

## 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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

## **1A. Continuum of Care (CoC) Identification**

### **Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	No
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	No
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Public health; faith-based	Yes	Yes
Rural medical clinics (vs. hospitals)	Yes	No

**Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.**

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)**

To solicit and consider opinions from organizations and persons with interest in preventing or ending homelessness, CoC communicates regularly via email blasts and with informational update submissions to newsletters and other outreach materials within CoC geography. Whether opportunity is presented during monthly CoC meetings, the annual in-person full membership meeting, workgroups, or tag-a-longs in other organizations' meetings, CoC welcomes and encourages input and opinions from community, providers, local government, federal and state partners. CoC has begun offering local opportunities for communities to participate in CoC information-sharing, data and needs collection, and localized projects planning based on HMIS data, need and local community input.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)**

CoC's open invitation process for soliciting new members includes regular communication via monthly email blasts including reminders to forward communications out to community members and other providers, reminders of easy and free CoC membership applications, and opportunities to participate in CoC strategic planning and data review, among others. To ensure maximum inclusiveness, CoC grantees continue to involve/invite a variety of local providers/community members with specialized knowledge/interest regarding homeless issues (school liaisons, faith-based, youth/veteran outreach, victim services). Grantees also participate on a variety of statewide/local community Boards/Commissions to gather varied opinions, represent stakeholders, and invite CoC participation.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)**

CoC first noticed the public of availability of new CoC funds via the 2017 funding competition Tuesday, July 25, 2017, via email blast regarding

information posting on CoC websites and scheduling of two informational webinars. Included in the website postings and email communications were documents titled:

BLANK 2017 CoC Funding Application; BLANK 2017 CoC Priority Listing; 2017 CoC Funding NOFA; 2017 CoC NOFA Changes and What's New; OR-505 BOS CoC – 2017 Competition New Funding RFP – FINAL; and OR-505 BOS CoC – 2017 Competition NOFA Review, Options - FINAL.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Not Applicable
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)**

12 CoC grantees are also ESG recipients which receive funds directly through OHCS as state ESG grantee. Services are delivered directly or through local nonprofits and provide short-term rapid re-housing and homeless prevention

while CoC rapid re-housing grants are used for those who need medium-term assistance up to 24 months. ESG funds, partnered with CoC, also support HMIS to track data, measure outcomes, and ensure data-driven housing and supportive services continue to shared populations. CoC Consultant/Coordinator works to refine planning for using homeless funds beyond CoC projects.

ESG-CoC grantees serve as lead PIT agencies and are required to consult with and provide information to local Con Plan bodies, where required; cities of Corvallis, Albany, Salem, and Grants Pass. All other jurisdictions within CoC geography (counties) are incorporated into the state's balance-of-state Con Plan. CoC's Consultant/Coordinator sits on the state's consolidated planning workgroup.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.  
(limit 1000 characters)**

CoC's 28 counties consider DV shelter partnerships solid, where they exist, and protocols are in place to ensure safety of persons and data are maintained. Some CoC grantees sub-grant other homeless funding to DV shelters to assist with operations, and CoC grantees work to provide RRH assist. Included as partners in many local homeless coalitions, DV advocates/agencies participate in homeless connects, summits, and planning/executing PIT counts. In some cases, CoC grantees partner with DV agencies via shared staffing, co-location of offices, and other options to remove barriers to services. Other services/connections provided via CoC-ESG-DV partnerships are emergency housing (hotels if no shelter); food, personal care; transportation to shelter/medical care; baby supplies. Short- and long-term case management is often an assistive option, and assistance in filing restraining orders, attending court proceedings, and referrals to other service agencies are also possible.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.  
(limit 1,000 characters)**

CoC began formal coordinated entry May 1, 2017, with HMIS policy that lead agencies begin assessing Category 1 homeless through the HMIS coordinated entry provider; protocols related to DV person/data safety are TBD. Ability to access/analyze a comparable DV database is on the workplan, and bringing DV into CoC's CE system is planned for Phase 2 in 2018.

The CE assessment collects 100 data points per household; when DV information is collected and vulnerability determined, referrals are made. The DV homeless population is very large in the CE pilot's 2-county area with 72%

of female HH fleeing DV report a lifetime history of DV; 1/3rd are fleeing their last relationship. This information is used to promote and encourage prioritization for DV victims for community services. A few CoC grantees have built degrees of local DV partnership including collecting monthly reporting data (age, race, ethnicity, etc.). DV providers share information once a signed release is in place.

