Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- 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).

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
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- 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, 2023 to April 30, 2024:
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	No
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	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
9.	Law Enforcement	Yes	Yes	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No
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	No
18.	Organizations led by and serving people with disabilities	Yes	Yes	No
19.	Other homeless subpopulation advocates	Yes	Yes	No
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	No
24.	Substance Abuse Service Organizations	Yes	Yes	No
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	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	No
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	United Way/Foundations	Yes	Yes	No
35.	Faith-based Organizations	Yes	Yes	Yes

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

The CoC's active partners include culturally specific organizations led by and serving our region's prominent underserved populations, including Latinx, Micronesian Islander, Black/African American/African, and Indigenous communities. These partners participate in designing local services, systems, and new initiatives. Most recently, representatives from six culturally specific organizations worked with three other providers and CoC staff to develop a new Long Term Rental Assistance (LTRA) program that includes capacity building, outreach, training and technical assistance for culturally specific organizations to play a larger role in the homeless services system. The CoC board adopted their recommendations in the form of a $5.3 million-dollar LTRA Community Plan that has been funded by the State of Oregon. The same providers are now part of the LTRA Implementation Team, charged with the rollout of the plan and a racial equity analysis that examines shifts in disproportional engagement, service delivery, and outcomes during the first year. This team is responsible for LTRA program evaluation and recommendations for improvements.

The majority of CoC providers employ multi-lingual and multi-cultural staff, and all providers are versed in the use of the regional language line to communicate in a client's first language. While not yet universal or fully inclusive of the more than 100 languages spoken in our region, written materials are also provided in various languages. The ability to remove or mitigate language barriers facilitates client engagement and the opportunity to address specific needs. As a leading example, the region's primary domestic violence service provider serves a population wherein 50% of people identify as a race other than White.

After the CoC's last racial disparities study, it became apparent that Black and Brown communities did not have equitable access to the homeless services system. At that point, the CoC began working with three culturally specific providers to train them how to conduct Coordinated Entry assessments for Latinx, Micronesian Islander, and African American communities. These organizations will conduct Coordinated Entry assessments, while also providing support for clients to engage with the array of homeless services previously unknown to them.

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 your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1. The CoC often refers to its monthly Collaborative Committee as the “come one, come all” space for any individual or organization interested in addressing homelessness anywhere in the Marion County/Polk County region. The CoC’s governance charter states, “Participation in the Continuum of Care is open through the CoC Collaborative Committee to interested organizations and to interested individuals representing the community at large.” The CoC website includes an open invitation and provides meeting information.

2. People with disabilities can access CoC Collaborative Committee information on the website and attend in-person or virtually, as all meetings are either on Zoom or hybrid, with an in-person option. As stated above, an open invitation to join in the CoC work is on the website. In addition, invitations are made at every speaking engagement. In the past year, this included a workshop attended by more than 50 people at the Marion-Polk Youth Summit, and a presentation to 25 people at a League of Women Voters meeting (resulting in a regular article/column in their monthly newsletter, including a link to the CoC website).

3. This past year, personal invitations were made to culturally specific organizations to address equity, specifically to partner in developing plans for greater alignment of efforts and for greater engagement of culturally specific organizations in the homeless response system. The latter included an ad hoc committee that met for eight months, beginning with three culturally specific organizations and concluding with seven such organizations making recommendations adopted by the CoC Board. The seven organizations represented Latinx, Black/African American/African, and Micronesian Islander communities. In addition, one-on-one meetings were held with organization serving people with disabilities, one of which led to a representative lending their expertise by serving on a CoC grant review committee.

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 CoC solicited and considered ideas from a wide range of organizations and individuals across the region who have both personal and professional knowledge of and interest in preventing and ending homelessness. Specifically, the CoC conducted an online survey with more than 50 respondents providing feedback on specific questions, as well as open-ended comments on the strategies and activities the CoC should prioritize over the next two years. Survey respondents included an array of ages, youth through seniors; diversity in race and ethnicity; residents of urban and rural communities; representatives from private, public, and non-profit sectors; elected officials; and people with current and past lived experience with homelessness.

2. As noted above, the information was communicated at CoC Collaborative Committee and Board meetings, all of which were open to the public and accessible both virtually and in-person.

3. All CoC meeting materials are posted on the website and available in different formats, in alignment with ADA accommodations. In the past year, materials have been requested and provided in large font and audio formats, as well as closed captioning for meetings.

4. Information gathered through the online survey and public meetings was integrated into strategic planning activities conducted at the broader CoC Collaborative Committee meetings and CoC Board meetings, including an all-day work session held in April 2024. The board took into consideration information gathered at these meetings to revise the CoC's 5-Year Strategic Plan.

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 sent an announcement to 10 media outlets and a 1,750-person distribution list which is open to all community members, and which contains many contacts outside regular CoC participants. Additionally, the CoC sent the same announcement to 382 CoC stakeholders. The announcements encouraged eligible nonprofit organizations, governments, faith-based organizations, and tribal organizations within the CoC region to apply and specifically stated that the CoC encourages project applications from eligible organizations that have not previously received CoC Program funding.

2. The CoC's announcements provided an overview of the minimum project requirements and priorities, application timeline and submission instructions, application review process, and CoC Board approval. This overview included an email address to submit applications, timelines for deliverables (letters of intent, draft applications, and final applications), and information about applicant workshops. The announcement directed readers to the CoC's website for further details about the RFP process and deadlines and provided a direct website link.

3. CoC announcements stated that the application scoring tools were posted on CoC website, along with the process for determining which project applications it would submit to HUD for funding. The announcements also described the role of a Review and Recommendations Committee to prepare funding recommendations by reviewing and scoring applications according to board approved process and scoring tools. Information was included on when applicants would be notified of project scores, ability to appeal, and when the CoC Board would approve a prioritized list of recommended projects.

4. To ensure effective communication and access for persons with disabilities, the CoC provided a contact email and phone number to request accommodations and/or assistance in accessing and reviewing materials.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- FY 2024 CoC Application Navigational Guide;
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- PHA Crosswalk; and
- 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	Yes
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 and Community Services	Yes

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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?	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	No
3.	Worked with CoC and 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)

The CoC has formal agreements (MOUs) with the Marion-Polk Early Learning Hub (a consortium of early childhood education and care 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 CoC 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.

The CoC also has an Intergovernmental Agreement with the Salem-Keizer School District (24J), Oregon's third largest school district, as one of eight entities forming the ORS 190 Entity, 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.

1C-4b.	Informing Individuals and Families Who Have Recently Begun 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 have recently begun experiencing homelessness 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 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 Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–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.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Safety Compass, Marion County Victim Services	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to 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. The CoC collaborates regularly and extensively with federally funded programs and victim service providers to address needs of survivors of domestic violence, sexual assault, stalking and trafficking. Most recently, the CoC sought the expertise of these partners in detailing the region-wide Emergency Transfer Plan and protocols to support survivor safety. Partners participated in meetings and an iterative process to develop the written document, reviewing multiple drafts to create the final product. The knowledge and skillsets of DV agency administrators, frontline staff, and advocates helped the CoC described the rationale, create the framing, design the process, and develop training for use throughout the region.

2. 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, stalking and trafficking. The CoC engages 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. A 24-hour bilingual hotline allows any and all 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 also participate in community meetings to update stakeholders on available services.

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

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
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.

2.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 Violence Against Women Act (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-5c.	**Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	No	No
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

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

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1. The CoC's written policies and procedures include an Emergency Transfer Plan.

2. Households seeking or receiving CoC Program assistance through any CoC program receive information from each housing provider about the Emergency Transfer Plan Policy and Procedures, regardless of disclosed survivor status. An Emergency Transfer Plan document is provided to all clients at program intake, explained verbally, and the client is asked to sign or initial that they have received and understand their rights and the process.

3. 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 are connected to Survivor Advocates at CHS or Sable House to assist, if they so choose. This is particularly helpful 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.

4. As detailed in the CoC policy and procedures, the housing provider and Coordinated Entry staff act quickly to move the tenant/DV survivor to another unit, subject to availability and safety of a unit. 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. 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 unit 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 private.

1C-5e.	**Facilitating Safe Access to Housing and Services 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 ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The CoC's work to ensure survivors have safe access to all available housing and supportive services relies on accurate information, timely communications, and effective working relationships between all partners. The CoC facilitates this type of collaboration by maintaining strong and trusted relationships with each player, supporting the confidential sharing of information, and convening partners to both identify and jointly address system issues. The interagency partnerships strengthened through this work are foundational to implementing region-wide policies and practices to ensure survivor safety, including training on protocols, trauma-informed care, and survivor-centered practices. For example, the area's leading DV service provider delivers 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.

Program monitoring is another way in which the CoC ensures survivors have safe access to all available housing and supportive services. The CoC monitoring checklist includes questions about identifying survivors and their specific safety needs, knowledge of local DV services and resources, and practices for connecting survivors to those resources.

The CoC's Coordinated Entry (CE) System includes a CE Housing List for DV survivors, generated by DV providers. These organizations have created a "no wrong door" approach, providing equitable access to the region's housing and supportive services. 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.

1C-5f.	Identifying and Removing Barriers 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 ensures survivors receive safe housing and services by:
1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

1. The CoC identifies barriers specific to survivors by working closely with DV service providers, statewide coalitions, and victim advocacy programs, such as the Oregon Coalition Against Domestic and Sexual Violence (OCADSV) and the Oregon Attorney General Sexual Assault Task Force (SATF).

Local DV services staff serve on several statewide committees that identify barriers specific to survivors, including the OCADSV CoC DV Policy Committee and Executive Director Roundtable (made up of all Executive Directors across the state) and the Legislative Alliance (made up of domestic violence/sexual assault programs, OCADSV and SATF staff, Oregon Law Services, Department of Justice staff, etc.). The Legislative Alliance and the Executive Director group regularly discuss barriers specific to survivors and avenues to remove those barriers. Examples include resource allocations commensurate with the prevalence of domestic violence; coordination between the State Department of Justice, courts, and law enforcement; and disparate impacts of well-intended policies.

2. The CoC, DV service providers and other housing and supportive services providers work closely together to remove systemic barriers within the homeless response system, including the barriers noted above. As an example, DV providers work with the CoC to share data about the prevalence of domestic and sexual violence that displaces survivors, as well as data about the prevalence of sexual violence and trafficking that occurs among unsheltered populations. DV experts share 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. Other collaborative groups within the region also request information 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. Providing information, including prevalence data and both quantitative and qualitative data on the success of local programs stimulates discussion and problem solving amongst stakeholders.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Equal Access Trainings.	
	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)?	No
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)?	No

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 reviews its governance charter on an annual basis, which includes the CoC-wide anti-discrimination policy. The process includes engagement with the Fair Housing Council of Oregon and the CoC's Collaborative Committee, comprised of more than 70 organizations, prior to review by the CoC Board. This review assists in ensuring all housing and supportive services are trauma informed and meet the needs of LGBTQ+ individuals and families. Additional work to ensure all housing and services provided in the CoC are able to meet the needs of LGBTQ+ households includes training on cultural bias, equitable access, and law.

2. The CoC has assisted housing and supportive service providers in developing project level anti-discrimination policies in multiple ways. Most recently, the CoC conducted a series of project monitoring visits that included review of project-level anti-discrimination policies and comparison with the CoC-wide anti-discrimination policy. This simple comparison in the context of conversations about continuous quality improvement encouraged changes to program level policies.

3. The CoC evaluates compliance with the CoC's anti-discrimination policy 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 to ensure alignment with CoC policies, and site observations.

4. The CoC's corrective actions process begins by notifying 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 or Housing Choice Voucher Program During FY 2023 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	29%	Yes-Both	Yes
Marion County Housing Authority	14%	Yes-Both	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)

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. All three PHA directors serve on the CoC board, providing essential expertise to board discussions and actions.

The CoC has worked with the largest housing authority, which serves the Salem-Kezer area, and limited preferences have been developed to ensure that CoC clients in PH-PSH and PH-RRH programs have access to Housing Choice Vouchers. Salem Housing Authority also incorporated a limited preference for domestic violence survivors and provides vouchers to Center for Hope & Safety, a CoC-funded DV 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.

