes, coordinating with the Performance & Evaluation (P&E) Committee to address equity. Participants representing the LGBTQ+, American Indian, and Latinx populations, and domestic violence survivors were integrated into the process for determining rating factors and the review process. Board members and representatives from the local health equity coalition also provided input, with representation from the LGBTQ+ and American Indian populations. The local competition scoring tools were also influenced by the 2022 YHDP funding process, where scoring tools were reviewed by youth, including LGBTQ+ and BIPOC representation.
2. The invitation to participate in the review, selection and ranking process was extended through multiple channels with the intent to draw a broad audience and recruit participants from diverse backgrounds. Of the participants who chose to disclose their race and ethnicity, 17% identify as Black or African American, 17% as Hispanic, 17% as multiple ethnicities, and 83% as White/Caucasian. Three participants declined sharing their race and ethnicity.
3. The CoC's Review and Ranking (R&R) Subcommittee's technical review incorporated SPMs by race and ethnicity. Each renewal project applicant was required to submit an Annual Performance Report (APR) which portrayed the prevalence of historically marginalized and underserved populations, including race and ethnicity. The CoC values equity and incorporated the following mandatory supplemental application criteria which were reviewed and scored on a 1–5-point scale by the R&R Subcommittee: (1) applicant describes meaningful involvement l program development by stakeholders with different identities, and (2) applicant has identified any barriers to participation (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

1. The CoC's reallocation process is tied to performance reviews of each CoC-funded project, which were most recently conducted by the CoC's Performance & Evaluation Committee in April 2023. The review includes examination of the project's APR/CAPER, performance reports from HMIS, and information gathered during a site visit. Under the CoC governance charter, "projects will be reviewed by the PE Committee, with any findings reported to the CoC Board." The CoC Board is responsible for determining a course of action, including the possibility of reallocation.
2. The CoC did not identify any low performing or less needed projects this year.
3. The CoC did not make any reallocations this year.
4. All CoC-funded projects continue to address regional priorities and have either maintained or improved their program outcomes, such as Length of Time Homeless and Increased Income. In addition, CoC-funded projects have improved data quality, with every Universal Data Element error rate other than social security number at 0% - 4%.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/22/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023

2A-4.	**Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section V.B.3.b.	

	In the field below:
1.	**describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;**
2.	**state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and**

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. Oregon Housing and Community Services (OHCS) served as the CoC's HMIS Lead until August 2023. OHCS and CoC staff have communicated directly with the region's two DV providers to ensure they are currently using a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards and the 2022 HMIS Data Standards required as of October 1, 2021.
2. OHCS verified the DV providers' databases can create the required CoC Annual Performance Report (APR) and ESG CAPER. The database vendors meet HUD and federal partner deadlines for implementing data element, response category, and report specification updates and can create a valid comma separated values (CSV) export per the current HUD CSV specifications. The database can import and export data to the latest HUD CSV specifications. Each database protects data according to the federal and other privacy laws, 42 CFR Part 2 and the Violence Against Women Act (VAWA) strict confidentiality standards to which all Victim Service Providers are required to adhere. The CoC implemented a process whereby DV providers share their APRs with the CoC and OHCS (the CoC's HMIS Lead), along with de-identified aggregate data from the comparable database. The APR is generated in the SAGE HMIS Reporting Repository and includes System Performance Measures. This process allows a smooth transition to begin receiving and incorporating the comparable database de-identified aggregated data for the CoC's comprehensive data.
3. We confirm that OR-504 Salem/Marion, Polk Counties CoC is compliant with the 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	599	43	251	45.14%
2. Safe Haven (SH) beds	19	0	19	100.00%
3. Transitional Housing (TH) beds	215	0	148	68.84%
4. Rapid Re-Housing (RRH) beds	264	129	135	100.00%
5. Permanent Supportive Housing (PSH) beds	217	0	196	90.32%
6. Other Permanent Housing (OPH) beds	91	0	91	100.00%