**1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

**Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Northwest Oregon Housing Authority	20.00%	Yes-Both
Linn-Benton Housing Authority	22.00%	Yes-HCV
Housing Authority of the City of Salem	12.00%	Yes-Both
Housing Authority of Yamhill County	3.00%	Yes-Both
Housing and Urban Renewal Agency of Polk County	4.10%	Yes-Both

**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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)**

While all five of the PHAs listed above include some measure of homeless preference within the administrative rules or basic intent, many of CoC’s remaining 13 PHAs do not partner with the CoC nor include/support specific homeless preferences. To that end, CoC continues to engage PHA staff and leadership – one PHA director in on CoC’s Board and R&R Workgroup and another PHA program manager also serves on CoC’s Board) to discuss ways CoC can support PHA data needs and how PHAs might partner with CoC local agencies to a greater degree, including preferences and voucher set-asides. In some cases, even without preferences, PHAs have begun offering HUD-VASH for homeless Veterans and considering homeless population needs as emergent as needs of elderly and disabled populations. In the CE pilot community, City and PHA are partnering together to provide permanent vouchers and housing supports for 100 of the highest scoring, most chronic, most vulnerable population as determined by CE.



**1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)**

CoC has been working fairly regularly with a local contractor hired through Department of Human Services and Fair Housing Council of Oregon to understand and implement considerations and supports for through LGBTQ population. In addition to three CoC-wide relevant trainings conducted during the annual meeting and regular monthly CoC meetings, CoC grantees also provide and participate in regular relevant training opportunities including Gender Bias, training for shelter providers on Fair Housing Law, including rules involving equal access to shelters for those who identify as LGBTQ, and how to ensure the housing rights of protected classes, including LGBTQ clients, are being met. Local Fair Housing trainings are offered for local landlords that provide education on protected classes, including sexual orientation and gender identity. Many CoC grantee staff attended HUD’s Equal Access and Gender Identity rule training to ensure local CoC compliance with this rule.

**1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 50 characters)</b>	
Mayors on agency Boards of Directors	<input checked="" type="checkbox"/>
Law enforcement on homeless coalitions	<input checked="" type="checkbox"/>
Myriad community plans within 28 counties	<input checked="" type="checkbox"/>

**When "No Strategies have been implemented" is selected no other**

**checkbox may be selected.**

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)**

CoC continues to meet with community providers/partners to develop local discharge plans inclusive of those leaving medical and mental health facilities, foster care and corrections. In most CoC communities, however, regional need far exceeds resources so priorities are developed which don't allow for coverage of all populations' discharge planning needs. That said, some CoC communities are making local progress including one where local partners are working to establish a Community Court Program which will provide diversion services to homeless clients who have been charged with lower-level offenses. Other CoC grantees are working directly with local re-entry services to design and provide housing programs for clients exiting jail/prison and with coordinated care organizations and local hospitals to develop formal relationships where facilities will ensure the highest needs chronically homeless clients have been assessed for housing placement prior to being exited from hospital.

**1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.**

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

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.**

**Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### 1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)  
 (limit 1000 characters)**

While all areas of the rural 28-county geography are severely needy based solely on affordable housing concerns, low vacancy rates, and relief from rents beyond FMRs, both CoC as a body and the CoC HMIS Data Workgroup/R&R Team consider unique barriers faced by subpopulations and resultant impact on outcomes. Annual PITC and local data analyses regarding extent of homelessness among veterans, families, youth, and the chronically homeless subpopulations continue informing priority considerations, and CoC continues building relevant performance criteria and supports into the overall performance evaluation and R&R processes. 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. Chronic homelessness and low and no income were factors

considered in the 2017 R&R process, especially relating to families and youth.