The next largest housing authority serves rural Marion County and has designated vouchers for clients referred by homeless service providers in that geographic area. For example, the non-profit organization, Sheltering Silverton operates a shelter and resource center. With the aid of Marion County housing vouchers, they were able to help 16 people move into permanent housing in the past year.

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 Housing Choice 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)	No
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:	
	Permanent Supportive Housing	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

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	No
3.	Residential Care Facilities?	No
4.	Foster Care?	No

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 2024 CoC Program Competition.	11
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 2024 CoC Program Competition that have adopted the Housing First approach.	11
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 2024 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;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1. During CoC competition, all applicants must sign a commitment to use a Housing First approach. Renewal projects' use of Housing First is verified outside the competition season. New applicants receive Housing First information during the applicant workshop and feedback after their application is reviewed. Newly funded projects receive technical assistance during project start-up to communicate CoC expectations about use of Housing First and other CoC program policies.

2. The CoC factors and performance indicators include evidence provider:

- Does not require preconditions to rapid placement and stabilization in permanent housing

- Operates with low barriers, works to quickly move people into permanent housing

- Does not require participation in supportive services

3. The CoC verifies actual use of Housing First through off-season reviews (outside CoC competition) and annual CE System evaluation. CE System evaluation includes review of the CoC CE APR, which details referral outcomes. This data is divided by provider, and a sample of unsuccessful referrals (client or provider declined) is reviewed to identify the reasoning. Such reasoning is selected from a dropdown menu, which includes items labeled as outside the Housing First approach. The site visit evaluation tool is based on HUD's Housing First Assessment Tool to evaluate whether projects meet HUD guidelines for Housing First without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Assessments also confirm that supportive services are offered to maximize housing stability and prevent returns to homelessness, as opposed to address predetermined treatment goals prior to permanent housing entry.

4. The CoC has taken the following steps to improve fidelity to Housing First: included Housing First definition in all requests for proposals and educated potential applicants during Applicant Workshops; included Housing First definition in a primer for Review & Recommendation (R&R) Committee members and explained the approach and rationale during R&R Committee orientation; elevated import of Housing First during Collaborative Committee meetings attended by 50+ program staff – emphasizing strategies to offer and encourage, but not require participation in supportive services, noting that a successful Housing First approach does not mean "housing only;" and held providers accountable through program monitoring.

1D-3.	Street Outreach–Data–Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

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 bilingual/bicultural specialty team was formed two years ago to identify and engage farmworkers.

The CoC’s street outreach efforts include the coordinated work of more than a dozen different outreach teams that 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.

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. Routine outreach can extend later during the summer when it is light well into the evening. Teams also conduct outreach after dark in certain areas to connect with individuals who are away from encampments during the day.

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

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	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	2023	2024
	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	264	494

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)	
	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.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC hosts trainings for program staff to learn about specific resources and how to assist program participants with accessing and receiving healthcare services, including services for substance use disorders and mental health treatment. PacificSource Community Solutions Marion-Polk Coordinated Care Organization, the CoC region's primary Medicaid administrator, provides information and training about Medicaid enrollment and benefits, covered physical, behavioral (mental health and substance use treatment), and oral health benefits, as well as services essential for navigating care (non-emergent medical transportation, care management, Traditional Health Workers, Behavioral Health Navigation Team, etc.).

The CoC also shares information about healthcare navigation resources and training during meeting and via newsletters distributed to community partners, including organizations with CoC-funded projects.

2 The CoC promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff by showcasing information about the Substance Abuse and Mental Health Services Administration (SAMHSA's) free online training in Collaborative Committee and other applicable meetings. Often, staff who are SOAR-trained note the difference it has made for their clients, reinforcing the value of investing time to complete the estimated 20 hours of coursework.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	

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

(limit 2,500 characters)

The CoC Board has adopted an Infectious Disease Prevention and Response Policy. To create this policy, the CoC worked with the two local Public Health Authorities (one from each of the two counties covered by our CoC), seeking their guidance and feedback for how the CoC should respond to infectious disease outbreaks and prevent them among people experiencing homelessness. Once a policy was drafted in partnership with the two county health departments, it was referred to the CoC's Health and Safety Committee for review. This committee is comprised of a balance of homeless service providers who conduct street outreach, oversee day shelters and overnight emergency shelters, and manage housing programs, along with healthcare providers, and representatives from healthcare systems. These partners reviewed and modified the draft over the course of two months, making a final recommendation to the CoC Board. This policy guides the CoC's work to both prevent and respond to infectious diseases in homeless services settings, elevating communication pathways between the public health authorities and homeless service providers to ensure timely response and effective coordination in the event of an infectious disease outbreak and strengthening prevention practices for both staff and clients. Further, the CoC and public health authorities actively share these protocols and train providers of homeless services on preventing, reporting, and responding to infectious disease outbreaks.

ID-7a.	**Collaboration With Public Health Agencies on Infectious Diseases.**	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	**effectively 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 effectively shares information related to public health measures and homelessness in three main ways – first through educational presentations and training for homeless service providers, second through the CoC's Health and Safety Committee's charge to equip the CoC and its partners to effectively respond to emerging health issues among homeless populations, and third, by maintaining current links to resource information about public health measures and homelessness. Trainings take place virtually and in-person, as do monthly meetings of the Health and Safety Committee, and links are regularly updated on the CoC website.

2. The CoC facilitates 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. For example, when a shelter reported a Shigella outbreak to the county health agency, the agency contacted the CoC to coordinate communications with all homeless service providers. The CoC distributed public health information about prevention and appropriate response.

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 even go out to encampments 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.

To prevent infectious diseases, the CoC works closely with the region's two public health authorities to provide training on infectious disease prevention and response at the CoC's Collaborative Committee meeting with upward of 50-70 providers. Homeless services providers also partner with clinics to provide vaccinations at shelter sites, day centers, and camps. This approach is well-received by the sheltered and unsheltered communities and is often done in conjunction with other services, such as resource fairs or community meals.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. To serve everybody regardless of where they are located within the CoC's 1,938 square mile region, the CoC has increased access sites, deployed mobile and youth assessors, and conducted assessments via phone. This year, the CoC trained 16 assessors from newly participating Coordinated Entry (CE) organizations, growing the number of physical access sites by 3 and mobile assessors by 8. Mobile assessors conduct assessments in the field (e.g., camps), allowing greater availability of assessments for those in remote areas or who struggle to visit a physical access site. Youth assessors conduct assessments across 100% of the region with the flexibility phone, mobile and in-person assessments anywhere in the region. Adult assessments are also available phone, however, a recent reduction in staff at the region's main assessing organization, has reduced this availability as of July 1, 2024. To address this change, the CoC is training more assessors across the region and exploring the use of technology that would allow clients to request an assessment or complete an assessment themselves anywhere with internet access.

2. The CoC uses VI-SPDAT standardized assessment tools across all access points for individuals, families, and transition-aged youth. 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. CoC-funded PSH and RRH providers are required to serve chronically homeless people with the highest levels of vulnerability and work with others to provide adequate supportive services to help clients gain housing stability.

3. New assessor trainings include modules on Trauma Informed Care and Motivational Interviewing, teaching Assessors practical ways to collect personal information in a trauma-informed way utilizing evidence-based tools. Youth assessors undergo extensive trauma informed training specific for their clientele.

4. The CoC gathers feedback through households and participating projects via post-assessment client surveys, one-on-one conversations with project staff, and monthly CE Committee meetings. The CoC's CE Committee is comprised of representatives from CE participating agencies and assessment agencies and recommends CE policies, procedures, and practices to the CoC Board. Annually, they conduct a CE system evaluation and make recommendations for system improvements.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	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 needs and preferences; and

4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1. The CoC's Coordinated Entry System reaches people who are least likely to apply for homeless assistance by training outreach workers and staff within other social service agencies, including culturally specific organizations, to serve as "ambassadors" for the CE system and providing information and warm hand-off referrals for people who are least likely to apply for homeless assistance. In addition, Street Outreach staff are able to conduct CE assessments on the spot, eliminating the barrier of appointments and transportation. This is particularly helpful in supporting youth and young adults, whose participation in CE assessments has quadrupled since implementing the YHDP-funded Youth CE program during the past year.

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. When a vacancy is anticipated or occurs in a housing program, the most vulnerable clients who are eligible for the program are referred. In addition, collaborative case conferencing teams work on the By-Name List to ensure the most vulnerable individuals are supported through outreach, navigators, shelters, and community resources so they can improve their situations and be at the ready for when a vacancy becomes available.

3. The CoC's Coordinated Entry System Policies & Procedures are client centered, prioritizing client choice, and facilitated by housing navigators who can assist clients to weigh their options, offering that assistance and responding, as requested.

4. The CoC takes steps to reduce burdens on people seeking assistance by having a "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. In addition, assessors identify resources to address immediate needs, further reducing burdens associated with navigating resources.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC through its 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 this 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-9.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.p.	

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-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded 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 Census data comparison to our PIT Count (fewer than 1,900 people), our CoC dug deeper to compare the Census data to the 4,500 people who participated in a Coordinated Entry assessment in a 12-month period.

2. The CoC analysis was based on disaggregating the data by race and comparing the subpopulations' prevalence in the community with prevalence in CE Assessments, use of shelters, and enrollment in permanent housing programs. These comparisons helped the CoC identify racial disproportionalities at different points in the continuum. 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. This year, the CoC data analysis will include housing move-in dates and returns to homelessness.

1D-9b.	**Implemented Strategies to Prevent or Eliminate Racial Disparities.**	
	NOFO Section V.B.1.p	

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

1.	**Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?**	No
2.	**Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?**	No
3.	**Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?**	Yes
4.	**Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?**	No
5.	**Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?**	No
6.	**Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?**	No
7.	**Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?**	Yes
8.	**Is your CoC 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.	**Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?**	Yes
10.	**Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?**	Yes
11.	**Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?**	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

The CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity centers around a data-driven logic model approach with defined tasks, timelines, products, outcomes, and performance metrics. The focus of the system-level process, policies, and procedures are:

a) Coordinated Entry
b) Supportive Services and Access to Mainstream Resources
c) Leadership and Governance
d) Resource Allocations

Outcomes and performance metrics will be identified in partnership with culturally specific organizations and informed by people with lived experience, as well as staff at all levels of the homeless services system. The types of outcomes may include:

a) By-name housing list that more equitably represents populations experiencing homelessness
b) Increased knowledge of and access to resources by populations disproportionately affected by homelessness
c) Increased participation of culturally specific organizations in responding to Requests for Proposals and being awarded funding
d) Board and committee membership that is more representative of the community in race and ethnicity

Tasks will be coordinated by CoC staff and collaboratively resourced, using an in-hand seed grant to leverage partner contributions and in-kind resources. When possible, specific activities will align or be carried out within existing realms of responsibilities, such as those of the CoC's Coordinated Entry Committee, the Performance and Evaluation Committee, the CoC Collaborative Committee, the Youth Action Board, and the CoC Board. Examples of evaluation strategies, yet to be selected and refined are:

a) Developmental evaluation for system change
b) Quality improvement circles
c) Anonymous client-on-assignment reviews
d) Process dissection and analysis of pathway data points
e) Policy impact studies

These efforts will be integrated into the CoC's revised Strategic Plan.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC assesses racial disparities along five service points: entry into HMIS, Coordinated Entry Assessment, referral to housing programs, entry into programs, and housing move-in date. The CoC also assesses racial disparities in performance measures, particularly length of time homeless, exits to permanent housing, and returns to homelessness.

Because homelessness touches every corner of the region, the CoC recognizes the need for vast representation in decision-making roles to equitably prevent and resolve homelessness. The CoC's 2025-2030 Strategic Plan includes a goal to increase participation in the CoC region and has set measures of success for this goal which include increasing the number of underrepresented individuals and groups engaged in CoC work. To accomplish this goal, the CoC has created two objectives:

1) Reach out to all parts of our region to increase CoC participation from cities, counties, tribal nations, public health departments, nonprofit service providers, mental health providers, healthcare providers, schools, faith communities, those with lived experience, youth and young adults, community members, culturally specific organizations, and more; and

2) Create spaces for people to genuinely engage, gain understanding about our community's needs and services, and be part of creating community solutions.

