

Before Starting the CoC Application

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

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

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

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: OR-500 - Eugene, Springfield/Lane County CoC

1A-2. Collaborative Applicant Name: Lane County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Lane County

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	No	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	No	Yes
7.	Disability Service Organizations	No	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
23.	Organizations led by and serving LGBT persons	No	No	No
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	No	No
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	No	No
30.	Substance Abuse Service Organizations	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

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

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

The Poverty & Homelessness Board (PHB) is the CoC board. When a PHB position is vacated or term is expiring, announcement of a vacancy is posted on the LaneCounty.org website & emailed to a targeted distribution list of over 320 people. Vacancies occur at least annually. CoC staff advertise vacancies at homeless service provider locations, and public or community meetings. Vacancy notices are emailed widely & shared among advocate networks and providers, as well as by the local news media and on the radio. Voting & non-voting board position terms are staggered 3 years. Elected official or designee positions are annually appointed by their jurisdictions. The lived experience advisory group, LEAGUE, conducts targeted outreach and helps recruit people with lived experience of homelessness to apply. Targeted recruiting for membership is conducted to engage key partners and individuals who represent diverse viewpoints including organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities). The CoC has

improved outreach to BIPOC communities due to partnerships made with Public Health and COVID-related outreach. Concentrated and strategic outreach is conducted with special population service providers, such as those that serve youth, families, survivors of domestic violence, veterans, and rural areas to recruit for PHB voting positions & attend PHB meetings. All meetings are viewable live on the internet, and later on local TV. There is a membership position for homeless youth representative. PHB meetings are open to the public & allow public comments, which are addressed in the discussion by PHB members, & followed up as necessary. During PHB meetings, the Board chair often asks for input from the audience. Decisions made are used for system improvement opportunities.

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

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

The Lane County (LC) CoC Board is a function of the LC Poverty & Homelessness Board (PHB). The CoC Board solicits & considers opinions from a broad array of organizations & individuals that have knowledge of, or an interest in preventing & ending homelessness through its direct membership & outreach to the community. The 21-member board has broad representation including elected officials from local jurisdictions, education, law enforcement, the VA, victim services, philanthropy, business, substance abuse & mental health service agencies, faith-based orgs., local housing authority, formerly homeless adults & youth, child welfare, and homeless services providers. LC Human Services Division provides staff support to the PHB/CoC Board. The CoC Board communicates and solicits relevant information at monthly public meetings. Meeting notices are sent to over 50 community agencies & 100 individuals, representing advocacy groups, nonprofits, schools, city, government officials, and people with lived experience. At times up to 30 community members attend in the audience. Each meeting has an opportunity for public comment. The PHB welcomes active engagement in meetings from community members. Community representatives are invited to PHB meetings to provide for nuanced conversation about important issues. Furthermore, LC CoC has an official advisory group to the PHB named LEAGUE (Lived Experience Advisory Group for Unhoused Engagement) made up of 100% individuals with current or former experience of homelessness. This group provides an avenue for people with lived experience to participate directly in the CoC and contribute to overall planning around homelessness. Since 2018, PHB meetings have been live-streamed online (CC), recorded, & replayed on community television, in addition to being archived online (available with CC). Due to the pandemic, all meetings have been held virtually. These formats allow for increased accessibility to CoC progress for stakeholders, and for community members to expand their options to engage.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

Prior to & upon release of the CoC NOFO, Lane County (LC) consults with the RFP-Eval-HMIS Committee (REHC) of the Poverty and Homelessness Board (PHB) to determine opportunities for new CoC projects, based on identified needs & capacity. In 2021, LC released a Request for Proposals (RFP) to secure a provider for a new PSH project under development, released 1/26/2021. Following approval of the REHC, on 9/13/2021, LC released an additional RFP to solicit new projects to serve victims of domestic violence, dating violence, or stalking. Applications received are scored by a panel based on a pre-determined rubric. Providers not currently receiving CoC funding were selected to operate new projects through both of these opportunities (Laurel Hill Center and Cornerstone). The REHC approved the submission of these projects for the FY21 CoC Competition bonus funding. In order to be inclusive to proposals from entities that have not received CoC funds, LC requests details of relevant experience with similar services working with vulnerable populations, allowing providers to demonstrate parallel experience. RFPs are posted on a county-wide listserv, sent to an email distribution list & posted on the LC procurement website with instructions on how to submit a proposal. Proposals are submitted electronically to LC staff. LC has a responsibility to provide effective access to its website information to those with disabilities, when feasible & appropriate. In placing information on the County website, the LC Information Services Department uses the technical standards adopted by the U.S. Access Board for electronic and information technology. Applicants have an opportunity to protest the RFP itself if they feel it is unnecessarily restrictive and also may review their scores and protest should they believe the panel has unfairly rejected the applicant's bid. Final recommendations for inclusion of new projects in the CoC Application are made and approved by the REHC.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		No
-----	--	----

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

Lane County (LC) receives ESG funding from Oregon Housing & Community Services (OHCS, Recipient) for Rapid Re-housing (RRH), Homelessness Prevention (HP), & Emergency Shelter (ES). LC also received ESG-CV from OHCS through direct allocation & competitive award. ESG-CV is used for Street Outreach, ES, RRH, HP, & HMIS activities required to respond to the coronavirus pandemic. LC consults with OHCS, CoC Board (PHB), & other stakeholders to determine annual ESG funding allocations. ESG-CV allocation planning required additional input solicited directly from public health, people with lived experience, service providers, the faith-based community, and advocacy groups, among others. Final allocation plans are driven by housing needs analysis, Point In Time (PIT) and By Name List data, and evaluation of service gaps. The plan is presented to & approved by the PHB & Human Services Commission (HSC), a multi-jurisdictional committee with representation from LC, along with entitlement Cities of Eugene & Springfield. A risk assessment is performed on ESG subrecipients annually. The agency's risk level, along with ongoing evaluation, determines the level of monitoring received. At minimum, LC conducts site visits with ESG subrecipients annually. Select ESG-CV monitoring occurred in 2021 based on risk analysis. Assertive Corrective Action Plans are put in place for any deficiencies identified. Technical assistance is provided as needed to resolve issues with performance or grant administration. To report and monitor performance, LC uses HMIS to create the ESG CAPER tables as required by HUD. The report is generated quarterly for all ESG/ESG-CV projects. Each report is reviewed by LC for data quality and sent to OHCS for further review & upload into SAGE. LC CoC is an active participant in the Consolidated Plan update processes and provides information, including PIT and HIC data, to the Con Plan jurisdictions in development of their plans (City of Eugene, Springfield and State of Oregon).

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	
		No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

Lane County (LC) CoC has established policies & practices that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the McKinney Vento Homeless Assistance Act & other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. Lane County's CoC written standards cover "Educational Policies for Homeless Students and Families." The policies in the Written Standards include: CoC providers & LEAs identify homeless families & work with them according to best practices re: enrollment and education services. LC-funded housing projects with children in the household are required to connect families with McKinney-Vento LEAs at the beginning of the school year and/or at program enrollment. LEAs are members of the LC CoC board & attend CoC meetings. With families' consent, shelter and transitional housing programs will inform liaisons when a homeless family enters their program & provide forwarding addresses to liaisons when a family exits. A roster of liaisons & homeless program staff are exchanged, updated as needed. An education checklist to ask families & youth about educational needs in homeless programs has been distributed to all CoC providers. LEAs participate in planning forums such as Head Start and the Early Childhood Planning Committee & posts "Information for Parents and Information for Youth" at homeless program sites to inform families of their rights and protections under McKinney-Vento. LC CoC providers work with LEAs to consider the educational needs of children in emergency and transitional shelter. LC CoC has created a Youth Homelessness Solutions Workgroup to adopt formal policies for emergency, transitional, and permanent housing programs to lift the barriers for homeless youth.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

The Lane County (LC) CoC standards outline required coordination for homeless students & families. A McKinney Vento (MCKV) liaison serves as the education representative to the CoC board & is a leader on the Youth Homeless Subcommittee of the CoC. MCKVs conduct ongoing trainings on eligibility, educational rights, and services, of homeless students for homeless providers. CoC homeless providers & MCKV liaisons identify homeless families & work on best enrollment practices, use agency specific releases to share information. With families’ consent, shelter & TH programs inform liaisons when a homeless family enters their program & provide forwarding addresses to liaisons when a family exits. A roster of liaisons & homeless program staff is exchanged & maintained. An education checklist to ask families & youth about educational needs in homeless programs has been distributed to all the homeless CoC providers. MCKVs collaborate with homeless service providers to identify homeless families with school age children & inform them of their eligibility for services. MCKVs train CoC providers by offering McKinney Vento 101, which describes the educational rights of homeless students. MCKVs participate in planning forums such as Head Start & the Early Childhood Planning Committee. LC CoC providers work with McKinney-Vento homeless liaisons to consider the educational needs of children in emergency & transitional shelter. Currently, shelter providers offer homework & study clubs at St Vincent de Paul Connections housing sites: Ross Lane, Oakwood, & Heather Glen. A goal is to assist agencies to review their policies, practices & programs to remove barriers to homeless students’ academic success. The CoC continues work to lift the barriers to enable homeless students to get enrolled in an appropriate school, receive free or reduced lunches, attend school of origin & arrange for support services from MCKVs.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes

7.	Healthy Start	Yes	Yes
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.	Relief Nursery Home Visiting	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

Lane County (LC) CoC works collaboratively with service providers to coordinate an annual training for CoC projects and Coordinated Entry staff that addresses best practices in serving survivors of DV, dating violence, sexual assault, and stalking. All Coordinated Entry assessors are required to attend annual training on the assessment process, which includes how to use safeguards that protect the confidentiality of the survivor and prioritize their safety needs. As a part of annual training on CoC Standards, providers receive information on the requirements under VAWA and Emergency Transfer Plans. Lane County is also committed to trauma-informed care as one of the department's priority initiatives of the strategic plan. Part of this plan is to include community partners across the CoC. Lane County hosted a harm reduction training that discussed best practices to reduce harm and use motivational interviewing skills to develop victim-centered safety plans. In addition to coordinating trainings, Lane County incorporates trauma-informed care as a foundation with all contracts, providing tools on reviewing policies through a trauma informed lens, and assessing other training needs related to trauma informed care and serving vulnerable populations.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Lane County has two primary victim service providers (VSPs): Hope & Safety Alliance (H&SA, formerly Womenspace) and Siuslaw Outreach Services (SOS). H&SA and SOS use separate implementations of Osnum as a comparable database. Lane County does not have access to the system structure or data in

the Osnum. Domestic Violence experience history data are collected in the HMIS for Adults and Heads of Household in roughly half the projects participating in HMIS in the system and all the CoC projects(SO, ES, TH, RRH and PSH). In Fiscal Year 2020-2021, 12,403 clients responded to this question in the entry assessment. 21% of the clients reported a history of domestic violence. 21% of these individuals were fleeing domestic violence at the time of project enrollment (start date/entry date). Lane County utilizes data from HMIS to inform planning and funding strategy around the needs of those experiencing or fleeing domestic violence, dating violence, sexual assault, and stalking. VSPs have also been invited to participate in panel discussions at the Human Services Commission to inform the Cities and County of needs and current trends. Lane County has also used data to determine a prioritization for applicants fleeing DV, dating violence, sexual assault, and stalking for the Emergency Housing Voucher program.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

	1. prioritize safety;
	2. use emergency transfer plan; and
	3. ensure confidentiality.

(limit 2,000 characters)

CoC & non-CoC funded programs make safety and client choice a priority. The LC CoC consulted local victim service providers and adopted victim-centered practices that align with HUD’s Final Rule on VAWA, including the adoption of and training on an emergency transfer plan, amended VAWA lease addendum, and notice of occupancy rights. When service providers make contact with a homeless household (HH) fleeing DV or sexual violence, HHs are referred to victim services agencies, such as Hope and Safety Alliance (H&SA), Siuslaw Outreach Services (SOS), and Sexual Assault Support Services (SASS). To promote client safety and confidentiality, H&SA, SOS, and SASS do not add client identifying information in an electronic database for these services, while nonvictim services providers give clients the opportunity to de-identify their record in HMIS if the clients feel their safety is at risk. Victim services providers assist with emergency crisis, safety planning, legal advocacy, and counseling services. They work in collaboration with the Department of Justice and the Department of Health and Human Services where clients have the option to be screened for additional services. These services all promote trauma informed principles. H&SA and SASS offer peer-to-peer mentoring where survivors can share their common experience and form authentic relationships. Survivors receive information about the traumatic effects of abuse or violence and are offered a wide range of resources. Other safeguards to protect confidentiality include aggregate reporting and non-disclosure of the physical location of emergency shelters. There are several programs dedicated to HHs fleeing DV: 3 RRH DV units through H&SA, 19 DV ES units with H&SA, and 10 DV ES beds through SOS. Some HHs do not want to access DV services, yet still want their safety ensured. These HHs can move through the housing and homeless system while maintaining their privacy through the safeguards mentioned

above.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Homes for Good	13%	Yes-HCV	Yes

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

Describe in the field below:

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

(limit 2,000 characters)

The Lane County CoC has worked extensively with Homes for Good, the sole PHA in Lane County, to revise their Administrative Plan (revision effective 10/1/19) and expand their existing Disabled Homeless Housing Choice Voucher local preference (DHHCV). The PHA has had a disabled homeless local preference since 2017. In 2018, Lane County signed an MOU with the PHA to refer disabled homeless individuals for the DHHCV local preference, which has

25 vouchers available per program year. Due to this partnership, the DHHCV opportunity has expanded for those in the community to include people who are Frequent Users of Systems (FUSE) clients referred by the CoC. In 2019, the CoC was able to implement this expansion of the DHHCV in conjunction with local resources and a SAMHSA grant that provides housing-focused case management to literally homeless FUSE clients. This links clients with the DHHCV as well as medical, behavioral health and case management resources. Other partners who refer for this preference include HIV Alliance, Options Counseling, and South Lane Mental Health. Landlords who rent to those with a DHHCV are able to participate in a Landlord Guaranty Program which provides financial reimbursement in the event that property is damaged by a tenant. Additionally, the CoC worked with Homes for Good to create preferences for 2 PBV projects that prioritize chronically homeless households.

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

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

1. Multifamily assisted housing owners	No
2. PHA	Yes
3. Low Income Tax Credit (LIHTC) developments	No
4. Local low-income housing programs	No
Other (limit 150 characters)	
5.	

1C-7c. Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	Yes
--	-----

1C-7c.1. Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1. how your CoC includes the units in its Coordinated Entry process; and
2. whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

The Lane County (LC) CoC works extensively with Homes for Good (HfG), the sole PHA in Lane County and co-applicant on the CoC grant. Through an MOU between LC and HfG, direct referrals from our Coordinated Entry System are

sent to several PSH programs funded through HfG project based voucher programs (PBV), including The MLK Commons (51 units) and the Keystone (15 units) for a total of 66 units. 45 additional PSH units with referrals coming from Coordinated Entry will be made available with the opening of the The Nel later this year, which is a PHA sponsored complex. An MOU between the LC CoC and HfG was established earlier this year to help facilitate the coordination of referrals from our Coordinated Entry System to Homes for Good for 185 Emergency Housing Vouchers that were issued to our CoC. This coordination involved Lane County staff processing EHV applications through a Cognito form system and then prioritizing those applications based on criteria determined via stakeholder engagement, in-depth discussions with Homes for Good and by determining which prioritization criteria could best lead to increased outflow of our Coordinated Entry list.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

Lane County coordinated and supported Homes for Good, the sole PHA in the region, to apply for Mainstream Vouchers. Homes for Good was awarded 70 vouchers with preference to non-elderly persons with disabilities who are transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. This program pairs rent assistance with supportive services to some of our community's most vulnerable individuals and households. Laurel Hill Center and Sponsors are the two service providers. Laurel Hill Center specializes in working with individuals with SPMI and supports them in preventing or quickly ending their homeless situation. Sponsors specializes in supporting individuals who were recently incarcerated and have barriers to obtaining or retaining permanent housing. LC, through funding available from the State of Oregon (OHCS), provides Homes for Good with a Mainstream Housing Voucher Barrier Busters program which provides rental and utility deposit assistance for literally homeless households holding a Mainstream Housing Voucher. The CoC and families experiencing homelessness were able to benefit from coordination between Lane County and Homes for Good with the availability of this supplemental funding. Overall, the coordination between LC and Homes for Good benefits several households who have barriers to housing stability.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Homes for Good

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

Name of PHA: Homes for Good

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	12
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Evaluating fidelity to the Housing First (HF) model requires the CoC to confirm a project's commitment to HF (say it), reflect HF in program policy & procedures (P&P) (write it), and demonstrate HF in project activities (do it). To confirm projects' commitment to HF, the Lane County (LC) CoC conducts an annual

Evaluation of CoC projects to review overall performance & compliance with grant requirements. Housing First & System Priorities, including serving the most vulnerable, makes up 25% of the score. Agencies must affirm the project meets all requirements of HF to obtain points. A project's rate of returned referrals is also reviewed. LC annual monitoring process works in conjunction with the Evaluation to verify information provided. During monitoring, agencies submit a monitoring questionnaire and most recent copies of P&P, which are reviewed for consistency with responses in the Evaluation and HF principles. During site visits, monitoring staff initiate discussion with program staff to further assess & evaluate program implementation. Files are reviewed for documentation requirements, with attention paid to case notes to better understand services and direct interactions with participants in the program under a HF approach. If concerns are presented at any of these stages, LC provides recommendations for changes in program implementation or P&P, & offers TA as needed. Prior to COVID-19, the Lived Experience Advisory Group (LEAGUE) also conducted participant feedback sessions (PFS) with current participants of CoC programs. These focus groups allow us to get more in depth feedback directly from participants in a peer to peer setting. Questions are designed to facilitate discussion of key items pertaining to an individual's experience in the program (e.g. safety, client rights/grievance, services). Agencies selected for a PFS receive an aggregate report of feedback & are asked to describe how they responded to an issue that arose from the session during the annual Evaluation.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
---	----

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

The Lane County (LC) CoC has ten street outreach (SO) teams serving the geographic area and specialized populations: Looking Glass (Youth); Frequent Users Systems Engagement (FUSE); White Bird PATH; St Vincent De Paul SSVF (Vets); Carry It Forward SPOT-LIFE outreach, LC Coordinated Entry CWL Outreach, LC COVID Prevention/Rural Outreach, HIV Alliance Health Focused Outreach (COVID), Community Supported Shelter Housing Navigation Outreach and Square One Villages Housing Navigation Outreach. Additionally, an RFP is pending for a Eugene metro based street outreach team. The main

goal of these teams is to connect individuals to housing and support services. All of the outreach teams are trained as Front Door Assessors to connect individuals to the Coordinated Entry System (CES). This approach improves accessibility of the CES for people who may not otherwise access mainstream or homeless services. Outreach is conducted 6 days a week between all the teams. Outreach teams have some Spanish-speaking bilingual staff, cell phones, & bus passes to distribute. Staff are trained in motivational interviewing, harm reduction, and trauma informed practices to increase engagement. Outreach also employs peers, or people with lived experience, as a strategy to build trust with participants. Currently outreach covers 100 percent of the metro area at identified gathering places, all of the larger rural communities and the vast majority of outlying areas (LC is nearly 90% forestland). In 2018, LC and the City of Eugene commissioned the Technical Assistance Collaborative (TAC) to assess and provide a comprehensive review of the regions' homeless crisis response and service system. One of the recommendations was to increase capacity & coordination of street outreach teams at the system level. In October 2020, a full time Outreach Coordinator position was hired which expanded coordination to ensure all persons experiencing unsheltered homelessness are strategically identified and engaged via a bi-weekly case conferencing meeting.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	194	297