**1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.**

**Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.**

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.**

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

**Reallocation: Option 1**

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

**1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.** 09/05/2017

**Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 09/05/2017

**Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**

## Reallocation Supporting Documentation

**Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.**

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		



## Attachment Details

### Document Description:

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?** Yes

**Attachment Required:** If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** 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? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual.** Yes

**2A-3. What is the name of the HMIS software vendor?** Bowman Systems; Mediware?

**2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.** Statewide HMIS (multiple CoC)

**2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells**

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,459	206	325	25.94%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,185	95	350	32.11%
Rapid Re-Housing (RRH) beds	370	0	364	98.38%
Permanent Supportive Housing (PSH) beds	603	0	333	55.22%
Other Permanent Housing (OPH) beds	136	0	136	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.**

**(limit 1000 characters)**

Through partnerships and funding for HMIS licenses and internal TA support to non-CoC-funded organizations, the number of ES participating providers and beds should increase, in one case alone by more than 100 beds. CoC continues to build support for TH options due to consistent shortage of permanent affordable housing. CoC continues to engage ESG and other state homeless funding providers to ensure full coverage of housing options including ES and TH. CoC continues building support for PSH options and increased partnership with PHAs and other agencies with funds capable of providing PSH, i.e. City supporting 100 vouchers in PHA for CH, MH housing. CoC will continue informing the state’s homeless planning through enhanced partnership with CAAs that receive state homeless funds, local PHAs, and governments. Sharing coordinated entry reporting, highlighting needs, and suggesting beyond-the-box partnerships to address identified needs should also increase bed provision and coverage rates.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 6

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 11/30/2016

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

### Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/25/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/01/2017

## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)**

N/A

**2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?** No

**2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?** No

**2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from** No

**2016 to 2017?  
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

**2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)**

N/A

**2C-5. Did the CoC implement specific measures to identify youth in their PIT count?** Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)**

CoC grantees reached out to local youth services providers to obtain enhanced information including designing youth-specific questionnaires to supplement the regular PIT form. CoC grantees worked with youth providers to identify places where homeless youth congregate and sent volunteers to engage and sponsored special events (movies, pizza nights) to attract homeless youth for education about the PIT count process. Other CoC grantees worked with the foster care system, school homeless liaisons, counselors, juvenile departments, and other community partners such as Job Corps, DHS and Mental Health Providers.

Additionally, agencies conducted surveys at homeless-youth-serving agencies, and same agencies served on PIT count steering committees and held leadership roles. In many cases, homeless youth who have solid relationships with staff served as street outreach guides to volunteers who were going into camps etc. and also assisted in the planning and facilitation of magnet events.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)**

The SSVF By-Name/Master list was used to identify veterans not counted during the PIT; CoC grantee staff reached out to everyone on the list on night of the count to confirm homeless status. Law enforcement and community resource officers were engaged to assist in locating individuals and families in

parks, river banks, etc. Some communities attempted the PIT count in conjunction with a Community Connect/Veteran's Stand Down event, but in Eastern Oregon, record snowfall made it difficult, and volunteers who would have normally participated were unable to do so. Detailed instructions were provided to volunteers, including a CoC-produced video, so collected data was more accurate even as numbers were not showing the true picture. Expanded outreach was made to rural areas not previously covered, targeting high-density camping locations, and engagement with community partners who serve the population most often, i.e. DHS, WIC, Head Start, homeless liaisons, was enhanced.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

The number of first time homeless for ES, SH and TH went down 107 between 2015 and current. However, those entering into PH as well as those above the number increased by 898. CoC has been informed by the homeless prevention screening tools used by SSVF grantees to identify risk factors most likely to result in literal homelessness. CoC also works closely with ESG providers to determine risk factors for becoming homeless for the first time, such as being extremely low income and lacking financial and family supports. Many areas use ESG and other state housing funds for homeless prevention. Keeping individuals and families housed is paramount due to the extremely low inventory of housing in our area that is below current FMR levels.

Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

The average length of time homeless increased over the last two reporting periods by 5-6 days due primarily to the limited number of available housing units in most of CoC's geography. More individuals and families are applying for available units (with higher incomes) making the selection process more difficult



and tight. CoC and grantees diligently work with landlords to obtain housing and to help keep rentals affordable. Grantees also use the VI-SPDAT, an assessment tool, during coordinated entry to evaluate homeless individuals and household in order to house those most difficult to house.

Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator.

### **3A-3. Performance Measures: Successful Permanent Housing Placement and Retention**

**Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)**

94% retained permanent housing. CoC collectively experienced 105 individuals, or 6% of those that exited to permanent housing, return to homelessness. CoC encourages grantees to continue to work with program participants that exit to permanent housing to assist with the transition and increase sustainability; participants are encouraged and often assisted with signing up for Section 8 assistance to maintain PH stability. The chronically homeless have more barriers than those that are first time homeless, and coordinated entry's VI-SPDAT helps identify the barriers so case managers can work with participants in addressing issues to help housing retention.

Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, CoC has requested and will receive technical assistance to improve this measure.

### **3A-4. Performance Measure: Returns to Homelessness.**

**Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)**

105 individuals, or 6% who exited to PH, returned to homelessness. Grantees follow up with exited participants to determine permanent housing status. If no contact is made, grantees are able to identify returns to homelessness by reviewing HMIS records and consulting with street outreach workers, shelter staff, and other homeless advocates. CoC encourages grantees to continue working with participants who return to homelessness, when possible, to determine program compatibility and access to additional supports. Housing First, Coordinated entry, and use of VI-SPDAT identifies barriers that case managers can address, as needed, to reduce overall homeless recidivism.

Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, CoC has requested and will receive technical assistance to improve this measure.

**3A-5. Performance Measures: Job and Income Growth**

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.  
(limit 1000 characters)**

Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board, and CoC Consultant/Coordinator. Additionally, CoC has requested and will receive technical assistance to improve this measure.

**3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).** No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?  
(limit 1000 characters)**

N/A

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.  
(mm/dd/yyyy)** 06/05/2017

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

### Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	80	93	13

**3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.**

Total number of beds dedicated as Dedicated Plus	30
Total number of beds dedicated to individuals and families experiencing chronic homelessness	105
<b>Total</b>	<b>135</b>

**3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.** Yes

**3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.**

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)**

Grantees work closely with family/DV shelters to quickly identify families needing permanent housing placements through coordinated entry assessment and referrals. In most cases, CoC grantees have solid landlord relationships; some will rent to high-risk families because supports CoC grantees provide support long-term success. Some landlords will notify case managers of unit openings. To support landlords, many CoC grantees provide introduction packages to those who may be new to CoC programs and provide at least annual landlord outreach to provide continuing education, answer questions, and brainstorm solutions. In some areas, CoC grantees prioritize families with children for homeless prevention and shelter diversion services. If housing needs exceed what can be met through diversion, they are prioritized for available RRH beds. Oversight includes HMIS Data Workgroup (CoC Executive Committee, HMIS leadership team, R&R team), CoC Board, grantee agencies, CoC Consultant/Coordinator.

**3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.**

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	120	67	-53

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)**

CoC regularly partners with Fair Housing Council of Oregon and so frequent/annual local Fair Housing trainings are conducted for local shelter providers to learn about rules on admissions, disability and marital status, keeping family members together, and all other anti-discrimination rules for

shelters. Many CoC grantees partner with local rental owners associations to provide mutual training to both landlords and case workers. CoC staff also maintain close relationships with local low-income legal assistance.

**3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.**

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

**3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" 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	<input type="checkbox"/>

**3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)**

CoC's RHY work is in progress as one of many CoC systems in development. Currently only 5/28 counties receive funds for RHY housing/supports, though the state's RHY Advisory Workgroup (CoC Consultant/Coordinator is member) continues lobbying Oregon legislature for funding for basic RHY services to all counties. CoC applied unsuccessfully for the HUD youth demonstration grant; that failed attempt produced another opportunity for which CoC WAS selected, the 100-day challenge to end youth homelessness. One local area uses host-home housing; offering a small incentive/stipend to help with the youth's expenses is helpful. Another local area has a full CoC for RHY including FYSB Street Outreach, Basic Center, and Transitional Living Program grants. 93% of youth safely exit shelter, and only 19% of youth have repeated incidents of

homelessness after participating in the TLP 6 months or longer. Measures used to calculate outcomes include satisfaction surveys, interviews, and pre/post tests.

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)**

One CoC goal moving forward is to continue building solid partnerships locally with school homeless liaisons to better determine true numbers of youth homelessness. Working in tandem with area school districts, CoC grantees work to prioritize youth education providers' referrals and provide wrap-around care where possible. School outreach is conducted by program staff to middle, high, and alternative schools weekly, in many cases, and staff connect with liaisons and other school personnel for referrals and updates on at-risk or RHY youth needing or accessing services.

In one grantee community, the youth shelter advocate has regular communication with homeless youth service agencies, and presence on site, to access to supports such as job training and life skills.