Currently, the CoC is creating actionable implementation steps to carry out these objectives. So far, implementations steps include a) identifying gaps in CoC engagement, b) creating and implementing an outreach plan, c) evaluating results and revising outreach plans annually, d) developing a list of opportunities to increase community understanding of/engagement in ending and preventing homelessness, e) creating, implementing and evaluating messaging and activities to ensure genuine engagement around community needs, services, and solutions.

2. The CoC will use the CoC Analysis Tool: Race and Ethnicity v4.0 and regularly review Stella P race and ethnicity charts for each performance measure. To continuously track progress on the increasing participation in the CoC, the CoC will collect baseline data of current CoC committee and board member make-up via survey tools, compare membership data against latest census, PIT, and HMIS data, and analyze committee and board attendance records.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

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 decisionmaking processes.

(limit 2,500 characters)

The CoC has conducted outreach via newsletters, social media, meeting announcements and personal invitations to engage those with lived experience of homelessness in leadership roles and decision-making process. These opportunities are both short- and long-term in nature and include serving on the CoC Board, the local competition Review & Recommendations (R&R) Committee, the Youth Action Board, and ad hoc committees. These invitations include announcements to the 100+ people who are currently engaged in CoC committees, newsletter distribution to 1,750 across the region, and messaging to 10 local media outlets as well as social media.

The R&R Committee is responsible for making recommendations to the CoC Board about the prioritized project list submitted to HUD for the CoC Program, as well as distribution of state funding for local projects. Over the past year, these outreach efforts resulted in more than a dozen people with lived experience completing a short application to serve on an R&R Committee. All were recommended for appointment. In one round of grants, six people with lived experience were each paired with someone who did not have that expertise, and the pairs reviewed a set of applications together.

The CoC's Youth Action Board (YAB) has up to 21 youth and young adult members representing a range of experience with homelessness and housing insecurity. The purpose of the YAB is to imbed youth with lived experience into system and program design and implementation. Much of the most successful recruitment for young leaders has been designed and implemented by the YAB itself, including social media, tabling at youth-focused events, and making presentations around the community. The YAB interviews each applicant and makes recommendations to the CoC Board for appointment of new members. YAB members are provided a stipend for their participation in the YAB and when serving on additional CoC committees, workgroups, and the board.

The CoC Board holds four seats designated for people with lived experience, including a seat for a member from the Youth Action Board, recommended by the YAB; one seat is filled by a staff person with lived experience of homelessness who is employed by a regional outreach organization; and two seats are filled by recommendations from the CoC's Collaborative Committee.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	14	7

2.	Participate on CoC committees, subcommittees, or workgroups.	31	7
3.	Included in the development or revision of your CoC's local competition rating factors.	13	7
4.	Included in the development or revision of your CoC's coordinated entry process.	13	7

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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)

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 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.

The majority of the CoC's emergency shelters follow a transitional shelter model, which includes case management and access to community resources, training, and employment opportunities. Participants identify their goals and work with case managers and resource navigators to regularly make and assess their progress. One of the largest transitional shelter providers has an on-site employment coach and regularly hosts visits by employment agencies who conduct on-site interviews and facilitate placements in temporary positions.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	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 CoC Board, committees, and special work groups. The CoC's CE assessment process includes a short client survey to provide feedback on the experience. The CoC Board of Directors includes four voting members with lived experience. The CoC's Youth Action Board (YAB) is comprised of 12 youth and young adults with lived experience. 10 Review & Recommendation Committee members who reviewed applications for CoC, YHDP, and State funding have lived experience.
2. The frequency of the aforementioned process ranges from daily, to monthly.
3. 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. 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.
4. The frequency for gathering feedback from people who have received assistance the CoC or ESG program is on a monthly basis and during program exit interviews, which can happen at any time.
5. The steps the CoC has taken to address challenges raised by people with lived experience include updates to foundational statements and the strategic plan as well as creation of a communication tool. The CoC held an all-day work session with the CoC Board to create a vision and value statements and update its strategic plan. Four people with lived experience participated, lending their around challenges of those experiencing homelessness. Additionally, they helped create strategies and measures of success to accompany each goal. The City of Salem's Human Rights Commission conducted a survey with residents about experiences of prejudice. People experiencing homelessness reported high incident rates of prejudice against them. In response, the CoC created and adopted a Dignity Lens to promote dignified and respectful messaging

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

	Describe in the field below at least two 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)

1. In the past 12 months, the CoC engaged elected officials in relation to HB 2001, which amended land use requirements for local governments related to urbanization, including by requiring cities to measure and plan for development-ready lands. A) The City of Keizer completed development code updates that facilitate redevelopment of residential land for more variety of housing types, i.e. triplex and quad in single family residential zones, and middle housing changes to allow for housing clusters to be split and sold. Development is occurring as a result. B.) Engagement with City of Salem officials focused on pathways to implement Oregon Housing Needs Analysis to stimulate middle housing development. C.) In addition, the CoC has engaged elected officials and administrators in Monmouth and Dallas (Polk County) regarding siting emergency shelters under the provisions of HB 3395, working with a CoC grantee to provide information about secured funding and operational plans. As a result, the first emergency shelters in Polk County (one in Monmouth for adults and one in Dallas for families) are slated to open by the end of 2024.

2. In the past four years since reconstituting OR-504, the CoC has worked with city, county, and state government on affordable housing. Many land use policies have already been enacted, such as zoning reform to allow accessory dwelling units, duplexes, and triplexes in single family residential zones; provisions to qualify additional housing on rural forest land and permit wildfire related hardship dwellings; reduced parking requirements and lot sizes; modern standards for manufactured housing on urban land; and streamlining review processes. In 2023, the CoC hosted a regionwide conference on affordable housing. The conference was attended by city, county and state government representatives. Content included guidance on reforming zoning practices. With this vast array of work having been done more than 12 months ago, this past year the CoC monitored progress and supported jurisdiction information sharing.

The CoC board includes elected officials from 7 jurisdictions. This setting provides the opportunity for jurisdictions to share progress and collaborate to overcome barriers, as these board members guide much of the land use work in their respective jurisdictions – coalescing the regional approach to land use and the housing continuum.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	**Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.**	
	NOFO Section V.B.2.a. and 2.g.	

1.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.**	08/09/2024
2.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.**	08/09/2024

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?	9
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.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. The CoC analyzed Annual Performance Report (APR) data for renewals, focusing on length of time homeless, exits to permanent housing destinations, and shifts in cash and non-cash income. Population data was considered in assessing performance measures. E.G., a project with a higher percent of chronically homeless clients or higher percent of clients with 3+ health conditions at entry had a lower bar for exits to permanent housing (PH). Such projects were considered successful with 80% exits to PH, while projects with less than 30% chronically homeless participants or less than 25% percent participants with 3+ health conditions at entry were deemed successful with 90% exits to PH.
2. The CoC looked at average and mean length of time homeless, focusing on length of time from project start date to housing move-in date. This included reviewing each housing project's adherence to CoC HMIS Standards for data entry. Two of the three renewal projects had consistently adhered to the project start date standards, while the third often delayed an individual's start date to be the same day as their housing move-in date. This practice has been corrected but eliminated use of that APR data.

A technical review of each application provided data to the Review & Recommendations Committee. E.G., one project: "37/39 of exits were to PH = 97%. Average Length of Time to move in = 33 days. 74% of households had earned income at start, and 80% of leavers had earned income at exit." This information was displayed along with data about the population served, noting "11% chronically homeless and 28% with 3+ health conditions at start."
3. The CoC considered severity of needs and vulnerability as a scoring factor by considering population (e.g., project serves clients experiencing specific severe barriers to rapid placement in permanent housing or the ability to maintain permanent housing) and project design, in relationship to system performance measures. Specifically, the applicant "describes proposed activities aligned with best practices (w/source references) to (a) support program exits to permanent housing, including specific moving-on strategies, (b) support client to retain permanent housing, and (c) assist client to maintain or increase cash income or non-cash benefits.
4. The CoC considered the following severe barriers: history of victimization/abuse, criminal histories, chronic homelessness, low/no income, current/past substance abuse, chronic conditions.

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 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 that proposed 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 steps the projects took or will take 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 initially 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 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 American Indian population. 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. For FY24's local competition for HUD CoC funds, the CoC modified these scoring tools in response to feedback from YAB and CoC Board members, including members from Black, American Indian, and Latinx communities.

2. The CoC included persons of different races and ethnicities in the review, selection, and ranking process through Review and Recommendation Committee membership, including representatives from Black/African American/African and White communities, both which experience homelessness at a disproportionate rate in the CoC region.

3. The scoring tool for YHDP projects included elements measuring the degree that proposed projects describe strategies to engage and methods of service delivery vulnerable and often underrepresented young people including youth of color.

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 relies on off season monitoring. The Board assures the following process, with broad participation from stakeholders: consult with recipients to establish performance targets appropriate for population and program type, monitor recipient performance, evaluate outcomes, and take action against poor performers; and evaluate outcomes of projects funded by the ESG and CoC programs. The process begins with an annual review by the Performance and Evaluation Committee, with findings reported to the CoC Board. The CoC's process continues with any necessary responses to improve program performance, as follows:
a. If the Board determines a program is not meeting established performance measures, staff will notify the program or project in writing. The organization overseeing the program will have the opportunity to provide additional performance information within 30 days of receipt of CoC notification.
b. If program's performance is related to certain items as determined by the CoC Board, such as, late Annual Performance Report submissions, unused funding, low utilization, low exits to permanent housing, low scores on income measures, or alignment of program participation with wait list protocols, the CoC Board may place a program on probation to improve its performance.
c. During probationary period, the CoC will enter into a Performance Improvement Agreement with the program needing improvement, listing specific expectations and timeline.
d. CoC staff will facilitate technical assistance, as needed and available, as part of the Performance Improvement Agreement. The organization overseeing the program is responsible for requesting specific assistance in low-scoring performance areas and requesting clarifications from the CoC about performance measures and expectations.
e. Length of the probationary period will be proposed by the Performance and Evaluation Committee, negotiated by CoC staff, and approved by the CoC Board. Extensions may be requested for extenuating circumstances and are subject to board approval. If the program does not fulfill the agreed-upon expectations included in the Performance Improvement Agreement, the Board may reduce funding or ranking, may reject future applications from that program for HUD CoC Program funds, or other remedies approved by HUD.
2. The CoC did not identify any low performing or un-needed projects
3. The CoC did not reallocate any projects
4. N/A

1E-4a.	**Reallocation Between FY 2019 and FY 2024.**	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/14/2024

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 Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; 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.	10/24/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email 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.	10/24/2024

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 HIC data into HDX.	05/09/2024

2A-4.	Comparable Databases 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; and
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2024 HMIS Data Standards.

(limit 2,500 characters)

1. The ORS 190 Entity serves as the CoC's HMIS Lead and has 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 2024 HMIS Data Standards. The ORS 190 Entity worked with the HMIS System Administrator for the multi-CoC HMIS and 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 ORS 190 Entity (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.

2. The CoC confirms that OR-504 Salem/Marion, Polk Counties CoC is compliant with the 2024 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.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	812	43	649	75.91%
2. Safe Haven (SH) beds	5	0	5	100.00%
3. Transitional Housing (TH) beds	286	0	106	37.06%
4. Rapid Re-Housing (RRH) beds	328	166	494	100.00%
5. Permanent Supportive Housing (PSH) beds	273	0	109	39.93%
6. Other Permanent Housing (OPH) beds	66	0	66	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. Over the next 12 months, the CoC plan includes publishing data reports demonstrating the usefulness of HMIS data and showing where the data gaps present problems for local planning. These reports will also illustrate what the data would have looked like prior to increasing the shelter bed coverage rate from 45% to 76% this past year. The one Shelter provider not using HMIS (206 ES beds in the 2024 HIC) also has 141 Transitional Housing beds. The CoC's plan includes updating HMIS training materials and presenting a new option for a minimum of PIT Count data entry to this provider.

