

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: OR-507 - Clackamas County CoC

1A-2. Collaborative Applicant Name: Clackamas County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Clackamas County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

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

(limit 2,500 characters)

1. New members are solicited by the CoC transparently via the CoC website, county social media, personal invitations, and community meetings. Communication methods include a weekly CoC Digest emailed to more than 360 people interested in CoC updates, CoC monthly meeting reminders, meeting minutes, and funding opportunities such as the NOFO. New members are solicited to join the Housing Services Steering Committee (CoC governing board) through public posting (CoC Website and social media), CoC and community meetings. CoC Lead is active throughout the community, attending about 10 meetings per month, and invites new members to join the CoC and apply for funding. The CoC ensures effective communication with people with disabilities, including availability of accessible electronic formats via the county's ADA accessible website to announce meetings, the NOFO competition deadlines and processes. The CoC accommodates any accessibility requests for meetings, documents, etc., in alternative formats and holds meetings through Zoom to accommodate members regardless of their location or ability to travel; the availability of the accommodation is made known on the CoC website.

2. Staff from culturally specific organizations attend monthly CoC meetings and participate in planning and implementation work to address equity. The county's Local Implementation Plan sets supporting culturally specific organizations as a primary goal. The CoC has seen a significant increase in culturally specific providers, all playing a role addressing equity across the entire system. They participate in case conferencing, Built for Zero (BFZ) work, CoC meetings, and CE leadership work. The CoC consistently works to increase engagement with these providers to collaborate on homeless service planning and provision, and to apply for funding. System data review, journey mapping and looking for gaps in who enters the system vs. the area population demographics guide outreach. Organizations addressing high priority culturally specific needs receive invitations via frequent announcements at community meetings, posts on social media and personal contact. CoC Project scorecards award points to culturally specific agencies and projects. Two culturally specific organizations were contracted to support engagement and system improvement efforts; focus groups, interviews and strategies for wider promotion and solicitation of new culturally specific organizations are being developed as a result.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. CoC solicits and considers feedback from organizations and individuals with knowledge and/or interest in preventing and ending homelessness including lived homelessness experience at CoC meetings and other community stakeholder meetings. CoC encourages sharing feedback through in-depth discussion and voting on policies and procedures including through the Lived Experience Board who provides input and consultation on homeless services planning. The CoC partners with a culturally specific provider, Coalitions of Communities of Color (CCC), to hold focus groups with individuals with lived experience. In addition, Multi-agency Coordination (MAC) group bi-weekly meetings are attended by people with lived experience, public health, housing, healthcare and youth providers, behavioral health, where information is communicated and feedback solicited.

2. CoC Lead shares information and solicits feedback at CoC monthly meetings, community meetings, through a weekly digest email sent to more than 360 people, and through the CoC website and social media channels. Five Service Coordinators focused on street outreach, safety, housing navigation, supportive case management and youth services also share CoC information frequently in meetings and encounters. Additionally, monthly MAC group meetings solicit feedback from a wide array of stakeholders.

3. CoC ensures effective communication with people with disabilities virtually on Zoom and accessible electronic formats via the county’s ADA accessible website to announce regular meetings, NOFO competition deadlines and processes. CoC accommodates any accessibility requests for meetings, documents, etc., in alternative formats.

4. Information obtained in public meetings, the website and other forums is gathered and discussed in CoC planning and status meetings and contributes to changes and improvements of approaches to preventing and ending homelessness. The CoC recently conducted a needs assessment and strategic plan for increasing services in rural areas. The planning process will engage a diverse range of system partners over the next year. A recent CE system evaluation and report through CCC is being evaluated for system improvements. Additionally, MAC group was engaged to determine how one-time State funding allocation should be spent. MAC includes a wide range of key stakeholders, including homeless service providers, culturally specific providers, people with lived experience, and government officials.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. Notification of the CoC NOFO is made public via the CoC’s website and county social media channels and explicitly encourages new applications. Frequent information sharing on the CoC and the NOFO process happens through multiple public forums, including Community Connect meetings and at monthly CoC meetings, and agencies not currently receiving CoC funding are encouraged to apply.

2. The CoC website includes information about the CoC NOFO and the local competition process, including deadlines, scorecards, and a scoring rubric. Also included is instructional information about esnaps. Prospective new applicants are encouraged to contact the CoC Lead directly for support in understanding and completing the application process. A CoC NOFO Q&A session held on 8/8 provided information on the local competition process and CoC NOFO. Information about the meeting was made available on the County website, through community meetings, and the CoC Digest (which goes out to approximately 360 member list-serve). 2 1:1 meetings were held between new prospective applicants and CoC Lead, as a result of the Q&A session. Agencies decided not to apply this year but are considering it for next. CoC Lead continues to work with leadership to increase capacity for smaller organizations to apply.

3. The process for determining which project applications are submitted to HUD is posted on the CoC website, with links to this information shared through County Social Media channels (Facebook, Twitter), communicated in CoC meetings, and sent through CoC Digest emails that go to approximately 360 people. This includes information about scoring (scorecards and scoring rubric), an overview of local and HUD priorities, and final priority listing. The reallocation process is included in the CoC & ESG Policy Manual. The process for determining which applications are submitted to HUD was also shared at the Q&A meeting on 8/8.

4. The CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats by using the County’s ADA accessible website to announce the CoC was open to proposals. The CoC accommodates any accessibility requests for meetings, documents, etc. in alternative formats.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.	US Department of Veterans Affairs, and All School Districts within the County	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

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

(limit 2,500 characters)

1. Clackamas County is the ESG jurisdiction and CoC geographic area. The same county office coordinates CoC activities and is the entitlement entity for CDBG, HOME and ESG funds. Clackamas County consulted on ESG, ESG-CV, CoC, CDBG, HOME, state and local funding allocation and distribution. The county is structured to allow a single division to receive and coordinate distribution of all federal, state and local homeless services funding, including ESG. This strengthens coordination across multiple programs and funding sources.

The CoC consulted with ESG Program recipients (metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2) in planning and allocating ESG. ESG funding for FY2023 is solely dedicated to the costs of implementing and staffing a strong HMIS, a vital tool for our system to conduct coordinated entry and hold accountable homeless service providers across the CoC. ESG allocation decision required a cross-system evaluation, including input from community partners, and consultation with larger CoCs in local area. CoC led this coordination. With more than a five-fold growth in local funding and the anticipated state funding dedicated to homeless services, CoC concluded that ESG funding could be effectively used to support CoC's HMIS through this rapid growth.

2. CoC participates in evaluating and reporting performance of ESG Program recipients and subrecipients by regularly reviewing subrecipients' data quality and outcomes reports. The CoC Lead, in coordination with HMIS staff, regularly prepares reporting on ESG subrecipients.

3. CoC provided FY2022 HIC, PIT and Coordinated Entry (CHA) data to staff working on the Con Plan within the geographic jurisdiction. The CoC covers only one jurisdiction. This information was sent through email.

4. HIC, PIT, CHA and other CoC data is provided to Consolidated Plan Jurisdictions to address homelessness within CoC's geographic area through distribution and presentation. All funding recommendations and action plans are presented annually at a full CoC meeting and HSSC for feedback. CoC leadership advised on the plan prior to its submission.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Through contracts with the developer and non-profit service provider of a PSH development, the CoC is party to a formal agreement with the Lake Oswego School District to identify and refer students (and their families) experiencing or at risk of experiencing homelessness to units in the new PSH and affordable housing project (Maryhurst Commons). This partnership is formalized in an MOU between the non-profit provider (Mercy Housing) and the School District, and is further formalized in writing in the contract between the county and Mercy Housing.

School District McKinney-Vento Homeless Liaisons are a long-term Special Committee of the COC. The existence of this collaboration is codified in the COC & ESG Policy Manual. The CoC Lead and Youth Housing Services Coordinator actively engage with McKinney Vento Liaisons throughout the CoC. The Coordinator partners with education providers to ensure homeless youth and families are connected to the education services for which they are eligible. CoC Youth Coordinator and staff case conference using a by-name list and coordinate services to quickly serve those most in need. School Liaisons are invited and actively participate in case conferencing meetings.

Homeless Liaisons attend and provide regular updates to the CoC networking meetings on needs of homeless children and families and serve as contacts for COC members for school-related questions and support. Homeless Liaison meetings include all school district liaisons and are facilitated by the Youth Coordinator member 6 times per year. Meetings provide opportunities for training and connection with other youth and family community service providers. It also offers a platform for liaisons to problem solve and provide support to one another. The meeting facilitator updates and maintains outreach materials about rights of homeless students and School District contacts and distributes to COC members annually. The McKinney-Vento Representative from the state Education Department regularly attends monthly COC meetings, strengthening the Clackamas COC connection to state-level efforts.

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

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

(limit 2,500 characters)

Policies: The COC and ESG Policy Manual includes guidance for all COC programs. The policy on Education of Children states: “Clackamas County CoC strongly values education, believing that increased educational attainment lowers the risk of future homelessness. ESG and CoC programs shall inform parents and unaccompanied youth of their educational rights, take the educational needs of children into account when families are placed in housing, and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. Providers and homeless school liaisons will coordinate schooling for each school-age child, reducing school migration and connecting students to services.” The policy reinforces and references 24 CFR 578.23(C)(7).

Participant choice and self-determination are codified in the written CoC and ESG Policy Manual Principles, which permeate system wide. Informing families of their educational rights and resources is central to ensuring each family has all the information needed to make the best educational choices for them.

Procedures: The CoC procedures include monthly and ongoing coordination with YEP, SEA, LEA, and school districts regarding educational services program eligibility. These monthly meetings create an avenue to share the most updated information with CoC providers, and updates are provided at CoC-wide monthly meetings. Information about eligibility for educational services is available via a variety of methods, including the weekly email digest, sharing in monthly housing services community meetings, during discussions related to contract status check-ins, and in case conferencing meetings. Information is also made available in languages in addition to English to ensure access and to meet legal requirements. This way, CoC providers can follow the formal policy to inform individuals and families who become homeless of the eligibility for educational services with the most up-to-date information, supporting overall stability for households and families with children. The CoCs Youth Housing Coordinator facilitates McKinney-Vento Liaison meetings, where written policy and procedure informing individuals and families who become homeless of their eligibility for educational services are reviewed and updated as necessary.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	Yes	Yes

8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Clackamas Education District Early Learning	Yes	Yes

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

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

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

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

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. CoC collaborates with DV service providers to update CoC-wide policies. Clackamas Women’s Services (CWS), the largest DV partner, has been an active partner in Clackamas County’s CoC since its inception and participates in all updates of CoC-wide policies. Through a trauma-informed and survivor-centered lens, CWS helped craft our CoC’s structure, policies, and procedures. The structure of our CoC includes a domestic violence (DV) “door” whereby survivors of DV can be transferred to CWS at any time during the process to ensure that survivors have access to housing along with supportive services tailored to the unique needs of survivors. All DV providers regularly collaborate through a monthly culturally specific DV and housing meeting and provide feedback to one another on trauma-informed and survivor-centered best practices. This meeting provides the space to present and give feedback on CoC-wide policy as well.

2. CoC collaborates with CWS to provide training and ongoing discussion in CoC meetings and for other subcommittees, community meetings, and working groups. Meetings are open to and promoted to CoC partners through weekly CoC Digest emailed to more than 360 people interested in CoC updates including community resources, CoC monthly meeting reminders, meeting minutes, and funding opportunities such as the NOFO. In addition to CWS, IRCO, NWFC Casa Esperanza, and Northwest Family Services’ Casa Esperanza (House of Hope) facilitate culturally specific access to the CoC, CWS completes the Coordinated Entry screening tools and commits to working directly with the CoC on behalf of all of the DV providers, as these culturally specific programs have requested. CWS also has a Culturally Specific Housing Coordinator position to prioritize these relationships and enhance access to the CoC system. Additional supports launched this year include a CWS pilot project to place DVSA Youth Advocates into school based health centers across the county; CWS placed a DVSA Advocate in the rural public health office in Sandy; and CWS expanded their Latine Services Program.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. The CoC coordinates with Victim Service Providers and Clackamas County Family Violence Coordinating Council to provide annual training to CoC-funded, non-CoC funded, and Coordinated Entry (CE) staff. Clackamas Women’s Services (CWS) provides monthly training to CoC area project staff and CE on best practices to support those impacted by DV. Safety planning is at the forefront of all work with survivors and their families. CWS offers training on the cycle of power and control and best practices for serving DV survivors. Monthly Training for project staff and CE staff includes guidance about the life-threatening safety risks faced by DV survivors, especially while attempting to flee, and ways staff could lower the risk through safety planning. CWS provides resources for referral and ongoing learning.

CoC partners with community organizations ensuring all CoC members are aware of DV training opportunities through the weekly CoC Digest emailed to providers. CWS has provided monthly training at CoC meetings and community providers on Identifying DV and the Communities for Safe Kids curriculum that includes abuse identification and response. CWS added a 6-part series on working with youth: Tools for Working with Youth Impacted by Violence, Dynamics of Teen Dating Violence, Child Sexual Abuse Prevention: Understanding the Mindsets & Behaviors of Child Sex Offenders and Working with Adults Abused as Children, Dynamics of Sexual Violence and Engaging Youth and Building Resiliency.

CWS updated the full 45-hour Domestic Violence Advocacy Training series and has opened it to the whole spectrum of service providers in Clackamas County. All of CWS’ direct service staff have completed this training and are certified as confidential advocates by the State.

2. CWS is fully integrated into the CE system, CE uses the best practice of believing survivors and ensuring survivor’s voices are incorporated in CE system design. As such, survivors are not asked any details about abuse at any point in the process and are offered the option to transfer to CWS for completely equivalent and even more confidential CE services at multiple points in the process. CWS conducts annual training with CoC and CE staff, focusing on how providers and county staff conducting CE assessments effectively assess callers for DV, use a trauma-informed approach, understand the life-threatening safety risks faced by DV survivors, and ways staff could help lower risk through safety planning

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC’s coordinated entry includes:		
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. To prioritize survivor safety and ensure a trauma-informed, survivor-centered system, Clackamas Women’s Services (CWS), CoC’s main DV provider, plays a principal role in CE system design, implementation, and continuous improvement. Survivors fleeing abuse or seeking safety from violence can access the CoC or ESG through the CHA DV “door” in several ways: They can call the CWS 24-hour crisis support line, reach CWS via the text/chat line, or call or walk into A Safe Place (ASP) family justice center, where they will find CWS confidential victim service providers as well as other supports such as law enforcement, legal advocacy, and culturally specific providers. Survivors can also connect with CWS out-stationed advocates at several locations in the community where they may already be receiving services (DHS, Behavioral Health, School-Based Health Centers, Community College etc.), or through the CWS office in the rural community.

At each entry point, CWS’ safety planning protocol directs service providers to address any safety concerns with safety planning prior to offering other supportive services or CE screening. CWS’ crisis line is staffed 24/7, therefore, once any urgent safety concerns are addressed, survivors receive immediate screening. CE assessments are trauma informed, survivor-centered, and require no details about abuse. The CoC’s Emergency Transfer Plan (ETP) for DV survivors, in the CoC/ESG manual, is consistently applied, relocating and bifurcating households as appropriate. New providers are trained to implement the ETP.

2. When CE assessments for homeless survivors originate with CWS, an HMIS entry with a unique number is created in the DV Comp HMIS to hold all demographic and program data and to manage the CoC DV waitlists. Then, a unique number is created in the mainstream HMIS, which gives survivors an anonymized placeholder on all mainstream homeless housing referral lists for which they qualify, allowing maximum choice while ensuring safety and confidentiality. As housing slots open, CWS houses survivors directly into CoC programs or other housing options from DV or mainstream waitlists. As the CoC funds new DV providers, CWS staff works with all DV providers to coordinate CE procedures, ensure appropriate ROI procedures, and continues to ensure maximum choice, safety, and confidentiality. CWS adheres to confidentiality provisions in federal VAWA statute as well as Oregon Advocate Privilege statute that is more stringent.

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

Describe in the field below:

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

(limit 2,500 characters)

1. CoC collaborates with six DV service providers including Clackamas Women’s Services (CWS – lead DV provider), Northwest Family Services (NWFS) Casa Esperanza (House of Hope), a village for One, Safety Compass, Parrott Creek, Immigrant and Refugee Community Organization (IRCO) and El Programa Hispano Catolico (EPHC). All providers enter CoC program data into the DV Comp HMIS site. De-identified information is pulled from the DV Comp HMIS site in aggregate to identify disparities in the equitable distribution of resources.