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. Plans over the next 12 months to increase HMIS Bed Rates to at least 85 percent for project types below 85 percent in the 2023 HIC (Emergency Shelter and Transitional Housing) are:
(a) Emergency Shelter (ES) HMIS Bed Rate in the 2023 HIC was 45% and is anticipated to be well above 85% by mid-January 2024. One ES provider (190 beds in the 2023 HIC) has re-entered conversations with the CoC to overcome privacy concerns and start using HMIS in January 2024.
(b) Transitional Housing (TH) HMIS Bed Rate in the 2023 HIC was 68% and is anticipated to be well above 85% by mid-January 2024. In 2022 a TH provider with 53 beds lost staff capacity to continue entering data in HMIS. That provider has regained staff capacity and is now using HMIS again. Another provider has 69 TH beds (and the 190 ES beds noted above) and is working with the CoC to overcome privacy concerns and start using HMIS in January 2024.
(c) Rapid Rehousing HMIS Bed Rate in the 2023 HIC was 100%.
(d) Permanent Supportive Housing HMIS Bed Rate in the 2023 HIC was 90%
(e) Other Permanent Housing HMIS Bed Rate in the 2023 HIC was 100%.
2. The CoC will build on the training given to the emergency shelter (190 beds) and transitional housing (69 beds) provider to educate their board of directors and address any remaining privacy concerns. After presenting information to the organization's board of directors, the provider will be prepared to sign the CoC's HMIS Agency Participation Agreement. The HMIS Lead will provide in-person and remote HMIS user training, including site visits to ensure system parameters meet data and confidentiality standards. Finally, the provider will have ongoing access to the CoC's web based HMIS Training Site and technical assistance from the CoC HMIS Local System Administrator. The emergency shelter provider will designate a staff person as its Agency HMIS Administrator, who will participate in the HMIS Users Workgroup.
The transitional housing provider (53 beds) will receive additional training and monitoring for data quality. This provider will also designate a staff person as its Agency HMIS Administrator, who will participate in the HMIS Users Workgroup.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	**PIT Count Date.**	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023

2B-2.	**PIT Count Data–HDX Submission Date.**	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023

2B-3.	**PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.**	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	**engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;**
2.	**worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and**
3.	**included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.**

(limit 2,500 characters)

1. During the PIT Count planning process, the CoC convened a workgroup of stakeholders who serve homeless youth through street outreach, drop-in centers, schools, healthcare, and law enforcement, that developed strategies to engage youth in the 2023 PIT Count. The workgroup met every two to four weeks and consulted with young people with lived experience of homelessness to refine and implement outreach and engagement strategies. These strategies included hosting welcoming events at locations the youth frequent, offering food and other incentives, and using a youth-friendly version of the survey questions.
2. Youth experiencing homelessness helped spread the word to encourage peers to participate in the PIT Count and showed them how to use their phones to complete the survey they helped design. This survey mirrored the PIT Count questions and included a self-reported location, which was an automatic feature of the Counting Us app. Seven youth also volunteered at two special events, with food and give-away items, to encourage their peers to participate in the PIT Count.
3. Stakeholders in the 2023 PIT Count youth engagement workgroup (staff from street outreach, drop-in centers, schools, etc.) and the CoC's Youth Action Board pinpointed locations throughout the two-county region where youth experiencing homelessness would be most likely to be identified.

2B-4.	**PIT Count–Methodology Change–CoC Merger Bonus Points.**	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	**describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;**
2.	**describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and**
3.	**describe how the changes affected your CoC's PIT count results; or**
4.	**state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.**

(limit 2,500 characters)

1. The CoC made no changes to the sheltered PIT Count methodology. The methodology employed a combination of HMIS data for projects using HMIS and survey data from the Counting Us app to collect data for projects not using HMIS.
2. The CoC enhanced data collection by hosting a resource fair in a more rural area of the region. This outreach effort more than doubled the number of people counted in that area to more than 80 individuals.
3. Overall, the CoC's 2023 PIT Count numbers remained similar to 2022.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1. The CoC uses the P-VI-SPDAT (individual and family versions) to identify persons at-risk of becoming homeless for the first time. The tool quantifies each household's vulnerability and breaks down risk factors leading to homelessness. Risk factors are identified within six domains: safety, history of housing/homelessness, personal administration/money management, meaningful daily activity/self-care, engagement with emergency services, and wellness. Factors can either occur in isolation or compound. Depending on responses to a series of questions, a household's ability to sustain long-term housing stability is revealed. The CoC uses this information to develop regional strategies and provide targeted services to at-risk households. Examples from single adult households seeking prevention services during a 12-month period are: (a) 45% with at least one dependent minor, (b) 12% reported a mental health diagnosis, 3% alcohol and/or drug abuse, 10% chronic health condition, 8% developmental disability, (c) 4,400 persons were part of rental households needing emergency rental or utility assistance.
2. Resources available to our region's at-risk families and individuals target P-VI-SPDAT risk factors and mitigate barriers to reduce the area's homeless population. Services include emergency rental assistance, benefit navigation, vocational rehabilitation/employment support, domestic violence services, aging/disability services, health navigation, substance use/addiction treatment, childcare assistance, and family development. Such resources act together for maximum impact on a household's long-term stability. Collaboration occurs via multiple forums, such as the CoC Collaborative Committee, Service Integration Teams, rural co-location facilities, case conferencing meetings (Fostering Hope, Oregon Latinx Power Table), and direct provider or regional referral systems (Unite Us, 2-1-1, and others).
3. Mid-Willamette Valley Community Action Agency is the organization responsible for overseeing the CoC's strategy to reduce first time homelessness.