Part of the CoC plan to increase the TH bed rate was derailed when the Administrator for our multi-continuum HMIS took another job. This person was in the midst of negotiating HMIS participation with the other major TH provider in our region. This included a verbal agreement with the TH provider's West Coast regional office. Now that a new HMIS Administrator has been appointed, the CoC plan is to secure the agreement in writing and commence with HMIS training and the provider's involvement in the CoC's HMIS Users Workgroup.

The two issues related to a low Permanent Supportive Housing HMIS Bed Rate have already been resolved. A vacancy resulted in only capturing data on the HUD VASH head of household, rather than the entire household. The CoC has hired two HMIS staff who will work with Veteran Affairs and the public housing authorities to ensure full data is reported. The second issue was a last-minute change to the PSH supportive services provider that resulted in a gap affecting HIC reporting. A provider has been identified and has been entering data in HMIS for the 80 PSH beds affected.

2. The CoC will implement the steps described above, as follows: QUARTER 1: (a) assign tasks and deadlines to the CoC's new HMIS staff (two positions created in June 2024), (b) engage with the Shelter and Transitional Housing providers, and (c) confirm and test data reporting protocols with the VA and three public housing authorities in the region. QUARTER 2 (d) updating training materials, and (e) conduct provider training. QUARTER 3: (f) monitor HMIS use, and (g) provide technical assistance, as needed.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 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 January 24, 2024, 11:59 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 PIT count.	01/30/2024

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

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024

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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1. The CoC did not make any changes to sheltered PIT count implementation between 2023 and 2024.

2. The CoC did not conduct an unsheltered PIT count in 2024.

3. The 2024 PIT count was not affected by people displaced from a natural disaster or seeking short-term shelter of housing assistance who recently arrived in the CoC's geographic area.

4. Not applicable; did not conduct an unsheltered PIT count in 2024.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	**Reducing 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 relies on national studies referenced by HUD to identify factors that increase the likelihood of experiencing homelessness. These risk factors include previous experiences with homelessness and/or eviction, frequent moves, having a high amount of past due rent and/or severe rent burden, experiencing violence, experiences with the child welfare system, carceral involvement and the lack of a high school diploma or GED. The CoC also uses the domains in the P-VI-SPDAT (individual and family versions) to identify risk factors leading to homelessness. 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.

2. The CoC's strategies to assist at-risk individuals and families include cross-system coordination, particularly with the carceral and child welfare systems; emergency rental assistance, financial assistance with utility payments, benefit navigation, vocational rehabilitation/employment support, domestic violence services, aging/disability services, health navigation, substance use/addiction treatment, and childcare assistance. 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 (e.g., By-Name Lists, Fostering Hope, Oregon Latinx Power Table), and direct provider or regional referral systems (Unite Us, 2-1-1, and others).

3. Mid-Willamette Valley Homeless Alliance 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 CoC's geographic area?**	No

2C-2.	**Reducing Length of Time Homeless–CoC's Strategy.**	
	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 dedicated to landlord identification and communications; (c) shorten the time between property identification and habitability certification by training additional staff to conduct certification; and (d) provide flexible barrier removal funding, which has proven particularly successful when coupled with housing vouchers and other sustainable resources.

2. The CoC identifies and houses individuals and person in families with the longest lengths of time homeless through HMIS and the DV providers' comparable databases. The CoC's CE Policies & Procedures set the prioritization standard, and 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.	Successful Permanent Housing Placement or Retention –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 families residing 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 households residing in emergency shelter, transitional housing, and rapid rehousing exit to permanent housing destinations are to:
(a) Use Longitudinal System Analysis (LSA) and Stella P visualization to identify pathways most in need of improvements. To-date, this 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) Expand duration shelters (the CoC opened 141 new low-barrier shelter beds in the past 12 months) and implementing more robust support, including case management, housing navigation, health care, and mental health services (resulting in record 74 households exiting shelter to permanent housing destinations in the past 6 months)
(c) Coordinate 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
(d) Incorporate innovative ways to house youth and young adults exiting from the streets and shelters, such as the new YHDP-funded Transitional Housing-Rapid Rehousing project that opened in November 2023, and a new Youth Housing Voucher program for youth exiting the Foster Care system

2. The CoC's strategies to increase the rate that individuals and persons in families residing in permanent housing projects retain their housing or exit to permanent housing destinations are to:
(a) Increase development of housing stock dedicated to serving previously homeless populations, working with local developers and public housing authorities (e.g., Salem Housing Authority's 80 new PSH beds in two new complexes in the past 18 months)
(b) Implement a new state-funded Long-Term Rent Assistance program to support households that need assistance beyond the 24-month limitation of Rapid Rehousing
(c) Expand healthcare services integrated with housing, including Medicaid resources, to reduce the impact of healthcare services on household budgets
(d) Offer the ongoing opportunity for clients who no longer receive rent assistance to maintain contact with their PH case manager, who can connect them with eviction prevention and mainstream services, should the need arise.
3. The Mid-Willamette Valley Homeless Alliance is responsible for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	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 that individuals and families return 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 to places other than permanent destinations, 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 and Stella P visualization data to identify pathways that are less successful than others.

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. For example, an on-site behavioral health model at a 37-unit PHA-owned PSH complex, has been replicated at other new PSH sites to increase housing retention and client stability. Another strategy is to offer the ongoing opportunity for clients who no longer receive rent assistance to maintain contact with their PH case manager, or to reconnect if they find themselves in jeopardy of eviction. In the same vein, augmenting RRH programs with peer support specialists has proven helpful in reducing returns to homelessness.

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. The 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 (one of the largest homeless service providers continues to expand its workforce, hiring more than 50% of its staff as people with lived experience – and at a living wage), 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. One of the largest transitional shelter providers has an on-site employment coach and regularly hosts visits by employment agencies who conduct on-site interviews and facilitate placements in temporary positions. Each one of these examples is being implemented in our CoC.

2. The 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 Workforce Innovation and Opportunity Act 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 shared on various social media platforms. 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 benefits for which they qualify, such as Supplemental Security Income and/or Social Security Disability Insurance (SSI/SSDI) and Temporary Assistance for Needy Families (TANF), as well as Supplemental Nutrition Assistance Program (SNAP), childcare, and flexible spending through Oregon Medicaid. The CoC also actively works through its partnerships with county and regional 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 staff to assist them in obtaining non-employment cash income. Since last year, the CoC region doubled its number of SOAR trained staff to more than 30, including staff from CoC-funded organizations.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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?	Yes

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
C@P PSH Project w...	PH-PSH	1	Healthcare
Shangri-La PSH wi...	PH-PSH	8	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	C@P PSH Project with Healthcare
2. Enter the Unique Entity Identifier (UEI):	VVH2Z1HKBKE3
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	1
5. Select the type of leverage:	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	Shangri-La PSH with Healthcare Component
2. Enter the Unique Entity Identifier (UEI):	C8KBJ41VTJH3
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	8
5. Select the type of leverage:	Healthcare

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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.r.	

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.r.	

	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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve 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.	**Cost Effectiveness of 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	**Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.**	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	**Enter the number of survivors that need housing or services:**	60,936
2.	**Enter the number of survivors your CoC is currently serving:**	497
3.	**Unmet Need:**	60,439

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

In the most recent assessment of those experiencing homelessness in our region, 3,100 adults were assessed as homeless, and 45% of those were fleeing domestic violence at the time of their assessment. (The Regional Needs Assessment for the Annual Analysis of Gaps in Housing and Homeless Services Systems, November 2023 by MWVHA). According to the National Coalition Against Domestic Violence (NCADV), 1 in 4 (25%) women and 1 in 9 (11%) men experience severe intimate partner physical violence, intimate partner sexual violence, and/or intimate partner stalking. Our estimates are conservative given some sources, such as the Centers for Disease Control (CDC) say as many as 1 in 3 women have experience some form of physical violence by an intimate partner. According to the CDC, Oregon has one of the highest rates of sexual assault against women in the nation (second only to Alaska).

An estimated 60,936 individuals in our CoC region have been victims of interpersonal violence. Estimates of overall DV need were based on Oregon prevalence rates, U.S. Census data, and Center for Hope & Safety (CHS) data. The estimated need was calculated by factoring the CoC region's population by Oregon's DV prevalence rate, recognizing this is a conservative estimate.

According to the U.S. Census: Marion County has 266,110 residents 18 years and older (133,929 women and 132,181 men); Polk County has 70,999 residents 18 years and older (36,455 women and 34,544 men) for a total of 170,384 women x 0.25*= 42,596 female survivors of DV and 166,725 men x 0.11* = 18,340 male survivors of DV, for a total of 60,936 individuals.
*National Coalition Against Domestic Violence (NCADV)

In August 2024, the CoC's two DV providers served 497 unduplicated survivors (heads of households) across all programs for survivors (advocacy, shelter, and housing). This number does not reflect the large number of survivors that contact them each month and remain anonymous.¿ Of those unduplicated number of adult survivors, 33% of them identified as experiencing homelessness, and they were only able to serve 10% of them in Rapid Re-Housing programs. Currently there are 52 adult heads of households (128 individuals total) being served by RRH funds. The unduplicated number of survivors DV providers are currently serving was derived from the HMIS-comparable DV databases Empower DB and Osnium.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Center for Hope a...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Center for Hope and Safety
2.	Rate of Housing Placement of DV Survivors–Percentage	83%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

HOUSING PLACEMENT was calculated using the total of 49 HH (136 people) placed in permanent housing paid for by CHS RRH 2023 funds (APR Q22c). Of those:
• 11 HH (37 people) were previously placed into new safe housing during 2022 and carried over (Stayers) into the 2023 funding year
• 38 HH (99 people) were moved into new, safe housing during the funding period
57 total households served:
• 11 HH carried over with housing
• 46 HH applied for housing in 2023
Additionally:
• 38 HH moved into housing
• 5 exited without a move in
• 3 rolled over to 2024 without a move-in date
38/46=83% housing placement

HOUSING RETENTION was calculated using the 20 HH (63 pp) leavers placed into Permanent Housing by CHS RRH who exited the program to positive housing destinations
during the funding period.
• At the time of exit, 100% of these 20 households were still living in the housing CHS placed them in.
• All these households exited to a section 8 voucher.
• 5 Households exited CHS RRH without a move-in date.
o 1 HH (1 person) CHS assisted with other housing funding and in securing a Section 8 voucher (Positive Exit)
o 1 HH (2 pp) found permanent housing with family. (Positive Exits)
o 3 HH (10 pp) exited to temporary arrangements with family.
32 HH (92 pp) stayers carried over into the 2024 calendar year funding cycle.
Of these:
• 29 HH were placed in housing by CHS RRH during 2023 funding period
Data source is DV comparable database Empower DB.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;
3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. CHS ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing by using survivor-led DV Housing First Program (developed by the Washington Coalition Against Domestic Violence in cooperation with survivors and the Gates Foundation). The DV Housing First process moves those with the highest need into safe and permanent housing. A highly trained Advocate works with survivors to ensure the survivor's plan is voluntary and individualized and the housing is safe and secure.

2. CHS established the CoC's DV-specific Coordinated Entry system and utilized that system and corresponding prioritization list and prioritization policies when placing survivors.

3. CHS determined survivors' supportive services needs through a timely, comprehensive, trauma-informed and survivor-centered intake process.