2. Once gaps are recognized, services are reorganized to ensure equitable programming and resource distribution. For example, CWS identified that some resources were not accessible or financially sustainable for immigrant survivors, so they created immigrant/refugee-specific housing programs in addition to the CoC housing resources they provide. In addition, based on a gap for justice involved participants in accessing federal funds, CWS and statewide partner agencies created a state funded (general fund) grant program for flexible funds for certified DVSA providers through the Oregon Department of Justice to mitigate barriers to access and retain housing.

This data is also used to identify populations that are using high levels of resources. If the current resources are inadequate or not well suited to the population, new programming is developed. This data supported the addition of a CWS Culturally Specific Housing Coordinator who facilitates a coordinated response to the need for housing and supportive services for Latine survivors in our community.

Further, CWS uses an equity lens tool specific to data collection and monitoring for equity. This tool helps monitor the demographics of those accessing services, and aims to institutionalize a protocol for collecting, analyzing, and evaluating data thereby ensuring practices are advancing racial equity. CWS regularly audits data and survivor feedback with a focus on equity and inclusion, having established a regular practice of disaggregating outcome data by communities to ensure that policies and practices are having positive impacts (and avoiding unintended negative ones). With this tool CWS reviews and compares disaggregated data from programs within and outside of the CoC and provides this report to the CoC.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:		
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.	

(limit 2,500 characters)

1. CoC and ESG policy manual includes Emergency Transfer Plan and is consistently applied, relocating and bifurcating households as appropriate. ETP process is required to be presented at intake both verbally and in written form to all participants receiving assistance through the CoC regardless of known survivor status. New providers are trained to implement the ETP. The Policy outlines that all CoC and ESG-funded programs must ensure that the VAWA Lease Addendum is signed between the participant and landlord.

2. The potential need for an emergency transfer is identified through the HMIS questions “Are you fleeing now?” and “What is Your Timeline on Fleeing?” Many times, survivors will also self-disclose. A “VAWA rights” page is included in the participant Coordinated Housing Access packet along with a lease addendum that includes VAWA protections which outlines the rights and process for requesting an emergency transfer.

3. Once a request is made, the provider staff reviews the rights the individual and family has under VAWA and also reviews the certification of domestic violence, dating violence, sexual assault, or stalking and alternate documentation form, an optional form, that the individual or family can use to document the DV incident(s) that may be requested by the housing provider. All CoC providers strongly encourage survivors to connect with a DV provider for wrap-around DV-specific services and to work with confidential advocates who have extensive knowledge of providing housing for DV survivors. Should a victim/survivor identify a desire to work with a DV provider, the survivor is provided with a warm hand-off, usually at intake, to Clackamas Women’s Services (CWS).

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

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

(limit 2,500 characters)

Clackamas County’s CoC ensures that survivors of domestic and sexual violence, trafficking and/or stalking have access to all of the housing and services available within the CoC’s geographic area, not just those run by victim service organizations. All survivors that enter the system through the CoC CHA DV “door,” operated by CWS are added to all waiting lists throughout the entire CoC system, for which they are eligible. When Coordinated Entry (CE) assessments for homeless survivors originate with CWS, an HMIS entry with a unique number is created in the DV Comp HMIS to hold all demographic and program data and to manage the CoC DV waitlists. Then a unique number is created in the mainstream HMIS, which gives survivors an anonymized placeholder on all mainstream homeless housing referral lists for which they qualify, allowing maximum choice while ensuring safety and confidentiality. As housing slots open, CWS houses survivors directly into CoC programs or other housing options from DV or mainstream waitlists. Additionally, CWS has protocols to actively maintain engagement with households on the DV Door waitlist. This includes things such as ongoing safety planning, supportive services and routinely assessing the needs of the household or changes in eligibility factors to improve access to as many housing options as possible. As the CoC funds new providers, CWS staff work with these providers to coordinate CE procedures, ensure appropriate Release of Information procedures, and continue to ensure maximum choice, safety, and confidentiality. CWS uses a number of practices to proactively identify and dismantle barriers. These practices include routine use of the equity lens tool, equity audits, cultivating feedback from participants through anonymous surveys, one/one interviews and group listening sessions, provider multi-disciplinary meetings and so forth.

CWS and other DV providers attend CoC BNL case conferencing and BFZ leadership meetings. This partnership and coordination helps to ensure survivors have access to all housing programs within the CoC. One example of this coordination is being able to identify whether or not someone showing up on the BNL has already connected with CWS or another DV provider. If not, an outreach worker or another staff member will reach out to see if they are interested in DV housing or support services. Those who are not interested will continue to have access to all housing programs for which they are eligible.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1. CWS, primary DV provider for CoC, has agency staff and board members who bring lived experience and intersectional identities that are actively utilized in program and policy planning and implementation. Over 30% of CWS staff are bilingual/bicultural and CWS offers pay differentials for bilingual staff. CWS staff represent many communities: over 35% of staff identify as Latine, 42% identify as living with a disability, 10% are immigrants, 27% care for someone with a disability, 22% care for someone other than a child, 20% are single parents, 20% have experienced homelessness, 70% are survivors of domestic or sexual violence, and 40% identify as LGBTQIA+. About 20% of tenured employees (10-20 years) and 50% of new employees (0-3 years) identify as multiracial. Over 75% of current Board members have lived experience with domestic or sexual violence or homelessness.

2. CoC and CWS is committed to honoring the agency and expertise of those who grapple every day with social, cultural, and economic inequities borne from and perpetuated by oppression. CoC considers it essential to engage survivors in shaping services and defining program goals and outcomes specific to their communities. Meaningful engagement is activated through multiple strategies and channels: participant feedback tools, community assessments and community-centered program planning, community outreach, cross-cultural, survivor, and cross-sector partnerships, and coalition work. CWS has created tools for seeking input that center the perspectives of survivors and those with lived and/or culturally specific experiences in planning processes, including surveys, focus groups, and survivor-led advocacy groups. Survivors who participate are compensated for their time through a stipend, transportation reimbursement, and assistance with childcare.

CWS, in partnership with CoC, frequently engages in community assessment and planning processes that identify the needs of specific communities. Feedback from our Latina Leadership Team and Promotoras members led to the adoption of a language access plan. CWS led a county-wide assessment that led to the development of services for elder survivors, which included surveys, focus groups, and outreach to providers and elders in the community. CWS is currently working with A Safe Place Family Justice Center and partners from the disability and Deaf/HOH communities to conduct an accessibility and community-needs assessment for survivors with disabilities.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. CoC staff hold monthly check-ins with newly contracted organizations and at least quarterly with long established contracts, reviewing and discussing policies and procedures, including anti-discrimination and trauma-informed services. CoC shares the CoC and ESG Policy Manual with all providers, and requires that providers share their policy manuals with CoC Lead for review and approval. Monthly meetings with LGBTQ+ and other organizations focus on CE systems, including anti-discrimination policies. Meeting the needs of LGBTQ+ individuals and their families is a priority; when CoC-wide policies are updated, this information is shared with providers, the Housing Services Steering Committee (HSSC), and other community stakeholders. Sharing of drafts and intaking recommendations is done via email and regularly scheduled meetings.

2. Annual training for housing and services providers on Equal Access, Fair Housing and other anti-discrimination policies and practices is provided by the CoC. Scorecards evaluate how agencies address disparities and mitigate discriminatory policies and practices. Newly funded agencies receive individual technical assistance from CoC Lead to create their agency policy manuals. Agencies are provided with example policies to use and can be paired with established providers for additional support.

3. In the project scorecard, Equal Access and Housing First narrative questions identify how organizations are successfully providing services free from discrimination in alignment with CoC’s anti-discrimination policies. CoC Lead reviews policy manuals of new agencies and reviews anti-discrimination policies for compliance.

An equity analysis of multiple data points is conducted to determine compliance with CoC policies. This analysis indicates the effectiveness of CoC efforts to decrease disparities and provides opportunity to update CoC policies as necessary. The last equity analysis was conducted 9/14/23.

4. CoC addresses compliance issues through a progressive action approach. Upon determining policy is not established and/or not being followed, CoC Lead meets with the provider to identify possible barriers and solutions. If determined for a second time that the same issue exists, CoC may implement a time bound and mutually agreed upon Performance Improvement Plan (PIP), with guidance and support of the HSSC. Continued non-compliance may result in HSSC not selecting the agency for future CoC funding consideration.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of Clackamas County (HACC)	28%	Yes-Both	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

1. The Housing Authority of Clackamas County (HACC), the only PHA in the geographic region, is part of a collaborative effort with the CoC to end homelessness in the region. HACC uses a variety of preferences based on the program. Homeless programs, such as Shelter Plus Care (SPC), Foster Youth to Independence (FYI), Emergency Housing Vouchers (EHV), Mainstream Vouchers (MV) and Regional Long Term Rental Assistance (RLRA) program, are federal and local housing voucher types that include a homeless preference and take referrals from CoC. HACC has HCV homeless preferences and includes a Moving on Strategy. Through these preferences, HACC collaborates closely with CoC service providers to help the most vulnerable homeless or at-risk of homelessness populations access long-term vouchers to obtain affordable permanent housing, making room in programs for newly homeless participants. In FY 2022-23 CoC issued 207 new federally-funded vouchers of various types, and 39 households leased that self-identified as coming out of homelessness.

In addition to federal vouchers, in FY 22-23 HACC issued 385 locally-funded RLRA vouchers, and 296 households moved into housing in that time. RLRA vouchers are only issued to families experiencing or at risk of homelessness, and all participants enter through the CoC’s CE system, most from the CoC’s by-name list. The RLRA program has expanded and deepened the already strong partnership between CoC and PHA to address homelessness in the community.

HACC completed the redevelopment of Tukwila Springs in fall 2022, a housing project serving extremely low-income homeless individuals age 50 and older, with 12 units prioritized for culturally specific support services for Indigenous residents. Resident selection for this 48 unit PSH project went through CE.

HACC and the CoC collaboratively applied for and received 30 new Mainstream vouchers. These vouchers serve nonelderly, disabled households coming out of homelessness. HACC intends to apply for more vouchers in the coming year. The CoC and HACC continue to collaborate on 3 new affordable housing properties in development. HACC will provide project-based vouchers, and CoC will work with service providers to identify (through CE) and support program participants.

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FYI, EHV, VASH, Mainstream, Shelter Plus Care

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

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

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

Name of PHA: Housing Authority of Clackamas County (HACC)

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	14
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	13
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93%

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

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

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

(limit 2,500 characters)

1. CoC uses scorecards and bed utilization tracking to ensure fidelity to the Housing First (HF) model. CoC requires projects to use the Coordinated Entry (CE) system for referrals, ensuring projects follow HF policies and practices through program admission. Additionally the competition score cards are weighted heavily for housing first in project narrative responses. The CoC recently adopted the HUD HF Toolkit, and is currently orienting all providers to the toolkit to be completed by February 1, 2024, and annually thereafter. The toolkit is in addition to score cards (mid-year and competition), and bed utilization tracking, and is to be used as part of already established contract check-ins. Additionally, CoC is assessing learning management systems/technology to evaluate their understanding of HF, ongoing training, and contract requirements assessment.

2. Monitored and scored performance indicators include length of time (LOT) homeless, LOT searching for PH, existence of programmatic preconditions, admission policies, voluntary nature of supportive services, tenant rights, program design, and program termination when monitoring for HF compliance. As the CoC adopts the HUD Housing First Assessment Toolkit, projects will be evaluated based on all tool components. This evaluation is in collaboration with providers - provider and CoC staff complete an overall evaluation and establish an improvement plan when necessary.

CoC is investing in provider capacity building and technical assistance to ensure access and exclusion policies follow HF, with no preconditions to services especially around income, criminal history, sobriety or engagement. CoC also seeks to support providers through advancing conflict resolution services and a County-funded program for housing-related conflict mediation.

3. All homeless service providers receive referrals from CE, regardless of funding source. CE ensures that agencies do not “cherry-pick” referrals into their projects. Denied referrals are evaluated to ensure programs are not screening people out of programs due to preconditions. In addition to annual CoC competition, projects are evaluated for HF compliance in January using score cards, as described above. Case conferencing through the By Name List (BNL), and data driven evaluation of inflow and outflow throughout our system, also ensures fidelity to HF.

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

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

3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. CoC’s written outreach policies include coordination with all agencies using a BNL and case conferencing to quickly identify and engage all persons experiencing unsheltered homelessness. Outreach staff and Outreach Coordinator (County Staff) coordinate with trusted day centers, participate in pop-up housing resource fairs, and partner with culturally specific organizations to provide outreach to immigrant, refugee and Black/African Americans. Outreach efforts are made available in different formats (including large print, ASL, Braille) to engage in languages in addition to English and to ensure access for persons with disabilities and those with LEP. SO workers make it clear that housing and services are available regardless of protected class status and in compliance with the Equal Access Rule. Coordination for SO work is done in collaboration with many community partners, including city homeless task forces, law enforcement, libraries, parks dept, nonprofits, ODOT, and Metro.

2. SO covers 100% of CoC’s geographic area, including densely populated cities and rural/forested locations. Pop up resource fairs are offered in both urban and rural communities. Site-based day centers provide services in highly populated urban areas and remote rural communities. Outreach policies ensure workers strive to complete a CE assessment immediately upon engagement. CE collects data on where people are currently, showing all habitable areas are being reached, including 2 larger cities, 7 suburban areas, 5 rural towns and 5 entirely rural areas.

3. SO is conducted daily by 10-12 SO workers, at varying times throughout the day and night. SO workers, day-center staff, and resource fair organizers meet monthly with the CoC Outreach Program Coordinator to plan and implement the outreach procedures. In addition to scheduled shifts, CoC has an on-call role to do SO immediately when needed.

4. Following a recruitment and hiring strategy, outreach workers who share characteristics commonly found among unhoused individuals are sought for SO positions (e.g., a veteran is employed to provide veteran-specific SO). CoC partners with the Immigrant and Refugee Community Organization to work w/ immigrants and refugees who are historically fearful of government services organizations. CoC also partners with Up and Over for focused outreach with Black and Brown individuals. Continuous outreach to high volume and underserved spaces to encourage trust and rapport is conducted.

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

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	293	243

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. CoC provides up-to-date information on mainstream resources for persons experiencing homelessness through community meetings, including CoC meetings. Oregon Department of Human Services (ODHS) staff participate in CoC meetings and provides updates/changes to rules/processes for TANF, SNAP, General Assistance and Oregon Health Plan (OHP/Medicaid) and information on ODHS free food markets, ODHS job fairs, young parent resources, A&D treatment resources, Healthy Families (infant and maternal health), financial help for health coverage, a local HMO's enhanced services for emergency room high utilizers. Presentations and meeting summaries and tips on helping participants enroll in all programs, including Medicaid benefits, are shared at CoC virtual presentations and in CoC digest emails sent to 360+ people. CoC Lead maintains a cadence and log of information shared throughout the calendar year.

2. The CoC collaborates with HS and CCOs to discuss, develop and implement strategies for healthcare services access. Funding for housing case management is embedded in support for county FQHCs. CoC plans to improve bi-directional flow and is working on data sharing agreements with key health care organizations. CoC staff meet biweekly with their counterparts in 2 metro counties, representatives of healthcare services organizations and CCOs to work on regional strategies for housing and healthcare integration. Healthcare partners, including organizations providing SUD and MH treatment participate in CoC meetings. CoC invests in housing services, group housing, sober living housing and SO targeted to populations with mental health and SUDs.

3. All CoC contracted services providers must have SOAR capability. Program staff use SOAR training to build skills to help participants access SSI/ SSDI benefits. CoC includes SOAR as a preferred qualification for all positions hired and supports professional development to obtain training and certification relevant to SOAR. There are currently 12 SOAR certified staff, across 7 organizations. 3 staff became SOAR certified this past FY. Compliance with the contractual requirements related to SOAR are monitored and discussed as part of the monthly program meetings. The CoC has recently developed a direct referral relationship with ASSIST to provide SSI/SSDI application assistance to participants. ASSIST staff are all SOAR certified whose sole focus is benefits recovery and are highly successful in appeals.