2C-1a.	**Impact of Displaced Persons on Number of First Time Homeless.**	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	**natural disasters?**	No
2.	**having recently arrived in your CoCs' geographic area?**	No

2C-2.	**Length of Time Homeless–CoC's Strategy to Reduce.**	
	NOFO Section V.B.5.c.	

	In the field below:
1.	**describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,500 characters)

1. The CoC's strategy to reduce the length of time individuals and persons in families remain homeless (LOT) is to
(a) incorporate LOT in service prioritization. LOT is a factor, along with vulnerability and FUSE scores, that determines prioritization for referral to housing services,
(b) strengthen relationships with landlords through multiple staff positions dedication to landlord identification and communications, and
(c) shorten the time between property identification and habitability certification by training additional staff to conduct certification.
2. In addition to LOT prioritization, the CoC uses the Built for Zero collaborative case conferencing model to identify and house individuals and persons in families with the longest lengths of time homeless. Quality By-Name Lists are current in real-time in the CoC's HMIS and pulled weekly for case conferencing sessions. Data is transferred from HMIS to the Built for Zero data analytics tool and examined monthly to monitor the length of time homeless. The CoC's Built for Zero Strategy Team is an interagency team responsible for data analysis and testing system changes to improve metrics, including reducing the length of time homeless (wait time on each By-Name List). Collaborative case conferencing teams include representatives from multiple agencies who work together to house "long-stayers" (identified through the BFZ tool) from each of the By-Name Lists. The case conferencing teams were developed by the CoC's Built for Zero Strategy Team, which grew from five people representing one agency and a representative of the CoC, to a team of 12 people representing 10 different agencies within a year of our first BFZ Learning Session. The two case conferencing teams focus on housing chronically homeless individuals (11 team members from seven agencies) and Veterans (13 team members from eight agencies). By prioritizing long-stayers, the CoC reduces the length of time homeless individuals and persons in families and improves this system performance standard.
3. The Mid-Willamette Valley Homeless Alliance is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. The CoC's strategies to increase rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing rapid rehousing exit to permanent housing destinations are:
(a) Using Longitudinal System Analysis data to identify pathways most in need of improvements. To-date, that has been transitional housing and, due in large part to low vacancy rates and sluggish construction activity in our community, an affordable rental unit deficit of more than 1,500 units,
(b) Convening an affordable housing summit in May 2023 that highlighted promising approaches for local developers and local governments to address the affordable housing deficit,
(c) Expanding duration shelters and implementing more robust support, including case management, housing navigation, health care, and mental health services,
(d) Coordinating case management for people who enter rapid rehousing programs with stays at emergency shelter, so each provider can offer appropriate support to expedite the process, and
(e) Incorporating innovative ways to house youth and young adults exiting from the streets and shelters, such as a new Transitional Housing-Rapid Rehousing (TH-RRH) project slated to open in November 2023.
2. In addition to the actions identified above, the CoC's strategies to increase rates of exits to/retention in permanent housing for individuals and persons in families residing in permanent housing projects are: (a) Increasing development of housing stock dedicated to serving previously homeless populations, working with local developers and public housing authorities (e.g., Salem Housing Authority's 50 new PSH beds in two new complexes, Yaquina Hall and Sequoia Crossings), and
(b) Replicating an on-site behavioral health model piloted at Redwood Crossings, a 37-unit PHA-owned PSH complex, designed to increase housing retention and client stability. Encouraged by the success, partners have integrated this model into Yaquina Hall and Sequoia Crossings.
3. The Mid-Willamette Valley Homeless Alliance is responsible for overseeing our CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

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

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

(limit 2,500 characters)

