

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: OR-505 - Oregon Balance of State CoC

1A-2. Collaborative Applicant Name: Community Action Partnership of Oregon (CAPO)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Oregon Housing and Community Services (OHCS)

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	No	Yes
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	No	Yes
Substance Abuse Service Organizations	Yes	No	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	No	Yes
CoC Funded Victim Service Providers	Yes	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	No	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith-Based Groups, Churches	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

BOS CoC’s geography spans Oregon’s 28 rural counties. To ensure maximum inclusiveness of the full depth of opinions on homelessness, grantees within the seven regions continue to involve and invite a variety of local organizations/people with specialized knowledge regarding homeless issues (McKinney-Vento liaisons, faith-based networks, youth outreach, domestic violence providers) and those who want to help. Grantees also participate on a variety of local community Boards/Commissions in order to gather varied opinions, represent stakeholders, and advocate for preventing and ending homelessness. Two examples from the list in 1B-1 include: Non-CoC Funded Youth Homeless Organizations and Public Housing Authorities. The CoC Coordinator/Consultant participates locally (RHY-funded youth shelter Board, CDBG Commission) and statewide (RHY Commission, CDBG Commission), and one BOS CoC Board member is formerly without housing and now serves on his local PHA Board and two City commissions.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Home Youth and Resource Center - Marion County	No	Yes	Yes
NWHS HOST - Marion, Polk Counties	No	No	No
Four Rivers Healthy Community - Marion, Polk Counties	No	No	No
Community in Action - Harney, Malheur Counties	Yes	Yes	Yes
Jackson Street Youth Shelter - Linn, Benton Counties	Yes	No	No
Lincoln County School District HELP - Lincoln County	No	No	No
Yamhill Community Action Partnership - Yamhill County	Yes	Yes	No
Maslow Project - Coos County	No	No	No
Casa de Belen - Douglas County	No	No	No
Integral Youth Services - Klamath County	Yes	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Center for Hope and Safety - Marion County	No	No
Project Dove - Malheur County	No	No
Hope - Harney County	No	No
Women's Crisis Support Team	Yes	Yes
Lifeways	No	No
CARDV - Benton, Linn Counties	No	No
My Sisters Place - Lincoln County	No	No
Tillamook County Women's Resource Center	No	Yes
SAFE of Columbia County	Yes	No
The Harbor - Clatsop County	No	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	No
Set a Path to End All Homelessness by 2020	No

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

BOS CoC grantees and community members/providers have been working since 2013 to understand scope of the CoC's data/HMIS reality and needs. Each successive review, reporting period, other data need passes provides greater understanding of the CoC's progress and potential HMIS 'stars' identified. Ordinarily, interest in a specific committee would be enough for membership, but BOS CoC is taking its HMIS world – and individual accountabilities – further with creation of an internal regional HMIS TA pilot.

BOS CoC has received a grant shortly before NOFA drop from State of Oregon to design the regional HMIS TA pilot; as soon as this application is submitted, work will continue in developing RFP criteria for soliciting the specific agencies/individuals with capacity and understanding to serve as HMIS TA providers. In addition to local HMIS trainings, performance monitoring, and data analyses, HMIS TA providers will also track local – Federal – strategies to meet Opening Door goals.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

BOS CoC continues framing inclusive policies/processes to enhance membership and inquiries into the funding pre-application and competition processes and remains open to possibilities not only from within but also from outside the traditional funding group. For example, a new project opportunity for dedicated SSO for CE (from reallocation) was directly solicited from a non-HUD-funded statewide homeless advocacy non-profit. NOFA and competitive solicitation process details are always sent to the BOS CoC distribution list (considerable membership outside of BOS CoC grantees) and are also posted on a number of grantee/agency websites. The BOS CoC NOFA Review Team will assess proposed project(s) and applicant(s) for eligibility using HUD's criteria and the BOS CoC's annual pre-application/new project scoring.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	No
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	No

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

BOS CoC counts four Con Plan communities (Albany, Salem, Grants Pass, and Corvallis) and the State's BOS Con Plan within its geography. Local respective CoC grantees are active in varying ways either as informational participants or as recipients of public services funding. The following examples show broad CoC participation in statewide Con Plan activities:

Albany: CoC Coordinator/Consultant is Chair of CDBG Commission; one CoC grantee is recipient of two CDBG grants. Meetings are monthly; grantee reporting is quarterly.