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

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

(limit 2,500 characters)

The CoC is increasing capacity to provide non-congregate sheltering by supporting various agencies with their current shelter programs and developing new projects. These programs are accessed through the CE and community provider referrals. Non-congregate units are operated from hotel/motels by local nonprofit agencies and agencies that have expanded services through non-congregate hotel/motel options. Two new shelter contracts with Clackamas Women’s Services and Northwest Housing Alternatives were executed in the second quarter. These contracts utilize a site-based village and non-congregate motel based shelter, respectively, to best serve the unique needs and challenges of households residing in shelters. All households residing in these shelters are connected with housing navigation and rental assistance to facilitate their transition into permanent housing. These new contracts bring the total number of shelter units receiving SHS funding and support to 139 units.

While in a non-congregate setting, individuals/households can access basic services/resources, receive a CE assessment, and get matched with CoC providers for RRH/PSH. Additional non-congregate spaces for people experiencing unsheltered homelessness include Veteran Village, a site with 25 small pod spaces that offer an alternative to other shelter options. Through local funding sources the CoC has also recently expanded non-congregate shelter capacity for youth and young adults in rural areas, through a contract with AntFarm youth services.

The CoC implemented hotel/motel stays to provide vulnerable county residents with non-congregate shelter options during the pandemic. CoC programs allow for medically vulnerable individuals to be placed in non-congregate units. This practice protects highly vulnerable individuals from infectious diseases.

Non-congregate housing is an alternative in all emergency response activities per disaster management protocols. In addition, CoC is allocating more local funding to further expand non-congregate units. This year, CoC added funding to family and domestic violence shelters for climate-related needs (e.g., heat, smoke and cold shelters) that will provide accommodations beyond a case-by-case basis.

Additionally, the CoC has undertaken a capital development project to increase capacity at an existing shelter from 20 to 50 individuals. Construction is anticipated to be completed in the second half of 2024.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. CoC Lead Agency staff attend County-wide emergency response coordination group, attended by Public Health, Disaster Management, and other key stakeholders. Focus of this group is to plan and implement process improvements including policies and procedures to prevent infectious disease outbreaks among people experiencing homelessness. This includes expedited access to services that are easily accessible, effective, culturally appropriate, and trauma informed for people living unhoused. Updated policies and procedures are reviewed and approved by the Housing Services Steering Committee annually. Policies and procedures have come from these coordination meetings with PH partners, including standards for Inf Dis prevention in shelter, day centers, and are able to consult directly with PH medical director on policies and procedures for Inf Dis response, preparedness, and prevention

2. CoC Lead Agency staff participates in quarterly PH advisory council meetings, where information is shared and discussions and plans for dissemination of information throughout the CoC occur. Through monthly PH/Street Outreach meetings, education and preventive services are available for Hepatitis A, rabies/animal bites, sexually transmitted infections, mosquito-spread illnesses, flu resources, lead infections, and syringe services, Meetings also include discussion about needed supplies, supplies, ex. if need for masks or sanitizer to prevent covid/flu spread, narcan for OD's. The CoC also partners with community paramedics to make vaccines accessible to unsheltered individuals.

Syringe services are available through a partnership with mobile medical services, at local shelter and outreach providers three days per week. Services offered include needle exchange, overdose kits and drugs to reverse an opioid overdose, sharps containers, harm reduction counseling, safer sex supplies, HIV and Hepatitis testing, and linkage to care with referrals to mental health, shelter, and drug and alcohol treatment.
 Lead agency just hired two staff dedicated to health and housing system integration, which will include PH/prevention, behavioral health, and physical health systems integration with CoC programs and services and system overall.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. In Quarterly meetings with Public Health, information is shared regarding infectious diseases and outbreak patterns and other public health concerns such as the impact of climate extremes on health; CoC provides data about how/when/where to best reach people experiencing homelessness (PEH) to reduce infectious disease outbreaks among unhoused individuals. CoC provides data analysis of CE and estimates of PEH to PH to share on a public-facing dashboard which includes various data points on social determinants of health. CoC Lead coordinates with PH and system partners to share information widely at various community meetings and includes information through the CoC list-serve.

2. PH presents to the CoC at meetings attended by CoC and non-CoC-funded service providers. A CoC staff member participates in monthly coordination meetings with PH staff, representing PEH among various stakeholders representing racial and ethnic groups, people with disabilities, and older adults. These meetings provide a venue for constant information sharing and policy development within the context of relationship development across service systems. Because these meetings were so successful in coordinating the COVID-19 response, they continue as the CoC and PH agencies plan to prevent and limit potential infectious disease outbreaks among program participants. PH and CoC staff continue to collaborate on a list of providers and locations that would be most helpful for myth-busting and vaccine access.

PH staff attend monthly Street Outreach coordination meetings to improve information sharing between PH and service providers focused on unhoused people. The relationships formed through this engagement are invaluable in quickly addressing infectious disease outbreaks now and in the future. PH staff also attend monthly CoC meetings, as well as other community meetings across the county. Clackamas County PH recently developed a new position to address infectious disease outreach and emergency preparedness with a specific focus on ensuring services are provided and information is shared with our most vulnerable community members, including those experiencing homelessness. This new Community Preparedness & Resilience Coordinator, frequently attends CoC and other community meetings, including outreach meetings, to share information and collaborate on strategies to prevent or limit infectious disease.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. CHA continues to serve the entire geographic area of Clackamas County. CHA (CoC’s CE system) collects data on where people are currently, showing all habitable areas are reached, including 2 larger cities, 7 suburban areas, 5 rural towns and 5 entirely rural areas. CHA has 3 main “doors”: mainstream, DV and youth. Each “door” does population specific outreach. CHA advertises on the County’s social media and the quarterly newspaper sent to every known home.

2. CHA uses a standardized assessment process. The CHA team has primarily focused on phone assessments and has hired more bilingual staff to complete these. In 2023, CHA increased the number of assessors at various agencies who are completing in person assessments, including rural and culturally specific providers. CHA also successfully trained street outreach, basic needs homeless service providers, and other community partners to complete assessments. Efforts to recruit culturally specific organizations to expand outreach and assessment have been successful. CoC uses a locally-developed tool that does not retraumatize people seeking services. The screening tool first asks participants about their housing instability, builds-in system diversion and gathers basic demographics.

3. CHA is updated regularly with feedback from participating projects and households, as well as other community stakeholders. CHA has adopted a culture of change and is currently undertaking efforts on its next overhaul, Work with Built for Zero, By-name list (BNL), and case conferencing best practices track and show clear progress toward ending homelessness. This year, CoC, in collaboration with community partners, streamlined the assessment by removing several steps that did not help with prioritization or eligibility. CoC now identifies referrals directly from its By Name List (BNL), the list of all clients who have an open CHA assessment. This helps to better identify clients for new programs and change prioritization as needed to address equity issues.

CoC holds community wide case conferencing with 3 monthly meetings for single adults, youth, and families. CoC also implemented an elevation process so the vast majority of referrals come from the BNL based on established community priorities, but a team can review elevation requests for extreme medical situations not reflected in the CHA assessment. The assessment is standard, whether it is completed by a CHA team member or other trained assessors.

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

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

	4. takes steps to reduce burdens on people using coordinated entry.
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(limit 2,500 characters)

1. CE (CHA) reaches people least likely to apply for homeless assistance through calls, street outreach, and in-person assessments completed by day shelter staff serving many long term homeless persons and persons with disabilities. CoC secured \$3.8 million to expand street and site-based outreach to connect more people to CHA and PH, resulting in 205 new SO CHA entries. DV survivors have access to all CHA programs without disclosing identifying information through DV provider partnership. YHDP Diversion has increased outreach to youth in both rural and urban areas. CHA's outreach efforts increased new client volume entering CHA, from 1722 to 3036 year over year.

2. CHA seeks to serve the most vulnerable and uses a combination of factors to prioritize including length of time homeless, disability, need for medical support, past evictions, ER visit and hospitalization history, chronic health conditions, history of substance use, and history of mental health conditions in the household. When identifying referrals, CHA also focuses on equity establishing a process to ensure marginalized groups are represented in housing program referrals at the same or higher rate into the system.

3. CHA ensures people most in need of assistance receive timely PH aligned with their preferences. Utilizing BNL and case conferencing, CoC connects those prioritized to wrap-around housing services within 3 business days. All efforts are made to match people with top choices and if multiple openings, clients are given program choice. A medical elevation process has been established for extreme medical circumstances. Individuals that meet this criteria are reviewed weekly and, if approved, are prioritized for the next available referral.

4. CHA reduces user burden by incorporating housing problem solving and connecting individuals to immediately available resources throughout assessment process. Assessment process can be completed during CHA outreach, in-person at a convenient place, by phone, at a scheduled time or with advocates or family. CHA has increased collaboration with culturally specific organizations to expand outreach and assessment. Clackamas County has developed a new screening tool, to be implemented late 2023, with significantly less questions to reduce burden on system users. During the past fiscal year, Assessment process has been simplified by removing additional questions and process steps leading to quicker housing access.

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

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

(limit 2,500 characters)

1. The CoC employs various tools to market housing and services to all homeless individuals in the CoC’s geographic area. The CoC provided training this year to several culturally specific providers to help complete assessments directly with their clients, increased rural training capacity to reach clients who have historically not entered the CE process, increased overall outreach capacity by increasing the number of outreach workers and having them complete the CE directly. The CoC has increased the number of bilingual CHA assessors and implemented live answering of calls to ensure more clients are reached. The CoC utilized a language line to provide assessments in languages not spoken by assessors and provides the website and materials in different languages to facilitate information exchange for non-native English speakers.

2. The CoC informs program participants of their rights in the initial CHA training and onboarding of staff/new assessors. Fair housing requirements are built into all program contracts. The CoC also conducts recurring contract check-ins with providers to work with them on their internal policies and procedures to inform participants of their rights, evaluates provider P&Ps to ensure compliance, and provides training at a minimum on an annual basis to providers on participants’ rights.

3. Department leadership fields any complaints from current or prospective participants, documents complaints and engages with the relevant jurisdiction to ensure compliance with Fair Housing requirements. The CoC also has a dedicated housing rights and services team that disseminates information to the public and informs landlords about their responsibilities. The CoC has a contract with Legal Aid Services of Oregon allowing the housing rights team to directly connect participants to for further.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/14/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	your CoC’s process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1. CoC completed an equity analysis of the Coordinated Housing Access (CHA) and Supportive Housing Services (SHS) systems in September 2023. The intention of this report is to highlight system strengths and areas for improvement regarding equitable service delivery. It is worth noting that the CHA system has undergone significant improvements and data cleanup since the most recent equity analysis in 2022. This analysis reviewed data for individuals who completed an intake assessment between July 2022 and June 2023. This process considered race and ethnicity characteristics from participants who accessed the CHA system, exited to permanent housing, and those who exited to unstable housing destinations. These demographics were then compared to expected distributions for racial and ethnic groups living in poverty using data from the American Community Survey (U.S. Census Bureau, 2021). Historically marginalized populations are often represented at a higher rate in poverty data than general County-level census demographics. Statistical testing was conducted to identify if particular groups of people were overrepresented or underrepresented in the CHA and SHS data at a statistically significant level when compared to the expected distributions from census data. The American Community Survey information used to generate the expected distributions for this analysis is considered a valid source of data. However, Census data carries with it a margin of error level that may be increased for historically marginalized populations.

2. CoC identified the following racial and ethnic disparities in provision and outcome of homeless assistance:

- More individuals who identify as Black or African American, American Indian/Alaska Native, or Hispanic/Latine access the CHA system than expected based on County-wide poverty statistics.
- Fewer individuals who identify as Asian access the CHA system than expected based on County-wide poverty statistics.
- More individuals who identify as Black or African American, American Indian/Alaska Native, or Hispanic/Latine exit CHA to permanent housing than expected based on Census data.
- More individuals who identify as Black or African American, American Indian/Alaska Native, or Hispanic/Latine exit to temporary destinations than expected based on County-wide poverty data.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
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.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	The CoC is working with the Built for Zero initiative to incorporate anti-racist practices into by-name-list prioritization and matching	Yes

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

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

(limit 2,500 characters)

A primary goal of the County’s Local Implementation Plan and FY 2022-2023 SHS Annual Work Plan was to expand culturally responsive services. The CoC and the County achieved their goal of supporting five culturally specific service providers by the end of this year by supporting: 1) Native American Rehabilitation Association - providing culturally specific case management for Native American residents at Tukwila Springs 2) Casa Esperanza emergency shelter program -providing culturally specific shelter services for Latine residents 3) Up & Over - specializing in serving Black individuals experiencing homelessness 4) IRCO - specializing in serving both BIPOC individuals and the county’s immigrant and refugee communities 5) El Programa Hispano Católico- primarily serving Latine individuals, and 6) Greater New Hope Family Services - primarily serving BIPOC individuals. The CoC and the County will be expanding the number of culturally specific providers further in 2023-2024 by adding Red Lodge Transition Services and the Native American Youth and Family Center.

Supporting the sustainable growth and development of grassroots and culturally specific providers is a key tenet of the SHS measure and the county’s Local Implementation Plan (LIP). The county will invest \$1.0 million per year for technical assistance prioritized for grassroots and culturally specific service providers. Technical assistance will focus on organizational development and stability such as establishing and refining policies & procedures; fiscal business services; human resources; strategic planning; and program design, development, implementation, & evaluation. Beginning in FY 2023-24 Up and Over will be one of the first recipients of this technical assistance advancing their organization’s capacity and capabilities even further.

CoC partnered with Coalition of Communities of Color (CCC), a culturally specific provider, to conduct an evaluation of the CoC’s CE system. This project built on previous work by CCC in partnership with Unite Oregon, with the support of HACC (PHA). This work consisted of multiple focus groups, with the primary goal of understanding and addressing disparities, gaining insight into how the County could better meet the needs of residents with primary focus on the perspectives of BIPOC, immigrant and refugee, low income, and housing insecure community members. The report, finalized late August 2023, will help guide the CoC’s work to address known disparities.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

1. CoC is working to improve processes for evaluating equitable service delivery. Previously, an Equity Analysis was conducted with CE data every two years. The CoC has committed to completing an Equity Analysis on an annual basis, having completed one in 2022 and 2023. The last Analysis was completed 9/14/23. This measure allows for more responsive evaluation of our system of care in order to prevent and eliminate disparities. In addition, the Equity Analysis now considers the representation of historically marginalized populations for the CoC's flagship housing program, Supportive Housing Services. Reviewing demographics at entry and exits to permanent housing or unstable housing destinations for both Coordinated Housing Access (CHA) and Supportive Housing Services will provide a clearer picture of how our CoC is equitably serving clients.

2. CoC analyzes data from HMIS as one tool to evaluate equitable service delivery. Demographic records at time of program entry and program exit, both to positive and negative destinations, are compared to the most recently available Census (American Community Survey (ACS)) data for the CoC. Using ACS data, the CoC generates an expected distribution of historically marginalized populations residing in the CoC-both for the general population and the population of the CoC living below the federal poverty level (FPL). The expected distribution of demographic groups living below the FPL is compared to the distribution of these same groups in program data from HMIS. These values are compared with statistical testing to identify if certain groups are over or underrepresented in CoC program data. Specific to Supportive Housing Services programs within the CoC, an annual staff equity survey is completed by contracted providers. This survey provides information about staff demographics and pay by position level which will be analyzed for the first time in 2023. Moving forward, the CoC is increasing capacity in terms of staffing and software which will allow for more robust analyses of program data and hypothesis testing. Increasing focus on ensuring projects follow Housing First standards, the CoC has begun to utilize the Housing First Assessment tool as one way of identifying and eliminating disparities found in service provision. improve access across the continuum.

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

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

(limit 2,500 characters)

CoC engages people with lived experience of homelessness (PLEH) in leadership roles and decision-making processes. There are four designated seats on the Housing Services Steering committee (HSSC), the CoC's governing board, for (PLEH), two of which are dedicated to youth. PLEH were recruited through targeted outreach to grassroots and mainstream agencies, through a list-serve including 362 agencies and community members, and posting on the CoC website.

CoC experience shows that the most effective recruitment of PLEH is often through partnership with programs and organizations that work directly with PLEH. Case managers at those organizations have built trust and have direct contact with those experiencing or recently exiting homelessness, and are able to recruit directly to those individuals about the opportunity to help shape programs that serve people with similar experiences to their own. These opportunities often also lead to careers in homeless services as peer-support specialists, case managers, or CoC staff.

Staff with lived experience throughout the CoC provide housing case management, navigation, peer support and retention services. Agencies value the lived experience staff bring to CoC programs and in turn provide an inclusive and safe environment for them to thrive.