4. CHS swiftly connected survivors to supportive services identified during the intake process, assigning a Housing Advocate who worked with the client on their priorities, centered on safety and

5. CHS worked with survivors to ensure that the location of assisted housing was one that the client could sustain beyond the duration of the housing subsidy. Clients were provided bridge housing during stabilization and the housing search process, then housing subsidy while implementing their individualized plan for self-sufficiency. CHS worked closely with local housing authorities to access vouchers through limited preference voucher allocations.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

The following are examples of how Center for Hope & Safety (CHS) ensured the safety and confidentiality of DV survivors experiencing homelessness:
1. CHS Advocates ensure privacy and confidentiality during the intake and interview process and take the time to explain client choice about all levels of confidentiality without jeopardizing access to services. Written information is reviewed to ensure full understanding and the opportunity to seek clarification.
2. CHS developed and implemented the confidential Coordinated Entry (CE) process for the region and trained the program staff conducting all other CE processes on how to safely communicate and protect the identity of victims concerned with disclosure of their status and participation in the CoC.
3. CHS Advocates meet clients at the location of their choice and do not disclose that location or identify themselves in any way that would indicate the nature of their visit or otherwise compromise the individual.
4. CHS has been involved since the beginning of the establishment of the OR-504 CoC, providing training, consultations, and serving as a domestic violence subject matter expert to the CoC. This included providing training and advising on how to safely support survivors and protect their identity whenever possible. CHS continues to provide training across the region to the CoC and 19 community partners. Internally, CHS staff participate in a 53-hour Advocacy Training, which includes safety and confidentiality policies and practices.
5. In addition to the habitability assessment for housing units, the CHS completes a safety checklist and offers supplemental security resources, such as access to P.O. Boxes, that support survivors' physical safety and confidentiality. In addition, every CoC housing client is informed of the CoC's Emergency Transfer Policy and the processes involved, should they every need to request a transfer.

4A-3d.1.	**Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.**	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

For 51 years, the primary focus of CHS has been the physical and emotional safety of victims and survivors of violence. Our bilingual crisis line is available 24-hours a day to assist survivors with immediate crisis intervention and safety planning. To date, our shelter program has provided protection and support to more than 17,400 children and adults, providing more than 191,300 nights of shelter.

Case management for individuals who are homeless due to domestic or sexual violence is very different from case management for who are homeless but not in immediate danger.
For example, case management with survivors of violence requires a high level of expertise in crisis intervention, knowledge of stalking behaviors, and safety planning. Increased safety measures are necessary around every aspect of the family's life and often their extended family's lives. This includes dealing with issues other shelter providers may not have to address, such as stalking through social media, phones, vehicles, etc. In addition to all the measures it takes to keep survivors safe, programs must take measures to keep their program staff and volunteers safe from harm.

Our 33-member staff have more than 150 combined years of experience in ensuring the safety of survivors in our community. This expertise, along with consistently examining our practices, through feedback from participants, self-assessments, audits and reviews, and seeking out best practices in the field, ensure CHS is able to ensure the safety of domestic violence survivors in our housing program. One example was moving our Housing Advocates onto the campus of our shelter, Mosaic. This change has led to quicker assessments, easy access to their Housing Advocates, and greater success in the long-term stability and safety for survivors in the program.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

Center for Hope & Safety (CHS) has 51 years of experience serving survivors of domestic violence, specifically by:
1. having created the CoC's DV-specific Coordinated Entry system to prioritize placement and stabilization of survivors.

2. rehousing more than 90 households since January 2020, when CHS began operating CoC-funded Rapid Rehousing, with more than 85% exits to permanent housing overall, and more than 90% exits to permanent housing in the past two years.

3. ensuring that housing placements and stabilization services are client-led. Every CHS client is encouraged to decide how involved they want to be and what supportive services they want to participate in. Advocates provide choices, and the survivor has the option to select any that meet their needs. Advocates practice scenarios giving survivors power over decisions around safety plans, sheltering, housing, and any other community service. CHS's empowerment model enables survivors to gain back their autonomy and influence over their own lives.

4. basing each client's individualized plan on their stated needs. CHS works individually with program participants to build survivor-driven case plans to identify their needs and attain their goals. CHS uses questionnaires to assist survivors to determine strengths, interests, aspirations, talents, and gifts they can bring to any problem they face and any goal they want to achieve.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Every CHS client is encouraged to decide how involved they want to be and what supportive services they want to participate in. Advocates provide choices, and the survivor has the option to select any that meet their needs. CHS never uses punitive interventions, as this would further traumatize survivors. CHS staff are trained on how to recognize the inherent power imbalance between them and the client, reduce the power differentials, and foster agency and respect with all survivors. Advocates practice scenarios giving survivors power over decisions around safety plans, sheltering, housing, and any other community service. CHS's empowerment model enables survivors to gain back their autonomy and influence over their own lives.

2. All CHS staff have extensive training on trauma and readily share this knowledge with survivors. Staff participate in a 53-hour Advocacy Training, then attend additional training to facilitate conversations with survivors regarding individual situations. Education materials and activities used in one-on-one and group sessions, such as the HOPE Scale (by C.R. Snyder), help individuals identify pathways to achieve their personal goals. Handouts/books are provided in various languages/formats on trauma, coping strategies, exercise, breathing, and grounding techniques. Advocates encourage finding mental health supportive services. Since mental health therapists can take months to get into, CHS pays for BetterHelp (online counseling) for any survivor wanting to speak with a therapist.

3. CHS provides survivor-centered, strength-based social service advocacy to thousands of survivors each year. Abusive partners spend countless hours belittling their victims and destroying their self-esteem. Ultimately, victims come to believe they have no strengths or abilities. Advocates emphasize the resiliency and ability to overcome adversity and help survivors retain the skills that worked for them and leave behind those that created harm and/or barriers. CHS uses questionnaires to assist survivors to determine strengths, interests, aspirations, talents, and gifts they can bring to any problem they face and any goal they want to achieve. CHS works individually with program participants to build survivor-driven case plans to attain their goals.

4. A significant part of the CHS 53-hour Advocacy Training is devoted to anti-oppression work and cultural responsiveness. CHS constantly assesses policies, procedures, and services to ensure they are accessible, culturally responsive, and trauma informed. More than 50% of CHS staff are from BIPOC communities and more than 48% are bilingual/bicultural. Advocates provide direct supportive services based on the expressed needs and desires of the survivor. CHS provides training in Spanish and English to the CoC and 19 community partners on oppression and its connection with domestic and sexual violence and how to improve services to survivors in our community. CHS also distributes educational materials in Spanish, Russian, Vietnamese, Chinese, Braille, large print, audio, and some in pictorials.

5. CHS encourages clients to engage in social activities to promote healing and build a safety net of support. CHS provides peer support and advocacy (in person and 24-hour bilingual crisis line), support groups, seasonal activities for youth, etc. and survivors are encouraged to participate in activities outside of CHS, including tribal and cultural activities, social groups, recovery groups, and spiritual services/programs. Advocates listen to what the survivor feels would be most helpful and offer to connect them with supportive community services, including warm hand-offs whenever possible. This is not a one-time endeavor,

as survivors identify different needs throughout their healing process.

6. Parenting, childcare, and legal services are some of the most difficult issues survivors face. CHS assists them to find programs to fit their needs and schedules. Information is provided on a variety of parenting classes and childcare options, along with a wide variety of books/materials in English and Spanish on topics such as child development, behavior, non-violent discipline, engagement, autism, and ADHD. Advocates help non-offending parents strengthen relationships with their children, teach age-appropriate methods to safety plan, and how to educate children on domestic violence (i.e., the violence is not their fault, and they can love the other parent while learning it is never okay to hurt another person). At times, Advocates also watch over children when the survivor is meeting with their attorney or at court. To alleviate legal costs, CHS Advocates help survivors connect with Marion Polk Legal Aid Services and attorneys of the Modest Means list.

4A-3g.	**Applicant's Experience Meeting Service Needs of DV Survivors.**	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

CHS continues to use its very successful survivor-led DV Housing First Program (developed by the Washington Coalition Against Domestic Violence in cooperation with survivors and the Gates Foundation). The DV Housing First process moves those with the highest need into safe and permanent housing. A highly trained Advocate works with survivors to ensure the survivor's plan is voluntary and individualized and the housing is safe and secure. The CHS DV Housing First model addresses the critical safety concerns of survivors and includes four key components:

1. Tailored Services. Mobile Advocacy Advocates meet survivors where they are and tailor services to their unique needs. Advocates go where survivors need them, at a safe, accessible place in collaboration with the survivor.

2. Practical, Temporary Financial Assistance. Every survivor's financial situation is different. Advocates work with survivors to understand their needs and to provide practical, temporary funding to address those needs. CHS uses CoC, State of Oregon Survivor Housing Funds, and other community resources to provide flexible funding.

3. Housing Search Support. Advocates work with survivors to help make the housing search process more manageable. They help determine what steps should be taken – from improving credit scores to identifying low-income housing – to get the individual/family into a safe and permanent home.

4. Landlord and Housing Authority Relationships. Many landlords and housing authorities view survivors as high-risk tenants. The DV Housing First program works to dispel this myth, while outlining the legal requirements for working with these families and educating these key stakeholders that survivors can be reliable renters. This approach highlights for landlords the value of extra support that comes with advocacy and intensive case management.

Housing Program participants are offered additional optional supportive services, such as assistance with rental agreements, advocacy and coordination with landlords, skills training on how to be a good tenant and how to maintain their home, and SSI/SSD Outreach, Access, and Recovery (SOAR) support to access mainstream benefits. Currently, three CHS Advocates have attained SOAR certification. Two additional Advocates have begun the certification process.

4A-3h.	**Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).**	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	**prioritize placement and stabilization of program participants;**
2.	**place program participants in permanent housing;**
3.	**place and stabilize program participants consistent with their preferences; and**
4.	**place and stabilize program participants consistent with their stated needs.**

(limit 2,500 characters)

1. CHS will use its very successful survivor-led DV Housing First Program (developed by the Washington Coalition Against Domestic Violence in cooperation with survivors and the Gates Foundation) and the CoC's DV-specific Coordinated Entry system to prioritize placement and stabilization of survivors. These processes move those with the highest need into safe and permanent housing.

2. A highly trained Advocate will work with each survivor to ensure the survivor's plan is voluntary and individualized and the housing is safe and secure. Advocates will assist with the housing search process and work with the survivor to make the process more manageable. They will help determine what steps should be taken – from improving credit scores to identifying low-income housing – to get the individual/family into a safe and permanent home. Temporary financial assistance will also be available, and established relationships with landlords and housing authorities will help accelerate the process.

3. On the agency level, CHS honors client voices to guide the policies, programming, and services offered. CHS directly involves survivors experiencing homelessness in shaping the housing program by seeking their input in the services they need and finding resources to meet those needs. Input is gathered in several ways, including during individual meetings with their Housing Advocate and through written surveys. On the individual level, Advocates

4. CHS Advocates will work individually with each client to build survivor-driven case plans to identify their needs and attain their goals. CHS will use questionnaires and assessments to assist survivors to determine strengths, interests, aspirations, talents, and gifts they can bring to any problem they face and any goal they want to achieve.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. CHS will encourage clients to decide how involved they want to be and what supportive services they want to participate in. Advocates will provide choices, and survivors will have the option to select any that meet their needs. CHS staff are trained on how to recognize the inherent power imbalance between them and the client, reduce the power differentials, and foster agency and respect with all survivors. Advocates will practice scenarios giving survivors power over decisions around safety plans, sheltering, housing, and any other community service. CHS's empowerment model will enable survivors to gain back their autonomy and influence over their own lives.

2. All CHS staff have extensive training on trauma and will readily share this knowledge with survivors. Staff participate in a 53-hour Advocacy Training, then attend additional training to facilitate conversations with survivors regarding individual situations. Education materials and activities will be used in one-on-one and group sessions, such as the HOPE Scale (by C.R. Snyder), to help individuals identify pathways to achieve their personal goals. Handouts/books will be provided in various languages/formats on trauma, coping strategies, exercise, breathing, and grounding techniques. Advocates will encourage finding mental health supportive services. Since mental health therapists can take months to get into, CHS will pay for BetterHelp (online counseling) for any survivor wanting to speak with a therapist.

3. CHS provides survivor-centered, strength-based social service advocacy to thousands of survivors each year. Abusive partners spend countless hours belittling their victims and destroying their self-esteem. Ultimately, victims come to believe they have no strengths or abilities. Advocates will emphasize the resiliency and ability to overcome adversity and help survivors retain the skills that worked for them and leave behind those that created harm and/or barriers. CHS will use questionnaires to assist survivors to determine strengths, interests, aspirations, talents, and gifts they can bring to any problem they face and any goal they want to achieve. CHS will work individually with program participants to build survivor-driven case plans to attain their goals.