Salem: CoC Coordinator/Consultant meets quarterly with City CDBG staff to update data

Grants Pass: CoC Coordinator/Consultant advised City CDBG staff about CoC 101; local CoC grantee is actively involved

Corvallis: two CoC grantees within area; one is recipient of CDBG grant

State of Oregon: CoC Coordinator/Consultant participated on the Con Plan and Analysis to Impediments strategic advisory committees; monthly meetings.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

OHCS is the ESG grantee, and funds are allocated to CAAs directly by legislative statute; 12 BOS CoC grantees are ESG recipients. Grantees complete master grant agreements (MGA) to receive funds through OHCS Housing Stabilization division. ESG recipients deliver ESG services directly or through sub-grant to local nonprofits. ESG grantees currently use ESG funds to provide emergency shelter (24%), street outreach (4%), homeless prevention (30%), and rapid re-housing (34%); ESG funds also support HMIS to track demographics and measured outcomes. ESG funds are partnered with CoC funds to complement and enhance the comprehensive continuum of housing and supportive services to shared populations. BOS CoC and ESG grantee are consulting to the extent possible and intend to include more direct CoC-ESG partnership language and processes in future MGAs.

BOS CoC Coordinator/Consultant works with OHCS (ESG recipient) ahead of/during biennial MGA process to determine categories and concepts.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

BOS CoC operates two DV service programs, both by sub-grant, which provide emergency shelter, case management, counseling, crisis line, community education, legal and rural advocacy. CoC projects ensure households are assisted in locating housing that meets individual needs of the household, including access to needed supports and other safety-related considerations. Additionally, all BOS CoC and ESG funded programs prioritize client safety, and if the case manager feels the client's safety would be jeopardized by sharing client level data via HMIS, they are instructed to protect client information to the degree warranted, i.e. address/contact information is omitted from the database and/or the client information is "locked down" limiting visibility to the provider and applicable administrators only. In extreme cases, a client alias is used. Individuals and families also receive support from various community services providers that assist with housing search and furniture requests.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Salem OR011	4.50%	Yes-Both
Linn-Benton Housing Authority OR 019	5.00%	No
Housing Authority of Yamhill County OR 016	7.40%	Yes-Both
Northwest Oregon Housing Authority OR 028	4.00%	Yes-Both
Housing Authority of Lincoln County OR005	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Local communities within the seven regions of BOS CoC 28-geography are fortunate to have built consistent and expansive toolboxes of similar housing providers through the CAA network and other regional anti-poverty and economic development organizations. Among the additional sub-housing opportunities available are:

Federal: HOME TBA, SSVF

State: Oregon Health Authority-OHOP; mental health, substance abuse, DHS child welfare

Local: Community Action Agencies; Northwest Human Services - for people with MH; Shangri-La; Lifeways (emergency hotel vouchers, security deposit, rental assistance); Partners Place – HF; GOHBI; MH; Parole & Probation/Department of Corrections

Faith-Based: Salem Interfaith Hospitality Network; Catholic Community Services; Harvest House Missions: one time housing assistance/security deposit
 Origins Faith Community: one time housing assistance/security deposit
 Love INC: financial literacy; churches

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Building a CE system reflective of 28 rural counties continues to be challenging, though the CoC has developed basic standards to which work will adhere in the next year as local processes are drafted with respective community input. BOS CoC’s new SSO for CE will work to ensure equitable access in the CE system regardless of where/how services are accessed. Marketing strategies could include street outreach, flyers, announcement during meetings, providers/consumer education, website links, and newsletters. All materials, processes, and access points will also be accessible for disabilities (or alternate provisions arranged), available via other languages, and also easily accessible by public transportation (where available) or via toll-free or statewide 211info. DRAFT standards include utilization of standardized needs assessments; inclusion of all subpopulations (CH, Veterans, families, youth, DV); referral process that is clearly developed, documented, and widely shared.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Faith-Based Homeless Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veteran Services Providers - SSVF, VASH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	37
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	37
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

While all areas of the rural 28-county geography are severely needy based solely on need for affordable housing and relief from rents beyond FMRs, both CoC as a body and the BOS CoC NOFA Review Team specifically consider unique barriers faced by subpopulations and resultant impact on outcomes. Annual PITC results of the extent of homelessness among veterans, families, youth, and the chronically homeless subpopulations helped inform priority considerations. Among prevalent concerns about increased barriers to stability are the chronically homeless with mental health/substance abuse issues; youth, especially LGBTQ; ex-offenders/sex offenders; and folks with chronic health concerns.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