CoC hosts paid PLEH focus groups to participate in program development and guide community services. Participating PLEH were paid \$75/hr for their time. Technical assistance and support with communication options were provided, along with financial assistance to remove participation barriers. CoC is currently developing an ongoing Lived Experience Board with a non-profit partner. Individuals from the initial focus groups will be offered the opportunity to participate in paid future planning efforts.

CoC hiring practices have changed to increase the agency workforce diversity. Minimum requirements have been adapted to value LE and hiring panels have been trained on recognizing the importance of lived experience and racial diversity. LE is identified as a preferred qualification. Of the most recent 4 staff hired, 3 identified being PLE. Also, most housing services hires in the past year were people of color. Information about these shifting hiring priorities is conveyed through multiple public meetings, including CoC and community stakeholder meetings, as well as through the 360+ member CoC digest.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations

1.	Included in the decisionmaking processes related to addressing homelessness.	20	15
2.	Participate on CoC committees, subcommittees, or workgroups.	20	15
3.	Included in the development or revision of your CoC's local competition rating factors.	15	10
4.	Included in the development or revision of your CoC's coordinated entry process.	22	15

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

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

(limit 2,500 characters)

CoC values lived experience of homelessness and the value staff with LEH bring to our teams. To increase hiring of staff with LEH, CoC managers and supervisors promote diverse and inclusive workforce by not limiting minimum qualifications to formal educational achievement, but making accommodations for appropriate life experience where relevant, including LEH. These recommendations are being formalized into department policy.

CoC committed match funding for STEP (SNAP Training and Employment Program) which connects people served in CoC programs with recent LEH with employment and professional development opportunities in the housing and homeless services workforce, with the STEP grant paying for a large percentage of the wages and benefits for participants.

The CoC and CoC funded agencies regularly connect with Clackamas Workforce Partnership (CWP) to connect participants to employment and training opportunities. Employment and professional development opportunities are shared through weekly CoC Digest emails, in CWP meetings with providers, in CoC monthly meetings, as well as other community meetings.

Providers are encouraged to partner with Workforce Development. One successful example is YHDP’s Joint TH-RRH program. The lead agency has a direct relationship with CTEC who provides employment and educational training and support for youth and young adults.

CoC collaborates with and connects providers to Children, Family and Community Connections (CFCC), County Division, for employment and training opportunities. CFCC has a number of programs including those accessed by people experiencing homelessness and housing insecurity. These include veterans employment, support navigating training and employment opportunities, 2nd chance employment program, and programs for TANF recipients. Many non-profit housing providers, including CoC funded projects, connect participants to their programs.

The lead agency promotes professional development and employment opportunities for people with LEH ways including direct allocation of funding for peer-delivered services, and the requirement in some programs to include peer-delivered services in program design and thus in hiring. “Peers” here is inclusive of people with LEH. Funding is provided to outreach providers within the CoC to provide stipends to people with LEH who support outreach, and these paid opportunities have led to employment at some of these outreach providers by participants.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
	Describe in the field below:	
	1. how your CoC routinely gathers feedback from people experiencing homelessness;	
	2. how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
	3. the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

1. CoC routinely gathers feedback from people experiencing homelessness in a number of ways. CoC has conducted multiple focus groups the past year, including through partnership with Coalitions of Communities of Color (CCC), a culturally-specific organization, to conduct focus groups to improve our CE system. Additionally, CoC holds 4 spots (2 of which are dedicated for YAB) on the Housing Services Steering Committee (CoC Governing Board). YAB members with experience of homelessness significantly contribute to all YHDP and youth projects. PWLEH (People with Lived Experience Homelessness) have served on our Local Implementation Plan (LIP) Steering Committee. The LIP is a requirement of local Supportive Housing Services (SHS) funding and guides CoCs strategies for ending homelessness.

2. CoC routinely gathers feedback from people who received assistance through CoC or ESG on their experience receiving assistance. CoC- and ESG-funded agencies are expected to establish methods for gathering feedback from program participants, which is reviewed through contract check-ins/monitoring with CoC staff. This past year, CoC held listening sessions with people with lived experience including current and past ESG and CoC program participants.

3. Once feedback is received, 5 Program Coordinators (Outreach/Shelter, Housing Navigation, Housing Retention, Youth Homelessness, and CoC Lead) work on system improvement. Projects include addressing training needs and programs to ease transition from living unhoused to permanent housing. CoC has also improved outreach methods, case management services and creating stronger links between short- and long-term subsidies. Collaboration with PWLEH resulted in more trauma-informed and effective services, and allowed the CoC to identify a need to develop Step-Up processes for those needing longer-term subsidies. PWLEH feedback also led the CoC to identify a need for a more robust PWLEH board. Work with the YAB resulted in the development of a youth engagement check-list, used by all youth housing providers to ensure that youth voice and choice is embedded in all aspects of program design, implementation, and evaluation. The CoC has recently partnered with a non-profit organization, the Homeless Solutions Coalition of Clackamas County (HSCCC), to develop a Lived Experience Council expected to be established by Spring 2024. This group will play a key role in system design, improvements, and evaluation.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1.	reforming zoning and land use policies to permit more housing development; and
	2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. CoC Lead Agency staff are engaged with city, county, and state governments on zoning and land use policy and regulatory barriers on an ongoing basis. This includes being engaged with the Clackamas County Coordinating Committee. The Clackamas County Coordinating Committee (C4) meets to provide coordination and cooperation between jurisdictions within Clackamas County and to form unified positions on land use and transportation plans. Membership is composed of elected officials from Clackamas County, cities, representatives from unincorporated communities and representatives from transit, sewer, water and safety districts. C4 holds an annual retreat, which this year included one day dedicated to housing-focused issues. Staff delivered presentations on current programming and development activities, participated in group dialogue on the strengths, weaknesses, opportunities, and threats (SWOT) facing our housing system, and held question and answering sessions. Barriers related to zoning and land use and regulation were key parts of the dialogue.

2. Work done through C4 aims to reduce regulatory barriers. All jurisdictions, 16 cities, mayors, city mgrs. and planners, addresses zoning, land use, regulation, and regularly updates menu of regulatory tools etc. available to local jurisdictions to increase affordable housing supply.

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

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

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

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/20/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/12/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

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

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	16
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

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

(limit 2,500 characters)

1. Project scorecards are sent to agencies mid-year and during the local competition. Scorecard data is taken from APRs for the last completed program year, monitoring results from local HUD staff, and HMIS. The Ending Homelessness Project Performance measure is key in determining successful permanent housing (PH) for participants. For PSH, full points are awarded to programs with 99+% of clients remaining in or exited to PH. Points are: < 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, 99+%=7.

For TH, points include TH program met local goal of at least 99% of clients exiting to PH: <82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, 99+%=7.

For RRH and Joint-TH RRH projects, points are: RRH or Joint TH-RRH met local goal of at least 87% who exited program to PH, maintain PH 6 months after program exit: <69%=0, 69-71%=1, 72-74%=2, 75-77%=3, 78-80%=4, 81-83%=5, 84-86%=6, =87%=7.

2. CoC analyzes data from HMIS, DV comparable database, and Yardi on how long it takes to house people in PH. Information gathered for non-CoC projects identifies when people are struggling to access housing, and newly hired Navigation Coordinator works with case managers and CoC providers to support rapid PH placement. CoC participated in '22 HUD System Performance Improvement Community and is using Stella P to analyze data and plan system improvement, using Built for Zero to support this work.

3. CoC recognizes the vulnerability of people who have experienced abuse, or a history of abuse, DV, and sexual assault. Victim Service Providers (VSPs) encourage new applicants to apply for programs with a focus on DV survivors. The DV provider bonus project and the coordinated entry project are designed to address severe needs in our system. Unaccompanied youth experiencing homelessness are also a vulnerable population. In addition to 2 non-ranked YHDP projects, 2 youth focused projects were ranked.

4. CoC considered the severity of needs and the vulnerabilities of populations in ranking. Projects serving CH or underserved populations were awarded additional points. Lower thresholds, resulting in weighted scores, were used for some measures for PSH providers serving high-needs populations. Access to physical and behavioral healthcare is crucial, so applicants were awarded points for health care collaborations. In 2023, the COC again emphasized HF with a significant increase in points for demonstrated HF policies and practices.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	

3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.
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(limit 2,500 characters)

1. The CoC obtains input from people of many races, particularly those overrepresented in our homeless population, through CoC meetings, public forums, focus groups, and the Housing Services Steering Committee (HSSC) representation. Six culturally specific housing service agencies were grantees this past year. These agencies used local funds for PSH, Navigation, SO, RRH, and Shelter services. Representatives from these agencies work with the CoC's most vulnerable community members, attend CoC meetings and other community meetings related to homeless services, and provide input on CoC's review and ranking process. The CoC contracts with two culturally specific orgs for engagement and system improvement support, including facilitating focus groups with the BIPOC population over-represented in the local homeless population. The HSSC has primary responsibility for updating project rating factors, reviewing applications, and the selection and ranking of applications. 20% of the HSSC represent the BIPOC community. Two HSSC seats are dedicated to Youth Action Board members, a racially diverse group with lived experience of homelessness (LEH). HSSC members with LEH receive a stipend.

2. Input from culturally specific providers, people identified as BIPOC, and other groups over-represented in our homelessness community was central to revising project scorecards. Based on input, CoC expanded the equity section to solicit more in-depth information about provider policies, practices, and decision-making around equity. Next year, a new Lived Experience Board (LEB), 40% BIPOC, will provide input on the ranking process.

3. HSSC is the governing body for ranking projects apps. This group includes people of many races, including those over-represented in our local homeless population. Feedback is received through the CoC, and other meetings attended by advocacy groups, service providers and community members. As LEB continues to develop, it will have a growing role in evaluating applications and our overall ranking process.

4. CoC scoring system includes more questions and points tied to equity; more project scorecard points are also tied to an added question on Housing First. CoC asks how agencies address barriers to participation. Projects scoring lower in key performance measures, such as exits to PH can identify participant barriers and plan steps to remove them. Equity questions focus on policies, outcomes, and organizational leadership structure

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	

3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. CoC reallocation process is in CoC & ESG Policy manual. Local competition is open to new applicants and all applicants must complete scorecards and steps in Esnaps. It defines reallocation process of defunding low performing/underutilized projects to create new ones, and how applicants are informed. The Homeless Services Steering Committee (HSSC) considers applicable past performance, equity commitments, Housing First fidelity, and ability to fill service gaps. HSCC scores and ranks projects based on those scores. The resulting rank determines which projects are reallocated to fund new ones. After ranking, HSSC considers issues that warrant reconsideration. CoC Lead notifies agencies how their applications were ranked, informs applicants what was submitted to HUD, and notes projects that were rejected and/or reallocated by HUD's required date. The reallocation process is communicated by publicly posting the HSSC scoring/ranking meeting minutes, and by urging applicants to read the NOFO reallocation guidance that supports decision making. CoC publishes scorecards, ranking process, and mid-year project performance reviews.

CoC conducts a second project evaluation outside of the annual competition. CoC communicates the intent of mid-year project reviews to avoid poor performance, support providers, and reduce reallocation. Projects complete scorecards, including SPM (exits to Public Housing and increasing income) and administrative performance (monitoring findings, on-time APR, etc.) data. New project scorecards include a required narrative to describe the program's capacity to run effectively. Bonus points are awarded for meeting local needs, defined by PIT and CE. Programs with low score/rank risk reallocation.

2. CoC did not identify any low performing/underutilized projects for reallocation based on the criteria used for evaluation.

3. CoC did not reallocate any low performing/less needed projects in our local competition this year.

4. CoC conducts mid-year project evaluations, giving projects time to make improvements before our annual competition. CoC communicates with providers the importance of project success and meeting target measures to avoid reallocation risk. COVID brought additional funding to CoC, including agencies not previously funded by CoC, which reduced the need for providers to apply for CoC funding, and few new projects applied this year. Thus, CoC scoring/ranking and reallocation process did not result in reallocations.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

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

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/25/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/25/2023
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

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

(limit 2,500 characters)

1. CoC and HMIS Leads work in conjunction with DV housing and service providers to make sure data is updated in a separate confidential DV implementation of HMIS. This is a comparable relational database in accordance with HMIS Data Standards. The DV implementation of HMIS was developed by WellSky, the same vendor as the CoC-selected standard HMIS software. The CoC and HMIS Lead have developed HMIS workflow trainings to meet the special needs of DV providers and provide guidance as data standards are updated. The HMIS comparable database is used to collect participant data and produces CSV files that are uploaded into Sage for APR and CAPER reporting as required by HUD. With clients entered under anonymized numbers rather than names, DV providers enter all demographic and program data required to pull de-identified aggregated performance data for each of their CoC projects. DV providers submit aggregated data to the CoC and HMIS Lead for local reports, including system performance monitoring, equity analysis, bed utilization reporting, among others.

2. As detailed in Question #2, DV providers use a database developed by WellSky that is similar to the CoC's WellSky database and is compliant with the FY 2022 HMIS Data Standards.

3. The CoC is compliant with 2022 HMIS Data Standards. The vendor, WellSky, updates the database to remain compliant with HUD's requirements and current HUD data standards. WellSky Community Services meets federal, state, and local requirements, and the WellSky team actively works with each of these partners to convert complex policies into practical solutions through WellSky products, including customizable data visibility, system functionality and reporting. The COC, HMIS lead, and HMIS support staff and administrators all work together to ensure data expectations, privacy and security standards are met. The Implementation Lead assesses the vendor's compliance to all HMIS related standards.

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

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	188	60	128	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	40	0	40	100.00%
4. Rapid Re-Housing (RRH) beds	243	58	185	100.00%
5. Permanent Supportive Housing (PSH) beds	1,092	17	1,075	100.00%
6. Other Permanent Housing (OPH) beds	139	0	139	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	
	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

N/A - 100% Bed coverage

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/28/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. The CoC Youth and Housing Services Coordinator works with youth providers to participate in the PIT count process. The hard work and coordination between stakeholders engaged with reaching out to and serving homeless youth is reflected in the count. This coordination has resulted in more effective outreach to youth experiencing homelessness and an increased willingness to engage with the housing services system. Youth are more willing to engage when there are youth-specific services offered, as these services feel safer and more accessible. Plans are underway to increase the Youth Action Board’s involvement in designing a youth PIT.

2. All youth services agencies are contacted by the Youth and Housing Services Coordinator and asked to support the PIT count process by administering surveys.

3. In 2021, data for the unsheltered portion of the PIT Count was drawn from Coordinated Entry records. In 2022, our CoC did not conduct an unsheltered count. As such, 2023 unsheltered youth data is most directly comparable to the data submitted for the 2019 Unsheltered PIT Count. The 2023 PIT Count showed a total of 19 unaccompanied youth which is a reduction from the reported 24 unaccompanied youth in the 2019 count.

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

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

(limit 2,500 characters)

1. A significant change made to the 2023 Sheltered PIT Count was the participation of Clackamas County in a tri-county regional PIT Count effort this year. Worth noting, Portland State University and Focus Strategies coordinated data collection, analysis, and reporting. Additionally, Sheltered PIT Count data from our CoC was compared with information from the other two counties to identify potential duplicate records. In comparison to 2022, our CoC reported a decrease of persons in Emergency Shelter from 241 to 182 in 2023. For individuals in Sheltered Transitional Housing, the 2023 PIT Count showed an increased count of 50 people compared to 29 in the 2022 count.

2. In contrast to the 2022 PIT Count, our CoC did conduct an Unsheltered PIT Count in 2023. Like the Sheltered Count, this was a joint effort between the three counties in the Portland-metro area coordinated by Portland State University and Focus Strategies. As Coordinated Entry data was used to provide unsheltered data in 2022, the methodology for the 2023 Unsheltered PIT Count is most like the methods used in the 2019 PIT Count.

3. Implementation and methodology did not significantly contribute to a change in Sheltered Count numbers from 2022 to 2023. Changes in sheltered numbers year over year are most likely reflective of changing funding (local Supportive Housing Services measure) and improved data quality. Our CoC should continue to make strides towards having accurate data due to an increase in funding, staff capacity, and systems to measure housing instability. This CoC did not submit Unsheltered PIT Count figures in 2022 and received a waiver to use Coordinated Entry data for unsheltered values in 2021. Although the 2023 Unsheltered PIT Count was part of a new tri-county implementation, the methodology for surveying unsheltered individuals did not change dramatically from 2019 to 2023. One data quality change in 2023 is that Portland State University and Focus Strategies worked to compare unsheltered count information between the three counties to identify potential duplicate entries. This effort identified four individuals who would have been counted in Clackamas County while already having a survey completed in Multnomah County. Compared to the 2019 PIT Count, our CoC reported a reduction in unsheltered persons from 223 to 178. This change may be attributable to the influx of funding and resources to our CoC associated with the Supportive Housing Services measure.