4. A significant part of the CHS 53-hour Advocacy Training is devoted to anti-oppression work and cultural responsiveness. CHS constantly assesses policies, procedures, and services to ensure they are accessible, culturally responsive, and trauma informed. More than 50% of CHS staff are from BIPOC communities and more than 48% are bilingual/bicultural. Advocates will provide direct supportive services based on the expressed needs and desires of the survivor. CHS will provide training in Spanish and English to the CoC and 19 community partners on oppression and its connection with domestic and sexual violence and how to improve services to survivors in our community. CHS will also distributes educational materials in Spanish, Russian, Vietnamese, Chinese, Braille, large print, audio, and some in pictorials.

5. CHS will encourage clients to engage in social activities to promote healing and build a safety net of support. CHS will provides peer support and advocacy (in person and 24-hour bilingual crisis line), support groups, seasonal activities for youth, etc. and survivors will be encouraged to participate in activities outside of CHS, including tribal and cultural activities, social groups, recovery groups, and spiritual services/programs. Advocates will listen to what the survivor feels would be most helpful and offer to connect them with supportive community services, including warm hand-offs whenever possible. This will not be a one-time endeavor, as survivors identify different needs throughout their

healing process.

6. Parenting, childcare, and legal services are some of the most difficult issues survivors face. CHS will assist them to find programs to fit their needs and schedules. Information will be provided on a variety of parenting classes and childcare options, along with a wide variety of books/materials in English and Spanish on topics such as child development, behavior, non-violent discipline, engagement, autism, and ADHD. Advocates will help non-offending parents strengthen relationships with their children, teach age-appropriate methods to safety plan, and how to educate children on domestic violence (i.e., the violence is not their fault, and they can love the other parent while learning it is never okay to hurt another person). At times, Advocates will also watch over children when the survivor is meeting with their attorney or at court. To alleviate legal costs, CHS Advocates will help survivors connect with Marion Polk Legal Aid Services and attorneys of the Modest Means list.

4A-3j.	**Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).**	
	NOFO Section I.B.3.j.(1)(f)	

	Describe in the field below how the new project will involve survivors:
1.	**with a range of lived expertise; and**
2.	**in policy and program development throughout the project's operation.**

(limit 2,500 characters)

Survivors serve at every level of CHS, and their voices guide the policies, programming, and services offered. CHS directly involves survivors experiencing homelessness in our housing program in the policy and program development by seeking their input in the services they need and finding resources to meet those needs. Input is gathered in several ways, including during individual meetings with their Housing Advocate and through written surveys at least annually.

CHS involves survivors who have transitioned out of interpersonal violence situations and engages them in volunteer and employment opportunities. CHS also involves survivors through outreach, community engagement activities, focus groups, and surveys. Outreach and community engagement can take place in many different locations, including large venues such as school and community resource fairs, or smaller sites where survivors may be seeking support, such as medical and social services offices.

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-10a. Lived Experience Support Letter	Yes	1D-10a. Lived Exp...	10/28/2024
1D-2a. Housing First Evaluation	Yes	1D-2a. Housing Fi...	10/24/2024
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	10/24/2024
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored For...	10/24/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	10/24/2024
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	10/24/2024
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Comp...	10/24/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	1E-5c. Web Postin...	10/24/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	1E-5d. Notificati...	10/24/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6. HDX Competi...	10/24/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	10/25/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 1D-10a. Lived Experience Support Letter

Attachment Details

Document Description: 1D-2a. Housing First Evaluation

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Form for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: 1E-5c. Web Posting - CoC-Approved Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: 2A-6. HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/11/2024
1B. Inclusive Structure	10/18/2024
1C. Coordination and Engagement	10/22/2024
1D. Coordination and Engagement Cont'd	10/24/2024
1E. Project Review/Ranking	10/24/2024
2A. HMIS Implementation	10/22/2024
2B. Point-in-Time (PIT) Count	10/18/2024
2C. System Performance	10/18/2024
3A. Coordination with Housing and Healthcare	10/24/2024
3B. Rehabilitation/New Construction Costs	10/18/2024
3C. Serving Homeless Under Other Federal Statutes	10/18/2024

4A. DV Bonus Project Applicants	10/24/2024
4B. Attachments Screen	10/28/2024
Submission Summary	No Input Required

October 24, 2024

Office of Special Needs Assistance Programs
U.S. Department of Housing & Urban Development
451 7th Street SW
Washington, DC 20410

SUBJECT: Lived Experience Letter of Support

To whom it may concern:

We, the undersigned, served as members of the Review and Recommendations (R&R) Committee during the 2024 CoC and YHDP Program Competition. As committee members, we evaluated and scored project applications ultimately preparing recommendations to the Mid-Willamette Valley Homeless Alliance Board of Directors on which projects should be prioritized, acknowledging HUD directives that YHDP be listed, but not prioritized. Our experience with homelessness informed these recommendations in a powerful way. We support the Mid-Willamette Valley Homeless Alliance's priorities for serving individuals and families experiencing homelessness with severe service needs in our CoC's geographic area.

Sincerely,

Mel Anderson
Mel Anderson (Oct 28, 2024 05:55 PDT)
Melissa Anderson
CoC Program Reviewer

Mayra G.
Mayra G. (Oct 22, 2024 19:06 PDT)
Mayra G.
YHDP Program Reviewer
Backbone (YAB) member

Ah'ana R. (Oct 23, 2024 00:39 PDT)
Ah'ana R.
YHDP Program Reviewer
Backbone (YAB) Vice-President

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1D-2a.

Housing First Evaluation

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
PROGRAM PERFORMANCE REVIEW CHECKLIST

	Exceeds Expecta-tions	Sufficient	Needs Improve-ment	NA
COMPLIANCE REVIEW				
1. Program has developed anti-discrimination policy that is consistent with the CoC-wide anti-discrimination policy; includes ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination.				
2. Program complies with the Final Rule on Equal Access in Accordance with Gender Identity? (Participated in training) ** Equal Access is provided in accordance with gender identity* ** In single-sex facilities/programs, individuals are placed/served in accordance with one's self identified gender identity* **Individuals are not subjected to intrusive questioning or asked to provide anatomical information or physical/medical evidence of gender identity* **Non-discriminatory steps are taken to address privacy concerns, including updating operating policies and procedures*				
3. Program is in compliance with the Final Rule on the Violence Against Women Act (VAWA). ** Acknowledgement of Rights under VAWA signed by each participant: Participants are not denied assistance based on current or previous domestic violence, dating violence, sexual assault, or stalking.* ** Emergency transfer process in place; bifurcation of lease and tenant moves are accommodated when requested as a result of domestic violence, dating violence, sexual assault, or stalking.* ** VAWA confidentiality standards are in place*				
4. If emergency shelter, transitional housing, or permanent housing (PSH and RRH), program does not deny admission or separate family members regardless of each family member's self-reported gender. (Participated in training)				
5. Program demonstrates compliance with Housing First meaning no preconditions to client entry.				
6. Program on track to expend funds by contract termination date(s). Confirm that most recent completed HUD contracts were fully expended.				
7. Client rights are posted in visible location (if applicable) and distributed to clients. (See HUD brochure.)				
8. Program can (1) name the designated staff person assigned to ensure children attend school, (2) identify relevant program policies related to client rights to educational services, and (3) describe how the project documents client rights per the CoC policy.				
9. Program records are retained for five (5) years after the expenditure of funds from the CoC Program grant.				
10. Program explains how any audit or monitoring findings have been remediated and cleared by HUD.				

NOTES

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE PROGRAM PERFORMANCE REVIEW CHECKLIST				
	Exceeds Expecta-tions	**Sufficient**	**Needs Improve-ment**	**NA**
DEI REVIEW				
1. To what extent does the program conduct culturally-responsive programming? *a. Staff receive training on how to provide culturally-responsive services* *b. Written materials are provided in multiple languages for participants; Language Access Plan in place; and/or translation and interpretation services provided* *c. Other:*				
2. Program has assessed whether there are racial disparities in the provision or outcomes of homeless assistance. (How recently? What were the findings?)				
3. Program regularly receives and responds to feedback from participants. (Methodology?)				
4. Program involves homeless/formerly homeless individuals in developing program policies and protocols.				
5. Discuss equity response in most recent CoC funding application. (Discussion of fidelity of written response to program practices.)				
NOTES				

Housing First Quick Screen: Does your project use housing first principles?

1) Are applicants allowed to enter the program without income?
   Yes No Explanation:

2) Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
   Yes No Explanation:

3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
   Yes No Explanation:

4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?
   Yes No Explanation:

See next page.

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
PROGRAM PERFORMANCE REVIEW CHECKLIST

Housing First Review	**Exceeds Expecta-tions**	**Sufficient**	**Needs Improve-ment**	**NA**
Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.				
Notes:				
Program does everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."				
Notes:				
People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.				
Notes:				

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
PROGRAM PERFORMANCE REVIEW CHECKLIST

	Exceeds Expecta-tions	Sufficient	Needs Improve-ment	NA
PROGRAM PERFORMANCE REVIEW				
1. Program utilization is at or above __% during the past twelve (12) months.				
2. Program uses Coordinated Entry list (based on vulnerability) to fill all openings.				
3. Less than ___% of referrals during the past 12 months are rejected by the program.				
4. HMIS data quality meets CoC expectations (less than 5% error rate).				
5. Program serves __% of vulnerable clients (DV, chronically homeless, disabilities, other severe service needs).				
6. __% of participants remain in RRH or PSH housing or exit to permanent housing.				
7. __% of participants are connected to earned/employment income.				
8. __% of participants are connected to non-earned income.				
9. Program moves participants to permanent housing in less than ___ days.				
10. Does program conduct short-term follow up for permanent placements?				
11. How intensive is program's work with RRH and PSH clients (case management)?				
NOTES				

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-2.

Local Competition Scoring Tool

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
MOVING TO END AND PREVENT HOMELESSNESS

CONTINUUM OF CARE NOFO RFP
PROPOSAL RATING FORM
RENEWALS: PH-PSH, PH-RRH

APPLICANT:_____ **PROJECT:**_____ **PROJECT #:**_____

Criteria	Rating 0-5	X Weight	Points
SECTION 1 - MINIMUM QUALIFICATIONS: Applicant meets minimum threshold requirements, including use of CE and HMIS or comparable DV database.	**Yes/No** Per Technical Review		
SECTION 2– RECIPIENT PERFORMANCE	0-5	X Weight	Max. = 40
1. CLIENTS SERVED • Has the current project served the number of clients it proposed? (5 for yes, 0 for no, if no satisfactory explanation)		1	
2. STAFFING • Has the project been fully staffed for the past 12 months? (5 for at least 90%, 4 for 80%, 3 for 70%, 2 for 60%, 1 for 50%, 0 for less) • Has the project retained the same staff working directly with clients? (5 for 100% retention, 4 for 80%, 3 for 60%, 2 for 40%, 1 for 20%, 0 for complete turnover)		1 1	___ ___
3. ONGOING PROJECT DEVELOPMENT Applicant provides examples of their activities around continuous quality improvement, adapting to emerging issues, and/or incorporating client feedback into ongoing project development that (a) demonstrate attention to continuous quality improvement and (b) effective responsiveness to emerging needs and client feedback.		1	
4. CoC PARTICIPATION Applicant has participated in CoC Collaborative Committee meetings, as required in compliance agreement. (5 for at least 90%, 4 for 80%, 3 for 70%, 2 for 60%, 1 for 50%, 0 for less than 50%)		1	