BOS CoC began its pre-application review and ranking process in March 2015 by updating pre-application and score card based on 2014 debrief. Via communication to the CoC's broad informational email group April 28, 2015, renewal projects were solicited and subsequently reviewed, ranked and approved by the Board subject to any additional NOFA requirements on July 27, 2015. Minutes of all monthly BOS CoC meetings are shared with next month's agenda which goes out to the broad CoC email group and beyond. CoC ranking process and project listing were posted on the collaborative applicant's website November 16, 2015, and an internet link was also shared at that time with broad email group and beyond. Relevant documents are attached.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/22/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

BOS CoC reviews APR data and data completeness report cards quarterly to monitor progress on internal and HUD performance goals. CoC Coordinator/Consultant, in partnership with HMIS Lead/Committee and HUD field office, works with grantees one-on-one to address reporting and performance concerns. Concerns and data are also discussed during HMIS Committee meetings, with Executive Committee, and during monthly CoC meetings.

Additional monitoring tools are currently in development, and resources/training opportunities provided via HUD, OneCPD, HUD TA, NAEH, and the USICH, among others, are continually offered as available.

BOS CoC is developing an RFP and criteria to define an internal, regional HMIS TA pilot made possible through State of Oregon funding. This pilot intends to not only better support local HMIS users via provision of peer-to-peer TA support but also ensure that grantee performance – and overall CoC data quality – continues to improve and inform priority-setting.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. The relevant pages are 8 and 9 of the NWSSC-PHB's Policy and Procedures

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$80,992
ESG	\$18,820
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$99,812

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$4,900
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$2,080
Other Federal	\$89,338
Other Federal - Total Amount	\$96,318

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$21,453
State and Local - Total Amount	\$21,453

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$217,583
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,492	112	213	15.43%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,255	112	561	49.08%
Rapid Re-Housing (RRH) beds	360	0	360	100.00%
Permanent Supportive Housing (PSH) beds	446	0	348	78.03%
Other Permanent Housing (OPH) beds	79	0	79	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Central to increasing the bed coverage percentages in all regions of BOS CoC is the importance of data entered into HMIS by non-participating emergency shelters and transitional housing programs. While BOS CoC staff develops funding strategy to accomplish this task, HMIS Lead and HMIS Committee are working collaboratively with all relevant providers, including those receiving ESG, to promote tools and steps necessary to ensure data is complete and correct for each individual/family entered. All BOS CoC and ESG grantees will receive additional instruction and assistance in the next 12 months to improve HMIS data quality and bed coverage. Emergency shelters that have not previously received State and Federal funds are an implementation challenge for entering HMIS data, and BOS CoC is diligently working on strategies to obtain their support and data even absent funding incentive. Verification of beds listed on the HIC and in the HMIS system is essential.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	5%	7%
3.3 Date of birth	2%	0%
3.4 Race	2%	1%
3.5 Ethnicity	2%	1%
3.6 Gender	2%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	2%
3.15 Relationship to Head of Household	7%	0%
3.16 Client Location	3%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	9%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 6

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

At this time there are no PATH providers that plan on entering data into the OR
– 505 Balance of State.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/07/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC conducts 13 separate PIT counts on the same date across the CoC's 28 Counties via designated 'lead' agencies. The primary methodology is via the HMIS with the majority of shelter providers entering data directly into HMIS. Lead agencies work with local shelter providers to ensure accurate data is entered into the HMIS system.

For shelter providers not yet entering data into HMIS, a survey tool is used to gather data specifically for the designated PIT date. Surveys are completed by shelter provider staff or by volunteers conducting interviews of participants at the shelters. The data collected is entered in the HMIS system. Lead agencies work with local shelter providers to ensure data entered accurately matches the shelter's records.

The CoC uses this methodology because it allows the CoC to accurately pull an unduplicated PIT count from HMIS and is the most comprehensive and direct method to accurately reflect all individuals and households being sheltered.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The CoC had no changes in methodology from the 2014 sheltered PIT count to the 2015 sheltered PIT count.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Oregon Balance of State Rural Oregon Continuum of Care (ROCC) did experience a change in shelter provider coverage in 2015. The Continuum of Care had several programs convert from Transitional (TH) programs to Rapid Rehousing (RRH) programs which resulted in a significant drop in TH. Another reason for the increase in RRH was the inclusion of additional SSVF programs that provide both HP and RRH services for local veterans.