2C. System Performance

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

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

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

In the field below:

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

(limit 2,500 characters)

1. CoC identifies risk factors during CHA (CE) workgroup meetings, data inflow meetings, analysis of CE, HMIS, DV Comparable Database, SPM data, data trend evaluation and PLEH input. To advance equity in the system, CoC invested in research and data analysis to understand racist housing policies impact on risks related to housing insecurity and homelessness, incorporating race and ethnicity into the risk factors. CoC identified the following risk factors: systemic racism, low income, single parent families, fleeing DV, large families, and disabling conditions.

2. CoC invests in diversion and eviction prevention strategies including tiered CE assessment designed to assess the ability of participants to divert from homelessness. A questionnaire is completed for individuals at risk of becoming homeless. This assessment includes exploring the participant's current strengths and support system, and assessing participants' needs to resolve their housing crisis and avoiding homelessness. Also, increasing eviction prevention accessibility and resources for BIPOC community members are strategies the CoC is actively implementing.

CoC provides quarterly community partner diversion training, including how to work with those at risk of homelessness to creatively problem solve solutions and tools necessary to give quality, trauma-informed services to community members in crisis. Recent investment of \$6.8mil/yr. in eviction prevention has been committed focusing on all identified at risk populations. In FY 2022-2023 more than 1,200 households received Eviction Prevention funds. The CoC has developed a Step-Up policy to move participants to longer term subsidies should they need it. Also, the CoC partners with Workforce partners to connect participants to programs focused on maintaining or increasing income.

CoC coordinates with schools to address family housing instability. McKinney Vento Liaisons participate in case conferencing meetings to identify barriers and connect families to housing subsidies. The Youth Coordinator also facilitates Liaison meetings. CoC will invest additional resources for families and children over the next year including conducting a strategic planning process. Additionally, the Youth Coordinator and CoC Lead are meeting with Oregon Dept of Education and McKinney Vento Liaisons, and the YAB, to plan for future programming.

3. The CoC Lead and Steering Committee responsible for overseeing this strategy.

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

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

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

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. CoC has developed a comprehensive strategy to reduce LOT homeless through the BFZ framework including an integrated housing system with the CoC along with other key stakeholders such as HACC, county and local governments, and other stakeholders to work towards homelessness being rare, brief, and non-re-occurring in our County. This year, we began hosting both an inflow and outflow community case conferencing meeting. Both the Inflow and Outflow case conferencing meetings bring these key stakeholders together. Inflow meetings focus on identifying trends, new system entrants, and adapting priorities based on outlined goals. This is a data evaluation heavy meeting attended by various system partners including culturally specific housing providers, and county staff (including leadership). Outflow meetings focus on identifying the challenges of helping individuals obtain housing once they have been referred to a specific program with the goal of reducing the time from identification to move in. Outflow meetings have similar participants as Inflow but there is a larger presence of outreach workers and staff providing navigation.

2. The CoC has improved data collection efforts to better understand trends to improve identification and prioritization processes to end homelessness across populations. CoC has increased capacity to identify individuals experiencing the longest LOT homeless and connect those households to services to help them overcome barriers and quickly obtain PH. Using a data-driven approach, the CoC brings together key housing partners for regular case conferencing utilizing comprehensive, real-time BNL, CE, and HMIS data to strategize, coordinate and adapt services to identify, prioritize and address population needs more effectively. Through extensive and ongoing engagement with key stakeholders, including culturally specific providers and those with lived experience, CoC identified a need to elevate individuals with extreme medical vulnerabilities to the top of the list to avoid additional medical complications and reduce LOT homeless. CoC accepts a certain number of medical elevation requests per week, and staff review and evaluate based on policy standards. Another strategy for reducing LOT homelessness is Outflow case conferencing, where challenges to obtaining housing are identified, such as challenges to completing paperwork, and creative solutions are found.

3. COC Lead and Steering Committee oversee this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. CoC strategy to increase the rate that individuals and persons in families in shelter, TH, and RRH exit to PH is to invest more in support services and affordable housing and improve data analysis. Local Supportive Housing Services (SHS) funding has expanded availability of housing navigation and support, increasing the number of households who access PH quickly. From 7/1/22-6/30/23, CoC housed 619 people (393 households) in permanent supportive housing – bringing the total to 794 people (518 households) placed in permanent supportive housing since SHS funding began. In 22-23, SHS provided 385 vouchers to vulnerable homeless individuals and families. That program has issued 587 vouchers since it began in November 2021. SHS’ full-time Housing Navigation Coordinator provides TA and support to service providers.

CoC collaborates with PHA to move people from homelessness to PH using Mainstream, VASH, FYI, EHV and new SHS program vouchers. CoC and PHA continue to collaborate on applications to increase voucher access for the most vulnerable. PHA added 542 units of affordable housing in 22-23, including 78 units subsidized with Project Based Vouchers or PSH funds, prioritized for people experiencing homelessness. Participation in regionally coordinated SHS investment and Built for Zero (BFZ) is requiring CoC to analyze the homeless system in new ways and is helping identify flow of services and programs to end homelessness for all populations.

2. CoC strategy to increase the rate that individuals and persons in families residing in PH projects retain their PH or exit to PH destinations is to invest more in support services, landlord outreach, and systems coordination. CoC has achieved a successful exits/retention rate of 98% in 2022.

SHS has increased availability of long-term vouchers with supportive case management. SHS also funds a full-time Supportive Housing Coordinator to support housing retention across the COC. CoC invests in full-time Landlord Outreach to nurture landlord relationships to obtain and retain formalized agreements to set aside units for people experiencing homelessness and develop master leasing to reduce barriers to housing access. CoC and PHA work collaboratively on move-on strategy, providing vouchers specifically for individuals and families in PSH programs who no longer need case management.

3. CoC Lead, with support of Housing Services Steering Committee is responsible for overseeing CoC’s strategy.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. Using a data-driven approach, the CoC brings together all key housing partners for regular and consistent case conferencing utilizing comprehensive, real-time by-name (BNL) data to identify those who leave and return to the system. The CoC has also significantly increased their investment in street outreach who are the “front line” in identifying those that may have returned to homelessness including reassessing for services and supporting individuals and families to connect with CE and placed on the BNL. In addition, significant increased investments in CE have cleared the waiting times to connect to individuals and families needing services and has resumed “live answering” to expedite identification of return to homelessness and connection to services.

2. The CoC has invested significant resources into preventing returns to homelessness starting with regular and consistent case conferencing using a data driven approach with all key housing partners to assess and incorporate services and supports to prevent returns to homelessness. Key prevention efforts include:

- a. Ensuring initial and on-going assessment of an individual and/or family’s needs including early identification of needed longer term subsidies and other services to remain housed.
- b. Ensure client-centered and participant led services and support provided by CM and increase resources and supports for CM to do “whatever it takes” to maintain housing for an individual or family.
- c. Support providers in maintaining regular and consistent connections through post follow up after individuals and families exit from the system.
- d. Increased investment in eviction prevention funding used for those at risk of homelessness to prevent eviction or get a person rehoused quickly. Funds can be used for things such as arrears in utility bills, arrears in past rent preventing rehousing, paying for car repairs or other major expenses to avoid rent arrears.
- e. Increased investments in non-time limited rental assistance and other support and subsidies that follow the person after exiting the housing system.
- f. Increased investment in rapid rehousing building in long-term subsidies (vouchers) for permanent supportive/non-time limited housing subsidy.

3. The CoC Lead, supported by the Housing Services Steering Committee, is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

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

In the field below:

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

(limit 2,500 characters)

1. CoC uses multiple strategies to assist participants in increasing employment income. CoC holds programs accountable via project scorecards for increasing participant income. Within the scorecard, the CoC measure project performance with a goal of achieving 80% of those served increased or maintained total income at end of operating year or at exit. The CoC lead and staff constantly monitors the data to identify underperformers and through monthly 1:1 meetings may inquire about barriers, supports needed, and connect them with high performing agencies to learn their practices, strategies and resources. CMs are also required by CoC to work with participants 1:1 about goals on income and employment opportunities including direct referrals to vocational rehabilitation for those with a disability and interested in employment. In addition, at the monthly CoC project meeting resources are shared between agencies related to employment and educational opportunities.

CoC uses HMIS data to track potential barriers to employment such as newly identified disabling conditions, recent DV incidences, increase/decrease income, new educational attainment and share with providers during 1:1 check ins to follow up and provide support where needed. In addition, periodically HMIS trends that illustrate barriers to employment will be shared and discussed at the monthly all provider meeting.

2. CoC has an MOU with CWP, the local workforce board. CWP focuses on populations impacted by homelessness. CWP and affiliated partners prioritize workforce program access for CoC participants when referred. CWP supports tailored services for people with disabilities, youth, veterans, English language learners, TANF recipients, and people on parole or probation, among others. CoC providers and CWP partners leverage resources to support participants' finding, maintaining and advancing in employment. The CoC ensures the providers understand and utilize this partnership by facilitating monthly workforce partnership network meetings – bringing together agencies with employment support provided by CWP. In addition, CoC partners with Children, Family and Community Connections (CFCC), who has specialized employment services for veterans and individuals returning from incarceration, and PHA Family Self Sufficiency (FSS) for people who receive public housing or Section 8 offering employment and education support.

3. CoC Lead and Steering Committee oversee strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. CoC's primary strategy to increase non-employment cash income is through SOAR certified staff and direct referral relationship with ASSIST, who provides disability benefit counseling. Currently, 12 case managers from 5 organizations are SOAR certified. Case managers provide SOAR support, when appropriate, to clients within their programs. The county SOAR lead works with the state and other local leads to advocate for funding to support a SOAR program independent of a specific housing program. For example, the County has contracted with a specialized non-profit provider to provide SOAR-related services. In addition, the State adopted a centralized application for SNAP, TANF, Medicaid, etc. Representatives from the state Department of Human services regularly present at CoC meetings and community stakeholder meetings providing information related to this centralized process. In addition, CoC lead, and staff review non-employment cash income performance with providers at 1:1 check-in providing support, resources and consultation.

DV survivors enrolled in CoC programs and/or waiting for placement on the DV waitlist, are supported in increasing non-employment cash income through facilitation and support to access public benefits such as TANF, SSI/SSD and Temporary Assistance to Domestic Violence Survivors (TADVS). Clackamas Women's Services (CWS), employs three full-time co-located DV Advocates, housed at each of our two county Department of Human Services Self Sufficiency offices who aid survivors to apply for these benefits. These advocates provide wrap-around support services to all applicants applying for these benefits and identifying as experiencing domestic violence. These supports include providing immediate access to diversion services as well as the Coordinated Housing Assessment and CoC waitlists.

CMs support participants in seeking child and/or spousal support payments that have been directed by the courts. A DHS Self Sufficiency Branch Manager regularly participates in CoC meetings and updates providers on TANF and General Assistance eligibility and application process. In addition, CMs work with individuals and families who have wages garnished for child and/or spousal support and advocate for ending garnishment, when appropriate.

2. The CoC Lead, with support of the Steering Committee, is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
CWS-RRH-DV Bonus-...	PH-RRH	5	Both

3A-3. List of Projects.

1. What is the name of the new project? CWS-RRH-DV Bonus-Latinz Program-FY23

2. Enter the Unique Entity Identifier (UEI): D5XHD5DNL3J9

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 5

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)
 N/A

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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

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

(limit 2,500 characters)

N/A

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

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

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 2023 Priority Listing.

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

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

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,313
2.	Enter the number of survivors your CoC is currently serving:	507
3.	Unmet Need:	806

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

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

(limit 2,500 characters)

The CoC calculates the number of DV survivors needing housing through data from Coordinated Housing Access (CHA) intakes and the DV Comp HMIS. Everyone accessing the CoC is asked about DV via the screening tool. All “DV door” participants who are seeking housing and services are recorded in the DV Comp HMIS by Clackamas Women’s Services (CWS). CWS provides 24/7 access to the CHA DV door. Should a survivor needing housing choose not to be transferred to CWS, this individual or family would be recorded on the mainstream HMIS and through CHA screening tools

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
Clackamas Women's...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2023 Priority Listing for New Projects:

1.	Applicant Name	Clackamas Women's Services
2.	Project Name	CWS-RRH-DV Bonus-Latinx Program-FY23
3.	Project Rank on the Priority Listing	5
4.	Unique Entity Identifier (UEI)	D5XHD5DNL3J9
5.	Amount Requested	\$223,821
6.	Rate of Housing Placement of DV Survivors–Percentage	85%
7.	Rate of Housing Retention of DV Survivors–Percentage	90%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

The DV Comp HMIS tracks the rate of placement through the date of intake, exit, and when housed. By looking at the date of intake and the date housed in safe and stable housing we can see how long it took for an individual or family to access housing. The DV Comp HMIS data can also tell us the number of individuals and families who exited the program without a housing start date. Within the DV Comp HMIS, Clackamas Women's Services (CWS) also tracks individuals and families by the program they are in, so we can provide project-specific data. Housing retention information is gathered through an exit survey, a 3-month check-in, and a 6-month check-in. A question as to whether the housing is safe and stable is included at all of these touch points.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(d)		

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1. CoC has established a successful partnership with Clackamas Women’s Services (CWS), who is the DV “door” for CE. CWS was the first to implement Housing First for DV survivors in the county now with 10 years experience. Housing First includes immediate PH access with no housing readiness requirements. Each year, CWS completes 200+ CE assessments, maintains the waitlist for 400+ survivors, and serves 450+ households in housing.

2. CoC has an established priority process through the CE and BNL case conferencing that is used for all individuals and families waiting for housing. This same process is also used to move survivors off the DV door waitlist. CoC has an established emergency transfer plan policy as described in 1C.5e that is consistently applied, relocating and bifurcating households as appropriate. CWS ensures that survivors are quickly connected to safe and stable housing with the support of case managers who provide trauma-informed, wraparound services.

3. Supportive services are identified and designed to mitigate family fragmentation and re-settling. This includes addressing isolation by fostering community connections, addressing trauma recovery during the critical transition time entering housing, and providing long-term supports to maintain stability. Participants can get support from CWS staff 24 hours a day, 7 days a week when guidance is needed to find supportive services to meet the survivor’s needs.

4. Program participants are provided with supportive services to retain housing, including budgeting and financial planning to address barriers to obtaining and retraining housing and access to legal assistance to address barriers if needed. CWS also has the capacity to provide prevention strategies and support in the moment of a housing crisis through our 24/7 crisis line or in person support at ASP-FJC or through mobile advocacy.