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

As both the Community Action Agency (CAA) and the CoC, Lane County (LC) remains abreast of legislative actions, state, local, & federal resources & systematically updates CoC partners & the community through an extensive email list, regular HMIS Agency Admin meetings, ad-hoc provider meetings, & monthly advisory board meetings. CoC program staff assess households (HH) so they can apply for benefits that add to housing & economic stability. They assist with mainstream benefit applications for federal/state/local programs. LC facilitates case coordination between Department of Human Services (DHS) Family Coaches under the TANF program & housing programs. LC & the Public Child Welfare Agency (DHS) created an ROI process to be able to coordinate when families receiving TANF are in need of housing assistance. CoC staff is designated as the local SOAR lead, coordinating SOAR efforts locally and connecting program staff to training. Oregon funds a General Assistance (GA) program for those applying for SSI, the CoC has disseminated information about GA availability. The CoC funds & trains CoC staff to assist people with mainstream benefits. The CoC targets rural, urban, & vulnerable subpopulations to increase mainstream benefits, including funding bilingual staff. LC coordinates with the FQHC and White Bird, the two largest primary care providers for unhoused patients and certified Medicaid assisters, to help clients enroll in health insurance. The CoC HealthCare Workgroup (HCW) focuses on designing strategies & tactics to increase access to integrated healthcare. Members represent the FQHC, Medicaid, Volunteers in Medicine, service providers, & behavioral health. The CoC works with LC Behavioral Health and advocates for additional billing codes through local CCOs/Medicaid to include tenancy supports.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

Lane County (LC) CoC uses a “no wrong door” approach in which homeless families and individuals can present at different access points for the entire CoC and be assessed using the same assessment process and methodology. All households (hh) are assessed using the VI-SPDAT (for Adult HH and Unaccompanied Youth) or the VI-(F)SPDAT (for HH with children) to determine the household’s vulnerability and level of service needs. Once assessed, they are prioritized based on who is most in need of assistance, rather than a first come first-serve basis. The standardized assessment ensures the prioritization and referral process is consistent across the geographic area, regardless of where someone presents for assistance. There are three exceptions where there are specialized access points to take into account the different needs, vulnerabilities and risks factors of 3 populations: unaccompanied youth, adults accompanied by children, and households fleeing DV. Households who encompass more than one of these populations can be served at all the access points for which they qualify as a target population. Street outreach teams are trained to conduct assessments in the community while doing outreach, which improves accessibility of the Coordinated Entry system for individuals who are least likely to seek assistance at one of the existing access points. These teams conduct outreach in the urban and rural areas, including hard-to-reach areas like the woods and riverbanks. LC staff work closely with street outreach providers and assessors to evaluate existing coverage and identify areas and times to expand coverage. Currently outreach spans the full geographic expanse of Lane County, including both metro and rural communities as well as outlying low population areas. As of May 2021, a Coordinated Entry Stakeholders group has been working on a variety of Coordinated Entry improvement goals including working to ensure the use of a standardized assessment that is racially equitable.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	Racial Disparities Assessment Results.	
---------	---	--

NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Lane County (LC) has developed a Racial Equity Plan (REP) which outlines goals/action steps around racial equity in several key areas: Governance & Leadership; Contracting; Training; Data; & Programs. Gov. & Leadership focuses primarily on ensuring leadership of LC & CoC Board (PHB) are representative of people served. LC is recruiting a more diverse Board membership, incl. BIPOC individuals & people with lived experiences. The Membership Committee of the PHB has discussed strategies to take action in this area. Contracting goals include better engagement with culturally specific organizations (CSOs) & eliminating barriers to contracting with CSOs not previously funded, as well as reinforcing an equity focus in contracting. Changes have been made to incorporate changes into Requests for Proposals (i.e. added equity framework questions, staff/board racial or ethnic makeup, etc.). Training goals include ensuring staff have training at CoC & project level to best meet the needs of BIPOC individuals, & have an understanding of how racism is embedded in our systems & what can be done to dismantle it. Through data, we have committed to further analyze disparities that exist in our system to gain a better understanding of why disparities exist & how to address them. The data will inform our strategies under Programs going forward and LC, through the PHB, has affirmed a commitment to an equity framework in all programs. One area we have begun to address is Coordinated Entry, noting that the VI-SPDAT may not be an equitable CE tool & reviewing other options. LC CoC is receiving HUD TA in this area. Providers have also taken steps to improve racial equity incl. collaborating with CSOs, such as NAACP or Black Unity, to provide training for staff, incorporate cultural competence into staff training requirements, hiring BIPOC individuals & making sure that staff reflect the populations that are being served, reviewing data to identify disparities, & creating welcoming physical environments for all persons seeking services.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	8	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	8	0
3.	Participate on CoC committees, subcommittees, or workgroups.	8	0
4.	Included in the decisionmaking processes related to addressing homelessness.	8	0
5.	Included in the development or revision of your CoC’s local competition rating factors.	8	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

In the initial months of the pandemic, LC mobilized Emergency Respite congregate shelters (ERS) in Eugene and Springfield to account for a significant reduction in beds (over 250) due to bed spacing recommendations. Individuals staying in all congregate settings were encouraged to shelter in place to the greatest extent possible, limiting folks to essential trips. A separate facility, operated by Occupy Medical, was set up on site for those displaying any symptoms of COVID-19 to avoid exposure to others in the shelter. Within months, LC purchased a vacant building (formerly a VA clinic) providing Alternative Care Site (River Ave.) for people who could not return home to quarantine or isolate. Beds were spaced apart in all congregate settings according to CDC guidelines with support from LC Environmental Health. Sanitation supplies/services were provided including shower trailers. LC's largest shelter, the Eugene Mission, remained in lockdown for the duration of stay at home orders, requiring anyone staying there (& some staff) to remain in place leaving only for essential trips. As resources became available, the ERS were demobilized & transitioned to non-congregate (NC) models. Using FEMA, ESG-CV, & other local/State/Federal funding, LC leased two hotels (117 units), secured 20 additional NC shelter units, and purchased 120 pallet shelters deployed at various sites throughout the County. LC also deployed extended street outreach services county-wide & health-focused street outreach to targeted areas using ESG-CV funding to serve those who were unsheltered. Unsheltered individuals were also encouraged to shelter in place, with local officials refraining from clearing camps or enforcing illegal camping regulations, while providing essential services such as trash pickup, portable toilets, and handwashing stations wherever possible. Outreach teams provided masks,

hand sanitizer, & other basic needs, as well as provided information on COVID-19 and how to prevent spread.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The COVID-19 pandemic has greatly improved LC’s readiness to respond to public health emergencies (PHE). LC quickly mobilized under an incident command structure (ICS) with staff from LC Public Health (LCPH), LC Human Services Division (HSD), Environmental Health, Public Works, among others. The CoC & LCPH were able to easily collaborate around strategy specific to homeless pop. as a result of being under the same dept. of Health & Human Services within LC. The ICS is a tool available for LC to readily deploy in a variety of situations to respond urgently & efficiently. Upon declaration of a PHE, LC was able to more easily remove barriers, incl. streamlined funding approvals & decision making. Coordinating on this level created an increased understanding across sectors, with PH gaining a better understanding of the unique challenges those who are homeless face during a PHE, & CoC better understanding public health risks of homelessness & shelter environments. The pandemic also provided the community & the CoC with a unique opportunity to mobilize & coordinate like never before – by creating a common focus on one target, stakeholders were collectively able to respond with all available resources at hand. The urgency of the situation created an openness to creative problem solving, with no option left off the table. It forced us to expand our provider capacity, calling on new or grassroots service providers not previously engaged at this level or receiving federal funding related to homelessness. We have developed protocols that can be replicated in future PHEs & gained lessons learned to act more informatively in the future. The CoC Board has recommended adopting a Whole Community All-Hazards approach to emergency response to the Board of County Commissioners. This approach provides centralized coordination & resource deployment for all hazards that have particular impacts on people who lack shelter (extreme heat/cold, smoke, etc.).

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Lane County (LC), as the CoC Lead & Community Action Agency (CAA), receives ESG-CV through the recipient, State of Oregon (OHCS). As both the CoC & ESG-CV subrecipient, LC is uniquely positioned to coordinate distribution of key resources. LC received ESG-CV via direct allocation (\$2.1m) & competitive allocation (\$6.7 m). ESG-CV planning involved direct input from a variety of stakeholders including service providers, faith-based communities, people with lived experience, public health, elected officials, as well as City and County staff, among others. ESG-CV funding was used to prevent, prepare for, and respond to COVID-19 through Street Outreach (SO), Emergency Shelter (ES), Homelessness Prevention (HP), Rapid Re-housing (RRH), & HMIS activities. As directed by the CDC, local officials allowed those camping or sleeping in public locations to stay in place. SO efforts were increased county-wide to provide for basic needs, sanitation, & safety measures, as well as mobile housing navigation services for unsheltered individuals & those residing in scattered non-congregate settings, such as pallet shelters. A specialized health-focused street outreach team was created to provide basic medical care access to unsheltered individuals in the streets. ESG-CV was also utilized to support operations and services for over 250 non-congregate temporary ES beds, created through leased hotels, repurposed units, and pallet shelter sites using FEMA dollars, to make up for a reduction of congregate shelter & provide a safe space to shelter in place for people who are literally homeless and at high risk of complications from COVID-19. A small amount of targeted HP was deployed county-wide through community service centers to supplement existing HP contracts and account for an influx of need for eviction prevention resources. Nearly a quarter of ESG-CV funding (\$2.125m) was set aside for RRH resources for single individuals, families, and youth to provide opportunities for households to move on to permanent housing options.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

- | | |
|----|--|
| 1. | decrease the spread of COVID-19; and |
| 2. | ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks). |

(limit 2,000 characters)

The CoC, within the Incident Command Structure (ICS), worked closely with Coordinated Care Orgs (CCOs), local hospitals, Lane County Public Health (LCPH) & Community Health Centers (CHCs) to support transporting symptomatic individuals to testing locations to identify active cases & conduct contact tracing. One local hospital partnered with University of Oregon to set up the county's first drive-through testing site, and a variety of clinics who worked with large numbers of Oregon Health Plan/Medicaid recipients supported referrals to the COVID testing site. LCPH worked with local hospitals to provide safe places for people experiencing homelessness to complete isolation or quarantine when testing positive and/or discharging. LC uploads the Homeless By Name List to Collective Medical so health care providers can coordinate discharge planning for homeless persons who have COVID-19 dx or symptoms. A vacant veterans' medical facility was purchased in April of 2020, remodeled & opened in June of 2020 as the COVID isolation and quarantine facility (River Ave.) for those who could not return home. From June 2020 to 2021, over 175

adults experiencing homelessness spent time in the facility. In addition we housed 138 individuals, which included homeless families, in hotels from March 2020 to early September 2021. This served to keep individuals that didn't need hospital level care but were still too ill to be out on their own, a safe place to convalesce. Coordination with service providers largely centered on shelter in place supports, testing needs (especially early in the pandemic response, until it became more available to the community), and congregate shelter regular on-site testing. LC Environmental Health consulted with providers on safety & distancing protocols for shelter spaces. LC CHCs provided RNs to conduct screenings and training at larger shelter sites. Mainstream health providers partnered with LC ICS to prioritize & distribute PPE when supplies were extremely limited.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

As of March 2020, Lane County (LC) was operating under an incident command structure (ICS) with the Emergency Support Function 6 (ESF6) branch primarily focused on COVID-19 response for the unhoused. Lane County Human Services Division (HSD, CoC Lead) actively participated in ESF6, advising Public Health (PH) and ICS leaders on unique needs of people experiencing homelessness. Beginning in March, LC held at least weekly service provider virtual meeting/calls to discuss updates, needs, challenges, and answer questions about frequently changing protocols and guidance from PH, State/Local Govt, and the CDC. These weekly calls continued throughout the pandemic. Notes were posted to the Lane County HSD website following each call. In addition to weekly calls, LC regularly communicated directly with service providers contracted through HSD, as well as those not such as the Eugene Mission, to advise on adjustments to protocol, safety measures, and requirements. Vaccine information was shared through service provider calls and emails, as well as information posted on the LC website. LC also participated actively in statewide calls regarding COVID-19 and vaccine distribution throughout the pandemic to gain insight into how other communities were responding.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Lane County Public Health (LCPH), in partnership with homeless service & shelter providers, promoted & distributed vaccines to people who were eligible as the prioritization allowed. In partnership with OR Health Authority, the statewide COVID-19 housing task force worked with local health authorities to prioritize people experiencing homelessness as one of the first groups eligible for vaccines. Experts in Communicable Disease with experience supporting vaccination for people experiencing homelessness informed & led the expedited vaccination distribution project. LCPH specifically reached out to homeless populations to improve access to COVID-19 vaccination beginning in April 2021. Targeted efforts began with a large encampment at the Washington/Jefferson park working with Black Thistle & Occupy Medical. Since then, LC has conducted 44 events targeted to those experiencing homelessness, incl. 6 events at Alluvium church with Whiteaker Community Council, 8 events at Eugene Public Library & 30 other events with CORE street feed, Carry It Forward, food share/food pantries, and other encampments. At each event, at least two types of vaccine were offered, with J&J single doses prioritized for the population when available to ensure that individuals would not need to follow up for second doses. We have given a total of 675 shots, which includes second doses of Pfizer or Moderna. Additionally, LCPH has funded local CBOs to do outreach among the vaccine hesitant. One recipient, Integrated Health Aid Collective, is using a peer to peer model and will be employing individuals experiencing homelessness to conduct COVID vaccine outreach & education. White Bird Clinic, a homeless service and outreach provider, also received vaccines and was a primary distribution point for people experiencing homelessness. Health focused street outreach team funded through ESG-CV conducted targeted outreach to individuals living unsheltered to encourage vaccines and connect individuals to appropriate avenues for receiving a vaccine.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

Lane County (LC) worked primarily in collaboration with local Victim Service Providers (VSP) Siuslaw Outreach Services (SOS) and Hope & Safety Alliance (H&SA, formerly Womenspace), to address possible increases in domestic violence (DV) as a result of the COVID-19 pandemic. SOS noted a 65% increase in cases and request for DV advocacy services; a 75% increase in calls from first responders requesting assistance from SOS; and a 300% increase in requests for housing from people fleeing DV. To address the increases, SOS took the following measures: staff worked out of the office, in the ER, on scene with law enforcement & mobile crisis response teams throughout the pandemic as needed 24/7; added a staff position for increased capacity; staff training in mental health & peer support in anticipation of the effects of the pandemic; added PPE equipment & mobile office equipment in order to adapt to new environments & changing mandates; created a new website, social media sites & other electronic forms of communication so clients

can contact staff safely and remotely; offered safety and sanitation supplies; and adjusted policies and procedures to help keep staff and clients safe. H&SA also took the following measures to address increases in DV calls: implemented an online web-chat system so that victims could quietly and safely contact for help, a life-saving resource during the initial stay at home orders; H&SA staff was able to work from home and have multiple advocates available to answer the crisis line at the same time; utilized hotels/motels as temporary shelter during the pandemic to provide for safe, non-congregate shelter options; and outfitted vehicles with PPE inside to protect staff and victims during emergency transport. Both VSPs participated in ongoing calls with Lane County to receive updates from Lane County Public Health and Incident Command on COVID response. Most recently, LC prioritized those fleeing DV for Emergency Housing Vouchers received through local housing authority Homes for Good.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The primary way that the Lane County (LC) Coordinated Entry system adjusted due to the onset of the COVID-19 pandemic was in the way that Front Door Assessments were completed. In the early months of the pandemic the majority of our Coordinated Entry assessors moved away from offering drop-in in person assessments and moved to either scheduled assessments during certain times or to doing assessments via phone only. Although some of our Front Door sites have yet to move back to drop-in hours for Coordinated Entry assessments, all now at least offer in-person assessments again. Another adjustment that was made to our Coordinated System in response to the pandemic, was the utilization of a Cognito forms system for referral to COVID-19 temporary emergency shelters (non-congregate, hotels) that were created utilizing ESG-CV funding. Applications for the limited shelter beds were submitted by providers, advocates and directly by those in need of shelter. Applicants were then assessed and prioritized based on COVID risk factors determined through CDC and Lane County Public Health (LCPH) guidance. We continue to utilize this system for our COVID temporary shelters and have started to implement Cognito forms for referrals to family pallet shelters that have been established within the last year. Through this pilot we are looking into ways we can incorporate Cognito forms into our larger Coordinated Entry system on a long term basis.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/20/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	06/08/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
--------	--	--

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
--

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

For 2021, the Lane County (LC) CoC adjusted the rating and ranking procedures to account for agency capacity restraints and unique challenges of the pandemic. The ranking and selection process, conducted by the RFP-Eval-HMIS Committee (REHC) of the CoC Board is largely based on the CoC Evaluation results and corresponding data. The REHC voted to conduct an Intent to Renew process with an abridged version of the CoC Evaluation. The abbreviated Evaluation includes four sections: Grant Expenditure; HMIS; System Priorities and Housing First; and Project Performance for a total of 60 points.