1. The CoC identifies individuals and families returning to homelessness through HMIS reports of exits from permanent housing, as well as reports on individuals with move-in dates in the prior 3, 6, and 12 months who access resources designed to serve persons experiencing homelessness. The CoC also uses Longitudinal Systems Analysis (LSA) data to identify trends.
2. The CoC's strategy to reduce the rate of additional returns to homelessness includes increasing case management capacity and wraparound services that support housing retention, particularly with residents in Rapid Rehousing and Permanent Supportive Housing. An on-site behavioral health model at Redwood Crossings, a 37-unit PHA-owned PSH complex, has been replicated at Sequoia Crossings, a new 30-unit PSH facility designed to increase housing retention and client stability, and 20 PSH units in the 51-unit Yaquina Hall. The CoC recognizes that expansion of street outreach and the availability of CE assessments will likely provide data showing an increase in returns to homelessness, as navigators will be connecting with a greater number of formerly housed clients. However, street outreach data can be analyzed to calculate the impact of this strategy. Finally, the CoC is pursuing MOUs with partners who facilitate discharge planning for young people leaving foster care, long-term hospital stays, and mental health care facilities to ensure persons who have resided there longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. These MOUs will supplement partnerships currently in place to do the same with persons reentering the community from incarceration and short-term hospital stays.
3. The Mid-Willamette Valley Homeless Alliance is responsible for overseeing the CoC's strategy to reduce the rate of individuals and persons in families returning to homelessness.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1. Our CoC's strategy to access employment cash sources and increase employment income is centered on the belief that all people have value and something to contribute. This is actualized when organizations purposefully recruit people with lived experience, when resources are dedicated to help clients overcome employment barriers, when community colleges advocate to allow that grants and scholarships serve formerly incarcerated people, and when all stakeholders share information and connect clients with employment resources. Each one of these examples is being implemented in our CoC.
2. Our CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase cash income through connections with Willamette Workforce Partnership (WWP), the region's WIOA lead. An MOU between the CoC and WWP includes objectives, among others, to (a) Work with partner workforce programs to provide co enrollment in workforce and homeless assistance programs; (b) Increase awareness of workforce training and resource opportunities, such as vocational training and union apprenticeship opportunities, among CoC partners; (c) Increase awareness of homeless assistance and homeless prevention resources and opportunities among workforce partners; and (d) Work together to ensure that increasing income through employment, especially career track employment, is explored with all people experiencing homelessness enrolled in a CoC program. The CoC shares information with homeless service providers about mainstream employment resources, as well as services offered by WorkSource Centers and staffing agencies. Special events, such as job fairs or training sessions, are broadcast on BaseCamp, a shared social media platform. Partnerships between workforce programs and CoC providers have resulted in co-enrollment in workforce and homeless assistance programs.
3. Willamette Workforce Partnership oversees the CoC's strategy to increase client income from employment.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. The CoC's strategy to access and increase non-employment cash income is to help people experiencing homelessness to obtain income from Supplemental Security Income and/or Social Security Disability Insurance (SSI/SSDI) for which they qualify. The CoC also actively works through its partnerships with county Veteran Services programs and the U.S. Department of Veterans Affairs to identify Veterans who have not yet accessed compensation and pension benefits to which they are entitled. To increase client access to SSI/SSDI benefits, the CoC is expanding the number of SOAR-trained case workers in the region and educating all types of staff (street outreach, emergency shelter, transitional housing, RRH, PSH) about how clients can connect with SOAR-trained case workers to assist them in obtaining non-employment cash income. The Marion-Polk region currently has 18 SOAR-trained providers, including staff from CoC-funded organizations. The CoC's Collaborative Committee, open to all individuals and organizations addressing homelessness in the region, hosted more than 60 people at a SOAR information session and follow-up meeting about expanding local SOAR training. In addition, the CoC convenes an active Veterans case conferencing team that develops strategies that connect homeless Veterans with compensation and pension benefits. Veteran representatives also serve on the CoC's Coordinated Entry Committee. Both Marion and Polk County Veteran Services programs are actively engaged with the CoC. Eric Enderle, who manages the Polk County Veteran Services program, serves on the CoC board.
2. The Mid-Willamette Valley Homeless Alliance oversees the region's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

(limit 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes		
1D-2a. Housing First Evaluation	Yes		
1E-1. Web Posting of Local Competition Deadline	Yes		
1E-2. Local Competition Scoring Tool	Yes		
1E-2a. Scored Forms for One Project	Yes		
1E-5. Notification of Projects Rejected-Reduced	Yes		
1E-5a. Notification of Projects Accepted	Yes		
1E-5b. Local Competition Selection Results	Yes		
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		