5. As the participant progresses towards permanent stable housing or shows signs of needing longer-term rental assistance the plan will be adjusted to meet new goals. Once a survivor is safely housed, staff work with them to establish the structures that can support their self-sufficiency and daily life. CM offered through this project promotes economic independence and strengthens financial outcomes for victims so that it is possible to remain in housing. Tangible support is offered to help them move towards financial independence, whether it is economic, vocational, and/or educational

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and

5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.
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(limit 2,500 characters)

1. CWS uses a VAWA-compliant database and is the CoC's DV "door" therefore survivors, regardless of their entry point, are ensured confidentiality. Privacy and confidentiality for this project will also be maintained by existing CWS standards and practices that follow VAWA statute and confidential staff also have Oregon's Advocacy Statutory Privilege. Information will not be shared without the explicit release of information that is written, informed, and reasonably time limited. A release of information is not a requirement for services. Participants are notified of what information a program has about them and how their information is used. Any report generated for this project will be done in aggregate.
2. CWS provides safety planning prior to offering any other supportive services or CE screening. CWS' crisis line is staffed 24/7, therefore, once any urgent safety concerns are addressed, survivors receive immediate screening. CE assessments are trauma-informed and require no details about the abuse. Safety planning is a fluid process that is responsive to changing circumstances as well as proactive in identifying options for survivors.
3. CWS' Program is a scattered-site model and subsidized rental structure with the goal to provide a linkage to housing sustainability by accessing neighborhood-based private or public housing in an area that is safe for the survivor. Mobile services are provided to meet survivors at safe locations, and services are provided at the confidential emergency shelter and secure location of the family justice center. CWS enters data with a unique number created in the DV Comp HMIS to hold all demographic and program data and to manage the CoC DV waitlists. Then a unique number is created in the mainstream HMIS, which gives survivors an anonymized placeholder on all homeless housing referral lists they qualify for, allowing maximum choice while ensuring safety and confidentiality.
4. As the CoC funds new DV providers, CWS staff work with all DV providers to coordinate CE procedures, ensure appropriate ROI procedures, and continue to ensure maximum choice, safety, and confidentiality. The CoC's ETP for DV survivors, in the CoC/ESG manual, has been consistently applied, relocating and bifurcating households as appropriate. New providers are trained to implement the ETP.
5. The emergency shelter is staffed 24/7 and has a security gate and cameras.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section I.B.3.I.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Safety planning is the first thing discussed with a survivor when they contact CWS and is revisited frequently as a proactive, responsive, and fluid process. CWS has in-house experts specializing in high-risk/high lethality cases where survivor safety is especially tenuous. CWS’ Shelter and Housing Program staff have 105 years combined providing survivor services through CWS. Additionally, staff receive ongoing training on safety planning, assessing high danger/lethality cases and applying safety planning through a culturally specific lens as well as population specific lens (i.e., Deaf and Hard of Hearing community, youth, individuals living with a disability, rural, etc.). This knowledge and expertise create a very solid and stable foundation for survivors seeking safety. Continuous feedback and evaluation are built into our programs. From the onset of the relationship, the staff expresses openness to ongoing feedback. We cultivate feedback through in-person exit interviews and our anonymous survey asks questions about safety. Our team-based model means that the CWS Shelter and Housing staff are aware of specific safety needs for every participant. Staff members check in at each shift change and meet as a whole team weekly. The weekly meeting includes time to identify safety needs and barriers to safety to ensure all participants have a consistent experience that centers on their individualized safety needs. The Deputy Director works with the leadership team to conduct a routine safety audit of the agency’s services, policies, and practices. There were no findings in the evaluation of this project.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
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 the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1. CWS Programs are thoughtfully designed to provide victim-centered, trauma-informed services through an equity lens from the first point of contact. The focus is on building relationships regardless of outcomes. The relationship between staff and a participant is part of social and community integration. If issues arise, this relationship allows staff and participants to work through solutions together. Together, the staff and participant ensure the participant's wishes and stated needs are integral in determining the permanent housing solution. Due to this, CWS has never terminated a participant from the Housing Program.

2. Coming from crisis, survivors rely on Case Managers (CM) to help navigate the complex web of services. CWS operates from a voluntary services model. Motivational interviewing is a partnership between the staff and participant in which staff listen, reflect, and ask open-ended questions to aid the participant in reflecting on their wants, strengths, and skills. CWS also provides a unique relationship free of judgment and full of unconditional positive regard. Initially, CMs maintain close contact, accompany them to appointments and provide other support. CWS staff collaborates with survivors to establish structures to support their self-sufficiency and daily life. While they focus on larger goals, like recovery or increasing resources, CWS also supports survivors by setting up the small building blocks of daily life, for example, finding a close and affordable grocery store, creating a system so they do not miss paying new bills, getting kids connected to closer day-care, etc. Long-term, multi-faceted services mitigate the impact of trauma, address the isolation of domestic violence, and support survivors in working towards their articulated goals. CWS provides services such as individual and family counseling, parenting support groups, art-based therapy, mentoring, legal representation, and health services.

3. All CWS staff receive a significant amount of training on trauma-informed practices to ensure safety, transparency and predictability, community, collaboration, voice, and cultural responsiveness in every program. As part of initial engagement and throughout the CM and participant relationship, CM provide information to participants about trauma and how it may be impacting the survivors and their children's lives.

4. CWS reflects a survivor's choices, autonomy, and power while modeling healthy relationships and resiliency. CWS utilizes a strengths-based model to build on the resiliency and skills of each participant as well as the strengths and resiliency of their community of support. Staff utilize strength-based tools and measures leading to well-defined goals and aspirations as articulated by the survivor.

5. CWS approach is through the lenses of social and racial justice, intersectionality, health and well-being and equity. CWS believes in community accountability and uses a social-ecological model approach. CWS also acknowledges that an anti-racism framework (and the harm caused by racial trauma) must be centered in any work to advance diversity, equity, and inclusion. CWS serves survivors from traditionally underserved populations at a greater rate than exists in the general population. Across the agency, culturally specific positions are embedded in each team to support the Latinx community, and all services are provided in Spanish. CWS works toward cultural competence through language access, visual representations, and cultural adaptations of services (not simply direct translations), consideration of cultural foods, holidays, traditions, rituals, and other cultural practices. CWS has

bilingual advocates who speak Spanish, Russian, Farsi, and Arabic along with a comprehensive and robustly funded Language Access Plan that prioritizes providing in-person and video-conference interpretation services (telephonic as a final option).

6. CM is also attentive to the importance of rebuilding a sense of community. Many survivors do not know whom to trust first and the circle may begin with just their CM. But through relational-focused work, CWS staff collaborates with participants to expand that circle and reconnect to a safe community, be it through support groups, children’s school, faith communities, hobbies, or the survivor’s past community that an abuser may have isolated them from. CWS includes community connection activities and wellness programming to support incorporating well-being into individualized service plans and to mitigate harm caused by the isolation of violence. Opportunities include, for example, Trauma Recovery Empowerment Model.

7. CWS offers multiple opportunities for group connection through trauma-informed support and parenting groups in English and Spanish, for example, Making Parenting a Pleasure. Additionally, youth can connect with each other through groups (i.e., art-based therapy) and Camp HOPE.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(limit 5,000 characters)

Every participant was presented with a range of tailored supportive services individualized to their self-determined needs and specific situation. The Program works to enhance safety, mitigate isolation, and promote self-determination. Participants determine their own goals and case managers offer support in achieving those goals. All services are voluntary and in the language of their choice. This included connection to partner agency and/or CWS resources including assistance developing and coordinating services; transportation assistance; accompaniment to appointments and advocacy with providers as needed; referrals to federal, state, and local benefits and services; etc. Case managers have helped participants navigate multiple systems such as public safety, criminal justice, health care, education, and social services. All services remain flexible to meet changing needs of the family as they stabilize and continue to offer support for as long as the survivor would like to engage.

Services were provided in person in the home or another safe location as well as by phone, telehealth, and video. We operate from a culturally responsive and survivor-centered wraparound service model. Highly flexible and created services were provided and included basic (yet essential) activities such as assistance with house cleaning, shopping for groceries, fostering communication between property owners and tenants, strategies to manage pets, and more. The service assessment offers a comprehensive list of services and support available, identifies housing barriers, and engages in meaningful dialogue about needs and preferences related to both housing and services. This means a routinely updated Goals Sheet was completed, translated as appropriate, to be based on specific needs. All participants have access to a broad range of voluntary services provided by CWS, including case management and advocacy, ongoing safety planning, assistance filing protective orders, legal advocacy and representation, financial empowerment services, a child and youth program, community building and wellness activities, parenting support, counseling, and a variety of support groups. All children were offered access to Camp HOPE Oregon, as well as counseling services through our agency. We also provided support in school enrollment, establishing child-care support, after-school programming, and individualized children's services. Services that support housing retention included budgeting and financial planning and access to legal assistance. Our team case management model ensured that participants received support from CWS staff 24/7, which means that in a market where housing is in high demand, survivors remained competitive and had the necessary support to respond quickly to landlord questions or requests for information. Case Managers guide survivors through evaluating available housing options, help the survivor to enter applications for housing, and provide advocacy and education to landlords.

Survivors often have multiple episodes of homelessness because of violence, or due to safety issues, or the isolation caused by the abuser, and they often find few resources in place when fleeing the violence. We seek to break that cycle and provide supportive case management to remain stably housed. This included planning for the end of financial assistance and the goal of remaining in place, be that through increasing income and obtaining financial self-sufficiency or by connecting with other permanent supports and resources. Most survivors we work with are unemployed or underemployed, often because of abuse and a partner who has disrupted or dismantled their opportunities to work. Many rely solely on TANF income or have no income at all. We provided tangible support to help them move towards financial independence, whether it is economic, vocational, and/or educational. Once a survivor is safely housed,

our staff works with them to establish the structures that can support their self-sufficiency and daily life.

While we focus on larger goals, like employment, we also support survivors with setting up the small building blocks of daily life, for example, finding a close and affordable grocery store, creating a system so they don't miss paying new bills, getting kids connected to closer day-care, etc. Having these small systems in place allows survivors to move out of survival mode and work on their larger self-identified goals from a place of more stability. The program provided support in addressing the impacts the abuse has had on education and/or employment and will collaborate with participants to establish safe working relationships. Support included setting budget goals, including pursuing child support, TANF, Social Security benefits, assistance with IDAs, and other creative solutions to reduce household cost including childcare arrangements, ridesharing, low-cost public transportation, etc.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

This Housing First program includes five core values: 1) immediate access to permanent housing with no housing readiness requirements, 2) consumer choice and self-determination, 3) recovery orientation, 4) individualized and client-driven support, and 5) social and community integration. There are no housing readiness requirements for entry. We accept all homeless or fleeing survivors of domestic and sexual violence, including trafficking, regardless of current or past substance use, income, criminal records, marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression.

Survivor-centered advocacy is at the heart of all CWS programs, and we consider it essential to engage survivors in shaping services and defining program goals and outcomes specific to their communities. Our trauma-informed approach aims to provide survivors with culturally responsive support while also advancing racial equity. By creating a community with survivors who come from many different backgrounds and have a specific shared experience, we can break the isolation of interpersonal violence from a place of respect and dignity. Staff will support program participants in developing individualized goals and identifying resources that may be helpful in their journey. Long-term, multi-faceted services mitigate the impact of trauma and help with recovery. Our model focuses on building relationships regardless of the outcomes. The relationship between staff and participants is part of social and community integration and healing. If issues arise, this relationship allows staff and participants to work through solutions together.

Program participants work with HCM to identify and apply to a rental of their choice, with the lease in their name. Every participant will be presented with a range supportive service such as counseling, legal services, support groups, and youth and children’s services; assistance navigating services and service delivery systems; accompaniment to appointments and advocacy with other providers; information and referrals to other providers offering emergency services, public benefits, and youth services; ongoing risk assessments and safety planning; and emotional support. The HCM will support the participant’s progress through weekly contact. HCM provides a wide range of supportive services and support in developing, securing, and coordinating services; accompanying participants to appointments and advocating with providers; providing ongoing culturally responsive risk assessment and safety planning; providing culturally specific emotional support and services

Strategies focus on creating unique safety plans and engaging in problem-solving to support survivors in finding shelter, housing, and/or temporary safe alternative options. These conversations involve actively listening to participants; searching for resources, community support, or options; and focusing on the survivor’s strengths. Our services are not time-limited and are available for as long as needed. In a highly integrated system with other partners who often must close cases when a key service/case is complete, this role is often uniquely provided by CWS. As relationships are the core of all we do, it is natural for services to continue after a participant has graduated from rental assistance and is self-sufficient. We find that most survivors begin with case management and support around critical needs, but transition into accessing counseling and health support as they become more stable, and often remain engaged in our services for years to come.

This project will take a whole-person approach to health, ensuring survivors

have access to trauma-informed physical, oral, and mental health services. Staff will help enroll in the Oregon Health Plan and navigate the insurance marketplace. HCM accompanies survivors to appointments, provides transportation, and supports them through what can be an emotional process. The program will provide support in securing or increasing their financial resources, including resume building, partnership with programs such as Workforce Partnerships, interview practice, resources for clothing, and assistance searching for jobs. The HCM will also support them in addressing the barriers or negative impacts DV has had on past employment or employment opportunities and will work with the survivor to establish safe working relationships and provide education and support to employers around DV and the legal protections afforded to survivors.

Project will offer language access, visual representations, and cultural adaptations of services (not simply direct translations), consideration of cultural foods, holidays, traditions, rituals, and other cultural practices. CWS has bilingual advocates who speak Spanish, Russian, Farsi, and Arabic along with a Language Access Plan that prioritizes providing in-person and video-conference interpretation services.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section I.B.3.I.(1)(f)		
Describe in the field below how the new project will involve survivors:		
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

CWS incorporates the voices and ideas of individuals with a range of lived expertise into policies and practices at all levels of the organization. In addition to anonymous feedback forms, all program participants will be invited for an interview, a relational process for cultivating feedback; as well as invited to participate in listening sessions that include multiple modalities to cultivate feedback. CWS works with two groups of survivors in the development, implementation, and evaluation of policies and procedures. VOICES is a survivor-led committee that comes together to celebrate their strength and survival. They use their voices to help others through advocacy, education, and empowerment. They support each other and incoming clients, identify gaps in services, and provide invaluable feedback on service delivery and policies from their lived expertise. The CWS Promotoras program conducts outreach to Latinx populations and leads the development of culturally specific services. Promotoras' community outreach model trains members of the community to become peer specialists who, through community outreach, create equitable access to services. CWS' Latinx Leadership Team (LLT), led by the Latinx Services Manager, is composed of representatives from all service areas. This group determines its own agenda and has set goals of encouraging and supporting leadership skills for Latinx staff, evaluating agency practices, and creating outreach plans to connect with the community in culturally relevant ways. The LLT advises the agency on services and policies and trains staff and volunteers on the impact of violence on the Latinx community.

Agency staff and board members bring lived experience and intersectional identities that are actively utilized in program and policy planning and implementation. Over 30% of CWS staff are bilingual/bicultural and CWS offers pay differentials for bilingual staff. CWS staff represent many communities: over 35% of staff identify as Latinx, 42% identify as living with a disability, 10% are immigrants, 27% care for someone with a disability, 22% care for someone other than a child, 20% are single parents, 20% have experienced homelessness, 70% are survivors of domestic or sexual violence, and 40% identify as LGBTQIA+. About 20% of tenured employees (10-20 years) and 50% of new employees (0-3 years) identify as multiracial. Over 75% of current Board members have lived experience with domestic or sexual violence or homelessness.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pre...	09/22/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/22/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/22/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/27/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/25/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/22/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/22/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/22/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	09/26/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/26/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6. HUD's Homel...	08/17/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/25/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/27/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No	Healthcare Formal...	09/27/2023

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting—CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements - Part 1

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreements - Part 2

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/27/2023
1B. Inclusive Structure	09/27/2023
1C. Coordination and Engagement	09/27/2023
1D. Coordination and Engagement Cont'd	09/27/2023
1E. Project Review/Ranking	09/27/2023
2A. HMIS Implementation	09/27/2023
2B. Point-in-Time (PIT) Count	09/27/2023
2C. System Performance	09/27/2023
3A. Coordination with Housing and Healthcare	09/27/2023
3B. Rehabilitation/New Construction Costs	09/27/2023
3C. Serving Homeless Under Other Federal Statutes	09/27/2023

4A. DV Bonus Project Applicants	09/27/2023
4B. Attachments Screen	09/27/2023
Submission Summary	No Input Required

B. Description of Preference

Here are all of our HCV Administrative Plan preferences as an excerpt and of those, 6, 7, 8, 9, 10, 11, 12, 13 apply to the unhoused community:

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 HACC 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 HACC to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACC's plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HACC Policy

All preferences must be referred directly by a referring service provider that enters into an Memorandum of Understanding (MOU) with the Housing Authority to serve families entered on the Coordinated Housing Access (CHA) or referred as an existing Housing Authority tenant or applicant. Households applying from outside of Clackamas County must live in Clackamas County one (1) year with the voucher before being allowed to transfer (port out).

Vouchers will only be issued to those who have not left any type of subsidized housing in bad standing in the last 5 years, do not owe money to any PHA or have any EIV program violations that would otherwise exclude them from the program. No Sex Offenders will be allowed to participate in the program. Applications from MOU Referring agencies denied due to these reasons still count towards the total allowed to be referred for a preference.

HACC holds the right to close the preference wait list at any time due to lack of available vouchers. Preferences 1-5 will be served before Preferences 6-11. Preferences 6-11 households will be served based on date and time of placement on the preference wait list. HACC preferences are as follows:

1. Any family that has had their voucher rescinded due to insufficient program funding will always be served before all other preference or wait list families.
2. Project Based Voucher families that have lived in their unit no less than one year **and** have requested a Tenant Based Voucher **before giving notice to vacate** will be issued a voucher before all other preference families can be served.
3. Eligible families displaced from Housing Authority owned units due to acquisition or sale of property, demolition or rehabilitation work. This preference may include residents of HACC owned local projects that have to be relocated due to a change in the population to be served at the units, rehabilitation, or sell of units. These families will be allowed to move with debts owed as long as they sign a payment agreement and are current on all payments. These families will only be issued a voucher according to the HCV Occupancy Standard of 2 per room and not based on the unit size they currently occupy.