To consider the severity of needs & vulnerabilities of participants, and account for the potential impact on performance, the evaluation reviews whether the project follows a Housing First (HF) approach, the level of vulnerability of those served (average VI-SPDAT score), and the percentage of participants who are chronically homeless or included in a local priority population (Frequent Users of Systems, Vets, Youth, etc.). All projects are encouraged to serve CH HH and the most vulnerable populations, therefore all projects are scored on these measures equally. These measures are intended to review the extent to which projects serve the most vulnerable populations in the community and prioritize those with the highest need, with minimal barriers to entry. Projects that subscribe to a HF approach while serving highly vulnerable and CH persons receive additional points to offset impacts on performance. The specific vulnerabilities accounted for within the VI-SPDAT (completed through Coordinated Entry) include history of homelessness, trauma & abuse; risk of harm & exploitation; physical & mental health; & substance use. Frequent System Users are those who frequently access multiple systems of care and are often the most vulnerable with extremely intense service needs.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

The RFP-Eval-HMIS Committee (REHC) of the CoC Board (PHB) is responsible for determining rating factors used to review project applications. This committee is made up of various stakeholders including service providers,

people with lived experience, elected officials, law enforcement, data analysts, and business representatives. The committee approved an abbreviated Evaluation process for 2021 due to the COVID-19 pandemic challenges, but will be taking steps to incorporate equity factors in 2022. The LC CoC is currently in the process of strategic planning, which will include a review of the current CoC Board, committee structure & membership. The CoC has made a commitment to apply a racial equity lens throughout the strategic planning process, paying particular attention to ensuring the Board and committees are representative of those we serve. All programs funded under the CoC must incorporate an equity framework in development of program design, addressing disparities and achieving fairness for all.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

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

(limit 2,000 characters)

CoC lead staff, in collaboration with the RFP-Eval-HMIS Committee (REHC) of the CoC Board (PHB), is responsible for reviewing project performance, expenditure of funds, utilization, and other factors to determine viability of reallocating lower performing projects. General performance is monitored both informally throughout the year, as well as formally prior to the CoC Competition through the local Evaluation and Monitoring processes. Partial or full reallocation can occur voluntarily, if an applicant chooses to no longer operate a project or otherwise is unable to do so effectively, by formal notification to the CoC or in response to a recommendation from the CoC. Reallocation can also occur involuntarily through the CoC Ranking and Reallocation policies. The Reallocation policy is approved by the REHC and reallocation decisions are reviewed at least annually during the CoC Competition period, following the local Evaluation process. Projects consistently scoring low in the local Evaluation process are provided written notification of performance improvement expectations and are offered technical assistance through the CoC, if needed. Projects which continue to score low in the local Evaluation process, have difficulty reaching full expenditure, or otherwise fail to meet expectations or meet the needs of the CoC, are considered for reallocation. Final reallocation decisions are approved first by the REHC and final approval occurs through the PHB (CoC Board). The Ranking and Reallocation policies are communicated through the local Evaluation process and at the PHB public meetings. In 2021, one project, after discussions with CoC lead staff, decided to voluntarily reallocate a portion of their project after multiple grant periods with unspent funds. Issues identified for other projects were determined to largely be a result of the pandemic and not expected to be ongoing, therefore not

warranting reallocation consideration.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
--	----

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/01/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/22/2021
---	------------

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/01/2021
--	------------

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

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

Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
--	------------

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
---	------------

2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

The Lane County (LC) CoC HMIS offers, at no cost to the service provider, the WellSky Community Services comparable database to Domestic Violence/Victim service providers (VSP), however, the two VSPs in Lane County (Siuslaw Outreach Services and Hope & Safety Alliance) have opted to use the Osnium system at the request of the State of the Oregon Department of Human Services DV Council. Osnium cannot currently create the ESG-CAPER, CoC-APR, or aggregated system performance measures, however Lane County will work with the State of Oregon and VSPs to determine solutions. SOS and H&SA do not currently receive CoC or ESG funding.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	385	12	373	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	65	0	65	100.00%
4. Rapid Re-Housing (RRH) beds	297	2	295	100.00%
5. Permanent Supportive Housing	855	0	855	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

n/a - all project types at 100%

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)
n/a - all projects at 100%

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
---	-----

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
--	-----

2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
---	-----

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

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

(limit 2,000 characters)

Lane County (LC) examines risk factors such as income level (% of poverty level) & mainstream benefits access (e.g. energy/utility assistance), as well as household access to other social services (e.g. food pantries). As a Community Action Agency (CAA), LC is responsible for overseeing local strategies to reduce individuals and families becoming homeless for the first time. LC conducts a Community Needs Assessment every three years to determine community needs, including housing. LC has experienced a high number of newly homeless households, about 180 newly homeless individuals entering the homeless and crisis response system each month. Understanding the high need, LC commits a significant amount of resources toward Homeless Prevention and Diversion efforts. In FY19/20, LC committed over \$2 million in local & state funding for HP to serve individuals, families & youth. In 2021, LC implemented a new Diversion program using local funds that aims to connect with households at point of system entry in order to divert them to resources outside of the homeless service system. Other HP programs include Elderly Rental Assistance, a one-time rent assistance program for households with an individual over age 58 & at-risk; Housing Stabilization Program (HSP), a HP program prioritizing families who are enrolled in or eligible for TANF benefits, in coordination with DHS, which provides up to four months in rental assistance, case management, and auxiliary services. As a result of the pandemic, LC allocated and additional \$773K in ESG-CV HP to assist households at risk of homelessness and to date has distributed \$16.5M in rental assistance (CARES, Dept. of Treasury, etc.) to households impacted by COVID-19.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
--------------	--	--

NOFO Section VII.B.5.c.

Describe in the field below:

- | | |
|----|--|
| 1. | your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless; |
| 2. | how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and |
| 3. | provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless. |

(limit 2,000 characters)

Average length of time (LOT) homeless was 118 days in FFY20 & 133 days in FFY19, a decrease of 15 days on average. Lane County (LC) has implemented several strategies to reduce LOT incl. prioritizing households (hh) placed on the Central Wait List (CWL) based on LOT homeless (weighted VI-SPDAT score) to address long-term stayers; creating staff positions to work with HH on the CWL awaiting referral to expedite documentation, address barriers, & reduce time to housing once matched with a PSH or RRH provider; increasing a Barrier Busters fund to eliminate barriers to PH placement (deposits, arrears); creating a Bridge program which quickly places individuals in a temp. unit who have been accepted into a program until they can secure a permanent unit; & staffing programs with a Housing Navigator to specifically locate housing units & work with landlords. There still continues to be a lack of units & LC is actively working to increase unit capacity with a goal of adding at least 350 more PSH units. A new 51 unit PSH project opened in 2021, with another 45 units expected in 2022. Additional strategies to reduce LOT include: a new 75 bed Shelter & Navigation Center, opening 2022, focused on rapidly connecting the most vulnerable HH to housing, better coordination & expansion of RRH resources – LC implemented new standards in 2021 that emphasize a progressive engagement approach allowing more HH to be served quickly under RRH; expanding diversion strategies – LC added a new Diversion program in 2021 to connect newly homeless HH to resources outside the system; expanding & better coordinating outreach services – LC hired an outreach coordinator in 2020, expanded outreach teams, & implemented case conferencing; improving CE – moving toward dynamic prioritization & phased assessment; creating centralized landlord & housing partner management; & move-on strategies to increase openings in PSH units. LC, with the CoC Board, is responsible for overseeing strategies to reduce the LOT homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

- | | |
|----|---|
| 1. | emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and |
| 2. | permanent housing projects retain their permanent housing or exit to permanent housing destinations. |

(limit 2,000 characters)

In FFY20, Lane County (LC) exited 413 persons in ES, SH, TH, & RRH to PH, or 17%. This is a 3% decrease from FFY19. LC has a very tight housing market due to low vacancy rates & rising rental costs. It is increasingly difficult to locate affordable units. As a result of the pandemic, vacancies have been scarce &

landlords have been even more hesitant to rent to tenants deemed risky. To address these challenges, LC will implement a coordinated landlord engagement strategy. Several agencies within the CoC have hired Housing Navigators who have specialized skills working with landlords, negotiating leases, & locating units. Even with this strategy, an increase in PSH units is needed. LC, in collaboration with Homes for Good, brought a new 51 unit PSH building online in 2021, with another 45 unit building under development. A hotel purchased to serve those displaced by wildfire will be repurposed to create at least 50 PSH units. These projects leverage PBV, CoC, & healthcare funding to maximize resources & create new PSH. To free up existing PSH, LC CoC has also implemented a Move-On strategy, with dedicated vouchers for people ready to transition to an independent subsidy. LC used Emergency Housing Vouchers (EHV) to strategically target HH enrolled in RRH, increasing exits to PH from RRH & freeing up additional opportunities for those who remain homeless. LC is also creating a new 75 bed Shelter & Navigation Center, coming 2022, focused on rapidly connecting the most vulnerable HH directly to housing. In FFY20, LC reported that 734 persons, or 96%, retained PH. This is a 3% increase over FFY19. Retention remains high, however the CoC continues to review improvements such as better incorporating tenancy supports into programming to improve retention & stability in PH. LC, along with the CoC Board & the Joint Shelter and Housing Strategist (City/County Joint staff), is responsible for overseeing the strategies to increase exits to PH & increase availability of PH units.

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

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

(limit 2,000 characters)

In FFY20, Lane County (LC) reported that 8 persons (3%) exiting to PH returned to homelessness in 12 months, while 24 persons (8%) returned within 6 months. LC identifies returns to homelessness within HMIS (Wellsky). LC expanded the collection of follow up data in order to better identify individuals and families who return to homelessness. All projects (CoC and non-CoC) with persons exiting to PH now report both 6 and 12 month follow up data. By expanding follow up data collection, LC is now better equipped to identify risk factors to ensure intervention occurs prior to an episode of homelessness. Providers who identify households at risk of homelessness at time of follow up are able to connect individuals to homelessness prevention programs, available throughout Lane County. LC has heavily invested in HP for individuals, families, and youth through federal, state, and local resources to prevent first time homelessness and reduce returns to homelessness. LC has emphasized eviction prevention with all CoC partners and will continue to improve training on best practices, as well as increase tenancy supports in order to prevent further returns to homelessness. Lane County, along with the CoC Board, is responsible for overseeing the CoC’s strategy to reduce the rate of individuals and families returning to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

In FFY20, 9% of stayers achieved an increase in earned income, a 2% increase from FFY19. Overall, 42% of adults (stayers) increased their total income from all sources. While the unemployment rate in Lane County (LC) has been low (around 4%), it spiked to nearly 15% as a result of the pandemic. The current rate sits at about 5.5%. Those seeking employment in LC often have multiple barriers including long-term disabilities, criminal history, substance use & lack of skills to maintain living-wage employment. The pandemic caused a severe shortage of opportunities to work & presented added safety concerns for those wanting to seek employment. LC, in collaboration with the PHB & Employment Work Group (EWG), is responsible for overseeing strategies, including strengthening collaborations, improving data & engaging the community. CoC projects make referrals to WorkSource Lane (WSL), a One-Stop hub for employment services. Through partnership of the local Workforce Development Board with ODHS, Oregon Employment Dept. & others, this One-Stop service delivery system was expanded to increase access & better align service delivery between employment services & benefits (TANF/SNAP). Since 2017 LC has coupled state-funded housing resources (EHA) directly with employment assistance through WSL. Households enrolled in the Supplemental Nutrition Assistance Employment & Training Program (STEP) who are homeless or at-risk can be eligible to receive rental assistance to establish housing placement. In partnership with Lane Workforce Partnership's Workforce Innovation and Opportunity Act (WIOA) & the STEP program. STEP Employment Specialists provide intensive career coaching for training, employment and career advancement focusing on industry sectors with high-demand, high-wage jobs. By working within the sector, the goal is to assist customers in achieving employment retention while advancing into higher wage jobs.

2C-5a.	Increasing Employment Cash Income-Workforce Development-Education-Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

Lane County (LC) deploys multiple strategies to promote partnerships & access to employment (empl.) opportunities within the private sector. Employer hiring events are held through a variety of venues, most commonly with WorkSource Lane (WSL) hosting employer partners who are seeking to fill open positions. In response to COVID, job fairs have become virtual or outside. The businesses invited are diverse & include private/public sector employers & staffing agencies. The intent is to provide a venue for businesses to talk to job seekers about their culture, what they look for in an applicant, & their hiring process, as well as share information & provide a safe venue for job seekers to meet with employers. LC has two WSL staff dedicated to job development & employer outreach. The focus is on increasing empl. in private sector jobs that have a career pathway that can potentially move job seekers into family sustaining wage jobs. LC also offers several training programs to help individuals build skills that are in demand in the local labor market. On-the-Job Training (OJT) is an “Earn While You Learn” (EWYL) training program funded by WIOA. LC partners with private sector businesses who are willing to train the employee on those skills needed for the job. TANF JOBS Plus is also an EWYL training program. LC partners with businesses to help individuals who are on TANF access these training & empl. opportunities. Occupational Skills Training is offered to those who are seeking short term training that will build their skills for in-demand jobs. LC partners with local training providers who support clients in completing their training programs. Many of the participants have transitioned from homelessness to housing through empl. in occupations such as healthcare, welding, & truck driving.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

In Lane County (LC), 37% of adults increased non-employment cash income in FFY20. LC, in collaboration with the Poverty and Homelessness Board, is responsible for overseeing the CoC’s strategy to increase non-employment cash income. All housing programs are tasked with ensuring households are connected to mainstream benefits for which they may be eligible including SSI/SSDI, General Assistance, and TANF. LC participates in case coordination in partnership with DHS around households who are receiving housing assistance and may be eligible for or are currently receiving TANF. This collaboration allows both DHS & the CoC to maximize resources to support homeless families. To further increase access to SSI/SSDI benefits LC, as the local SOAR lead, collaborates with local partners to implement their action plan to increase access to SSI/SSDI benefits utilizing the SOAR model. SOAR trained staff and/or benefits specialists are available to assist households through WhiteBird (PATH), SSVF, Lane Independent Living Alliance (LILA), LC Behavioral Health, and ShelterCare. LC plans to increase the number of dedicated, countywide SOAR trained staff over the next few years. LC continues to promote SOAR training for direct service staff to increase HHs

receiving SSI/SSDI benefits.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
--	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

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

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

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

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

Project Name	Project Type	Rank Number	Leverage Type
The Nel PSH	PSH	12	Housing

3A-3. List of Projects.

1. What is the name of the new project? The Nel PSH

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 12

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.r.	

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

n/a - no rehab or new constructions costs

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

n/a

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

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

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	281
2.	Enter the number of survivors your CoC is currently serving:	172
3.	Unmet Need:	109

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

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

(limit 2,000 characters)

The two Victim Service Providers in Lane County, Hope & Safety Alliance (formerly Womenspace) and Siuslaw Outreach Services (SOS), use separate implementations of Osnum as a comparable database. Lane County does not have access to the system structure or data in the Osnum. However, domestic violence experience history data are collected in the HMIS for Adults and Heads of Household in roughly half the projects participating in HMIS in the system and all the CoC projects (SO, ES, TH, RRH and PSH). These data were used to calculate the number of DV survivors in LC and unmet need. Lane County's HMIS implementation tracks both homeless and at-risk client activity for 40,000 unduplicated individuals (adults and children) each year. In Fiscal Year 2020-2021, 5,901 adults and HoHs who were served at Day Access Centers, sanctioned safe sleeping sites, and with Coordinated Entry responded to this question in the entry assessment. 20% of the adults and HoHs (1,182) reported a history of domestic violence. 24% (281) of these adults and HoHs were fleeing domestic violence at the time of project enrollment (start date/entry date). In the same date range, Lane County CoC has served 172 adults and HoHs who were fleeing domestic violence at the time of project entry. The primary barriers to meeting the needs of all survivors is housing capacity. Vacancy rates are significantly low and affordable units are scarce. Additional housing resources are needed to fully serve all survivors including additional Rapid Re-housing or other permanent housing resources. LC has submitted a project for the DV Bonus opportunity that utilizes a preference for available units with local affordable housing provider, Cornerstone Community Housing. Using this preference will eliminate the barrier of locating affordable units in the private rental market for survivors.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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

Applicant Name
Lane County

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Lane County
2.	Rate of Housing Placement of DV Survivors–Percentage	36.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	98.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

To calculate the rate of housing placement, LC established the universe of individuals as the number of adults and heads of household who were fleeing DV at the time of project entry in HMIS and who were served with Day Access, sanctioned camping (Alternative Shelters, Emergency Shelters, and Street Outreach (172 individuals). The number with housing placements is from adults or HoHs who were fleeing DV at the time of project entry and were served in RRH or PSH with a housing move-in date (62 individuals of 172, or 36%), as evident in the LC CoC HMIS.

To calculate the rate of housing retention, LC calculated the total number of adults or HoHs who were fleeing DV at the time of project entry with housing placements in RRH or PSH and a housing move-in date (62 individuals) who maintained their housing or exited to stable housing (98%).

All data for these calculations were pulled from the Lane County Homeless Management Information System (HMIS).

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
----	--

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

Lane County (LC, applicant) contracts with local service providers for housing and service activities to assist individuals and families experiencing homelessness. Currently, LC subcontracts with Hope & Safety Alliance (H&SA) (local VSP) to offer services that ensure DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing. H&SA operates a DV access point offering advocacy services, emergency shelter, motel vouchers, essential needs (e.g. food, clothing closet, supplies, etc.), access to Coordinated Entry and housing navigation, and rapid re-housing (RRH) assistance. H&SA offers extensive access to a variety of supportive services through internal programming and community partnerships. RRH services provide an avenue for survivors to connect to permanent housing, while H&SA works with households to develop a housing stability plan to ensure they can maintain that housing once assistance ends. Lane County and H&SA prioritize survivors through Coordinated Entry, based on established CoC policies and procedures. A DV housing preference secured with the housing authority, Homes for Good, provides access to vouchers. For this proposed project, LC will subcontract with Cornerstone Community Housing (CCH), in collaboration with H&SA. Both CCH and H&SA have experience assisting survivors in accessing affordable housing. Currently, CCH has eight units designated for homeless families and works in partnership with LC and other local service providers. When units become available, CCH works swiftly to transition people off centralized waiting lists into units within their inventory and works with partners to ensure rental supports and case management are provided to maintain housing. CCH also works directly with other agencies to provide set aside units. In addition to case management, residents also have access to supports through the CCH Healthy Homes program to help build households stability.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

Lane County (LC, applicant) contracts with local service providers for housing

and service activities to assist individuals and families experiencing homelessness. Currently, LC subcontracts with Hope & Safety Alliance (H&SA) (local VSP) to offer services that ensure DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing. DV survivors experiencing homelessness are able to access services through H&SA directly and the agency has provided a number of avenues for contact to ensure survivor safety including a 24 hour crisis call line, in-person (administrative office), and through a recently added web chat/texting system. Survivors or those attempting to flee are assisted with finding immediate shelter, safety planning, intake, and assessment of needs through H&SA. H&SA staff are trained in using a trauma-informed approach to advocacy which is infused throughout the organization. The goals of the access center services are to ensure survivors have access to shelter or housing and can live safely whether they choose to remain in their homes or move out and find a safe, affordable living arrangement. Staff are specifically trained and committed to supporting survivors in their efforts to establish sustainable solutions for safety. Safety and housing are the primary needs for nearly all survivors contacting H&SA for help. Advocates are trained to provide safety planning and ensure that all conversations are private and confidential. Survivors in danger will have access to additional services that will keep their address confidential. Rapid Re-housing participants are assisted in locating safe, secure housing that best meets the survivor's identified needs and preferences. H&SA has access to set aside units through community partnerships, as well as a voucher preference through local housing authority, Homes for Good, to better allow for quick access to an array of permanent housing options. Addresses or housing placements of any kind are always kept confidential and H&SA operates under the highest and strictest standards in terms of confidentiality. The Coordinated Entry policies and procedures also account for client safety. Front Door Assessors are trained around how to approach conducting separate assessments and intake with each member of a couple and assessing DV experience with confidentiality and safety in mind. H&SA provides a DV dedicated DV Front Door access point designed to ensure safety for survivors who may have reservations about accessing other Front Door options in the community. For the proposed project, H&SA will be providing the property management staff at Cornerstone Community Housing (subrecipient) with ongoing training around safety planning, dynamics of domestic violence and confidentiality. Cornerstone conducts the intake for housing applications and must adhere to the HUD rules requiring confidentiality, therefore we ensure a private office space is available for these conversations.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Lane County (LC, applicant) contracts with service providers for housing & service activities to assist individuals and families experiencing homelessness. Currently, LC subcontracts with Hope & Safety Alliance (H&SA) (local VSP) to

offer services that ensure DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing. The goal of all services H&SA provides is to increase the safety of victims of domestic violence, dating violence, sexual assault, and stalking. The long-term objective of providing services is to mitigate the impact of these crimes on victims. The three short term objectives are that after receiving services from H&SA, (1) Survivors will be better able to make informed choices about their situation; (2) Survivors will have new options on how to stay safe; and (3) Survivors will know more about available resources and how to access them. H&SA uses client feedback forms to measure the short-term objectives. Surveys are collected from individuals participating in shelter services, support groups, and non-shelter-based advocacy and other services. H&SA has a target outcome for 90% or more of the responses to measure positively. H&SA also conducts required follow ups with survivors exiting to permanent housing at 6 & 12 months post-exit, providing an opportunity to assess ongoing safety & housing stability. For the proposed project, LC will subcontract with local affordable housing provider, Cornerstone (CCH) in partnership with H&SA (VSP). While CCH is not a VSP, the agency currently assists individuals & families who have experienced DV with accessing affordable housing. In order to ensure the safety of DV survivors being served under the project, CCH has intentionally partnered with H&SA for best practices, training, & continued consultation. LC and CCH are committed to ongoing quality assurance & performance evaluation to assess and evaluate success of the project and ensure safety and stability needs are met.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:	
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Lane County (LC, applicant) contracts with local service providers for housing and service activities to assist individuals and families experiencing homelessness. All agencies funded through LC to provide services are required to adhere to the following core values and standards:
 Housing First: programs focus on quickly moving people experiencing homelessness into permanent housing (PH) and then providing the additional supports and services each person needs and wants to stabilize in that housing.