**3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		
Head Start		Yes
Early Head Start		
Child Care and Development Fund		
Federal Home Visiting Program		
Healthy Start		
Public Pre-K		
Birth to 3		
Tribal Home Visiting Program		
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)**

The SSVF program operates in all of CoC's 28 counties, and, in some cases, the SSVF programs transcend CoC boundaries and share CoC grantee/provider agencies. CoC-SSVF programs work closely with local VA providers, VASH case managers, and, in one community, the only Grant Per Diem grantee, to place homeless veterans utilizing SSVF and state veterans assistance housing funding. Veterans benefit from both the CoC's coordinated entry system, the VI-SPDAT, and the SSVF threshold screening to determine program suitability based on needs and current situation. Agencies work with local housing authorities if HUD-VASH is available and can assist with transportation and short-term rental assistance; VSOs are often co-located within CoC grantee offices. In the case of CoC's CE pilot agency, veterans who have been assessed through VI-SPDAT and higher mental health needs are connected through partnership with Oregon Health Authority for placement into Veterans Rental Assistance Program (VRAP).

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** No

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?** No

## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.**

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

**4A-1a. Mainstream Benefits**

**CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)**

As a result of CE screening and VI-SPDAT, participants are given referrals to DHS, local addiction providers, Senior/Disability Services, Vocational Rehab, and other agency programs. Case managers know SNAP, TANF and local substance abuse programs and regularly assist households in accessing needed services. Shared learning includes food stamp training hosted by DHS, disability applications work with SOAR-trained partners, and DHS Fresh Start program. Other partners include Northwest Senior/Disability Services (in-home care) and local Social Security offices for SS claims/disability applications, and county HHS offices for mental health and chemical dependency services. Most agencies also maintain local resource guides. Positions responsible for overseeing this work are the HMIS Data Workgroup (incorporating CoC Executive Committee, HMIS leadership team, and R&R team), CoC Board,



program staff, and CoC Consultant/Coordinator.

**4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?**

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	100.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	100.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

**4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	100.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	100.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

**4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)**

Street outreach does not cover 100% of CoC's 28 counties all of the time, and so SO might only be conducted a couple times a year while for other CoC grantees are able to conduct regular outreach at congregate meal sites, food pantries, warming stations and homeless encampments via specialized housing advocates. Because of the expanse of some rural communities, CoC relies heavily on community partners such as mental health professionals, churches, and libraries. In one of CoC's larger, more urban/suburban counties, youth street outreach is conducted 2x/week, CE street outreach is conducted once a month, and VAT outreach is conducted several times a month. Another CoC grantee hired an outreach specialist who provides survival supplies, housing assessments, and connection to other supportive services to anyone living unsheltered. This continues to be a CoC work in progress.

**4A-5. Affirmative Outreach**  
**Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or**

**disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

Individual CoC grantees have developed policies on affirmatively furthering Fair Housing and Limited English Proficiency. TTDY is utilized for those who are hearing impaired, and Language Link is utilized for those who do not speak English. Marketing materials and other release forms and paperwork have been translated into Spanish. CoC grantee staff will make accommodations as possible including form completion, in-home visits, a different format to accommodate a disability i.e. Braille, large print, etc. CoC grantee staff receive fair housing training annually, and many operate Ready to Rent® education opportunities so program participants/tenants understand tenant rights and responsibilities.

**4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.**

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	370	364	-6

**4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).** No

## 4B. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No		
15. Other	No		

## **Attachment Details**

**Document Description:**

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## Submission Summary

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

<b>Page</b>	<b>Last Updated</b>
<b>1A. Identification</b>	09/17/2017
<b>1B. Engagement</b>	09/25/2017
<b>1C. Coordination</b>	09/25/2017
<b>1D. Discharge Planning</b>	09/25/2017
<b>1E. Project Review</b>	09/25/2017
<b>1F. Reallocation Supporting Documentation</b>	No Input Required
<b>2A. HMIS Implementation</b>	09/25/2017
<b>2B. PIT Count</b>	09/25/2017
<b>2C. Sheltered Data - Methods</b>	09/25/2017
<b>3A. System Performance</b>	09/25/2017
<b>3B. Performance and Strategic Planning</b>	09/25/2017

<b>4A. Mainstream Benefits and Additional Policies</b>	09/25/2017
<b>4B. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required