4. Families currently in the Public Housing program who have met the requirements for an emergency or administrative transfer but whose needs cannot be met within the Public Housing program through relocation.

5. HACC Public Housing Families who are under housed, over housed or in need of reasonable accommodation that Public Housing cannot accommodate through relocation.

6. Maximum of 33 dedicated vouchers to serve homeless persons per fiscal year (FY) (July 1st to June 30th). Families must be homeless at time of application. This preference can only come from direct referring agencies that have signed a Memorandum of Understanding (MOU) outlining the services to be offered to those referred. The referrals must originate from the Coordinated Housing Access (CHA) system and have an HMIS identification number to show an intake was completed. To be referred households must be actively engaged in services at time of voucher issue. Referring agencies are limited to no more than 5 referrals from July 1-December 31. Starting January 1 remaining available vouchers will be distributed first come, first served order. Unused Preference slots do not carry over to the next fiscal year. **Limited Preference**

7. Maximum of 17 dedicated vouchers within a fiscal year (July 1st to June 30th) for families referred by a domestic violence professional counseling organization and/or shelter, for victims of domestic violence that has occurred within the last 12 months and are certified as homeless by the agency and who continue to be in counseling or case management through the referring agency or other professionally recognized counseling organization. Referrals from agencies that have signed an MOU outlining the services to be offered to their referral families will only be accepted. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. Applicants will be served on a first come, first served basis. Unused Preference slots do not carry over to the next fiscal year. **Limited Preference**

8. Maximum of 10 dedicated vouchers per year within a fiscal year (July 1st to June 30th) for households referred by a provider that has entered into a Supportive Services MOU with HACC and applicant has been deemed by the provider to be in less need for supportive services. The household must be considered a candidate that is graduating off the PSH and that at time of entry into the PSH program were homeless and/or disabled. Unused Preference slots do not carry over to the next fiscal year. Referring agencies are limited to no more than 5 referrals from July 1-December 31. Starting January 1 remaining available vouchers will be distributed first come, first served order. Unused Preference slots do not carry over to the next fiscal year. **Moving on Strategy**

9. Shelter Plus Care families may graduate to a regular voucher if the grant changes making them no longer qualify for assistance under the revised grant or if services are no longer needed and family is fully stabilized as shown by having passed inspections consistently, no eviction threats, income (cannot be zero income) and any necessary established service connections. **Moving on Strategy**

10. For Mainstream Vouchers only, preference will be given to non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless who are referred by an agency with an active MOU to provide supportive services. Homeless status must be met at time of application. **General Preference**

11. Eligible Clackamas County families who have been displaced from their homes by a natural disaster as declared by the Federal, State or County government who have not been eligible for long

term assistance including but not limited to federal assistance such as Federal Emergency Management Agency (FEMA), State or local government assistance, insurance settlements, or the like, and who face long term homelessness. Those families seeking any compensation or settlement that may come in the future may not apply until all legal recourse has been resolved. **General Preference**

12. Families receiving temporary assistance such as motel vouchers may apply if no other legal negotiation for compensation is under consideration. This preference is limited to 10 Families that can be confirmed by Clackamas County EOC to meet the requirements set forth above during a fiscal year (July 1st to June 30th). If at the time more families meet this preference than there are slots available, families will be selected within the preference category based on the date and time of their application to the Housing Authority for housing assistance. Unused Disaster Vouchers do not carry over to the next fiscal year. 12. FYI households that are disabled and unable to fully afford rent at time of voucher sunset will be offered a preference voucher referral due to risk of returning to homelessness. **Limited Preference**

13. RLRA households that as a reasonable accommodation need to live outside the Metro region will be offered a preference voucher referral that meets their needs (either Mainstream, EHV, or regular voucher). **General Preference**

Link to the entire HCV Admin Plan and ACOP is here:

<https://www.clackamas.us/housingauthority/plansandreports.html>

C. Percentage of total admissions experiencing homelessness during FY 2022 (July 1, 2022 through June 30, 2023): 28%

B. Description of Preference

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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 HACC to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACC's plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HACC Policy

All preferences must be referred directly by a referring service provider that enters into an Memorandum of Understanding (MOU) with the Housing Authority to serve families entered on the Coordinated Housing Access (CHA) or referred as an existing Housing Authority tenant or applicant. Households applying from outside of Clackamas County must live in Clackamas County one (1) year with the voucher before being allowed to transfer (port out).

Vouchers will only be issued to those who have not left any type of subsidized housing in bad standing in the last 5 years, do not owe money to any PHA or have any EIV program violations that would otherwise exclude them from the program. No Sex Offenders will be allowed to participate in the program. Applications from MOU Referring agencies denied due to these reasons still count towards the total allowed to be referred for a preference.

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4. Families currently in the Public Housing program who have met the requirements for an emergency or administrative transfer but whose needs cannot be met within the Public Housing program through relocation.

5. HACC Public Housing Families who are under housed, over housed or in need of reasonable accommodation that Public Housing cannot accommodate through relocation.

6. Maximum of 33 dedicated vouchers to serve homeless persons per fiscal year (FY) (July 1st to June 30th). Families must be homeless at time of application. This preference can only come from direct referring agencies that have signed a Memorandum of Understanding (MOU) outlining the services to be offered to those referred. The referrals must originate from the Coordinated Housing Access (CHA) system and have an HMIS identification number to show an intake was completed. To be referred households must be actively engaged in services at time of voucher issue. Referring agencies are limited to no more than 5 referrals from July 1-December 31. Starting January 1 remaining available vouchers will be distributed first come, first served order. Unused Preference slots do not carry over to the next fiscal year. **Limited Preference**

7. Maximum of 17 dedicated vouchers within a fiscal year (July 1st to June 30th) for families referred by a domestic violence professional counseling organization and/or shelter, for victims of domestic violence that has occurred within the last 12 months and are certified as homeless by the agency and who continue to be in counseling or case management through the referring agency or other professionally recognized counseling organization. Referrals from agencies that have signed an MOU outlining the services to be offered to their referral families will only be accepted. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior written approval. Applicants will be served on a first come, first served basis. Unused Preference slots do not carry over to the next fiscal year. **Limited Preference**

8. Maximum of 10 dedicated vouchers per year within a fiscal year (July 1st to June 30th) for households referred by a provider that has entered into a Supportive Services MOU with HACC and applicant has been deemed by the provider to be in less need for supportive services. The household must be considered a candidate that is graduating off the PSH and that at time of entry into the PSH program were homeless and/or disabled. Unused Preference slots do not carry over to the next fiscal year. Referring agencies are limited to no more than 5 referrals from July 1-December 31. Starting January 1 remaining available vouchers will be distributed first come, first served order. Unused Preference slots do not carry over to the next fiscal year. **Moving on Strategy**

9. Shelter Plus Care families may graduate to a regular voucher if the grant changes making them no longer qualify for assistance under the revised grant or if services are no longer needed and family is fully stabilized as shown by having passed inspections consistently, no eviction threats, income (cannot be zero income) and any necessary established service connections. **Moving on Strategy**

10. For Mainstream Vouchers only, preference will be given to non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless or at risk of becoming homeless who are referred by an agency with an active MOU to provide supportive services. Homeless status must be met at time of application. **General Preference**

11. Eligible Clackamas County families who have been displaced from their homes by a natural disaster as declared by the Federal, State or County government who have not been eligible for long

term assistance including but not limited to federal assistance such as Federal Emergency Management Agency (FEMA), State or local government assistance, insurance settlements, or the like, and who face long term homelessness. Those families seeking any compensation or settlement that may come in the future may not apply until all legal recourse has been resolved. **General Preference**

12. Families receiving temporary assistance such as motel vouchers may apply if no other legal negotiation for compensation is under consideration. This preference is limited to 10 Families that can be confirmed by Clackamas County EOC to meet the requirements set forth above during a fiscal year (July 1st to June 30th). If at the time more families meet this preference than there are slots available, families will be selected within the preference category based on the date and time of their application to the Housing Authority for housing assistance. Unused Disaster Vouchers do not carry over to the next fiscal year. 12. FYI households that are disabled and unable to fully afford rent at time of voucher sunset will be offered a preference voucher referral due to risk of returning to homelessness. **Limited Preference**

13. RLRA households that as a reasonable accommodation need to live outside the Metro region will be offered a preference voucher referral that meets their needs (either Mainstream, EHV, or regular voucher). **General Preference**

Link to the entire HCV Admin Plan and ACOP is here:

<https://www.clackamas.us/housingauthority/plansandreports.html>

C. Percentage of total admissions experiencing homelessness during FY 2022 (July 1, 2022 through June 30, 2023): 28%

September 11, 2023

To Whom It May Concern;

This letter is to certify that we, members of the lived experience workgroup with Clackamas County, have participated in evaluating and setting local priorities for CoC funding, as well as other funding sources utilized to end homelessness in Clackamas County. As part of this work, we have evaluated and scored project applications in the FY 2023 local CoC competition process- identifying which projects will be proposed for funding by HUD, and where they place on the priority listing.

Sincerely,

Print Name: Kenzie Meyer Youth Action Board Member, Lived Experience CoC Committee Member

Signature: *Kenzie Meyer* Date: 9/11/2023

Print Name: Domi Ramos Youth Action Board Member, Lived Experience CoC Committee Member

Signature: *Domi Ramos* Date: 9/11/2023

Print Name: Jessica Johnson Lived Experience CoC Committee Member

Signature: *Jessica Johnson* Date: 9/11/2023

Clackamas County Continuum of Care

Mid-Year Performance Evaluation

Project Name: H3S HOPE II PSH

The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project's most recently completed program year, local HUD representative, and HMIS.

Project Performance			
1/1/2021 – 12/31/2021			
Criteria	Possible Points	Points Awarded	
Compliance: Was the APR for the most recently completed program year submitted to HUD on time?	4	4	
Drawdowns: Project spent all CoC funds in contract year. (from HUD) Less than 90%=0 points, 90-94%=1, 95-100%=2 If project is still in the initial contract period – 2 points	2	2	
HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (APR questions 6a-6c) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 HOPE II: 0%	5	5	
Bed Utilization: Average Bed utilization was at least 99% Less than 80%= 0, 80-85%=1, 86-90%=2, 90-94%=3, 95-99%=4, more than 99%=5 For RRH programs: Proposed project participation vs Households Served HOPE II: 73%	5	0	
Ending Homelessness: The PSH program met the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a.8, Q23c) Less than 80%=0, 80-84%=1, 85-89%=2, 90-94%=3, 95-99%=4, more than 99%=5 HOPE II: 100% OR The TH program met the local goal of at least 99% of clients exiting to permanent housing (APR Q23c). Less than 80%=0, 80-84%=1, 85-89%=2, 90-94%=3, 95-99%=4, more than 99%=5 OR The RRH program met the local goal of at least 87% of clients who exited the program to permanent housing, maintain permanent housing 6 months after program exit. Less than 58%=0, 58-64%=1, 65-71%=2, 72-79%=3, 80-86%=4, more than 86%=5	5	5	
Increased or Maintained Income: All homeless programs met the local goal of at least 80% of adult clients having increased or maintained <u>total income</u> at end of operating year or at exit (APR 19a1 & 19a2). Less than 60%=0, 60-64%=1, 65-69%=2, 70-74%=3, 75-80%=4, more than 80%=5 HOPE II: 88%	5	5	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Clackamas County Continuum of Care

Mid-Year Performance Evaluation

Hope II had a 73% bed utilization. The program assists more households (6) than the goal (4), but the household sizes have resulted in a smaller bed utilization number (12 participants). There are 3 adult-only households in Hope II. Two of these adult-only households are long-term participants whose adult children have successfully moved out of their parents' homes. The case manager has had ongoing conversations about the opportunity to move-on from the program with a referral to a Housing Choice Voucher for several years. These participants have not felt ready to exit the program, which has limited the program's ability to have new larger families with minor children enter the program due to the high cost of rents.

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria– 2023**

Project Name: H3S – HOPE II PSH

Date: 8/8/2023

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served
Permanent Supportive Housing	Chronically Homeless	4	7 served / 7 moved into housing

Participant Demographics (pulled from APR): 1/1/2022 – 12/31/2022

Gender:		Race:	
Male	9	White	10
Female	5	Black/African-American	0
No Single Gender	0	Asian	0
Questioning	0	American Indian/Alaska Native	1
Transgender	1	Native Hawaiian/Pac. Islander	0
		Don't know/refused/missing	0
Age:			
0-12	3	Domestic Violence Survivor:	
13-17	2	Yes	4
18-24	2	No	5
25+	8	Don't know/refused/missing	1
62+	0	Number currently fleeing	2
Don't know/refused/missing	0		
		Veterans	3
Ethnicity:			
Hispanic/Latino	0	Chronically Homeless	
Not Hispanic/Latino	15	CH households listed on APR	6
Don't know/refused/missing	0	Number who met CH definition before 1/15/16	2

Budget Information (Current Application):

Amount of HUD CoC Contract/Award: Not including Admin	\$92,520
HUD CoC Admin:	\$621
Total Program Budget: Please list all cash funding sources including and beyond stated match	\$93,141
County General Funds	\$23,285
Community Services Block Grant	\$19,944

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

1.	Project Narrative	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)

The Hope II Program in Clackamas County provides Permanent Supportive Housing (PSH) to chronically homeless individuals and families. This program follows the Housing First approach, prioritizing the provision of stable housing as a necessary first step towards addressing homelessness. Hope II supports households experiencing long-term homelessness by offering a rent subsidy and comprehensive supportive services.

The program primarily focuses on assisting households with extensive histories of homelessness, who often face complex health challenges. Through the provision of a rent subsidy, Hope II helps these households secure and maintain stable housing in the long term. Additionally, the program offers intensive supportive services tailored to the unique needs of each household. These services promote stability, address health concerns, and empower individuals and families to accomplish their self-defined goals in various areas of their lives.

2. **Culturally specific organizations** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to increase culturally specific services, and encourage culturally specific providers to apply, additional points are awarded under this category.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4pts) 0

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2pts) 0

3. **The CoC definition of equity: an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.**

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

The Social Services Division of Clackamas County (CCSSD) is home to a dynamic Equity, Diversity, and Inclusion Group (EDIG), which is introduced to every new hire as part of their onboarding. EDIG’s core purpose is to ensure all employees are empowered to perform to their full potential, to celebrate the diverse viewpoints staff members bring, and to confront and change any workplace procedures that hinder social justice. EDIG also aims to nurture an immediate

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

sense of belonging and inclusion for all new employees. EDIG comprises 27 active participants, including a member from the management team who serves as a liaison. EDIG operates through five teams: Awareness, Training, Check-Ins, Interviews, and Welcoming. Furthermore, EDIG provides a Racial Trauma support group for staff identifying as people of color, and it sponsors two affinity groups for employees belonging to our Black and Latinx communities.

EDIG plays a vital role in advocating for comprehensive equity, anti-oppression, and anti-bias training for all staff members in CCSSD. Over the past few years, EDIG has ensured that all 180 employees participate in essential training sessions, including a 9-hour program focusing on De-Biasing, Cultural Fragility, and Active Bystander/Micro-Aggressions Interruption. Additionally, a 2-hour training session on the LGBTQ+ spectrum and pronouns has been provided. CCSSD is dedicated to fostering a culture of continuous learning and actively allocates resources to support equity training initiatives. Housing staff regularly benefit from training funds, enabling them to participate in various educational programs. Some of the notable training sessions attended by the staff last year include: What Does Mindfulness Have To Do With Anti-Racism, Racial Justice in the Housing Rights Movement, Facing Race Conference, Immigration Forum, Northwest Public Employees Diversity Conference, CSH Supportive Housing Summit and the Latino Social Workers Organization Conference.

These training opportunities and conferences contribute to the staff's professional development and enhance their knowledge and skills in various areas related to equity, diversity, and inclusion. Following the completion of equity-related trainings, staff members are strongly encouraged to share their insights and provide a training summary to the entire team, including the leadership. This practice promotes knowledge sharing and ensures that the valuable information and perspectives gained from the training sessions are disseminated throughout the organization. Staff members contribute to fostering a culture of continuous learning and promote a shared understanding of equity-related concepts and practices within the team and leadership.