The ROCC also streamlined the naming convention of programs which helped align reporting programs in the HMIS system with the names and numbers on the HIC's and reduced duplicate programs that were created over the last several years.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The BOS CoC voted to have all lead agencies conduct the Point-in-Time count for 2015 on one specific date at the end of January. This change helped create a more cohesive report and aided in the compilation of that report. Data presented was more meaningful and gave the BOS CoC a better picture of the homeless and chronically homeless across the region. Additionally, more training was provided on how to complete the survey forms, and how to do the data entry and data clean-up following the Point-in-Time count.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/07/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC conducts 13 separate unsheltered PIT counts via 13 lead agencies across its 28 counties; all counts are conducted on the same date utilizing consistent methodology. A PIT data collection form, aligned with HUD expectations, is used throughout the CoC. Volunteers are trained on completing the form. Volunteers conduct surveys, using the form, in each community at known locations where homeless people reside and at locations where homeless services are provided. In addition, some communities hold Homeless Connect events to survey individuals in a central location while also providing services and resources. One form is used for each household counted and data from each form is compiled into HMIS. The count data is then pulled from the HMIS as a report by county and also in aggregate form for the entire CoC. This methodology provides the CoC with the most comprehensive count of the unsheltered population in each of the communities.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

For the 2015 count, the CoC required all point-in-time counts to be conducted on the same date for the 13 lead agencies covering 28 counties. This change provided consistency across the CoC and streamlined the process used to pull data from the HMIS, thereby providing the opportunity for the most accurate data and reporting of unsheltered data. All other methodologies remained the same.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The BOS CoC program voted to have all lead agencies conduct the Point-in-Time count for 2015 on one specific date at the end of January. This change helped create a more cohesive report and aided in the compilation of that report. Data presented was more meaningful and gave the BOS CoC a better picture of the homeless and chronically homeless across the region. Additionally, more training was provided on how to complete the survey forms, and how to do the data entry and data clean-up following the Point-in-Time count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5,525	5,544	19
Emergency Shelter Total	969	1,257	288
Safe Haven Total	5	0	-5
Transitional Housing Total	1,225	985	-240
Total Sheltered Count	2,199	2,242	43
Total Unsheltered Count	3,326	3,302	-24

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,075
Emergency Shelter Total	808
Safe Haven Total	0
Transitional Housing Total	1,267

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

As many BOS CoC grantees are also ESG grantees, the ESG scoring tool is often used as one method to assess risk in preventing first-time homelessness. Risk factors commonly identified are mental illness, poverty, domestic violence, health, substance abuse, employment status, and lack of affordable housing. In addition to utilizing HP funding (ESG or otherwise), efforts to prevent first-time homelessness include:

- *Changing policies
- *Emergency funding (City, church, community) assists households which would become homeless ‘but for’ the funds.
- *Local Service Integration Teams to staff individual household needs.
- *Mitigating foreclosure
- *Working with schools, families, law enforcement to ensure runaway youth are in a safe environment
- *Working with mental health entities to help with mental health supports
- *Working with DV shelters to ensure appropriate and safe housing is provided
- *Offering budgeting and money management supports

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

HMIS is the tool that tracks clients/services for BOS CoC's 23 agencies and 39 projects. Measuring "length of time homeless" was unavailable pre-2014, and so only recently has the CoC been able to look at these trends. Homeless status at entry is now collected, and housing/case management projects collect the full data complement including length of time homeless. These new elements will also be used in the CE system currently in design. Through BOS CoC's regional HMIS TA pilot, CoC Coordinator/Consultant, HMIS Lead/Committee and HMIS TA providers will continue working with grantees to ensure development of local performance dashboards including length of stay, recidivism, and other measures of success.

Strategies currently in use include:

- Use of Housing First
- Dedicated street outreach workers
- Homeless Connect events
- Community and provider assistance, and advocacy, to obtain rental units that are scarce and in high demand.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	561
Of the persons in the Universe above, how many of those exited to permanent destinations?	483
% Successful Exits	86.10%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	118

Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	81
% Successful Retentions/Exits	68.64%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

BOS CoC’s HMIS vendor developed reports using October 2015 revisions to 2014 HMIS data standards. Since some elements have only recently been put into use, a data analysis plan is still in design that will promote using identified best practices.