Services are never mandatory and cannot be a condition of obtaining the housing intervention. The basic underlying principle is that persons are better able to move forward with their lives once the crisis of homelessness is over and they have control of their housing.

Low Barrier: Housing First programs do not require persons to prove “housing readiness.” There are no preconditions. Persons experiencing homelessness do not have to demonstrate sobriety, engage in treatment, have employment, or have income to obtain program entry or for continued assistance. The basic underlying principle is that access to housing is the primary need for its program participants, and as such, there should be minimal barriers to assist persons to end their homelessness. Enrollment requirements for all Coordinated Entry system components, outreach included, reflect a low-barrier philosophy.

Harm Reduction (HR): In accordance with HR principles, contracted programs must not require treatment or sobriety. Agency must seek to work with program participants to reduce the negative consequences of the person’s continued use of alcohol and/or drugs, on-compliance with medications, or other risky behavior. Efforts should include all possible approaches to assist the person to reduce or minimize their risky behaviors, while at the same time assisting them to move into, and stabilize in, permanent housing. Harm reduction is not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants and staff.

Trauma Informed Care: All programs must incorporate TIC policies and procedures (P&P) into their program design and delivery of services. TIC is defined as: an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. TIC also emphasizes physical, psychological and emotional safety for both participant and providers, and helps participants rebuild a sense of control and empowerment. Trauma Informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the trauma survivor’s safety, choice, and control. Trauma Informed Services create a culture of nonviolence, learning, and collaboration. Agencies must also develop sets of P&P for educating and training staff on TIC practices and how trauma may adversely affect aspects of a person’s development.

Cornerstone Community Housing (CCH, subrecipient) will provide Rapid Re-housing assistance using a trauma-informed, victim-centered approach that follows a Housing First model. CCH will be able to rapidly place households into PH utilizing a preference within their own housing portfolio, while honoring a survivor’s choice of housing preferences to the greatest extent possible. Using a trauma-informed approach means that staff are trained to serve people in ways that recognize the impacts of trauma. CCH will work with survivors as partners using a Peer Support Specialists (PSS) to minimize power differentials. The CCH PSS program is built around the Traditional Health Worker model of emphasizing household strengths and building upon the lived experience of the households served. Intake assessment includes questions modeled after the Eight Dimensions of Wellness, which encompasses eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental in a variety of topics to help them succeed in their role. General trainings required for the CCH program team include: Trauma Informed Care, Mental Health First Aid, conflict resolution & motivational interviewing, Fair Housing, DEI (Diversity, Equity and Inclusion), cultural competency, anti-oppression and nondiscrimination. Hope & Safety Alliance (VSP) will bring more in-depth training to the CCH team around serving victims and survivors of domestic violence including, safety planning and confidentiality. Advocates with H&SA, with core tenets built on trauma-informed

and survivor centered services, will be available to provide support in Spanish and English. H&SA will also provide Parenting in Crisis and Dynamics of Domestic Violence educational classes to survivors. In addition to the case management offered through CCH, residents also have access to additional supports through the CCH Healthy Homes program which offers classes to help build households stability.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

Lane County (LC, applicant) contracts with local service providers for housing and service activities to assist individuals and families experiencing homelessness. LC will subcontract with Cornerstone Community Housing (CCH) or the proposed project, in partnership with local VSP Hope & Safety Alliance (H&SA). Both CCH and H&SA have decades of experience working with domestic violence survivors.

During funding year 2020-21, H&SA staff provided the following supportive services to DV/SA survivors:

Child custody and ODHS Services: H&SA has three co-located advocates working out of ODHS Child Welfare and Self Sufficiency they assist DV survivors to pursue child custody by referring them to one of its two co-located advocates at University of Oregon Domestic Violence Clinic and the Oregon Law Center. They, along with other advocates provided transportation, court accompaniment, and one on one support groups during COVID. H&SA advocates ensure that the survivors’ safety needs were addressed by maintaining confidentiality, trauma informed intervention and providing safety planning with all hotline calls and in person meetings.

Housing Search and Counseling: H&SA employs a housing navigator to identify local landlords and apartments. Using the housing navigator has helped survivors find housing that meets their needs, especially when there are income limit requirements. H&SA offer RRH assistance to provide case management, housing stabilization, and financial assistance.

Education and Outreach Services: H&SA delivers dozens of Healthy Relationships presentations to middle and high school classes each semester, the staff also delivers DV101 presentations throughout the year to community partners, law enforcement, DHS, mental and medical health providers, and addiction and housing service providers.

Basic Needs: H&SA, as the main access point for those fleeing DV situations, provides food boxes, clothes, rental assistance, fuel, utility assistance, as well as shelter/safe housing for domestic and sexual assault survivors.

Cornerstone currently delivers services at 17 sites across 6 counties in Oregon and has in-depth experience working with households who experience domestic violence. During the funding years 2019- 2020, CCH provided the following supportive services to DV survivors:

Financial services: Working directly with a CCH Peer Support Specialist (PSS) and in partnership with DevNW, survivors work on-on-one for towards building credit or repairing credit, and setting and reaching other financial goals like budgeting, and savings for future goals. These are both essential to financial wellbeing and maintaining housing stability. Restore their credit, which is often necessary to obtain affordable housing for survivors whose credit has been damaged.

Job Search and Education services: Working in one-on-one settings directly with a CCH PSS, survivors are assisted with development of resumes, job search, interview skills, and in some cases connected directly with Workforce Lane to access job training funds. This also includes support completing Financial Aid forms (FAFSA) and other scholarship forms to help survivors finish their educational goals. This may include enrolling in GED classes or in college classes. Job training and education help support goals of building household stability for the long term.

Engagement: CCH team of Resident Services Coordinators and Peer Support Specialists (PSS) regularly work with survivors to offer basic needs supports like obtaining food boxes and accessing benefit programs. PSS (certified by the Oregon Health Authority), provide peer driven supports through case management for households with complex backgrounds, including domestic violence. While working with a Peer Support Specialist at CCH, residents have additional access to case management and supports that include seeking employment, finding childcare, accessing reliable transportation, and overcoming individual barriers that clients face.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

Cornerstone Community Housing (CCH, subrecipient) will provide Rapid Re-housing assistance using a trauma-informed, victim-centered approach that follows a Housing First model. One of the major tenets of Housing First is client choice in housing and services they receive. CCH will be able to rapidly place households into permanent housing utilizing a preference within their own housing portfolio, while honoring a survivor's choice of housing preferences to the greatest extent possible. If needed, households may be connected to housing through the private rental market to meet their needs. Using a trauma-informed approach means that staff are trained to serve people in ways that feel meaningful to them and recognize the impacts of trauma. CCH will work with survivors as partners using Peer Support Specialists (PSS) to minimize power differentials. The CCH PSS program is built around the Traditional Health Worker model of emphasizing household strengths and building upon the lived experience of the households served. Utilizing PSS is proven to break down the barriers that survivors often face and to build upon the resiliency that already exists within the household. Peers have also shown to be a cost effective, trauma informed, community-based support that increases social cohesion, community connections, and empowers residents to become their own best advocates. Intake assessment includes questions modeled after the Eight Dimensions of Wellness, which encompasses eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental in a variety of topics to help them succeed. Each household will have a housing stability and rental assistance plan that outlines client-driven goals to achieve housing stability. The RRH program will follow a Progressive Engagement approach, offering the least amount of assistance needed to achieve stability and empowering survivors to become self-sufficient. General trainings required for the CCH program team include: Trauma Informed Care, Mental Health First Aid, conflict resolution & motivational interviewing, Fair Housing, DEI (Diversity, Equity and Inclusion), cultural competency, anti-oppression and nondiscrimination. All LC programs must operate under an Equity framework, actively addressing disparities and achieving fairness for all. Hope & Safety Alliance (VSP) will bring more in-depth training to the CCH team around serving victims and survivors of domestic violence including, safety planning and confidentiality. Advocates with H&SA, with core tenets built on trauma-informed and survivor centered services, will be available to provide support in Spanish and English. H&SA will also provide Parenting in Crisis and Dynamics of Domestic Violence educational classes to survivors. In addition to the case management offered through CCH, residents also have access to additional supports through the Cornerstone Healthy Homes program which offers activities in partnership with over 50 community agencies including dental screenings, free food programs, cooking classes, afterschool programs, & parenting classes.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	10/07/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/22/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/22/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	10/27/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	10/22/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting– P...	10/18/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	10/26/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/07/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting– Projects Rejected_Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/13/2021
1B. Inclusive Structure	10/18/2021
1C. Coordination	10/20/2021
1C. Coordination continued	10/20/2021
1D. Addressing COVID-19	11/01/2021
1E. Project Review/Ranking	10/25/2021
2A. HMIS Implementation	10/18/2021
2B. Point-in-Time (PIT) Count	09/27/2021
2C. System Performance	10/18/2021
3A. Housing/Healthcare Bonus Points	10/19/2021
3B. Rehabilitation/New Construction Costs	09/13/2021

FY2021 CoC Application	Page 64	11/01/2021
------------------------	---------	------------

3C. Serving Homeless Under Other Federal Statutes	09/13/2021
4A. DV Bonus Application	10/29/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

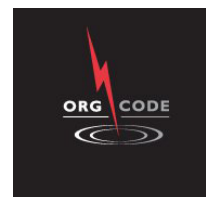
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
PARENT 2	Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 50px; height: 20px; margin: 0 auto;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? **Y** N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? **Y** N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

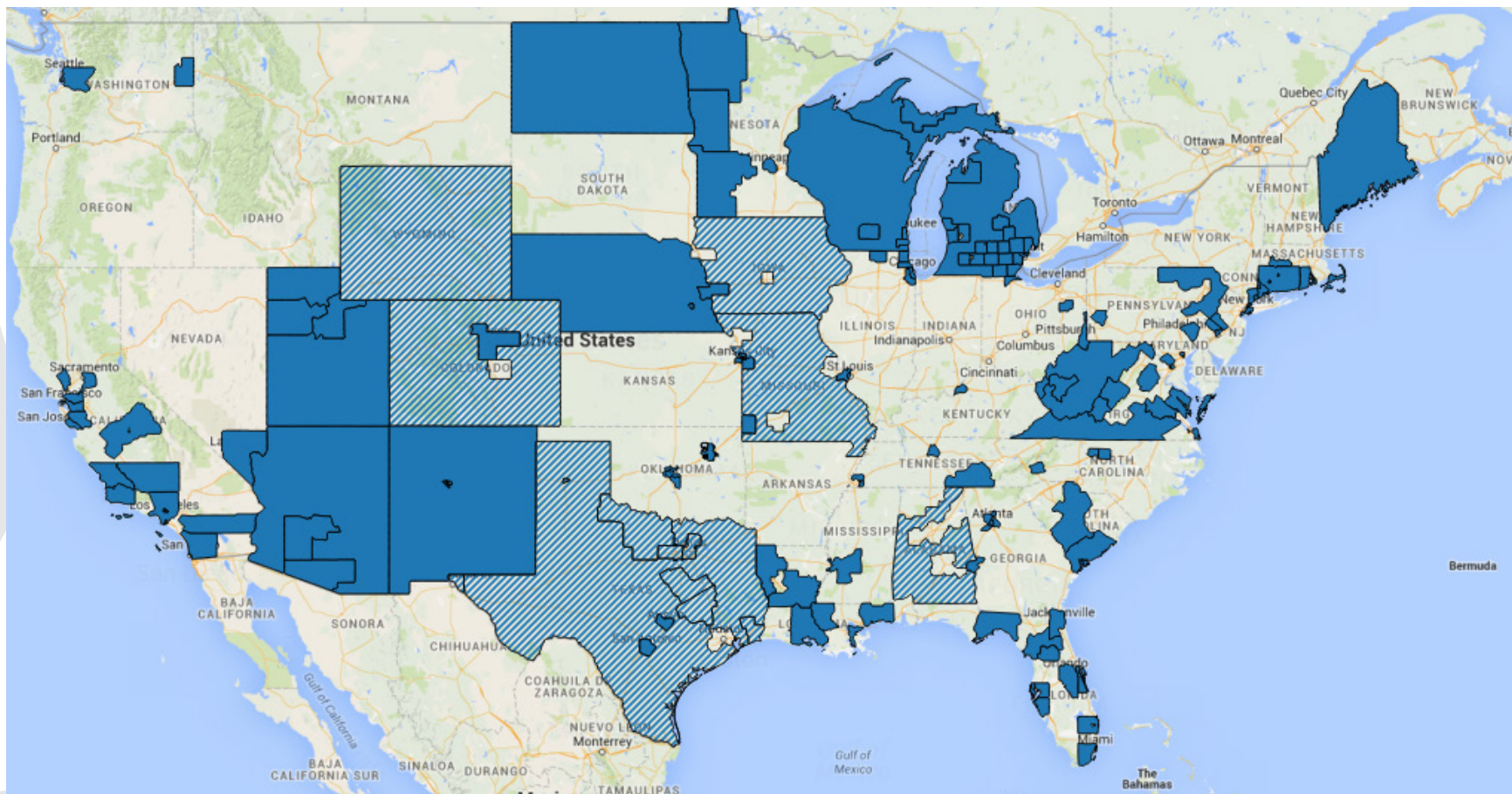
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** **N** Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** **N** Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

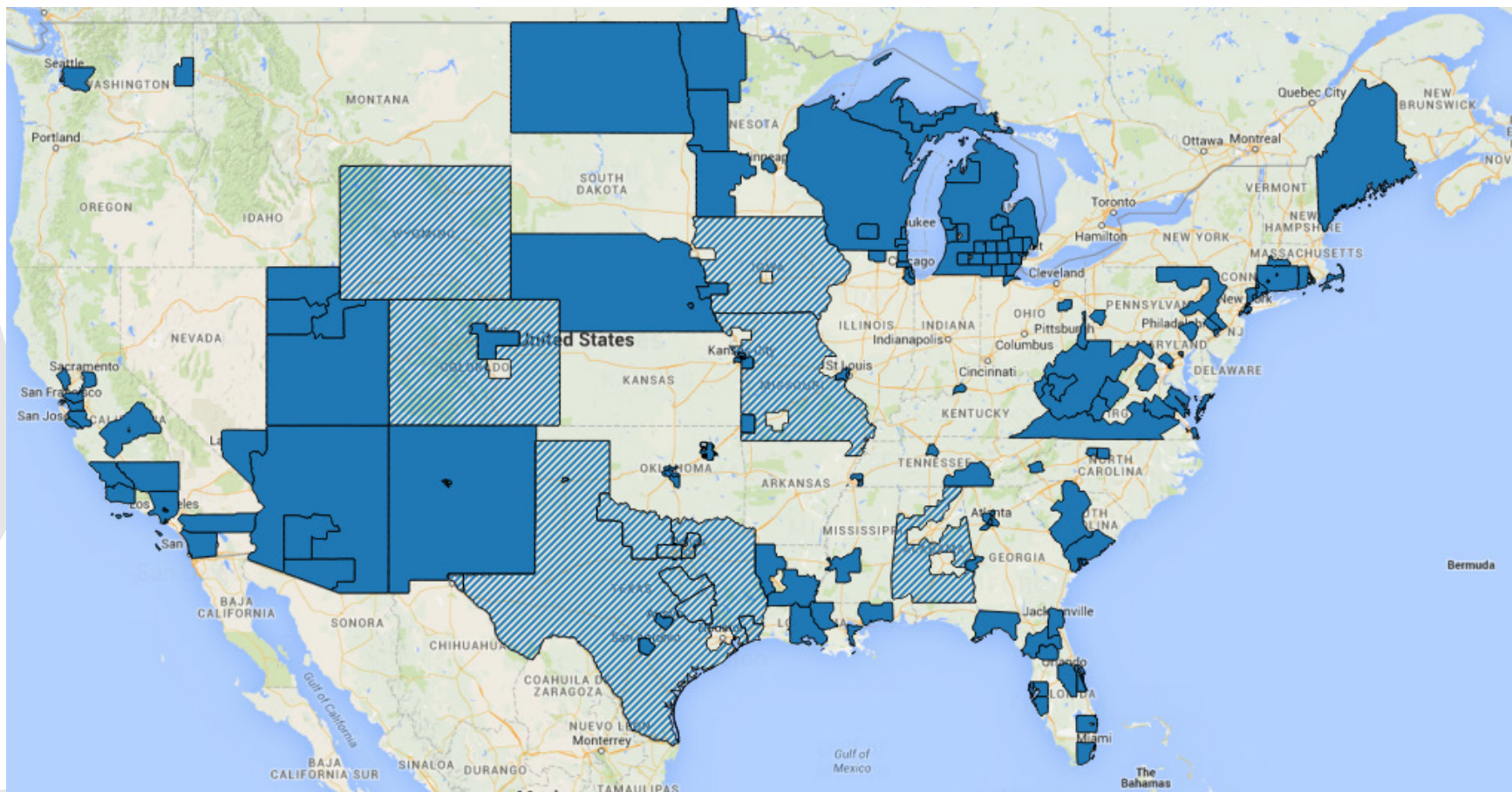
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer the following preferences:

Homeless Veteran Family Preference

This preference applies to homeless veteran families who have been referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'homeless' and 'veteran' for this purpose will be included in the MOU/MOA with the qualified entity.

Transitional Homeless Family Preference

This preference applies to transitional housing persons who are homeless and who are referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'homeless' and 'transitional' for this purpose will be included in the MOU/MOA with the qualified entity.

Displaced Family Preference (Fire or Natural Disaster)

This preference applies to families who are displaced as a result of a fire or Natural Disaster. Persons who claim they are being or have been displaced due to fire or Natural Disaster must be a resident of Lane County, and have written verification from a Homes for Good approved entity, such as First Place Family Center, the Red Cross, local Fire Department, etc., of displacement. Referrals must be received within 45 days of the displacement.

Elderly or Disabled Preference

This preference applies to persons who are elderly or disabled and who are referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good).

Domestic Violence Preference

This preference applies to persons who are victims of domestic violence, dating violence, sexual assault, or stalking (as defined under VAWA; see Chapter 16) who have been referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good).

Continuum of Care Preference

Participants in Lane County's Continuum of Care programs, who have completed an assessment for move on readiness with a system screening tool and are referred through Lane County Coordinated Entry based on prioritized readiness.

Disabled Homeless Preference

This preference applies to disabled homeless families. Families must be referred by a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'disabled homeless' for this purpose will be included in the MOU/MOA with the qualified entity.

Permanent Housed Family Preference

This preference applies to families that are currently served in other permanent housing assistance programs administered by Homes for Good, when the other program is unable to serve the family and when such assistance is necessary for Homes for Good to appropriately house the family. This preference requires approval of Directors of both programs.

Under this policy selected is defined as the date in which the voucher was issued.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer the following preferences:

Homeless Veteran Family Preference

This preference applies to homeless veteran families who have been referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'homeless' and 'veteran' for this purpose will be included in the MOU/MOA with the qualified entity.

Transitional Homeless Family Preference

This preference applies to transitional housing persons who are homeless and who are referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'homeless' and 'transitional' for this purpose will be included in the MOU/MOA with the qualified entity.

Displaced Family Preference (Fire or Natural Disaster)

This preference applies to families who are displaced as a result of a fire or Natural Disaster. Persons who claim they are being or have been displaced due to fire or Natural Disaster must be a resident of Lane County, and have written verification from a Homes for Good approved entity, such as First Place Family Center, the Red Cross, local Fire Department, etc., of displacement. Referrals must be received within 45 days of the displacement.