Criteria	Rating 0-5	X Weight	Points
5. ANNUAL PERFORMANCE REPORT (APR) TIMELINESS • Did the applicant submit the previous year's APR on time? (5 for yes, 0 for no)		1	
6. DRAWDOWNS • Did the applicant draw funds quarterly for the current renewal project? (5 for yes, 0 for no)		1	
7. FUNDS REMAINING • Are there any funds remaining for recapture by HUD for the most recently expired grant term related to this renewal project request? (5 for no, 4 for up to 3%, 3 for 3-5%, 2 for 5-7%, 1 for 7-9%, 0 for 10% or more)		1	
8. UNRESOLVED AUDIT FINDINGS • Are there any unresolved monitoring or OIG audit findings that are not explained to the satisfaction of the Continuum of Care?		*Up to 10 points may be deducted for unresolved audit findings*	N/A
SECTION 3 - PROJECT DESCRIPTION	0-5	X Weight	Max. = 90
9. PROJECT DESIGN - Population to be Served • The project serves program participants experiencing specific severe barriers to rapid placement in permanent housing or the ability to maintain permanent housing (e.g., history of victimization/abuse, criminal histories, chronic homelessness, low or no income, current or past substance abuse). • Program Participants Table and Subpopulations Table are consistent with narrative describing target populations to be served.		6	
10. PROJECT DESIGN – Project Elements • Project plan for addressing housing and supportive services needs is fully described. The type, scale, and location of the program fits the needs of the program participants. Measurable goals are identified. • Project design clearly describes how CoC Program funding will be used.		8	

Criteria	Rating 0-5	X Weight	Points
11. COORDINATION WITH OTHER ORGANIZATIONS • Applicant description of how proposed project will collaborate with other providers or agencies in the Marion-Polk region (e.g., federal, state, nonprofit), and how the applicant will participate with community partners through the Continuum of Care demonstrates quality in coordination and collaboration. • Applicant describes history of organizational collaboration with other providers or agencies in the Marion-Polk region, including participation with the Continuum of Care.		4	
SECTION 4 – SYSTEM PERFORMANCE MEASURES	0-5	X Weight	Max. = 160
12. SYSTEM PERFORMANCE MEASURES - Exits to Permanent Housing • Applicant describes proposed activities aligned with best practices (with source references) to support program exits to permanent housing, including specific moving-on strategies. Target for % of exits to permanent housing is at least 85%. • Applicant demonstrates improvement in System Performance Measures or maintains numbers representing strong performance (above 90%).		7 7	___ ___
13. SYSTEM PERFORMANCE MEASURES – Returns to Homelessness • Applicant describes proposed activities aligned with best practices (with source references) to support client to retain permanent housing. • Applicant identifies at least one specific, measurable target/outcome of the proposed activities and how it will be measured.		9	
14. SYSTEM PERFORMANCE MEASURES – Income • Applicant describes proposed activities aligned with best practices (with source references) to assist client to maintain or increase cash income or non-cash benefits. • Applicant identifies at least one specific, measurable target/outcome of the proposed activities and how it will be measured.		9	

Criteria	Rating 0-5	X Weight	Points
SECTION 5 - SUPPORTIVE SERVICES	0-5	X Weight	Max. = 55
15. SUPPORTIVE SERVICES DESCRIPTION • **Supportive Services Table**. Project provides a wide range of supportive services offered by the applicant and partner organizations. • **Transportation.** Applicant will provide transportation assistance to clients to enable participants to attend mainstream benefit appointments, employment training, or jobs. • **Annual Follow Up.** Applicant describes how staff follows up regularly with participants to ensure mainstream benefits are received and renewed. • **SSI/SSDI Technical Assistance.** Applicant describes how program participants have access to SSI/SSDI technical assistance. • **SOAR Training.** Applicant affirms that staff person providing SSI/SSDI has received SOAR training in the past 24 months.		2 3 2 2 2	___ ___ ___ ___ ___
SECTION 6 – BUDGET	0-5	X Weight	Max. = 15
16. BUDGET • Budgeted costs are allowable by HUD and justified. • Budget is cost effective and adequate to implement and sustain project activities over the grant period. • Budgeted costs are reasonable, given the proposed number and needs of clients to be served.		3	
SECTION 7 – SUPPLEMENTAL EQUITY QUESTIONS	0-5	X Weight	Max. = 40
17. EQUITY • Applicant describes meaningful involvement in program development by stakeholders with different identities. • Applicant describes capacity for and delivery of culturally responsive practices through in-house services, as well as partnerships with culturally specific organizations.		4 4	___ ___
TOTAL			

RATING KEY: 5 = Excellent 4 = Very good 3 = Average 2 = Fair 1 = Poor 0 = Unacceptable

Acronyms:	
CoC Continuum of Care	OIG Office of Inspector General
PH Permanent Housing	SSI Supplemental Security Income
RRH Rapid Rehousing (a type of Permanent Housing)	SSDI Social Security Disability Insurance
PSH Permanent Supportive Housing (a type of Permanent Housing)	HUD Housing and Urban Development

APPLICANT:_____ PROJECT:_____ PROJECT #:_____

Applicant Performance (40)	Project Description (90)	System Performance Measures (160)	Supportive Services (55)	Budget (15)	Equity (40)	**Total (400)**
Strengths:						
Weaknesses:						
Recommendations:						

R&R Committee Member (printed name):_____

R&R Committee Member Signature:_____ Date:_____

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-2a.

Scored Form for One Project

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
MOVING TO END AND PREVENT HOMELESSNESS

CONTINUUM OF CARE NOFO RFP
PROPOSAL RATING FORM
RENEWALS: PH-PSH, PH-RRH

APPLICANT: Center for Hope & Safety **PROJECT:** RRH Renewal **PROJECT #:** C-1

Criteria	Rating 0-5	X Weight	Points
SECTION 1 - MINIMUM QUALIFICATIONS: Applicant meets minimum threshold requirements, including use of CE and HMIS or comparable DV database.	Yes/No Per Technical Review		
SECTION 2– RECIPIENT PERFORMANCE	0-5	X Weight	Max. = 40
1. CLIENTS SERVED • Has the current project served the number of clients it proposed? (5 for yes, 0 for no, if no satisfactory explanation)	5	1	5
2. STAFFING • Has the project been fully staffed for the past 12 months? (5 for at least 90%, 4 for 80%, 3 for 70%, 2 for 60%, 1 for 50%, 0 for less) • Has the project retained the same staff working directly with clients? (5 for 100% retention, 4 for 80%, 3 for 60%, 2 for 40%, 1 for 20%, 0 for complete turnover)	5 4	1 1	5 4
3. ONGOING PROJECT DEVELOPMENT Applicant provides examples of their activities around continuous quality improvement, adapting to emerging issues, and/or incorporating client feedback into ongoing project development that (a) demonstrate attention to continuous quality improvement and (b) effective responsiveness to emerging needs and client feedback.	4	1	4
4. CoC PARTICIPATION Applicant has participated in CoC Collaborative Committee meetings, as required in compliance agreement. (5 for at least 90%, 4 for 80%, 3 for 70%, 2 for 60%, 1 for 50%, 0 for less than 50%)	5	1	5

Criteria	Rating 0-5	X Weight	Points
5. ANNUAL PERFORMANCE REPORT (APR) TIMELINESS • Did the applicant submit the previous year's APR on time? (5 for yes, 0 for no)	5	1	5
6. DRAWDOWNS • Did the applicant draw funds quarterly for the current renewal project? (5 for yes, 0 for no)	5	1	5
7. FUNDS REMAINING • Are there any funds remaining for recapture by HUD for the most recently expired grant term related to this renewal project request? (5 for no, 4 for up to 3%, 3 for 3-5%, 2 for 5-7%, 1 for 7-9%, 0 for 10% or more)	5	1	5
8. UNRESOLVED AUDIT FINDINGS • Are there any unresolved monitoring or OIG audit findings that are not explained to the satisfaction of the Continuum of Care?	No	*Up to 10 points may be deducted for unresolved audit findings*	N/A
SECTION 3 - PROJECT DESCRIPTION	0-5	X Weight	Max. = 90
9. PROJECT DESIGN - Population to be Served • The project serves program participants experiencing specific severe barriers to rapid placement in permanent housing or the ability to maintain permanent housing (e.g., history of victimization/abuse, criminal histories, chronic homelessness, low or no income, current or past substance abuse). • Program Participants Table and Subpopulations Table are consistent with narrative describing target populations to be served.	5	6	30
10. PROJECT DESIGN – Project Elements • Project plan for addressing housing and supportive services needs is fully described. The type, scale, and location of the program fits the needs of the program participants. Measurable goals are identified. • Project design clearly describes how CoC Program funding will be used.	5	8	40

=37

Criteria	Rating 0-5	X Weight	Points
11. COORDINATION WITH OTHER ORGANIZATIONS • Applicant description of how proposed project will collaborate with other providers or agencies in the Marion-Polk region (e.g., federal, state, nonprofit), and how the applicant will participate with community partners through the Continuum of Care demonstrates quality in coordination and collaboration. • Applicant describes history of organizational collaboration with other providers or agencies in the Marion-Polk region, including participation with the Continuum of Care.	5	4	20
SECTION 4 – SYSTEM PERFORMANCE MEASURES	0-5	X Weight	Max. = 160
12. SYSTEM PERFORMANCE MEASURES - Exits to Permanent Housing • Applicant describes proposed activities aligned with best practices (with source references) to support program exits to permanent housing, including specific moving-on strategies. Target for % of exits to permanent housing is at least 85%. • Applicant demonstrates improvement in System Performance Measures or maintains numbers representing strong performance (above 90%).	4 5	7 7	28 35
13. SYSTEM PERFORMANCE MEASURES – Returns to Homelessness • Applicant describes proposed activities aligned with best practices (with source references) to support client to retain permanent housing. • Applicant identifies at least one specific, measurable target/outcome of the proposed activities and how it will be measured.	5	9	45
14. SYSTEM PERFORMANCE MEASURES – Income • Applicant describes proposed activities aligned with best practices (with source references) to assist client to maintain or increase cash income or non-cash benefits. • Applicant identifies at least one specific, measurable target/outcome of the proposed activities and how it will be measured.	5	9	45

-90

=153

Criteria	Rating 0-5	X Weight	Points
SECTION 5 – SUPPORTIVE SERVICES	0-5	X Weight	Max. = 55
15. SUPPORTIVE SERVICES DESCRIPTION • **Supportive Services Table.** Project provides a wide range of supportive services offered by the applicant and partner organizations. • **Transportation.** Applicant will provide transportation assistance to clients to enable participants to attend mainstream benefit appointments, employment training, or jobs. • **Annual Follow Up.** Applicant describes how staff follows up regularly with participants to ensure mainstream benefits are received and renewed. • **SSI/SSDI Technical Assistance.** Applicant describes how program participants have access to SSI/SSDI technical assistance. • **SOAR Training.** Applicant affirms that staff person providing SSI/SSDI has received SOAR training in the past 24 months.	5 5 5 5 5	2 3 2 2 2	10 15 10 10 10
SECTION 6 – BUDGET	0-5	X Weight	Max. = 15
16. BUDGET • Budgeted costs are allowable by HUD and justified. • Budget is cost effective and adequate to implement and sustain project activities over the grant period. • Budgeted costs are reasonable, given the proposed number and needs of clients to be served.	5	3	15
SECTION 7 – SUPPLEMENTAL EQUITY QUESTIONS	0-5	X Weight	Max. = 40
17. EQUITY • Applicant describes meaningful involvement in program development by stakeholders with different identities. • Applicant describes capacity for and delivery of culturally responsive practices through in-house services, as well as partnerships with culturally specific organizations.	5 5	4 4	20 20
TOTAL			

RATING KEY: 5 = Excellent 4 = Very good 3 = Average 2 = Fair 1 = Poor 0 = Unacceptable

Acronyms:			
CoC	Continuum of Care	OIG	Office of Inspector General
PH	Permanent Housing	SSI	Supplemental Security Income
RRH	Rapid Rehousing (a type of Permanent Housing)	SSDI	Social Security Disability Insurance
PSH	Permanent Supportive Housing (a type of Permanent Housing)	HUD	Housing and Urban Development

APPLICANT: CHS **PROJECT:** RRH Renewal **PROJECT #:** C-1

Applicant Performance (40)	Project Description (90)	System Performance Measures (160)	Supportive Services (55)	Budget (15)	Equity (40)	**Total (400)**
37	90	153	55	15	40	390

Strengths: Project meets pop. needs - Excellent supportive services
Diverse staff. Excellent collaboration w/ committed
Exceeded benchmarks & outcomes

Weaknesses:
Site more sources for evidence-based practices

Recommendations:
Incorporate more client feedback.