BOS CoC contends that lack of affordable housing in rural areas factors significantly in achieving/maintaining housing stability. Rental stipends and landlord collaborations can mitigate higher housing costs, and Housing First strategies are effective. ESG funds work within the community at large in designing and promoting prevention efforts on the front end, and effective supportive services are offered by communities and providers while research and conversations continue informing and updating various discharge practices to avoid returns to Homelessness.

Strategies used to reduce returns to homelessness include:

- *Supportive services
- *Advocacy
- *Development of exit plans
- *Intensive case management
- *financial management education

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

BOS CoC comprises 28 rural counties, so primary strategies are based in statewide programs and efforts available to grantees throughout local areas. BOS CoC grantees reach out to local agencies as available (or use similar agencies) to encourage partnership development, if none exists, and will work to strengthen existing partnerships. Additionally, grantees are encouraged to identify other existing local resources that will support participants in increasing income from non-employment sources.

Strategies include:

*Referrals to employment services: WorkSource, Goodwill Industries, SSVF Employment Specialist, Vocational Rehab

*Assistance with applying for mainstream resources: TANF, SNAP, Veteran Benefits. Assistance applying for SSI/SSDI (Mid-Willamette Valley Community Action Agency)

*As part of case management, for households unable to work due to disability, case managers discuss Earned Income Disregard (Oregon Health Authority).

*SOAR training

*Education, GED referrals

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

To improve rate of income through employment, BOS CoC grantees will continue supporting partnerships that provide opportunities to increase skills and employability. Primary strategies identified are based in statewide programs accessible to all grantees in rural areas. Grantees will reach out to the following agencies to develop partnership if none exists and will work to strengthen existing partnerships: Employment Department, Voc Rehabilitation, local employment programs, community colleges, other local resources that may exist. Grantees will share successful outreach strategies through quarterly reporting. In addition, all grantees are encouraged to identify local employers with whom they can create or strengthen partnerships to encourage job placement for participants.

Referrals are made as needed and appropriate, and every effort will be made to connect households with appropriate services and skills needed to obtain work in order to support themselves and their families.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

BOS CoC outreach efforts currently include regular service provider checks for individuals who routinely sleep on the streets or in other places not meant for human habitation based on observation, community report, or self-report. When identified, the homeless are encouraged to come to shelter and/or engage in services. Additionally, four of BOS CoC's ESG sub-recipients in three of seven geographic areas receive outreach funding for daily services provision to this population. Local In-Reach health nurses and clinics provide some outreach as do VA homeless case managers either employed directly in shelters or who make regular shelter and VA office visits. Due to the vast rural area it is difficult to locate and contact all, but the effort is put forth.

Additional strategies include:

- *Network of social service providers
- *Annual Homeless Count
- *Homeless Connect Events
- *Veteran Stand Downs

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	898	1,457	559
Sheltered Count of chronically homeless persons	276	401	125
Unsheltered Count of chronically homeless persons	622	1,056	434

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The increase in overall total of number of chronically homeless persons in the CoC, sheltered and unsheltered is likely attributable to two primary causes:

Updated CoC PITC standards including forms, processes, and project naming conventions which resulted in more easily pulled and accurate data; and that new HMIS data standards were put into place ahead of the 2015 PITC which included length of time homeless and disabling condition to calculate CH.

While it was anticipated that the number of CH persons would decrease due to more detailed questions and overall data accuracy, the count increased, which suggests truly more CH persons in BOS CoC than previously thought. Additional likely reasons for the increase could be reflected in a still-slow-to-recover economy, the inventory of available affordable units in the community remains critically low, and greater access to health care via 'Obamacare.'

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

BOS CoC covers 28 geographically and socially diverse rural Oregon counties. BOS CoC has reviewed data from the 2013 PITC, and efforts to increase CH beds through dedication and reallocation will focus on regions where more than 50 chronically homeless were counted. This includes grantees in Columbia, Marion, Linn, Coos, Douglas, Josephine, Klamath, and Yamhill counties.

During year one, BOS CoC will work to identify the maximum number of beds in each county that can appropriately be dedicated to CH based on PITC subpopulation counts and grantee knowledge of the full continua of housing in those counties.

All counties that have identified greater than five CH in their PITC will be required to prioritize CH for 85% turn over in 2013, 95% in 2014, and 100% in 2015. This projection includes Lincoln, Curry, Malheur, Clatsop, Benton, Klamath, Umatilla, and Tillamook counties.