Elderly or Disabled Preference

This preference applies to persons who are elderly or disabled and who are referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good).

Domestic Violence Preference

This preference applies to persons who are victims of domestic violence, dating violence, sexual assault, or stalking (as defined under VAWA; see Chapter 16) who have been referred from a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good).

Continuum of Care Preference

Participants in Lane County's Continuum of Care programs, who have completed an assessment for move on readiness with a system screening tool and are referred through Lane County Coordinated Entry based on prioritized readiness.

Disabled Homeless Preference

This preference applies to disabled homeless families. Families must be referred by a Homes for Good approved entity (an entity with an active MOU/MOA with Homes for Good). The definition of 'disabled homeless' for this purpose will be included in the MOU/MOA with the qualified entity.

Permanent Housed Family Preference

This preference applies to families that are currently served in other permanent housing assistance programs administered by Homes for Good, when the other program is unable to serve the family and when such assistance is necessary for Homes for Good to appropriately house the family. This preference requires approval of Directors of both programs.

Under this policy selected is defined as the date in which the voucher was issued.

BORTA Amanda L

From: SCOTT Robin O
Sent: Tuesday, January 26, 2021 4:05 PM
Subject: RFP Opportunity: 1100 Charnelton PSH Services

Lane County, through its Department of Health & Human Services, is seeking respondents to this Request for Proposals to provide supportive services staffing for residents of 1100 Charnelton, a Housing First Permanent Supportive Housing project. The term of the contract arising from this Request for Proposals is estimated to be May of 2022 through June 30, 2023. Selection for this project is being done early due to the necessity of having the service provider identified for planning purposes.

The full posting is available [here](#).

Deadline for submissions: Wednesday, February 24, 2021 at 5pm PT.

Contact: Robin Scott robin.scott@lanecountyor.gov with questions. All questions must be submitted by email. Questions (if received) and Answers will be summarized weekly and posted as an addendum to the RFP on the Lane County Bid website. **Deadline for questions is 2/17/21.**

Robin Scott
Program Services Coordinator
Lane County Health and Human Services Administration
151 W. 7th #520
Eugene, OR 97401
Robin.scott@lanecountyor.gov (please note new email address)

Confidentiality Notice: This email is intended for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please advise the sender immediately.

HUD COC DOMESTIC VIOLENCE BONUS PROJECT



HUD CoC Domestic Violence Bonus Project

Posted on: 2021/09/15 | **Entity:** HHS | **Category:** Goods and Services | **Type:** RFP

Lane County through the Department of Health & Human Services, Human Services Division (HSD), is requesting Proposals for homeless services for domestic violence survivors through one service provider:

- Joint TH or Rapid Re-housing (DV) Project is anticipated to be funded up to \$145,728 (\$128,240 HUD CoC Program, \$7,125 HUD CoC Admin and \$10,363 HSC funding) for one year (grant period to begin July 1, 2022) to serve no less than eight (8) households at any given time.

The term of the contract arising from this Request for Proposals will be July 1, 2022 through June 30, 2023. Funding is contingent upon a HUD CoC award for this project.

[Full RFP](#)

Status

Open

Deadline for Submissions: 2021/10/01 17:00:00

BORTA Amanda L

From: BORTA Amanda L
Sent: Tuesday, June 8, 2021 12:46 PM
To: Casi Totten; WESTPHAL Chad (SMTP); Dana Petersen-Crabb; 'Foster Martinez'; Jaclyn LaRue; 'Katie Dockery'; Maleigha Myers; 'mhankes@sheltercare.org'; sfendler@sheltercare.org; Sue Paiement (spaiement@ccslc.org); Wakan Alferes
Cc: Alyssa Hoekman; Becky Hayes; 'Chris Pickering'; Daniel Dickens; Gwen Barnes; Jacob Fox; Karen Etter; OPPERMAN Craig (SMTP); Risa Holden; Rosalie Elliott; Suzanne Turner; 'Samantha Adams'; STUART Lise N; COLOMA Melissa S; TAYLOR Carly M
Subject: HUD CoC Competition - Intent to Renew and Evaluation
Importance: High

Hello HUD CoC Funding Recipients,

On behalf of the RFP-HMIS-Evaluation Committee of the Poverty and Homelessness Board (PHB) and the Continuum of Care, Lane County is announcing the release of the **2021 CoC Intent to Renew and Evaluation**. All HUD CoC funded agencies must complete the CoC Intent to Renew form for each currently funded project by the stated deadline in order to remain eligible for continued renewal funding.

This year, in light of the continued challenges presented by the pandemic, Lane County has updated the typical CoC Evaluation process to reduce the burden on providers in completing this requirement. As such, **agencies will only complete an Intent to Renew form for each project**. Following this submission, Lane County will complete a reduced Evaluation for each project submitting an Intent to Renew form.

Please see below for more detailed Steps and Timelines:

1. **Step One (Intent to Renew):** Agencies must submit the Intent to Renew form via [Cognito](#) in order to remain eligible for renewal funding and have an Evaluation completed on their behalf for the project. **Intent to Renew forms are available now and are due by no later than 5pm (PT) on June 15, 2021.**
2. **Step Two (Evaluation Report):** Lane County will run and provide the CoC Evaluation Report for each project submitting an Intent to Renew form on June 16, 2021. Agencies are encouraged to review this report and make any necessary corrections in Wellsky by no later than June 29, 2021.
3. **Step Three (Scoring):** Lane County will re-run each project's report on or after June 30, 2021 and will complete an Evaluation on behalf of each project based on the data in HMIS, Sage, and on file at the County.
4. **Step Four (Prelim. Scores and Appeals):** Lane County will provide a Preliminary Scorecard tentatively by July 14, 2021. Agencies will then have an opportunity to submit an Appeal, should they find a scoring discrepancy.
5. **Step Five (Final Scores):** The Evaluation Committee of the PHB will review any appeals and make a final determination on scoring. Lane County will then issue Final Scorecards by no later than July 28, 2021.

*All dates are subject to change based on HUD CoC Competition deadlines and NOFA release date.

All Resources for completing the HUD CoC Evaluation can be found [here](#):

[2021 HUD CoC Evaluation Hard Copy](#) – Now Available

[2021 HUD CoC Evaluation Instructions](#) – Now Available

Reviewing Your Data for the CoC Evaluation – *Coming Soon!*

Intent to Renew Online Submission: <https://www.cognitoforms.com/LaneCounty1/CoCIntentToRenewFY21>

Please complete one submission per HUD CoC funded project by no later than June 15th.

Information Session:

A virtual **information session** will be held **Wednesday, June 9th at 2pm**. You can access this meeting using the following:

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/821844797>

You can also dial in using your phone.

United States: [+1 \(669\) 224-3412](tel:+16692243412)

Access Code: 821-844-797

If you have any questions regarding this process after reviewing available resources, please contact me via email at amanda.borta@lanecountyor.gov

HMIS or reporting questions may be directed to the helpdesk: HSDhelpdesk@lanecountyor.gov

Thank you,

Amanda Borta, MSW

Sr. Program Services Coordinator | Lane County Human Services Division

151 W 7th Avenue Room 560 | Eugene, OR 97401

P: 541.682.6526 | F: 541.682.9834

amanda.borta@lanecountyor.gov – *new email address! Please be sure to update your contacts.*

Please note I am currently working remotely and will not be available via phone. Email is preferred.

Confidentiality Notice: This email is intended for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please advise the sender immediately.

FY21 HUD CoC Competition Timelines

Item	Timeline	Detail
New Project (Bonus) RFP	April 2021	Lane County completes RFP process for new project under CoC funding
OR-500 CoC Intent to Renew (Application)	June 8, 2021 – June 15, 2021	Current recipients and subrecipients complete the Intent to Renew (Application to the CoC) to be eligible for renewal in FY21 Competition
CoC Evaluation (Rating) Process	June 16, 2021 – June 30, 2021	Lane County CoC completes an Evaluation of all eligible renewals
Final Evaluation Scores Released	July 29, 2021	Final Evaluation scores sent to renewing Agencies
HUD CoC NOFO Release	August 18, 2021	Notice of Funding Opportunity Released – View at www.Grants.gov
New Project (DV Bonus) RFP	September 15, 2021 – October 1, 2021	Lane County completes RFP process for new project under DV Bonus funding
Project Applications completed by Co-Applicants	September 20, 2021 – October 12, 2021	Applicants (Lane County, SVdP, and Homes for Good) complete Project Applications for the CoC Competition
Final Ranking Completed	October 8, 2021	REH/PHB EC complete final ranking of eligible new and renewal projects
Project Applications Due in E-snaps	October 12, 2021	Project Applications due in e-snaps to CoC for review
Project Application Final Submission due in e-snaps	October 21, 2021	Project Applications with all revisions due in e-snaps and submitted for inclusion in the Priority Listing
Final Ranking Approved	October 21, 2021	Final Ranking approved by the CoC Board
Final CoC Application Approved	October 21, 2021	Final Application approved by the CoC Board
Priority Listing (Ranking) Posted	November 1, 2021	Final Ranking publicly posted
CoC Application Posted	November 12, 2021	Final CoC Application publicly posted

Questions regarding the CoC Competition process and timelines may be directed to Amanda Borta at amanda.borta@lanecountyor.gov

BORTA Amanda L

From: BORTA Amanda L
Sent: Monday, September 20, 2021 10:09 AM
To: 'Foster Martinez'; 'Katie Dockery'
Cc: Wakan Alferes
Subject: RE: CoC Project Applications
Attachments: 2021 Provider Training Final.pdf; Copy of FY 2021 OR-500 GIW.xlsx; Copy of OR-500 - Actual Rents Report.xlsx

Hello all,

Thanks for attending the CoC Project Application overview this morning. Here is all of that information I promised to send:

- CoC Project Application Overview Slides are attached.
- GIW and Actual Rent Spreadsheet is attached – Check your budgets against these amounts and any amendments with HUD.
- Timeline is posted below. Please make note of deadlines!
- Resource links:
 - <https://www.hudexchange.info/resource/2910/coc-project-application-instructions-for-renewal-projects/>
 - HUD.gov: https://www.hud.gov/program_offices/comm_planning/coc/competition
 - HUD 2880: <https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf>

When in doubt, remember to complete the steps in e-snaps *IN ORDER*:

Applicants – Complete Applicant Profile

Funding Opportunity – Register for the FY21 Renewal Project Application

Projects – Create your projects, import FY19

Submissions – Access and complete your renewal project applications

Tasks	Timeline
Co-applicants complete project applications in e-snaps	September 20 th – October 12 th
Renewal project applications DRAFT due in e-snaps (complete, not submitted)	October 12th by 5pm
Lane County (CoC) reviews all renewal project applications	October 13 th – October 18 th
Lane County (CoC) requests revisions to project applications, if needed	By October 18 th
Agencies make revisions as requested to project applications in e-snaps	October 18 th – October 21 st
All final project applications complete and submitted in e-snaps	October 22nd by 5pm

If you have any questions, please just let me know!

Thanks,

Amanda Borta, MSW

Sr. Program Services Coordinator | Lane County Human Services Division

151 W 7th Avenue Room 560 | Eugene, OR 97401

P: 541.682.6526 | F: 541.682.9834

amanda.borta@lanecountyor.gov – new email address! Please be sure to update your contacts.

From: BORTA Amanda L

Sent: Wednesday, August 25, 2021 4:26 PM

To: 'Foster Martinez' <foster.martinez@svdp.us>; 'Katie Dockery' <kdockery@homesforgood.org>

Cc: Wakan Alferes <walferes@homesforgood.org>

Subject: CoC Project Applications

Importance: High

Hello Foster and Katie,

As you know, the CoC NOFO was released for the FY21 HUD CoC Competition. As co-applicants, you will be responsible for completing and submitting project applications for your individual projects. I am planning to get a training on the calendar to go over details as I believe you both are new to completing this process. Please let me know if there are other staff contacts who need to be included and let me know your availability.

Tentative Dates for virtual training/walk-through:

September 20th: 9am or 2pm

September 21st: 10am or 11am

September 22nd: anytime

Please let me know what time would work best on these dates!

If you want to get started looking at the instructions (not all available yet), you may find those here:

<https://www.hudexchange.info/resource/2910/coc-project-application-instructions-for-renewal-projects/>

In the meantime, **the first step is to [update your Applicant Profile](#) and start getting your forms ready to go outside of e-snaps** (these must be updated each year even if there are no changes and must be completed prior to accessing your project application):

• **[HUD form 2880](#) – Applicant/Recipient Disclosure/Update Report (Required).**

NOTE: If your project receives total HUD funds exceeding \$200,000 you must answer YES to Part I: Question 2 and complete Part II and Part III. E-snaps will not allow you to continue if your grant is in excess of \$200,000 and these parts have not been completed.

<https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf>

- **Code of Conduct** – N/A both of your agencies are listed on HUD website
- **Nonprofit documentation** – if applicable, IRS letter showing 501(c)(3) status
- **[HUD 50070 Certification of a Drug Free Workplace](#)**
- **Certification Regarding Lobbying and [SF-LLL Disclosure of Lobbying](#)**
- **[SF-424B](#)**

Please have these forms complete/information ready by the week of the 20th and be sure you are able to access your e-snaps account. Let me know if you need assistance, but if you forgot your password you'll need to contact AAQ.

Thank you,

Amanda Borta, MSW

Sr. Program Services Coordinator | Lane County Human Services Division

151 W 7th Avenue Room 560 | Eugene, OR 97401

P: 541.682.6526 | F: 541.682.9834

amanda.borta@lanecountyor.gov – new email address! Please be sure to update your contacts.



2021 HUD CoC Competition Intent to Renew and Evaluation

To be completed by all HUD CoC funded programs in the Lane County Continuum of Care (OR-500)

This page left intentionally blank

Introduction

Lane County Human Services Division, as the Collaborative Applicant for Lane County CoC (OR-500), on behalf of the RFP-Evaluation-Ranking Committee, implements an evaluation process for all projects applying for renewal in the upcoming HUD Continuum of Care (CoC) competition.

The 2021 Evaluation will consist of 4 sections (detailed below), for a total of **60 points possible**. All agencies receiving HUD CoC funding will need to submit an **Intent to Renew** form for each HUD CoC project (PSH, RRH) in order to be eligible to receive renewal funding. Lane County will complete an Evaluation for each project submitting an Intent to Renew form.

The Evaluation will consist of 4 sections:

Grant Expenditure (10%): Spend down/Recapture	HMIS (23%): Data Quality; Participation; Missing Data; Timelines
System Priorities and Housing First (25%): Serving Chronically Homeless/Highest Vulnerability; Dedicated/Prioritization CH beds; Priority Populations or Focus Areas (Youth, Vets, FUSE); Housing First Assessment	Project Performance (42%): Unit Utilization; Exits to Permanent Housing; Increase in Income; Non-Cash Benefits; Retention in PH; Follow Ups; Cost Efficiency

All agencies receiving CoC funding will also be monitored by Lane County as the Collaborative Applicant for OR-500, which includes submission of a Monitoring Questionnaire, as well as either a desk review or site visit, dependent upon agency risk rating determination. While not scored, the Monitoring Questionnaire will be used as a companion document to the annual Evaluation.

HUD Continuum of Care Competition Process

Annually, the US Department of Housing and Urban Development (HUD) provides funding for homelessness assistance programs authorized under the HEARTH Act through a Continuum of Care (CoC) Notice of Funding Availability (NOFA) process. In order for a project to apply for renewal, the CoC will require all projects to submit a local application for evaluation to determine renewal status. The evaluation process helps ensure a high standard of quality for renewal applicants, and may also be used to make ranking and funding decisions at the local level. After the evaluation process, eligible renewal applications may be submitted to HUD via the Collaborative Applicant (Lane County HSD) for submission upon release of the NOFA.

In Lane County, the Poverty and Homelessness Board (PHB) is responsible for setting local priorities under direction of a Strategic Plan. The PHB has charged the HMIS-RFP-Evaluation Committee with

evaluation and ranking of CoC funded projects. Lane County Human Services Division (LC HSD), as the Collaborative Applicant, executes the evaluation and application process for HUD CoC funding.

The purpose of the Evaluation is to:

- Secure additional, and ensure efficient use of current resources
- Implement strategies outlined in the 2016-2021 PHB Strategic Plan
- Improve the overall homeless system and service delivery outcomes
- Communicate local priorities

Scoring and Ranking Process

All questions in the 2021 Evaluation will be scored. Questions are assigned a point value and will be scored utilizing the criteria noted. All projects are scored on each question, unless otherwise noted or specified.

Due to challenges presented in the previous year by COVID-19, and continuing into 2021, Lane County will complete the Evaluation on behalf of CoC projects which have indicated an intention to renew. Lane County will release the Intent to Renew on June 8, 2021. The Evaluation will begin on June 16, 2021, at which time Lane County will provide an Evaluation Report to all agencies. Agencies will then have a period to review data and make any necessary data quality corrections. On or after June 30, 2021, LC HSD staff will review final reports and score each project based on the criteria outlined.

New projects, for which a full grant period has not been completed, will not be evaluated. Agencies should still complete an Intent to Renew form for new projects that they intend to renew.

Scores will be reviewed by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board. The PHB, along with the RFP-Evaluation-HMIS Committee, are responsible for establishing Ranking Policies upon the release of the NOFA from HUD. Evaluation scores are one factor that may be considered when determining Ranking Policies. The Committee may utilize other requested data or information to make ranking decisions. All agencies will be notified of their ranking and application status during the CoC Competition period.

Appeals

LC HSD staff will review and score all Evaluations and provide a detailed score sheet for each project to the agency. Agencies will have the opportunity to appeal any score received if they believe an error was made in determining the score. Appeals must be submitted in written format by the provided deadline in order to be considered by the RFP-Evaluation-HMIS Committee. Agencies are encouraged to contact LC HSD staff prior to submitting an appeal to receive clarity on any given score. Should any appeal be granted, LC staff will adjust the scoring as appropriate and provide an updated score sheet to the agency.

Intent to Renew Form

This form is to be completed via Cognito form by no later than 5pm (PT) on June 15, 2021:

<https://www.cognitoforms.com/LaneCounty1/CoCIntentToRenew>

Agency Name:	
Agency Address:	
Executive Director:	
Executive Director Email and Phone Number:	
HUD Project Name (complete for each CoC Project):	
HUD Grant Number:	
Most recent CoC funding amount:	
Do other funding sources support this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate other funding sources: <input type="checkbox"/> DHS <input type="checkbox"/> RHY <input type="checkbox"/> VA <input type="checkbox"/> DOJ <input type="checkbox"/> Project Based Vouchers (PBV) <input type="checkbox"/> Healthcare funding <input type="checkbox"/> State funding <input type="checkbox"/> Private funding <input type="checkbox"/> Other HUD (non CoC) <input type="checkbox"/> Other:
HMIS Project ID(s):	

Is the agency intending to renew the above CoC project through the upcoming CoC Competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide explanation:
---	---

If the project intends to renew, please complete the following information:

<p>Primary Program Contact Information <i>This should be the person primarily contacted regarding this project (e.g Executive Director, Program Manager)</i></p>
Name: Phone Number: Email:

Intent to Renew via online submission due no later than 5 PM (PST) on June 15, 2021

Secondary Program Contact Information

This should be the person contacted in the event the primary person is unavailable

Name:

Phone Number:

Email:

Other Contact Information

This can be an additional person who should be contacted regarding this project (e.g. fiscal)

Name:

Phone Number:

Email:

1. Did you submit the most recent APR to HUD in Sage within 90 days of grant end date? Yes Check here if your APR is submitted by Lane County HSD No**2. Does the project participate in HMIS?**

Participation is defined as entering all required data elements for all persons in the project.