R&R Committee Member (printed name): Mel Parker Anderson

R&R Committee Member Signature: [signature]

Date: 10-7-24

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-5.

Notification of Projects Rejected-Reduced

OR-504 did not Reject or Reduce any Projects

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-5a.

Notification of Projects Accepted

From: Jan Calvin <calvin.jan@yahoo.com>
To: Sam Dompier <sam@church-at-the-park.org>; Jayne Downing <jayne@hopeandsafety.org>; Sara Brennan <sara@hopeandsafety.org>; Tara Stephen <tara.stephen@hopeandsafety.org>; Robert Marshall <robert.marshall@mwvcaa.org>; Robin Winkle <robin.winkle@shangrila-or.org>; Elaine Lozier <elaine.lozier@mwvhomelessalliance.org>
Sent: Thursday, October 24, 2024 at 05:22:34 PM PDT
Subject: Time to Submit in E-snaps!

The CoC board approved the Priority Listing today. All projects are officially accepted.

OR-504, Mid-Willamette Valley Homeless Alliance							
FY 2024 CoC Competition							
Recommended Priority Lisitng							
Applicant Organization	**Project**	**Type**	**Rank**	**HUD Request**	**Match**	**Total**	**Status**
Church at the Park	C@P PSH Project with Healthcare	PSH	1	$ 232,470	$ 38,160	$ 270,630	Accepted
Center for Hope & Safety	CHS - New DV Bonus (FY24)	RRH DV Bonus	2	$ 217,351	$ 54,338	$ 271,689	Accepted
ORS 190 Entity	OR-504 HMIS Support-Expansion FY24	HMIS	3	$ 236,000	$ 59,000	$ 295,000	Accepted
Center for Hope & Safety	CHS DV RRH Housing & Services Project (FY24)	RRH	4	$ 745,269	$ 186,318	$ 931,587	Accepted
ORS 190 Entity	OR-504 HMIS Support FY24	HMIS	5	$ 14,696	$ 3,674	$ 18,370	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA FY24 Renewal RRH	RRH	6	$ 410,870	$ 102,718	$ 513,588	Accepted
ORS 190 Entity	OR-504 SSO-Coordinated Entry FY24	SSO-CE	7	$ 36,309	$ 9,077	$ 45,386	Accepted
Shangri-La	PSH with Healthcare Component	PSH	8	$ 257,996	$ 20,489	$ 278,485	Accepted
Shangri-La	Shangri-La PSH Assistance PH	PSH	9	$ 393,233	$ 18,953	$ 412,186	Accepted
ORS 190 Entity	OR-504 SSO-Coordinated Entry-Expansion FY24	SSO-CE	10	$ 105,578	$ 26,412	$ 131,990	Accepted
	CoC Program Funding - Total Request, Match, and Project Total			**$ 2,649,772**	**$ 519,139**	**$ 3,168,911**	
CoC Collaborative Applicant, ORS 190 Entity	CoC Planning Grant	Planning	N/A	**$ 166,732**	**$ 41,683**	**$ 208,415**	Accepted
Church at the Park	CATP YHDP SSO	YHDP-SSO	N/A	$ 226,000	$ 56,500	$ 282,500	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA YHDP SSO	YHDP-SSO	N/A	$ 152,228	$ 38,057	$ 190,285	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA YHDP SSO - Youth Coordinated Entry	YHDP-SSO-CE	N/A	$ 242,217	$ 60,554	$ 302,771	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA - YHDP Joint TH-RRH	YHDP - TH-RRH	N/A	$ 1,113,809	$ 278,452	$ 1,392,261	Accepted
	YHDP Funding - Total Request, Match, and Project Total			**$ 1,734,254**	**$ 433,563**	**$ 2,167,817**	
	OR-504 FULL REQUEST, MATCH, AND PROJECT TOTALS			**$ 4,550,758**	**$ 994,385**	**$ 5,545,143**	

Thanks,
Jan

Jan Calvin
she/her/hers
Mid-Willamette Valley Homeless Alliance
The Continuum of Care for the Marion-Polk Region

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-5b.

Local Competition Selection Results

OR-504, Mid-Willamette Valley Homeless Alliance FY 2024 CoC Competition Final Priority Lisitng							
Applicant Organization	**Project**	**Type**	**Rank**	**HUD Request**	**Match**	**Total**	**Status**
Church at the Park	C@P PSH Project with Healthcare	PSH	1	$ 232,470	$ 38,160	$ 270,630	Accepted
Center for Hope & Safety	CHS - New DV Bonus (FY24)	RRH DV Bonus	2	$ 217,351	$ 54,338	$ 271,689	Accepted
ORS 190 Entity	OR-504 HMIS Support-Expansion FY24	HMIS	3	$ 236,000	$ 59,000	$ 295,000	Accepted
Center for Hope & Safety	CHS DV RRH Housing & Services Project (FY24)	RRH	4	$ 745,269	$ 186,318	$ 931,587	Accepted
ORS 190 Entity	OR-504 HMIS Support FY24	HMIS	5	$ 14,696	$ 3,674	$ 18,370	Accepted
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Shangri-La	PSH with Healthcare Component	PSH	8	$ 257,996	$ 20,489	$ 278,485	Accepted
Shangri-La	Shangri-La PSH Assistance PH	PSH	9	$ 393,233	$ 18,953	$ 412,186	Accepted
ORS 190 Entity	OR-504 SSO-Coordinated Entry-Expansion FY24	SSO-CE	10	$ 105,578	$ 26,412	$ 131,990	Accepted
	CoC Program Funding - Total Request, Match, and Project Total			**$ 2,649,772**	**$ 519,139**	**$ 3,168,911**	
CoC Collaborative Applicant, ORS 190 Entity	CoC Planning Grant	Planning	N/A	**$ 166,732**	**$ 41,683**	**$ 208,415**	Accepted
Church at the Park	CATP YHDP SSO	YHDP-SSO	N/A	$ 226,000	$ 56,500	$ 282,500	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA YHDP SSO	YHDP-SSO	N/A	$ 152,228	$ 38,057	$ 190,285	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA YHDP SSO - Youth Coordinated Entry	YHDP-SSO-CE	N/A	$ 242,217	$ 60,554	$ 302,771	Accepted
Mid-Willamette Valley Community Action Agency	MWVCAA - YHDP Joint TH-RRH	YHDP - TH-RRH	N/A	$ 1,113,809	$ 278,452	$ 1,392,261	Accepted
	YHDP Funding - Total Request, Match, and Project Total			**$ 1,734,254**	**$ 433,563**	**$ 2,167,817**	
	OR-504 FULL REQUEST, MATCH, AND PROJECT TOTALS			**$ 4,550,758**	**$ 994,385**	**$ 5,545,143**	

OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 1E-5c.

Web Posting - CoC-Approved Consolidated Application

Mid-Willamette Valley Homeless Alliance

Serving Marion County and Polk County, Oregon

Notice of Funding Opportunity

Latest News

CoC-Approved Consolidated Application – posted 10/24/24

Approved Priority Listing – posted 10/24/24

Recommended Priority Listing – posted 10/16/24

Preliminary Priority Listing – posted 10/14/24

September 18, 2024 – Q & A Posted

September 16, 2024 – Q & A Posted

August 23, 2024 – Q & A Posted

August 22, 2024 – Q & A Posted

CoC Number and Name	PPRN	Estimated ARD	Tier 1	CoC Bonus	DV Bonus	CoC Planning
OR-504 - Salem/Marion, Polk	$1,449,004	$3,334,631	$1,440,339	$400,156	$217,351	$166,732

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
MOVING TO END AND PREVENT HOMELESSNESS

Coordinated Entry Access Sites

Search ...

47°F Clear
Search
6:58 PM 10/24/2024

https://mwvhomelessalliance.org/wp-content/uploads/2024/10/Consolidated-Application-for-CoC-Board-approval-10.24.24.pdf
Ask Copilot 1 of 85 Edit with Acroba

CoC Board approved, 10/24/24

Applicant: Salem/Marion, Polk Counties CoC OR-504
Project: OR-504 CoC Registration FY2024 COC_REG_2024_215132

Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review

Search 7:00 PM 10/24/2024

Attachment 1E-5d.

Notification of CoC-Approved Consolidated Application

Jan Calvin
From: calvin.jan@yahoo.com
To: Jan Calvin
Cc: Elaine Lozier
Bcc: Chair Mwvhomelessalliance, Ashley Hamilton, Jayne Downing, Sam Dompier, Robin Winkle and 9 more...

Thu, Oct 24 at 7:46 PM

The Mid-Willamette Valley Homeless Alliance is pleased to announce that the CoC-Approved Consolidated Application and Priority Listing is posted on the CoC website.

Thanks,
Jan

Jan Calvin
she/her/hers
Mid-Willamette Valley Homeless Alliance
The Continuum of Care for the Marion-Polk Region
http://www.MWVHomelessAlliance.org

News Distributed 10/24/24

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OR-504 Salem/Marion, Polk Counties Continuum of Care

Attachment 3A-2a. Healthcare Formal Agreements

northwest humanservices

Northwest Human Services, Inc
681 Center St NE | Salem, OR 97301
p. 503.588.5828 | f. 503.588.5852

ORS 190 Entity, Mid-Willamette Valley Homeless Alliance
100 High Street SE, Suite 200
Salem, OR 97301
Attention: Jeremy Gordon, Board President

SUBJECT: Letter of Collaboration for Healthcare Support of Medically Vulnerable Women at Coral House

Dear Jeremy Gordon:

Northwest Human Services (NWHS) is grateful for this opportunity to strengthen our partnership with Church at the Park and support of their Coral House project, coordinating health and housing supports for women exiting chronic homelessness. under the U.S. Department of Housing & Urban Development's CoC NOFO supporting housing with healthcare connections.

NWHS is a community health center that focuses on serving low-income, homeless, and un-insured or under-insured individuals and family. Our support for our unsheltered include specialized homeless programming and supports through our HOAP and HOST programs, transportation assistance to medical appointments from area shelters and programs, and a health focused Street Outreach Team. Our goal is to work with each person to ensure access to quality medical care and reduced barriers to health through partnerships and direct services.

NWHS will work alongside Church at the Park to help identify appropriate referrals for up to 10 units at the Coral House of women who meet the criteria for Permanent Supportive Housing as designated through the Coordinated Entry policies and procedures. NWHS will work alongside Church at the Park's Health Systems Navigator and staff to ensure seamless care coordination for the women referred and living on-site during the contract period for CoC FY2024.

The type of healthcare services NWHS will make available to the women referred include, but are not limited to primary and preventive care, mental health and dental care, care coordination, OHP eligibility and enrollment, and support managing chronic health conditions.

We appreciate the opportunity to participate with Church at the Park in delivering important healthcare services to people experiencing homelessness who face significant barriers and vulnerabilities to obtaining and maintaining permanent housing.

Sincerely,

Paul Logan, CEO

Northwest Human Services

Shangri-La
Enriching Lives Together

October 23, 2024

Memorandum of Understanding Between
Shangri-La's Permanent Supportive Housing Program
and
Shangri-La's Outpatient Mental Health Clinic

Shangri-La's Outpatient Mental Health Clinic (OPMH) and Shangri-La's Permanent Supportive Housing Programs (PSH) agree to work together to provide opportunities that will leverage data to create more personalized experiences for both staff and clients. The process of care will be seamless and occur by PSH connecting the client directly with the clinic staff to create an engaging process from the beginning. Scheduling will occur within 72 hours of the connection to the clinic team.

Shangri-La's OPMH offers mental health assessments, treatment plans, therapy, case management, and peer support services as defined by person-centered treatment plans. These services are voluntary.

Shangri-La's OPMH and PSH administrative programs are centrally located in the same building and managed by the same department director, which allows for quick referrals, high collaboration, additional resource availability, and strong care coordination between teams.

This agreement is in place currently through June 30, 2026.

Shangri-La Director Signature: _____

DATE: 10/23/24

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