During year two, PITC numbers will be reviewed and efforts refocused as necessary.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Ahead of the 2014 CoC funding competition, BOS CoC did identify the maximum number of beds in each county that could appropriately be dedicated to CH based on PITC subpopulation counts and added beds where the local housing continua could support the increase.

Additionally just prior to the 2014 CoC funding competition, BOS CoC transitioned 11 TH projects to PH-RRH and from leasing to rental assistance which, in most cases, added considerable dedicated and prioritized CH beds. BOS CoC has also developed a Homeless System Analysis report and tool (with geographical dashboards) which will assist the CoC in reviewing and adjusting priorities by county/region going forward.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	76	85	9

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

BOS CoC gained 9 new CH PSH beds between 2014 and 2015, and this small number is likely accountable in clarity of project focus and increased use of Housing First concept.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	65
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	91
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	48
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	52.75%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

BOS CoC continues to maximize current available resources to reach the goal of ending chronic homelessness (CH) and will prioritize CH households for PSH in the CE system currently in design. However, with a serious lack of affordable no- and low-income housing and rural rents higher than FMRs, it is clear that additional resources and/or TA will be required to think 'beyond the box' in stabilizing homeless households throughout the 28-county geography.

Among the TA opportunities currently underway or anticipated in the next year are:

- Vets @ Home: intensive work plan approved; work will begin in December
- Navigator training/research: CoC Coordinator/Consultant is researching options to gain training and/or on-the-ground staffing to build both housing and health navigation assistance
- Housing First: full, on-the-ground understanding
- Coordinated Entry
- Health and housing intersection

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input type="checkbox"/>
Number of previous homeless episodes:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Through the CE system in design, households will be assessed and prioritized based on vulnerability and referred to the appropriate local RRH program or other housing type as appropriate for each family. In following a Housing First approach, households won't be screened out based on income, substance abuse, criminal history, domestic violence, or any other factor. Coordinating CoC and ESG resources (and others) maximizes effectiveness by offering case management and supportive services to overcome barriers. The CoC's goal will be to rapidly rehouse homeless families within 30 days of becoming homeless through early identification, prioritization based on vulnerability and intensive case management.

As approximately 45% of its grantees are also ESG sub-recipients (and other State homeless funding), BOS CoC's structure ensures homeless families are also connected to appropriate services.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	96	328	232

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
Sharing best practices and experiences during monthly meetings	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	2,544	2,224	-320
Sheltered Count of homeless households with children:	1,040	810	-230
Unsheltered Count of homeless households with children:	1,504	1,414	-90

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The decrease in the number of persons in "Sheltered Homeless Households with Children" could be due to the BOS CoC repurposing multiple TH grants into RRH grants in the 2014 funding competition. The decrease in the number of persons in "Unsheltered Homeless households with Children" is a small change and likely attributable to counting anomaly.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	No
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input type="checkbox"/>
Length of time homeless:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	33	42	9

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,016,713.00	\$1,106,713.00	\$90,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,016,713.00	\$1,106,713.00	\$90,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	6
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

Local Education Liaisons (LEA) collaborate/participate in all local areas within BOS CoC, and many LEA participate in local CoC workgroups and the annual PITC. Among the many local opportunities are found:

- The CCAT – Children in Crisis Action Team –meets monthly during the school year to discuss individual youth needs and coordinating of services/outreach
- Home Youth and Resource Center refers youth to the HOME program for recruitment into their Youth Empowerment Program (YEP), collaborates on shared youth case management, works with RHY and collaborates to find funding to open an emergency shelter for minors in the local area

BOS CoC intends to do better through its local grantees to better train and educate liaisons on services provided and how to access and obtain referrals for assistance; maintain contact with school liaisons as appropriate; and co-case manage participants as needed.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

BOS CoC grantees/ESG recipients require homeless children to be enrolled in school and linked to appropriate services following state law and McKinney-Vento Act. To ensure compliance, BOS CoC encourages providers to designate staffing to oversee needs and work with Homeless liaisons to identify eligible children, coordinate documentation, and facilitate enrollment. Policies guarantee homeless children/youth rights to enroll; attend school of origin or where the family resides; receive transportation to/from chosen school; and receive services comparable to all other children, i.e. transportation, supplemental educational services.