 Yes No**3. Does this project participate in Coordinated Entry?**

Sole referral source is Central Wait List (CWL) managed by Lane County HSD.

 Yes No**4. Does the project serve families with at least one parent and one child? (Informational)** Yes – Continue to 4a-4c, which are Threshold questions. No – N/A

If the project serves families, project must answer affirmatively to the following questions:

4a. Does the project accept all families with children 18 and under without regard to the age or gender of the child(ren)?

 Yes No

4b. Does the project have a staff person who has designated responsibility for ensuring that children are enrolled in school and are connected to appropriate services in the community?

 Yes No

4c. Are the project policies and practices consistent with all applicable laws related to providing education services to individuals and families?

 Yes No**5. Is the project able to meet the match requirements upon execution of grant agreement?**

Projects are required to match at 25% (minus leasing) and must have required documentation of commitments prior to grant agreement.

 Yes (match letters will be requested during CoC Competition period) No

Intent to Renew via online submission due no later than 5 PM (PST) on June 15, 2021

6. Is the project in compliance with the Final Rule on Equal Access in Accordance with Gender Identity?

- Equal Access is provided in accordance with gender identity
- In single-sex facilities/programs, individuals are placed/served in accordance with one's self-identified gender identity
- Individuals are not subjected to intrusive questioning or asked to provide anatomical information or physical/medical evidence of gender identity
- Non-discriminatory steps are taken to address privacy concerns, including updating operating policies and procedures

Yes

No

7. Is the project in compliance with the Final Rule on the Violence Against Women Act (VAWA)?

- Lease Addendum signed for each participant
- Acknowledgement of Rights under VAWA signed by each participant
- Participants are not denied assistance based on current or previous domestic violence, dating violence, sexual assault, or stalking.
- Emergency transfers, bifurcation of lease, and tenant moves are accommodated when requested as a result of domestic violence, dating violence, sexual assault, or stalking.

Yes

No

8. Has the project resolved all monitoring findings or concerns from HUD and/or Lane County? If no, please submit a letter of explanation outlining the findings and steps taken to address them.

Yes

No

N/A- This project has not received any monitoring findings

Eugene, Springfield/Lane County CoC HUD CoC Evaluation 2021

Please Note: The Evaluation form will be completed by Lane County on behalf of each project.

Grant Expenditure (6 Points)

<p>1. Was the project able to fully expend 100% of the funds <u>initially contracted</u> (through HUD or LC HSD) for this project for the grant term that most recently ended?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Complete 1A-1C</p> <p><i>This question will be scored using data from Sage Reporting System and Lane County Contracting records.</i></p>	<p><i>6 points - 100% expenditure</i></p> <p>4 points for 90-99.9% or less than \$5,000</p> <p>0 points for greater than 10% or \$5,000 left unspent</p>
<p>1A. If no, how much was left unspent? <i>Including any funds that were moved from your agency prior to grant year end due to non-expenditure (Lane County subcontracted agencies).</i></p>	
<p>1B. If funds were not expended in full, Lane County will review previous <u>three</u> completed grant terms.</p>	<p><i>If No points were awarded in Question 5, 3 Points will be awarded for</i></p>
<p>1C. Recommended for reallocation? (Lane County determination)</p> <p><input type="checkbox"/> Yes, amount \$ _____ <input type="checkbox"/> No</p>	<p><i>reallocation of at least 75% of average unspent funds over three years</i></p>

Homeless Management Information System (HMIS) and Data Quality (14 points)

<p>1. Has your agency administrator(s) attended Agency Admin meetings in the past calendar year? <input type="checkbox"/> Yes, specify: <input type="checkbox"/> No</p> <p><i>Record of attendance is kept on file by HMIS Lead</i></p>	<p>2 Points - Attended at least <u>3</u> meetings in 2020</p>
<p>2. Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>3 Points – 100% of data elements missing <5%</p> <p>2 points – A to A- 1 point – B+ to B- 0 points – C or below</p>
<p>3. What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020) _____</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>3 Points –A or A+ 2 Points – B 1 Point – C 0 Points – Below C</p>
<p>4. Has the project completed and entered all required interim/annual reviews into ServicePoint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>% missing interim/annual review: _____</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>3 Points – <5% missing interim reviews</p> <p>2 points – 5-10% 1 points – 10-15% 0 points – >15% missing interims</p>
<p>5. Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>% late interim/annual review: _____</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>3 Points – <5% late interim reviews</p> <p>2 points – 5-10% 1 points – 10-15% 0 points – >15% late interims</p>

System Priorities and Housing First (15 points)

<p>1. Does the project serve individuals or families that meet HUD’s definition of chronically homeless? How many households have you served from January 1, 2020-December 31, 2020? _____ How many of the households served met HUD’s definition of chronically homeless? _____</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>4 points for serving >75% CH 3 points: 60%-74.9% 2 points: 45-59.9% 1 point: 25-44.9% 0 points: <25%</p>
<p>2. Does the project serve individuals or families that meet the specialized population criteria below? How many households have you served from January 1, 2020-December 31, 2020? _____ How many of the households served had a head of household who met the following criteria: <input type="checkbox"/> Youth head of household (under 25) _____ <input type="checkbox"/> Highly Vulnerable (VI-SPDAT score 15 and above) _____ <input type="checkbox"/> Veterans _____ <input type="checkbox"/> Frequent Users of Systems (FUSE) _____</p> <p><i>This question will be scored using HMIS data and reporting.</i></p>	<p>4 points for serving 75% or greater priority population 3 points: 65%-74.9% 2 points: 50-64.9% 1 points: 25-49.9% 0 points: < 25% priority population</p>
<p>3. Does the project follow a Housing First approach, according to HUD guidelines? a. Does the project quickly move participants into permanent housing (without preconditions or extra steps required to be met)? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the project able to answer affirmatively to <u>all</u> of the following statements: <input type="checkbox"/> This project does not screen out for reasons related to income (Having too little or no income) <input type="checkbox"/> This project does not screen out for active or history of substance use (including requirements for participation in treatment once enrolled, sobriety or intention to become/remain sober) <input type="checkbox"/> This project does not screen out for having a criminal record (with exceptions only for state-mandated restrictions. If restrictions in place, please list what they are and corresponding state mandate) If no, please list restriction and mandate: _____ <input type="checkbox"/> This project does not screen out for having a history of domestic</p>	<p>7 Points – Housing First If the project cannot answer Yes to <u>all</u> of the criteria, 0 points. Scoring for this question will be based on project’s previous submission (FY20).</p>

Lane County 2021 HUD CoC Evaluation

<p>violence (e.g. lack of protection order, period of separation from abuser, or law enforcement involvement, etc.)</p> <p><input type="checkbox"/> This project does not screen out based on an individual's "housing readiness" or "motivation to change" or any other similar criteria</p> <p><input type="checkbox"/> This project does not screen out based on previous rental history (evictions, damages, etc.)</p> <p>c. Is the project able to answer affirmatively that none of the following are reasons for program termination:</p> <p><input type="checkbox"/> Failure to participate in supportive services</p> <p><input type="checkbox"/> Failure to make progress on a service plan</p> <p><input type="checkbox"/> Loss of income or failure to improve income</p> <p><input type="checkbox"/> Domestic violence</p> <p><input type="checkbox"/> <u>Any other activity</u> not covered in a lease agreement typically found in the project's geographic area.</p> <p><i>This question will be scored based on information submitted in the Intent to Renew form, as well as previously submitted Project Applications to HUD.</i></p>	
---	--

Project Performance Outcomes (25 Points Total)

All Project Performance Outcomes measures will be scored using verified HMIS data only. Lane County will run reports from Wellsky on or after June 30, 2021. Lane County may adjust scoring using statistical methods (i.e. grading on a curve, percentile scoring, etc.) as needed to account for abnormal distributions. Agencies will see this noted in final scorecards if applicable.

Select the program type:

Permanent Supportive Housing

Rapid Re-housing

1. Was the project at or above 80% utilization for the previous calendar year?	5 points for projects at or above 80% for the average bed utilization rate AND each of the four point-in-time bed utilization rates, based on the full capacity in grant agreement 0 points for <80% at any point in time
2. Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry?	5 points for 90-100% 4 points for 75-89.9% 3 points for 60-74.9% 2 points for 45-59.9% 1 point for 30-44.9% No points for <30%
3. Of the individuals who left the project (leavers) what percentage exited to a permanent destination?	5 points for 90-100% 4 points for 80-89.9% 3 points for 70-79.9% 2 points for 60-69.9% 1 point for 50-59.9% No points for <50%
4. What percentage of adults and heads of household without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	5 points for 75-100% 4 points for 60-74.9% 3 points for 40-59.9% 2 points for 20-39.9% 1 point for 10-19.9% No points for <10%
5. What percentage of adults maintained or increased their income through cash benefits, earned income, or both?	5 points for 80-100% 4 points for 70-79.9% 3 points for 60-69.9% 2 points for 50-59.9% 1 point for 30-49.9% No points for <30%
6. What is the program's cost per permanent exit (cost effectiveness)? Project cost divided by stayers who remain	<i>Informational – may be used as a factor in determining ranking</i>

Lane County 2021 HUD CoC Evaluation

permanently housed for 12 months or more or leavers to exit to permanent destination.	
---	--

LC CoC EVALUATION REPORT:

Lane County will run each project's LC CoC Project Evaluation Report on June 16, 2021. Data will be provided to agencies for verification/corrections. Final scoring will take place on or after June 30, 2021, and be based on data in Wellsky only. Agencies are encouraged to correct any data quality issues prior to scoring date.

RFP #21144 HUD DV Bonus Project Score Sheet 2021

Agency Name: _____ Name of Scorer: _____ Date: _____

Evaluation Criteria	Poor/Unclear <i>This is low competency work. Response is unclear, incomplete, or inadequate.</i>	Adequate <i>This is medium competency work. Sufficient responses, some areas may require clarification. A few minor components may be unclear.</i>	Exceptional <i>This is high competency exemplary work. Response is logical and succinct, leaving reader with no further questions.</i>
1. Project Fit with Agency Mission	Agency has no or limited association with provision of housing services for households experiencing or fleeing domestic violence, dating violence, sexual assault or stalking. Response is unclear, incomplete, or missing necessary information. 1 2 3 4	While not central to agency mission, agency has provided similar services. 5 6 7	Agency mission is clearly in alignment with the provision of housing services for households experiencing or fleeing domestic violence, dating violence, sexual assault or stalking. 8 9 10
2. Experience Providing DV Services	Insufficient, missing, or irrelevant information. Agency does not detail specific experience providing DV Housing services. 1 2 3 4	Agency demonstrates that they have some experience providing DV housing services, including supportive services, housing placement process, ensuring safety, and usage of trauma-informed, survivor-centered approach. 5 6 7	Clearly demonstrates a depth of experience providing DV housing services, including supportive services, housing placement process, ensuring safety, and usage of trauma-informed, survivor-centered approach. Gives specific examples. 8 9 10
3. Proposed HUD Project Detail	Response does not clearly describe project model/design, beds/units proposed, financial assistance management. Staffing not clear or does not meet project requirement. Unclear or missing information. 1 2 3 4	General description of model/project design, beds/units proposed, case management model. Staffing meets project requirement. Landlord strategies and financial assistance management adequately described. 5 6 7	Detailed, clear, and succinct description of project design and program model. Includes justified staffing, best practice-based case management model, compliance with dv regs, landlord recruitment strategies, sound financial assistance management and details if Joint TH-RRH model. 8 9 10

RFP #21144 HUD DV Bonus Project Score Sheet 2021

Agency Name: _____ Name of Scorer: _____ Date: _____

<p>4. How new project meets HUD criteria outlined</p>	<p>Missing, incomplete, or vague description of new DV project HUD criteria: participant choice, mutual respect, trauma-informed, strengths-based, cultural responsiveness, peer-support, parenting support.</p> <p>1 2 3 4</p>	<p>Describes in general terms how proposed project meets HUD criteria of participant choice, mutual respect, trauma-informed, strengths-based, cultural responsiveness, peer-support, parenting support.</p> <p>5 6 7</p>	<p>Clearly and succinctly describes how proposed project meets HUD criteria of participant choice, mutual respect, trauma-informed, strengths-based, cultural responsiveness, peer-support, parenting support. Includes specific examples.</p> <p>8 9 10</p>
<p>5. Equity, Diversity, Inclusion: reducing disparity in service accessibility and outcomes</p>	<p>Response is unclear, incomplete, or does not address disparity reduction. Has not analyzed current disparities. No specific examples.</p> <p>1 2 3 4</p>	<p>Agency has analyzed current disparities. Has some examples of current disparities and plans to respond.</p> <p>5 6 7</p>	<p>Evidence of a culture of Equity/Diversion/Inclusion; evidence of work to engage marginalized communities; robust analysis of disparities, detailed examples of agency response to the identified disparities.</p> <p>8 9 10</p>
<p>6. Use of MIS comparable database, data entry and quality</p>	<p>No or limited experience with comparable MIS database, complex data tracking and performance management.</p> <p>1 2 3 4</p>	<p>Has moderate experience with working with comparable MIS database and in managing complex management information systems including data entry and quality.</p> <p>5 6 7</p>	<p>Robust experience managing comparable MIS systems. Has established staffing, data quality policies and data quality strategies to ensure grant requirements are met.</p> <p>8 9 10</p>
<p>7. Performance Outcomes and Continuous Quality Improvement</p>	<p>Does not demonstrate adequate quality assurance measures, unclear how successful outcomes will be achieved. Does not detail past outcomes. Does not have a means to evaluate ability to ensure safety of survivors.</p> <p>1 2 3 4</p>	<p>General but adequate description of quality assurance and improvement practices. General overview of past performance outcomes, with some description of how successful outcomes will be achieved. General description of safety evaluation.</p> <p>5 6 7</p>	<p>Clear description of how quality of services will be evaluated and maintained. Clearly details positive past outcomes and performance. Sound safety evaluation practices.</p> <p>8 9 10</p>

RFP #21144 HUD DV Bonus Project Score Sheet 2021

Agency Name: _____ Name of Scorer: _____ Date: _____

<p>8. Start-up Timeline and Staffing</p>	<p>Timeline unclear or unrealistic. No job descriptions or resumes included.</p> <p>1 2 3 4</p>	<p>Sufficient outline of a realistic timeline for startup. Includes job descriptions or resumes.</p> <p>5 6 7</p>	<p>Detailed and realistic timeline for startup including information on staffing, training, and policies and procedures. Job descriptions or resumes attached.</p> <p>8 9 10</p>
<p>Budget and Fiscal Capacity</p>	<p>Budget is vague, incomplete, and/or includes unallowable costs. Does not account for match or other program support funds.</p> <p>1 2 3 4</p>	<p>Budget adequately demonstrates overall project plan. Match and leveraged funds addressed.</p> <p>5 6 7</p>	<p>Budget clearly outlines reasonable staff time allocation and staffing structure (FTE) with cost breakdown. Includes any required matching funds, anticipated additional expenses not covered by HUD, and funds that agency will commit to the project.</p> <p>8 9 10</p>
			<p>Total Score /90</p>

RFP# 21076 1100 Charnelton PSH Project Services Provider

Agency Name: Laurel Hill Center

Name of Scorer: _____

<p>Evaluation Criteria</p>	<p>Poor/Unclear <i>This is low competency work. Response is unclear, incomplete, or inadequate.</i></p>	<p>Adequate <i>This is medium competency work. Sufficient responses, some areas may require clarification. A few minor components may be unclear.</i></p>	<p>Exceptional <i>This is high competency exemplary work. Response is logical and succinct, leaving reader with no further questions.</i></p>
<p>1) Project Fit with Agency Mission</p>	<p>Agency has no or limited association with this type of service. Response is unclear, incomplete, or missing necessary information.</p> <p>1 2 3 4</p>	<p>While not central to agency mission, agency has provided similar services.</p> <p>5 6 7</p>	<p>Agency mission is clearly in alignment with the provision of services outlined in the RFP.</p> <p>8 9 10</p>
<p>2) Overall experience providing supportive services to adults experiencing Serious Mental Illness (SMI) or co-occurring SMI and Substance Abuse disorders who are also high utilizers of crisis systems, specifically with the goal of maintaining housing</p>	<p>Response is unclear, incomplete, or agency does not address supportive services experience working with target population. Does not emphasize maintaining housing.</p> <p>1 2 3 4</p>	<p>Agency demonstrates that they have some experience providing supportive services to similar populations with the goal of maintaining housing.</p> <p>5 6 7</p>	<p>Clearly and succinctly demonstrates a depth of experience providing supportive services to the target population. Describes detailed strategy to serve target population in maintaining housing. Cites relevant agency performance data.</p> <p>8 9 10</p>
<p>a) Experience providing intensive ongoing case management services.</p>	<p>Response is unclear, incomplete or non-specific. Does not mention evidence-based practices or linkage to mainstream benefits.</p> <p>1 2 3 4</p>	<p>Demonstrates some experience, mentions some evidence based practices and experience in linking mainstream benefits.</p> <p>5 6 7</p>	<p>Details experience, including evidence-based practices, harm reduction, trauma informed and housing first approach, success in linking mainstream benefits. Cites agency performance data that demonstrates successes.</p> <p>8 9 10</p>

<p>b) Experience coordinating with Property Management to increase housing stability.</p>	<p>Response is unclear, incomplete or non-specific.</p> <p>1 2 3 4</p>	<p>Demonstrates some experience coordinating with Property Management with Permanent Supportive Housing clients utilizing a housing first approach.</p> <p>5 6 7</p>	<p>Demonstrates solid experience in coordinating with Property Management with Permanent Supportive Housing clients utilizing a housing first approach Cites agency performance data that demonstrates successes.</p> <p>8 9 10</p>
<p>3) Project design and services provided, including staffing, equity in service delivery, supervision and retention.</p>	<p>Response does not clearly describe project design and services provided. Staffing not clear or does not meet project requirement. Does not address equity in service delivery. Does not describe transition between startup and ongoing service delivery. Unclear or missing information.</p> <p>1 2 3 4</p>	<p>General overview of project design. Overall design is generally consistent with best-practices for provision of on-site supportive services. Staffing meets project requirement. Equity in service delivery detailed. General supervision and retention strategies outlined. General description of start-up vs. ongoing service delivery design.</p> <p>5 6 7</p>	<p>Detailed, clear, and succinct description of project design. Includes detailed list of services that will be provided. Has specific and thought-out equity plan in provision of service including evidence that equity in service delivery is an agency priority. Details trauma-informed supervision and retention strategy. Well thought out plan for start-up vs. ongoing service delivery design.</p> <p>8 9 10</p>
<p>4) Description of how participants will be assisted to remain in permanent housing, increase their employment and/or income and to maximize their ability to live independently</p>	<p>Response does not clearly detail permanent housing retention or employment/income maximization plan. Unclear or missing information.</p> <p>1 2 3 4</p>	<p>General plan for permanent housing retention and employment/income increase for residents described.</p> <p>5 6 7</p>	<p>Detailed, clear, and succinct description of supports and services in support of residents retaining permanent housing and increasing employment and/or income supports.</p> <p>8 9 10</p>