Providers work directly with homeless liaisons to identify and enroll homeless children and make appropriate connections to services. Providers connect with homeless liaisons and case managers upon family program entry, and proper documentation is quickly acquired. In some regions, liaisons visit shelters to ensure no children are missed.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	459	448	-11
Sheltered count of homeless veterans:	153	194	41
Unsheltered count of homeless veterans:	306	254	-52

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The increase in "sheltered veterans" is likely due to a couple of important factors:

An increase in the number of veterans in emergency shelter on the night of the 2015 PITC count; many Community Action Agencies/CoC grantees received emergency funding to open and operate local warming centers.

One of BOS CoC's local areas conducted a veteran Stand Down event on the day of the count which drew an unprecedented number of attendees.

The decrease in unsheltered veterans could be attributed to an increase in housing resources for homeless veterans in the communities including VA-VASH

Vouchers (though underutilized) and Supportive Services for Veteran Families RRH which – at the time – operated in 16 of the CoC's 28 counties. Presently, only 2 of the CoC's 28 counties do not have SSVF program funding.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

As all but 2 of BOC CoC's 28 counties have SSVF projects operating within the local areas with CoC grantees also the SSVF grantees, considerable and consistent outreach is conducted throughout the geography. SSVF outreach teams go to sites where intakes are completed and veterans are asked to bring DD214, VA medical card, and a social security card to intake. Once verified, Vets are assessed for VA Services, and paperwork is faxed to the VA with a request that the Vet be scheduled for a VA homeless intake.

Agencies meet with VASH staff and Vets to help determine the best service option, and the veteran determines the housing and support choice.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

When it's determined that a veteran is ineligible for VA funded services, veteran households are provided intake assessments in the normal flow of local provider process. Once the BOS CoC's CE system is designed and operational locally, these individuals will be referred to the local CE system and prioritized for any other special/sub-population considerations possible. Case managers will continue to review housing and health care options with veteran households and will assist veterans with accessing OHP health care (Medicaid), job training programs, and all other mainstream services as appropriate and available in the local areas.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	242	241	-0.41%
Unsheltered count of homeless veterans:	151	181	19.87%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

BOS CoC has been the recipient of considerable TA resources over the last couple of years, though perhaps specialized training regarding landlord engagement, seeking out alternatives to traditional housing, and similar resources might assist. Affording housing - or lack of - is a serious issue in rural Oregon, with FMRs higher than most subsidies will address. Reaching the goal of ending Veteran homelessness by 2016 could be possible with additional housing and/or greater local community landlord participation in supporting homeless veterans.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	44
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	42
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	95%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Oregon is a Medicaid expansion state; as a result of health insurance enrollment, participants gain additional positive outcomes and receive additional services. The following healthcare organizations collaborate with grantees within BOS CoC's 28 counties to facilitate health insurance enrollment (not inclusive throughout all of CoC geography). In most cases, enrollment hits close to 95%:

- *NWHS has dedicated workers to assist enrollment in OHP
- *HIV Alliance and county health departments receiving Ryan White funds assist clients to sign up for Care Assist and other health insurance
- *Bridgeway assists people to enroll in Medicaid
- *Regional and local medical centers
- *Waterfall Clinic/other local health specialists help with Medicaid/OHP enrollment.
- *Ophtech Health (OHP)
- *Local VSOs help veterans apply for VA medical
- *Lions
- *Mental Health providers
- *Community Action Agencies (provide direct assistance in applying for health resources and/or referrals as appropriate)

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Posted meeting schedules	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	41
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	41
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	41
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	39
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	95%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	6	25	19

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Data Analysis, performance measures	06/01/2014	5
HMIS	06/01/2013	5
Under-performing	05/01/2015	5

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC - Evidence of Communication to Rejected
Project - All Docs

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC - Evidence of Public Posting

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC - Projects Ranking, Review, and
Reallocation Process

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC - Evidence of Public Posting

Attachment Details

Document Description: 2015 CoC Funding Competition - Review,
Ranking, Reallocation Process Text Only - FINAL

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC Governance Agreement-By-Laws - Board
Approved 7-22-15

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC - NWSSC-PHB HMIS Policies and
Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: 2015 CoC Funding Competition - OR-505 BOS
CoC PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

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Submission Summary

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1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/16/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/15/2015
2B. HMIS Funding Sources	11/18/2015
2C. HMIS Beds	11/15/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/15/2015
2F. Sheltered Data - Methods	11/15/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/15/2015
2I. Unsheltered Data - Methods	11/15/2015
2J. Unsheltered Data - Quality	11/15/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/18/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required