<p>5) Equity, Diversity, Inclusion Training/ Culturally Responsive Services</p>	<p>Response is unclear, incomplete, or does not address equity, diversity, inclusion training or culturally responsive services.</p> <p>1 2 3 4</p>	<p>Agency has Equity/ Diversion/ Inclusion training plan and some strategies to engage underrepresented communities.</p> <p>5 6 7</p>	<p>Evidence of a culture of Equity/Diversion/Inclusion; regular, recent and robust training in this area. Provides detailed examples of how underrepresented communities are engaged.</p> <p>8 9 10</p>
<p>6) Quality assurance and performance measures.</p>	<p>Does not demonstrate adequate quality assurance measures, unclear how successful outcomes will be achieved.</p> <p>1 2 3 4</p>	<p>General but adequate description of quality assurance practices. General overview of performance outcomes, with some description of how successful outcomes will be achieved. Some experience conducting outcome follow up work.</p> <p>5 6 7</p>	<p>Clear description of how quality of services will be evaluated and maintained. Clearly outlines performance measures and logical plan to achieve successful outcomes. Robust experience conducting participant follow up after exit.</p> <p>8 9 10</p>
<p>7) Budget and Budget Narrative</p>	<p>Budget and narrative are vague, incomplete, and/or includes unallowable costs.</p> <p>1 2 3 4</p>	<p>Budget and narrative adequately demonstrate overall project plan. Narrative addresses staff/FTE, materials and services.</p> <p>5 6 7</p>	<p>Budget and narrative include a high level of detail to fully understand project design and goals. Budget is realistic given level of funding and consistent with allowable costs. Narrative includes detailed staff/FTE, justifies non-staff expenses and includes in-kind contributions.</p> <p>8 9 10</p>
<p>8) Experience tracking and accounting funding streams. Verification of insurers, Certificates of Approval.</p>	<p>No or little experience with insurance and grant fund billing and accounting. Inadequate verification of insurers/COAs.</p> <p>1 2 3 4</p>	<p>Demonstrates some experience managing and tracking multiple funding streams, including grants and CCOs/Insurance. Verification of insurers/COAs adequate.</p> <p>5 6 7</p>	<p>Relates detailed and robust experience managing and tracking multiple project funding streams, including federal grant funding and CCOs/insurance. Provides complete verification of insurers and COAs.</p> <p>8 9 10</p>

Signature: _____ Date: _____	Total Score /100
---------------------------------	--------------------------------

July 23, 2021

Dear Sue

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	38.00	
	Preliminary Score	63.33%		
	Final Score	63.33%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	Catholic Community Services			
Project Name	McKenzie			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$9,504.94	No	6	0
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	99.13	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A	A	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	8.15	23%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No (RRH)	70%	4	3
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	4%	4%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	81%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	5	63%	5	3
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	13	62%	5	2
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	3	100%	5	5
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	14	41%	5	3
Totals	Total Points Possible		Total Points Received	
	60.00		38.00	
Overall Comments:				
<p>Be sure to keep an eye on spenddown of funds. Funding may be reallocated if trends indicate continued balances. Overall good performance considering the additional challenges presented by COVID-19. Thanks for all of your efforts!</p> <p>No Appeals submitted.</p>				
			Reviewer: Amanda	Borta

July 30, 2021

Dear **Jacob**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	37.00	
	Preliminary Score	56.67%		
	Final Score	61.67%		
<i>Average Final Score</i>	66.71%			
Agency & Project Information				
Agency Name	Homes for Good			
Project Name	Consolidated SPC/Madrone			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
	Question	Data	Verified	Points Possible Points Received
	Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$88,294.82	No	6 3
HMIS and Data Quality (14 Points)				
	Question	Data	Verified	Points Possible Points Received
	Has your agency administrator(s) attended Agency Admin meetings in the past year?	3	3	2 2
	Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	99.6	A	3 2
	What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	D	D	3 0
	Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	No	99%	3 3
	Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	9.5	27%	3 0
System Priorities: 15 Points				
	Question	Data	Verified	Points Possible Points Received
	Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	62%	4 3
	Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	31%	31%	4 1
	Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7 7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	89%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	12	86%	5	4
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	5	36%	5	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	6	55%	5	3
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	62	58%	5	4
Totals	Total Points Possible		Total Points Received	
	60.00		37.00	
Overall Comments:				
<p>Significant level of funding left unspent in previous grant period. Recommended that HfG discuss with Lane County further to determine best options if funding is not slated to be fully spent this current grant period.</p> <p>Data timeliness could use improvement.</p> <p>Exits to permanent housing needs to be improved. Please review any steps that could be taken to ensure participants exit to permanent destinations.</p> <p>Thanks for all of your work during this challenging year!</p> <p>No Appeals submitted. Score adjusted based on voluntary reallocation - 3 points awarded.</p>				
Reviewer:			Amanda	Borta

July 23, 2021

Dear **Craig**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	41.00	
	Preliminary Score	68.33%		
	Final Score	68.33%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	Looking Glass			
Project Name	McKenzie			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	2	2	2	0
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	99.79	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A+	A+	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	No	50%	3	0
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	143.25	100%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No (RRH)	45%	4	2
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	100%	100%	4	4
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	No	50%	5	0
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	3	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	11	100%	5	5
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	4	100%	5	5
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	4	33%	5	2
Totals	Total Points Possible		Total Points Received	
	60.00		41.00	
Overall Comments:				
<p>Agency should take steps to improve data timeliness and completeness on interim reviews.</p> <p>Project utilization must be at or above 80% at all times. This was previously a Threshold question. Continued low utilization may result in a reallocation of funding.</p> <p>Overall good on performance outcomes. Thanks for your work during this challenging year!</p> <p>No Appeals Submitted.</p>				
			Reviewer: Amanda	Borta

July 30, 2021

Dear **Jaelyn**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	34.00	
	Preliminary Score	56.67%		
	Final Score	56.67%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	Mainstream Housing			
Project Name	Emerald Options			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	98.69	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	F	F	3	0
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	No	94%	3	2
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	10.54	29%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No	38%	4	1
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	0%	0%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	No	60%	5	0
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	3	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	7	44%	5	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	3	75%	5	5
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	14	52%	5	4
Totals	Total Points Possible		Total Points Received	
	60.00		34.00	
Overall Comments:				
<p>Agency should take steps to improve data timeliness.</p> <p>Project utilization must be at or above 80% at all times. This was previously a Threshold question. Continued low utilization may result in a reallocation of funding.</p> <p>Exits to permanent housing needs to be improved. Please review any steps that could be taken to ensure participants exit to permanent destinations.</p> <p>Thanks for your work during this challenging year!</p> <p>Appeal 1 (System Priorities, Q1): Denied; Score accurately reflects extent to which the project serves CH persons.</p> <p>Appeal 2 (System Priorities, Q2): Denied; Score accurately reflects extent to which the project serves priority populations identified by the CoC.</p> <p>Appeal 3 (Project Perf., Q1): Denied; Score accurately reflects project utilization, project must be above 80% at all points in time to receive any points.</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Michelle**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	52.00	Total Points Received	38.00	
	Preliminary Score	63.46%		
	Final Score	73.08%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	ShelterCare			
Project Name	Camas			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	100	A+	3	3
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	N/A	N/A	0	0
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	46.4	53%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	93%	4	4
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	7%	7%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	93%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	1	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	0	N/A	0	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	0	0%	5	0
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	6	40%	5	3
Totals	Total Points Possible		Total Points Received	
	52.00		38.00	
Overall Comments:				
<p>Project had no leavers or new entries in 2020.</p> <p>Ensure data timeliness and completeness on interim reviews.</p> <p>Thanks for your work during this challenging year!</p> <p>No Appeals Submitted. Housed within 90 days metric was adjusted based on reporting error.</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Michelle**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	32.00	
	Preliminary Score	53.33%		
	Final Score	53.33%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	ShelterCare			
Project Name	Cascades			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$16,614.62	No	6	0
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	100	A+	3	3
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A	A	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	60.83	33%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No (RRH)	100%	4	4
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	14%	14%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	No	67%	5	0
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	3	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	2	29%	5	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	1	33%	5	2
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	7	44%	5	3
Totals	Total Points Possible		Total Points Received	
	60.00		32.00	
Overall Comments:				
<p>Significant level of funding left unspent in previous grant period. Project has requested amendments to alleviate this issue, but improvement is needed to ensure full spenddown of funds. Funding may be reallocated if trends indicate continued balances.</p> <p>Project utilization must be at or above 80% at all times. This was previously a Threshold question. Continued low utilization may result in a reallocation of funding.</p> <p>Exits to permanent housing needs to be improved. Please review any steps that could be taken to ensure participants exit to permanent destinations.</p> <p>Thanks for all of your work during this challenging year!</p>				
No Appeals Submitted				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Michelle**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	47.00	
	Preliminary Score	78.33%		
	Final Score	78.33%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	ShelterCare			
Project Name	McKenzie			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	98.95	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A	A	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	27.67	44%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No (RRH)	83%	4	4
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	0%	0%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	82%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	7	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	44	100%	5	5
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	8	22%	5	2
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	19	42%	5	3
Totals	Total Points Possible		Total Points Received	
	60.00		47.00	
Overall Comments:				
Overall great scores! Improvement can be made in data timeliness of interim reviews.				
Thanks for all of your work during this challenging year!				
No Appeals Submitted.				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Michelle**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	31.00	
	Preliminary Score	50.00%		
	Final Score	51.67%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	ShelterCare			
Project Name	Sahalie			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$29,485.14	No	6	0
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	100	A+	3	3
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A	A	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	No	89%	3	1
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	11.4	44%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	64%	4	4
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	100%	100%	4	4
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	No	54%	5	0
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	2	50%	5	2
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	0	0%	5	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	1	33%	5	2
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	6	40%	5	3
Totals	Total Points Possible		Total Points Received	
	60.00		31.00	
Overall Comments:				
<p>Note: % CH adjusted from report due to lateral transfers</p> <p>Significant level of funding left unspent in previous grant period. Project has requested amendments to alleviate this issue, but improvement is needed to ensure full spenddown of funds. Funding may be reallocated if trends indicate continued balances.</p> <p>Agency should take steps to improve data timeliness and completeness on interim reviews.</p> <p>Project utilization must be at or above 80% at all times. This was previously a Threshold question. Continued low utilization may result in a reallocation of funding. Performance improvement needed in all areas.</p> <p>Thanks for all of your work during this challenging year!</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Michelle**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	55.00	Total Points Received	42.00	
	Preliminary Score	76.36%		
	Final Score	76.36%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	ShelterCare			
Project Name	Shankle			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$2,674.11	No	6	4
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	99.59	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	F	F	3	0
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	49.2	50%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	91%	4	4
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	33%	33%	4	1
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	67%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	0	N/A	0	0
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	23	96%	5	5
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	2	67%	5	4
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	17	71%	5	5
Totals	Total Points Possible		Total Points Received	
	55.00		42.00	
Overall Comments:				
<p>Note: This project was in process of ramping down the site-based housing/services during this time period. Utilization was only scored on the first two quarters of the year.</p> <p>Agency should take steps to improve data timeliness and completeness on interim reviews.</p> <p>Thank you for all of your work on the Shankle project over the last 10+ years and for your extra efforts during this challenging year!</p> <p>No Appeals Submitted.</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Foster**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	54.00	Total Points Received	33.00	
	Preliminary Score	50.00%		
	Final Score	61.11%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	St Vincent de Paul			
Project Name	Connections			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	99.49	A	3	2
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	F	F	3	0
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	N/A	N/A	0	0
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	N/A	N/A	0	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	No (RRH)	11%	4	0
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	7%	7%	4	0
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	86%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	3	75%	5	4
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	18	64%	5	2
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	2	67%	5	4
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	8	20%	5	1
Totals	Total Points Possible		Total Points Received	
	54.00		33.00	
Overall Comments:				
<p>Improvement can be made in data timeliness.</p> <p>Thanks for all of your work during this challenging year!</p> <p>No Appeals Submitted. Correction made to grant spend down based on pending draw with HUD.</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Terrence**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	48.00	
	Preliminary Score	78.33%		
	Final Score	80.00%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	St Vincent de Paul			
Project Name	LIFT			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	100	A+	3	3
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A	A	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	0	0%	3	3
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	61%	4	3
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	60%	60%	4	2
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	No	61%	5	0
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	3	75%	5	4
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	4	80%	5	4
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	1	100%	5	5
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	11	48%	5	3
Totals	Total Points Possible		Total Points Received	
	60.00		48.00	
Overall Comments:				
<p>Overall good.</p> <p>Project utilization must be at or above 80% at all times. This was previously a Threshold question. Continued low utilization may result in a reallocation of funding.</p> <p>Thanks for all of your work during this challenging year!</p> <p>No Appeals Submitted, but Q2 under HMIS adjusted due to scoring error.</p>				
			Reviewer: Amanda	Borta

July 23, 2021

Dear **Terrence**

Below is the Final Scorecard for the 2021 HUD CoC Competition Evaluation. The scores below were calculated using the final data from Wellsky as of June 30, 2021, verified by your agency during initial review, and are based on the scoring criteria approved by the RFP-Evaluation-HMIS Committee of the Poverty and Homelessness Board (PHB).

This scorecard includes any changes, adjustments, or corrections made to your preliminary scorecard. Final Evaluation scores, among other factors, may be used to determine a Priority Listing or Ranking for purposes of the CoC Competition.

Sincerely,
Amanda Borta, MSW
Sr. Program Services Coordinator

Final Score				
Total Points Possible	60.00	Total Points Received	46.00	
	Preliminary Score	76.67%		
	Final Score	76.67%		
Average Final Score	66.30%			
Agency & Project Information				
Agency Name	St Vincent de Paul			
Project Name	Vet LIFT			
Threshold Questions				
	ALL THRESHOLDS MET?	Yes		
Grant Expenditure (6 points)				
Question	Data	Verified	Points Possible	Points Received
Was the project able to draw down from HUD and/or expend 100% of the funds for this project for the grant term that most recently ended? (amount unspent)	\$0.00	Yes	6	6
HMIS and Data Quality (14 Points)				
Question	Data	Verified	Points Possible	Points Received
Has your agency administrator(s) attended Agency Admin meetings in the past year?	4	4	2	2
Does the project have 5% or less missing values (data completeness) on all HUD required Universal Data Elements and Program Specific Data Elements in HMIS for the reporting period of January 1, 2020-December 31, 2020	100	A+	3	3
What data entry timeliness grade has the project achieved in calendar year 2020 (01/01/2020-12/31/2020)	A+	A+	3	3
Has the project completed and entered all required interim/annual reviews into ServicePoint? (percentage missing review)	Yes	100%	3	3
Has the project completed and entered all required interim/annual reviews within the acceptable timeframe (data timeliness)? (Average days (data) and Percentage late reviews)	14.13	38%	3	0
System Priorities: 15 Points				
Question	Data	Verified	Points Possible	Points Received
Does the project serve individuals or families that meet HUD's definition of Chronically Homeless? (designated Y/N; percent served CH)	Yes	74%	4	3
Does the project serve individuals or families that meet the priority population criteria below (Priority Populations)?	100%	100%	4	4
Does the project follow a Housing First Approach, according to HUD guidelines?	Yes	Yes	7	7

Project Performance Outcomes: 20 Points				
All Projects	Data	Verified	Points Possible	Points Received
Project Utilization: Is your project at or above 80% capacity at all PIT and overall average for CY2020? (lowest % utilization)	Yes	89%	5	5
Of the households who were housed through the program (move-in date), what percentage were housed within 90 days of entry? (number and percent)	2	100%	5	5
Of the households who left the project (leavers) what percentage exited to a permanent destination? (number and percent)	1	25%	5	0
What percentage of households without source of non-cash benefits at entry, obtained non-cash benefits through mainstream resources?	0	0%	5	0
What percentage of households maintained or increased their income through cash benefits, earned income, or combination of both?	14	74%	5	5
Totals	Total Points Possible		Total Points Received	
	60.00		46.00	
Overall Comments:				
<p>Overall good.</p> <p>Improvements can be made in the areas of exits to permanent housing, connection to non-cash benefits, and data timeliness on interim reviews.</p> <p>Thanks for all of your work during this challenging year!</p> <p>No Appeals Submitted.</p>				
			Reviewer: Amanda	Borta

Agency	Project Name	Number Agency Admin meetings in 2020	PP	PA	DQ Score	DQ Grade	PP	PA
Catholic Community S	McKenzie	4	2	2	99.13	A	3	2
Homes for Good	Consolidated SPC/Madri	3	2	2	99.6	A	3	2
Looking Glass	McKenzie	2	2	0	99.79	A	3	2
Mainstream Housing	Emerald Options	4	2	2	98.69	A	3	2
ShelterCare	Camas	4	2	2	100	A+	3	3
ShelterCare	Cascades	4	2	2	100	A+	3	3
ShelterCare	Commons on MLK	4	0	0	100	A+	0	0
ShelterCare	McKenzie	4	2	2	98.95	A	3	2
ShelterCare	Sahalie	4	2	2	100	A+	3	3
ShelterCare	Shankle	4	2	2	99.59	A	3	2
St Vincent de Paul	Connections	4	2	2	99.49	A	3	2
St Vincent de Paul	LIFT	4	2	2	100	A+	3	3
St Vincent de Paul	Vet LIFT	4	2	2	100	A+	3	3

McKenzie Average (3 subs)

Agency	Project Name	Data Timelines ave days for new Entries in 2020	Data Timeliness ave days for Exits in 2020	Timelines Grade	PP	PA	Number Clients needing Annual Assessments	Number Annual Assessments completed	Completed All Annual Reviews	Percent completed Annual reviews	PP	PA
Catholic Community S	McKenzie	1		A	3	3	13	13	Yes	100%	3	3
Homes for Good	Consolidated SPC/Madri	23		D	3	0	105	104	No	99%	3	3
Looking Glass	McKenzie	0		A+	3	3	4	2	No	50%	3	0
Mainstream Housing	Emerald Options	56		F	3	0	17	16	No	94%	3	2
ShelterCare	Camas	N/A		N/A	0	0	17	17	Yes	100%	3	3
ShelterCare	Cascades	2		A	3	3	6	6	Yes	100%	3	3
ShelterCare	Commons on MLK	4		B	0	0	0	0	N/A	N/A	0	0
ShelterCare	McKenzie	3		A	3	3	18	18	Yes	100%	3	3
ShelterCare	Sahalie	2		A	3	3	9	8	No	89%	3	1
ShelterCare	Shankle	46		F	3	0	16	16	Yes	100%	3	3
St Vincent de Paul	Connections	32		F	3	0	0	0	N/A	N/A	0	0
St Vincent de Paul	LIFT	1		A	3	3	20	20	Yes	100%	3	3
St Vincent de Paul	Vet LIFT	0		A+	3	3	16	16	Yes	100%	3	3

McKenzie Average (3 sut

Agency	Project Name	Annual Review Timeliness Ave Days	Percent Late Annual Reviews	PP	PA	Project designated for CH Y/N	Number HHS served	Number CH HoH	Percent CH HoH	PP	PA
Catholic Community S	McKenzie	8.15	23%	3	0	No (RRH)	23	16	70%	4	3
Homes for Good	Consolidated SPC/Madras	9.5	27%	3	0	Yes	84	52	62%	4	3
Looking Glass	McKenzie	143.25	100%	3	0	No (RRH)	11	5	45%	4	2
Mainstream Housing	Emerald Options	10.54	29%	3	0	No	16	6	38%	4	1
ShelterCare	Camas	46.4	53%	3	0	Yes	14	13	93%	4	4
ShelterCare	Cascades	60.83	33%	3	0	No (RRH)	14	14	100%	4	4
ShelterCare	Commons on MLK	N/A	N/A	0	0	Yes	2	2	100%	0	0
ShelterCare	McKenzie	27.67	44%	3	0	No (RRH)	29	24	83%	4	4
ShelterCare	Sahalie	11.4	44%	3	0	Yes	14	9	64%	4	4
ShelterCare	Shankle	49.2	50%	3	0	Yes	23	21	91%	4	4
St Vincent de Paul	Connections	N/A	N/A	0	0	No (RRH)	27	3	11%	4	0
St Vincent de Paul	LIFT	0	0%	3	3	Yes	18	11	61%	4	3
St Vincent de Paul	Vet LIFT	14.13	38%	3	0	Yes	19	14	74%	4	3

McKenzie Average (3 sut

Agency	Project Name	Number Youth HoH	Percent Youth HoH	New HH enrolled in 2020	Number HoH with SPDAT 15+ enrolled this year	Percent HoH with SPDAT 15+ enrolled this year	Number HoH Veterans	Percent HoH Veterans	Number HoH FUSE	Percent HoH FUSE	MAX	PP	PA
Catholic Community S	McKenzie	1	4%	10	0	0%	0	0%	0	0%	4%	4	0
Homes for Good	Consolidated SPC/Madri	1	1%	16	5	31%	0	0%	2	2%	31%	4	1
Looking Glass	McKenzie	11	100%	4	0	0%	0	0%	0	0%	100%	4	4
Mainstream Housing	Emerald Options	0	0%	4	0	0%	0	0%	0	0%	0%	4	0
ShelterCare	Camas	0	0%	0	0	N/A	1	7%	0	0%	7%	4	0
ShelterCare	Cascades	0	0%	6	0	0%	0	0%	2	14%	14%	4	0
ShelterCare	Commons on MLK	0	0%	2	1	50%	0	0%	2	100%	100%	0	0
ShelterCare	McKenzie	0	0%	10	0	0%	0	0%	0	0%	0%	4	0
ShelterCare	Sahalie	0	0%	4	1	25%	0	0%	14	100%	100%	4	4
ShelterCare	Shankle	0	0%	3	1	33%	0	0%	0	0%	33%	4	1
St Vincent de Paul	Connections	1	4%	28	2	7%	0	0%	0	0%	7%	4	0
St Vincent de Paul	LIFT	1	6%	5	3	60%	0	0%	0	0%	60%	4	2
St Vincent de Paul	Vet LIFT	0	0%	1	0	0%	19	100%	1	5%	100%	4	4

McKenzie Average (3 sut

Agency	Project Name	Project Type	Ave Percent Unit Utilization Annual	Unit Inventory 2020	Jan Percent Utilization APR	Apr Percent Utilization APR	Jul Percent Utilization APR	Oct Percent Utilization APR	PP	PA
Catholic Community S	McKenzie	RRH	94%	16	81%	100%	94%	100%	5	5
Homes for Good	Consolidated SPC/Madras	PSH	90%	73	92%	92%	89%	89%	5	5
Looking Glass	McKenzie	RRH	58%	10	50%	60%	60%	60%	5	0
Mainstream Housing	Emerald Options	PSH	73%	15	80%	80%	73%	60%	5	0
ShelterCare	Camas	PSH	98%	14	93%	100%	100%	100%	5	5
ShelterCare	Cascades	RRH	75%	9	78%	89%	67%	67%	5	0
ShelterCare	Commons on MLK	PSH	N/A	0	N/A	N/A	N/A	N/A	0	0
ShelterCare	McKenzie	RRH	91%	17	100%	100%	82%	82%	5	5
ShelterCare	Sahalie	PSH	65%	13	77%	69%	54%	62%	5	0
ShelterCare	Shankle	SH->PSH	77%	27	85%	81%	74%	67%	5	5
St Vincent de Paul	Connections	RRH	88%	21	N/A	N/A	90%	86%	5	5
St Vincent de Paul	LIFT	PSH	64%	18	67%	67%	61%	61%	5	0
St Vincent de Paul	Vet LIFT	PSH	93%	18	89%	100%	94%	89%	5	5

McKenzie Average (3 sut

Agency	Project Name	Number housed HHs in YEAR	Number housed HH this YEAR with move-in date =< 90 days	Percent housed this YEAR in <90 days	PP	PA	Number Leavers	Number Leavers to PH	Percent Leavers to PH	PP	PA
Catholic Community S	McKenzie	8	5	63%	5	3	23	13	62%	5	2
Homes for Good	Consolidated SPC/Madri	14	12	86%	5	4	23	5	36%	5	0
Looking Glass	McKenzie	3	3	100%	5	5	11	11	100%	5	5
Mainstream Housing	Emerald Options	3	3	100%	5	5	16	7	44%	5	0
ShelterCare	Camas	1	1	100%	5	5	0	0	N/A	0	0
ShelterCare	Cascades	3	3	100%	5	5	7	2	29%	5	0
ShelterCare	Commons on MLK	N/A	N/A	N/A	0	0	0	0	N/A	0	0
ShelterCare	McKenzie	7	7	100%	5	5	44	44	100%	5	5
ShelterCare	Sahalie	4	2	50%	5	2	6	0	0%	5	0
ShelterCare	Shankle	0	0	N/A	0	0	24	23	96%	5	5
St Vincent de Paul	Connections	4	3	75%	5	4	28	18	64%	5	2
St Vincent de Paul	LIFT	4	3	75%	5	4	5	4	80%	5	4
St Vincent de Paul	Vet LIFT	2	2	100%	5	5	4	1	25%	5	0

McKenzie Average (3 sut

Agency	Project Name	Number Adults/HoH with no NCB at entry	Number Adults/HoH with no NCB at exit or annual	Percent Adults/HoH with no NCB at entry with NCB at exit or	PP	PA	Number Adults/HoH Income Eligible	Number increased or maintained income	Percent increased or maintained income	PP	PA
Catholic Community S	McKenzie	3	3	100%	5	5	34	14	41%	5	3
Homes for Good	Consolidated SPC/Madras	11	6	55%	5	3	107	62	58%	5	4
Looking Glass	McKenzie	4	4	100%	5	5	12	4	33%	5	2
Mainstream Housing	Emerald Options	4	3	75%	5	5	27	14	52%	5	4
ShelterCare	Camas	1	0	0%	5	0	15	6	40%	5	3
ShelterCare	Cascades	3	1	33%	5	2	16	7	44%	5	3
ShelterCare	Commons on MLK	2	N/A	N/A	0	0	2	N/A		0	0
ShelterCare	McKenzie	36	8	22%	5	2	45	19	42%	5	3
ShelterCare	Sahalie	3	1	33%	5	2	15	6	40%	5	3
ShelterCare	Shankle	3	2	67%	5	4	24	17	71%	5	5
St Vincent de Paul	Connections	3	2	67%	5	4	41	8	20%	5	1
St Vincent de Paul	LIFT	1	1	100%	5	5	23	11	48%	5	3
St Vincent de Paul	Vet LIFT	2	0	0%	5	0	19	14	74%	5	5

McKenzie Average (3 sut

Agency	Project Name	Project cost	Number Stayers	Number Stayers in Housing 12+months	Number Leavers to PH	Total Leavers to PH and Stayers 12+ mo in PH	Cost per Leavers to PH and Stayers 12+ mo in PH	Thresholds Met (Submitted in Intent to Renew)	Housing First? (Submitted in Intent to Renew)	PP	PA
Catholic Community S	McKenzie		58	21	13	34		Yes	Yes	7	7
Homes for Good	Consolidated SPC/Madri		136	106	5	111		Yes	Yes	7	7
Looking Glass	McKenzie		8	1	11	12		Yes	Yes	7	7
Mainstream Housing	Emerald Options		26	9	7	16		Yes	Yes	7	7
ShelterCare	Camas		17	15	0	15		Yes	Yes	7	7
ShelterCare	Cascades		9	2	2	4		Yes	Yes	7	7
ShelterCare	Commons on MLK		2	0	0	0		Yes	Yes	0	0
ShelterCare	McKenzie		46	19	44	63		Yes	Yes	7	7
ShelterCare	Sahalie		11	5	0	5		Yes	Yes	7	7
ShelterCare	Shankle		0		23	23		Yes	Yes	7	7
St Vincent de Paul	Connections		67	1	18	19		Yes	Yes	7	7
St Vincent de Paul	LIFT		28	19	4	23		Yes	Yes	7	7
St Vincent de Paul	Vet LIFT		15	15	1	16		Yes	Yes	7	7

McKenzie Average (3 sut

Agency	Project Name	Was the project able to fully expend 100% of the funds initially contracted	If no, how much was left unspent?	Previous grant term unspent amount	second grant period unspent	third period unspent amount	Average	100% expenditure 4 points for 90-	PA
Catholic Community S	McKenzie	No	9504.94	0	0	0	0	6	0
Homes for Good	Consolidated SPC/Madr	No	\$88,294.82	\$0.00	\$0.00	\$0.00	\$0.00	6	3
Looking Glass	McKenzie	Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	6
Mainstream Housing	Emerald Options	Yes	\$0.00	n/a	n/a	n/a	\$0.00	6	6
ShelterCare	Camas	Yes	\$0.00	n/a	n/a	n/a	\$0.00	6	6
ShelterCare	Cascades	No	\$16,614.62	\$6,680.44	\$4,798.03	\$0.00	\$3,826.16	6	0
ShelterCare	Commons on MLK	N/A	n/a	n/a	n/a	n/a	\$0.00	0	0
ShelterCare	McKenzie	Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	6
ShelterCare	Sahalie	No	\$29,485.14	\$65,110.96	n/a	n/a	\$65,110.96	6	0
ShelterCare	Shankle	No	\$2,674.11	\$0.00	\$0.00	\$0.00	\$0.00	6	4
St Vincent de Paul	Connections	Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	6
St Vincent de Paul	LIFT	Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	6
St Vincent de Paul	Vet LIFT	Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	6	6

McKenzie Average (3 sut

Agency	Project Name	Total PP	Total PA	Final %
Catholic Community S	McKenzie	60	38	63.33%
Homes for Good	Consolidated SPC/Madre	60	37	61.67%
Looking Glass	McKenzie	60	41	68.33%
Mainstream Housing	Emerald Options	60	34	56.67%
ShelterCare	Camas	52	38	73.08%
ShelterCare	Cascades	60	32	53.33%
ShelterCare	Commons on MLK	0	0	N/A
ShelterCare	McKenzie	60	47	78.33%
ShelterCare	Sahalie	60	31	51.67%
ShelterCare	Shankle	55	42	76.36%
St Vincent de Paul	Connections	54	33	61.11%
St Vincent de Paul	LIFT	60	48	80.00%
St Vincent de Paul	Vet LIFT	60	46	76.67%

McKenzie Average (3 sut

66.30%



Lane County Human Services Division

151 West 7th Avenue, Room 560
Eugene, OR 97401

541.682.3798 phone

541.682.3760 fax

Jacob Fox
Homes for Good
100 W 13th Ave.
Eugene, OR 97401

October 4, 2021

Hello Jacob,

As per the discussions that took place September 17 and September 24, 2021, Homes for Good has agreed to voluntarily reallocate a portion of the Madrone/SPC grant (OR0014L0E002013) in the FY21 HUD CoC application. The breakdown of this change is as follows:

Total ARA FY20	Total ARA Requested FY21	Reallocated Total	Reason for Change
\$1,035,575	\$803,194	\$232,381	Program has had unspent funds in previous fiscal years and anticipates a continued balance in rental assistance despite adjustments made to serve more people or provide additional services.

The agency will move forward in submitting a Project Application for the 2021 Competition reflecting the adjusted amount and maintaining the same or more households as previous grant period. Changes will go into effect November 1, 2022 at the conclusion of your FY20 HUD contract (OR0014L0E002013).

Please let me know if you have further questions. We appreciate your willingness to make adjustments and we hope these changes will benefit the full Continuum.

Thank you,

Amanda Borta
Sr. Program Services Coordinator
Lane County, CoC Collaborative Applicant



FILE MESSAGE

Ignore, Junk, Delete, Reply, Reply All, Forward, Meeting, IM, More

REH, Team Email, Reply & Delete, To Manager, Done, Create New

Rules, OneNote, Actions, Mark Unread, Categorize, Follow Up

Find, Related, Select, Translate, Zoom

Delete, Respond, Quick Steps, Move, Tags, Editing, Zoom

Mon 10/4/2021 11:31 AM
BORTA Amanda L
Reallocation Confirmation

To: Jacob Fox
Cc: Wakan Alferes; 'Katie Dockery'

Message Madrone_SPC Reallocation Letter.pdf (235 KB)

Phish Alert

Hello Jacob,

This message is to confirm that Homes for Good has reallocated a portion of the Madrone/SPC Consolidated grant in the amount of \$232,381, to go into effect for the FY21 grant (OR0014L0E002114). Please see attached letter as written documentation and confirmation. Thank you for your willingness to make adjustments to ensure we achieve full expenditure of funds and maximize the use of limited resources.

Thank you,

Amanda Borta, MSW
Sr. Program Services Coordinator | Lane County Human Services Division
151 W 7th Avenue Room 560 | Eugene, OR 97401
P: 541.682.6526 | F: 541.682.9834
amanda.borta@lanecountyor.gov – new email address! Please be sure to update your contacts.

BORTA Amanda L

From: BORTA Amanda L
Sent: Friday, October 22, 2021 1:03 PM
To: 'cdaniel@sheltercare.org'; 'Chris Pickering'; 'Foster Martinez'; Jaclyn LaRue; Jacob Fox; Maleigha Myers; MCDONALD Terry (SMTP); 'mhankes@sheltercare.org'; OPPERMAN Craig (SMTP); Scott Eastburn; sfendler@sheltercare.org; 'ssierralupe@sheltercare.org'; Sue Paiement (spaiement@cclsc.org); Alyssa Hoekman; Dana Petersen-Crabb; Daniel Dickens; 'glenn.deprater@svdp.us'; Jamie Lusk; Julie France; Karen Etter; 'Katie Dockery'; 'kbroadhurst@sheltercare.org'; 'minman@mainstreamhousing.org'; Suzanne Turner; Wakan Alferes
Cc: 'Michelle Cady'; MURPHY Shawn (SMTP); Kathy Bootes; MANELA Steve M; SCOTT Robin O; OLIVER Lyn E; STUART Lise N; BAUTISTA Danielle L
Subject: Notification: Final Ranking and Project Accepted for Priority Listing
Attachments: Final Ranking Scenario.pdf; FY2021 CoC Ranking and Priority Listing Process.pdf



To: CoC Project Applicants (Lane County, St. Vincent de Paul, Homes for Good) and Lane County Subrecipients (Catholic Community Services, Looking Glass, ShelterCare, Mainstream Housing), New Project Applicants/Subrecipients (Cornerstone Community Housing, Laurel Hill Center)

Re: FY2021 CoC Program Competition Final Ranking and Priority Listing

The FY21 HUD CoC NOFO requires that the CoC notify applicants if their application(s) were either rejected or accepted and ranked on the Priority Listing, in writing, outside of e-snaps.

On October 8, 2021, the RFP-Evaluation-HMIS/PHB Executive Committee of the Poverty and Homelessness Board (PHB) met to determine the final project ranking for all renewal and new CoC funded projects. Members present were Mayor Lucy Vinis, Kris McAlister (PHB Chair), Brittany Quick-Warner, and Mattias Smith.

On October 21, 2021, the CoC Board (PHB) approved the committee's ranking and prioritization.

Please see email attachment that details the final PHB approved Ranking to be included in the Priority Listing for submission with the CoC Application.

Amanda Borta, MSW

Sr. Program Services Coordinator | Lane County Human Services Division

151 W 7th Avenue Room 560 | Eugene, OR 97401

P: 541.682.6526 | F: 541.682.9834

amanda.borta@lanecountyor.gov – *new email address! Please be sure to update your contacts.*

2021 HUD CoC Application PROJECT RANKING

	GRANTEE	Project Name	Project Type	Description	2019 Performance	2020 Performance	2021 Performance	Average Three Year	Current Grant Amount	FINAL RANK
TIER 1	LC	HMIS	HMIS	Homeless Management Information System (HMIS) is local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Lane County uses Wellsky.	n/a	n/a	n/a	n/a	\$ 135,995.00	1
	LC	SHANKLE/MLK	PSH	62 Chronically Homeless Adults prioritizing FUSE (51 project based and 11 scattered site units). Note: MLK portion of this project did not begin until 2021. Performance here reflects only Shankle Safe Haven.	86.76%	82.86%	76.36%	82.0%	\$ 537,958.00	2
	SVDP	Vet LIFT	PSH	18 Chronically Homeless Male and Female Veteran Households (Adult only and Households with Children) with long term disabling condition (Dual Diagnosis of Mental Illness With Substance Abuse).	73.53%	92.86%	76.67%	81.0%	\$ 235,389.00	3
	SVDP	LIFT	PSH	18 Chronically Homeless Adults & Homeless Households with Children With Co-occurring Mental Illness and Substance Use history	71.67%	89.55%	80.00%	80.4%	\$ 305,489.00	4
	LC	CAMAS	PSH	14 Chronically Homeless Households (Adult only and Households with Children) with long term disabling condition (severe mental illness) and acute medical needs.	77.14%	76.39%	73.08%	75.5%	\$ 206,855.00	5
	Homes for Good	MADRONE/SPC CONSOLIDATED	PSH	73 Homeless and Chronically Homeless Households (Adult only and Households with Children) with long term disabling condition (mental health/substance abuse, medical or developmental).	69.29%	90.28%	61.67%	73.7%	\$ 803,194.00	6
	LC	MCKENZIE	RRH	42 Homeless Households (Adult only households, Households with Children, Households of Children only)	71.90%	81.48%	66.30%	73.2%	\$ 664,677.00	7
	LC	EMERALD	PSH	15 Homeless Households (Adult only and Households with Children) with long term disabling condition (developmental).	72.86%	88.89%	56.67%	72.8%	\$ 215,259.00	8
	SVDP	CONNECTIONS	RRH	21 Homeless Households With Children	64.29%	69.44%	61.11%	64.9%	\$ 239,316.00	9
	LC	CASCADES	RRH	9 Homeless Adult Households	75.00%	62.86%	53.33%	63.7%	\$ 124,433.00	10
	LC	SAHALIE	PSH	13 units of Permanent Supportive Housing Project for CH individuals prioritizing FUSE participants	new	73.9%	51.7%	62.8%	\$ 234,148.00	11
LC	THE NEL	PSH	New Bonus - New Permanent Supportive Housing project for CH adults				n/a	\$ 232,381.00	12	
TIER 2	LC	THE NEL	PSH	New Bonus - New Permanent Supportive Housing project for CH adults				n/a	\$ 196,755.00	12
	LC	DV Bonus	RRH	New DV Bonus - RRH project for survivors of domestic violence, sexual assault, or stalking				n/a	\$ 142,490.00	13
				Bonus				\$ 196,755		
				DV Bonus				\$ 142,490		
				ANNUAL RENEWAL AMOUNT				\$ 3,935,094		
				Tier 1				\$ 3,935,094		
				Tier 2				\$ 339,245		
PLANNING	LC	PLANNING	Planning	Staffing to support the HUD CoC Program application, administer ranking and prioritizing of renewals and new projects, evaluate the outcomes of individual CoC and ESG program projects, compliance activities for the CoC re: environmental reviews and coordinated entry system for homeless services					\$ 118,053.00	NOT RANKED
					Planning Grant (not ranked)				\$ 118,053	
				Application Totals (Renewals, New, and Planning)				\$ 4,392,392.00		

SCENARIO OVERVIEW

- Renewals ranked by Performance (Three Year Average)
- New Bonus Projects, prioritizing PSH Bonus

HUMAN SERVICES

Plans, Publications & Reports

PLANS, PUBLICATIONS & REPORTS



Lane County ▼

HUD 2021 Continuum of Care Application ▲

- [HUD CoC Competition Policies - approved](#)
- [HUD CoC Competition Timelines](#)
- [Final CoC Priority Listing CoC 2021](#)
- [Public Posting - Projects Rejected/Reduced](#)

HUD 2019 Continuum of Care Application ▼

HUD 2019 Continuum of Care Projects ▼

Cities or State ▼