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program's efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization's decision-making. (11 points)

CCSSD brings together the Community Action Board (CAB) to make crucial decisions regarding the allocation of state and federal Community Action funds. These funds, amounting to \$5.4 million in the current year, are dedicated to supporting various housing, shelter, utility assistance and other basic-needs program through 7 funding streams. Diversity and inclusivity are key priorities for the (CAB), with 37.5% of its current members identifying as BIPOC and an additional 37.5% identifying as low-income individuals. The board actively seeks representation from all regions of the county, embracing individuals from diverse races, ethnicities, sexual orientations, and cultures. To ensure fair and equitable decision-making, the CAB places a strong emphasis on the lived experiences of its board members. This includes valuing the insights and perspectives of individuals who have experienced and understand the root causes of homelessness. The CAB utilizes equity lens, outlined in (section 3.3)

CCSSD seeks out the input of participants with lived experience of homelessness and discrimination. The agency has a client feedback process for direct communication with program participants, which is reviewed regularly and leads to measurable improvements. Staff members who have faced discrimination based on race, gender, and disability are valued and can participate in EDIG, advising on trainings, policy and promoting equity in all areas of social services. Any advice is brought to social services leadership for review and possible implementation. CCSSD firmly supports the fair remuneration of individuals with lived experience, ensuring that they are compensated for their time, travel, and childcare expenses. This principle has been widely adopted across various

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

systems, including the CoC Steering Committee and multiple housing project advisory teams. Going beyond CCSSD's initiatives, the organization actively supports the elevation of voices from people with lived experience with being homeless. Participants are consistently provided with opportunities and support to share their perspectives, implementing change within the CoC Steering Committee, housing project advisory teams, state legislature, County Commissioners, and through public relations endeavors. These efforts help to educate the public to the invaluable insights and ideas of individuals from some of our most vulnerable communities.

The Supportive Housing Team comprises 41 members, of which 18 (44%) identify as people of color. Additionally, 10 members (24%) are fluent in Spanish, and there is one member who is fluent in Vietnamese. To cater to the needs of Spanish speakers, CHA has allocated two specific positions for bilingual Spanish individuals. This ensures that Spanish-speaking individuals are served in their preferred language right from the entry point. Language interpretation services are readily available, covering over 240 languages. Furthermore, staff members have received training on respectful communication through interpreters. In terms of diversity, at least 17% of the team members identify as LGBTQ+. Their perspectives and insights are highly valued, and they actively contribute to the hiring process as well as other program-related decisions.

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

A collaborative work group consisting of board members who have firsthand experience of poverty or homelessness, program stakeholders, and community partners joined forces to develop a Service Equity Plan aimed at incorporating an equity-centered approach in all decision-making processes. Implementation of the Service Equity Plan will help to mitigate disparities in terms of access, participation, and outcomes. The organization utilizes the following Equity Lens to uncover underlying factors that contribute to ongoing inequalities and eliminate obstacles, thus ensuring the ongoing implementation and enhancement of a service system that is racially equitable.

The Equity lens was used to inform the water assistance program, that distributes emergency food and shelter funding and to increase diversity in community members accessing aging services. There is current work being done on creating an equity lens model to be utilized in strategic planning in our entire division of Health, Housing and Human Services.

These are the Equity Lens questions:

- A. *What group(s) experience disparities related to this budget, initiative, policy, program, or decision? Are they at the table? (If not, why?)*
- B. *How might the budget, initiative, policy, program, or decision affect the group(s)? How might it be perceived by the group(s)?*
- C. *Does the budget, initiative, policy, program, or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in a systemic change that addresses institutional racism?*
- D. *Does the budget, initiative, policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?*
- E. *Based on the above responses, what are possible revisions to the budget, initiative, policy, program, or decision under review?*

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
 - *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
 - *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
 - *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
 - *Example #5: An organization's board of directors includes representation from more than one person with lived experience*
 - *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)

The housing initiatives of Clackamas County Social Service (CCSSD) are strategically aligned to collaborate effectively with healthcare service providers. A variety of county health centers, spread throughout the campus and in urban and rural areas, supply medical, dental, and behavioral health services on a sliding scale basis. A broad spectrum of county programs work to improve access to local healthcare systems. These include the Transportation Reaching People Program by CCSSD, a free transport service for individuals with disabilities and the homeless to reach their medical appointments. Other programs like the Senior Health Insurance Benefits Assistance (SHIBA), WIC, Aging and Disability Resource Connection, and round-the-clock mental health crisis services are also available. CCSSD extends rent relief using public health funds. In this effort, outreach workers from Providence Health System collaborate with the Coordinated Housing Access (CHA) and homeless outreach case manager. CHA has a Collective Medical contract that identifies and assesses the needs of medically vulnerable homeless individuals and verifies their housing eligibility. The data sharing platform between HMIS and electronic medical records has significantly improved communication between CHA and county healthcare providers.

The Supportive Housing staff have access to a multi-disciplinary team to partner with county healthcare providers in addressing complex participant needs. Public health staff intermittently conduct training on urgent housing-related issues like bed bugs. The Supportive Housing team often partners with county healthcare providers to coordinate participant care, make healthcare referrals, establish primary care provider, care teams, medical homes and serve as a resource for health-related questions and resources. The housing program manager's collaboration with the County Emergency Operations Center allows housing staff to keep participants informed about resources and updates related to public health emergencies such as the extreme weather conditions,

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

wildfires, and other events impacting vulnerable households in CCSSD programs. Also, the MACG (Multi Agency Coordinating Group), convened by the Governor to oversee the Emergency Order funds, includes members from two CCOs active in the area.

Accredited Veteran Service Officers at CCSSD assist veterans in enrolling in Veterans Administration healthcare. The VA regularly participates in the CCSSD convened Homeless Veteran Coordination Team (HVCT) meetings, and a system-wide Release of Information including the VA and other HVCT members, enables information sharing about housing homeless veterans and ongoing service needs for previously homeless veterans and those at high risk of homelessness.

During enrollment, program staff use a person first approach when conversing about mental and physical health issues, that may have connection with housing access and stability for each participant. Staff verify each household member's health insurance status, to ensure health related goals can be met. Participants are encouraged to share contact details of any other service providers they want staff to connect with and to complete releases of information. If the participant wishes, program staff help with finding, understanding eligibility for, and enrolling in health insurance coverage and medical and mental health services, both directly and through referrals to other programs. Staff are knowledgeable about a variety of community healthcare resources, including services for low income and/or uninsured households and culturally specific services for BIPOC populations. CCSSD program manuals and internal fiscal protocol clearly outline how various federal, state, and local funds can be utilized to support healthcare access by assisting with office visit copays, non-covered healthcare costs like prescription glasses, prescription copays, and non-covered medical equipment such as mobility devices.

- 5. Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)

5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? **YES**

5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.

All housing programs offered by CCSSD follow the principles of Housing First. Participants are evaluated through Coordinated Housing Access and must meet the basic eligibility criteria set by HUD (such as being "chronically homeless" for Permanent Supportive Housing or being literally homeless with a minor child in the household for Rapid Rehousing). Factors such as membership in marginalized communities, protected class status, or having past justice involvement are never reasons for disqualification. CCSSD's Housing First approach recognizes the trauma and suffering associated with homelessness, the impact of mental health and substance abuse issues, and the disproportionate effects of homelessness and the criminal justice system on communities of color. CCSSD

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

makes significant efforts to treat participants with kindness, without judgment, and without imposing additional requirements or barriers to entry that are not mandated by the funding source.

At CCSSD, the Housing First approach encompasses various aspects, including addressing individuals' fundamental needs, such as access to food, water, safety away from the streets, health-related services, and hygiene. Throughout the process of confirming eligibility and searching for housing, CCSSD focuses on providing practical assistance in these areas. These tangible efforts serve to establish trust, foster positive relationships, and demonstrate compassion without passing judgment. To comply with HUD regulations, disability and homeless status must be verified by a third party, a task in which program staff often assist individuals. All households that meet the eligibility criteria are enrolled in the program and assigned a case manager. Together, they develop a personalized housing plan and receive ongoing support to overcome obstacles and secure suitable housing within a 90-day timeframe. In cases where additional time is needed, individuals have the option to request a reasonable accommodation.

After enrolling, case managers strive to link participants with resources and assistance, although engagement in services is not mandatory for receiving Rental Assistance. The Participant Agreement solely obligates participation in HUD-mandated activities, such as reporting changes in income and household composition, and undergoing an annual review. Case managers collaborate with landlords to negotiate alternatives to evictions in cases of severe lease violations, assist tenants in relocating and vacating their units when moving becomes unavoidable, and aid participants in devising a new housing search plan. CCSSD's Housing First approach acknowledges that evictions do occur on occasion and does not consider them grounds for termination.

Discontinuation of services are infrequent and can only happen with the case being staffed with the program manager. The program manuals provide explicit reasons for termination, which are discussed with participants during the intake process. These reasons include participants not residing in their designated unit, engaging in serious threats, violence, or harassment towards county staff, and prolonged stays in jail, prison, hospital, or similar institutions. Participants who are at risk of service closure have the right to file an appeal to prevent homelessness.

The effectiveness of CCSSD's Housing First approach is demonstrated by the positive outcomes achieved by program participants. During the last project year 100% of participants in HOPE II, 92% of participants in Housing our Heroes, and 100% of participants in HOPE Leasing remained in housing or exited to permanent destination.

6. Serving Participants in Rural Clackamas County: This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:

6.1 Please provide a brief narrative (no more than ½ a page) describing your organization's capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

CCSSD has already laid the groundwork for operating in rural communities and has the potential to further expand its reach. The Supportive Housing Team of CCSSD boasts a broad network of relationships with landlords throughout the county, including areas beyond the Urban Growth Boundary. They are supported by a landlord outreach specialist who is integral to all Supportive Housing Team programs, and the COVID rent relief initiative has introduced hundreds of new landlords from every corner of the county, including rural ones.

CCSSD's Coordinated Housing Access system extends its outreach to rural areas throughout Clackamas County, with all participants entering through this coordinated entry system. CCSSD's HUD programs are located at scattered sites, which gives participants the freedom to select housing anywhere in Clackamas County, even outside the Urban Growth Boundary. Case managers engage landlords, coordinate care, and provide support for participants to secure and sustain housing in their preferred area. CCSSD has a fleet of vehicles that case managers can use to travel to rural locations if participant transportation is required. CCSSD also covers mileage for staff who use their personal vehicles to visit participants.

Furthermore, CCSSD has aided in the expansion of severe weather shelters in rural areas of Clackamas County. Zoar Lutheran Church in Canby and Ant Farm, serving Molalla, Estacada and Sandy, provide life-saving day and nighttime shelter during periods of extreme weather. Staff and volunteers at these sites alert outreach workers about particularly vulnerable guests, ensuring outreach and assessment can be prioritized.

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

- **25-49%**

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Implementing the Housing First model with the option for individuals to live outside the Urban Growth Boundary (UGB) requires careful coordination. Adequate funding and robust support systems must be ensured for those choosing to reside beyond the UGB. Collaboration among stakeholders is vital to address the unique challenges and provide individuals with the resources they need to thrive.

Total Project Narrative Points: 43.0

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

2.	Project Performance 1/1/2022 – 12/31/2022	Maximum points: 39
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The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project's most recently completed program year, local HUD representative, and HMIS.

Criteria	Possible Points	Points Awarded
Compliance: Project <u>does not</u> currently have unresolved HUD monitoring findings or is in process of resolving.	5	5
Compliance: Was the APR for the most recently completed program year submitted to HUD on time?	5	5
Drawdowns: Project spent all CoC funds in contract year. (from HUD) Less than 90%=0 points, 90-94%=3, 95-100%=6	6	6
HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (APR Q6a-6c) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 All individual elements listed must be less than 5% null. Hope II: 0%	5	5
Bed Utilization: Average bed utilization was at least 99% 70% or less= 0, 71-75%=1 76-80%=2, 81-85%=3, 86-90%=4, 91-95%=5, 96-100%=6 For RRH programs: Proposed project participation vs Households Served Hope II: 77%	6	2
Ending Homelessness: The PSH program meet the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a8, Q23a & b) Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR Hope II: 100% The TH program met the local goal of at least 99% of clients exiting to permanent housing Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR The RRH program or Joint Component TH-RRH met the local goal of at least 87% of clients who exited the program to permanent housing, maintain permanent housing 6 months after program exit. Less than 69%=0, 69-71%=1, 72-74%=2, 75-77%=3, 78-80%=4, 81-83%=5, 84-86%=6, ≤87%=7	7	7
Increased or Maintained Income: All homeless programs met the local goal of at least 80% of adult clients having increased or maintained <u>total income</u> at end of operating year or at exit (APR 19a1 & 19a2). Less than 60%=0, 60-64%=1, 65-69%=2, 70-74%=3, 75-80%=4, more than 80%=5 Hope II: 63%	5	1

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Bed Utilization/Project Performance Explanation

Bed Utilization shows a small improvement from last year. The COC application lists 4 units with 15 beds. In 2022, the program assisted 7 households, which is more households than have ever been helped by Hope II in a program year, but the utilization displays low due to smaller household sizes.

Increased or Maintained Income

Three of the program participants who have had employment income at various times while in the program, lost employment income in 2022, which caused a significant drop in this outcome for this program year. These adults are living with disabling conditions that can make it challenging to retain employment. Of these three, two have been challenged by the decision between employment, where they often struggle, and taking on the long process of applying for Social Security benefits. The program case manager is supporting one of these households with a Social Security application.

Total Project Performance Points: 30

3.	HUD Criteria	Maximum points: 2
-----------	---------------------	--------------------------

- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 point) 1
- Project increases overall RRH beds (1 point) n/a

Total HUD Criteria Points: 1

Total Score: 75

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.



Provider Information

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	[Test Provider]
Acronym (If Applicable)	_____
Year Incorporated	_____
EIN	_____
Street Address	_____
Zip Code	_____

Project Information	
Project Name	_____
Project Budget	_____
Grant Number	_____
Name of Project Director	_____
Project Director Email Address	_____
Project Director Phone Number	_____
Which best describes the project *	Permanent Supportive Housing
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	None of the above

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	_____
CEO Email Address	_____
CEO Phone Number	_____
Name of Staff Member Guiding Assessment	_____
Staff Email Address	_____
Staff Phone Number	_____

Assessment Information	
Name of Assessor	_____
Organizational Affiliation of Assessor	_____
Assessor Email Address	_____
Assessor Phone Number	_____
Date of Assessment	Nov 02 2016

While not completed, this tool will be fully implemented by Winter 2024 for all projects as referenced in the narrative response. Previous completed score cards in this document reflect current evaluation process.



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	<p>Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Access 2	Projects do not deny assistance for unnecessary reasons	<p>Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Access 3	Access regardless of sexual orientation, gender identity, or marital status	<p>Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one’s sexual orientation or marital status, and in accordance with one’s gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Access 4	Admission process is expedited with speed and efficiency	<p>Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer

Access 5	Intake processes are person-centered and flexible	<p>Intake and assessment procedures are focused on the individual’s or family’s strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	<p>Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities’ existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Access 7	Exits to homelessness are avoided	<p>Projects that can no longer serve particular households utilize the coordinated entry process, or the communities’ existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies’ regulation-adherent policies.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	<p>Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	<p>Input is welcomed regarding the project’s policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 3	Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Leases 4	Participants receive education about their lease or occupancy agreement terms	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

Leases 5	Measures are used to prevent eviction	<p>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 6	Providing stable housing is a priority	<p>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	<p>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1	<p>Projects promote participant choice in services</p> <p>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 2	<p>Person Centered Planning is a guiding principle of the service planning process</p> <p>Person-centered Planning is a guiding principle of the service planning process</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 3	<p>Service support is as permanent as the housing</p> <p>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Services 4	<p>Services are continued despite change in housing status or placement</p> <p>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer

Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them). <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
	Standard	Housing Definition / Evidence	Say It	Document It	Do It
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer

Housing 2	Substance use is not a reason for termination	<p>Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Housing 3	The rules and regulations of the project are centered on participants' rights	<p>Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer
Housing 4	Participants have the option to transfer to another project	<p>Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.</p> <p><i>Optional notes here</i></p>	Please select answer	Please select answer	Please select answer



Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Project 2	PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing	Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
Project 3	Property Management duties are separate and distinct from services/case management	In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy. <i>Optional notes here</i>	Please select answer	Please select answer	Please select answer
		No additional standards <i>Optional notes here</i>			

No additional standards

Optional notes here

No additional standards

Optional notes here

No additional standards

Optional notes here

No additional standards

Optional notes here

Section is not applicable. Please see following section.



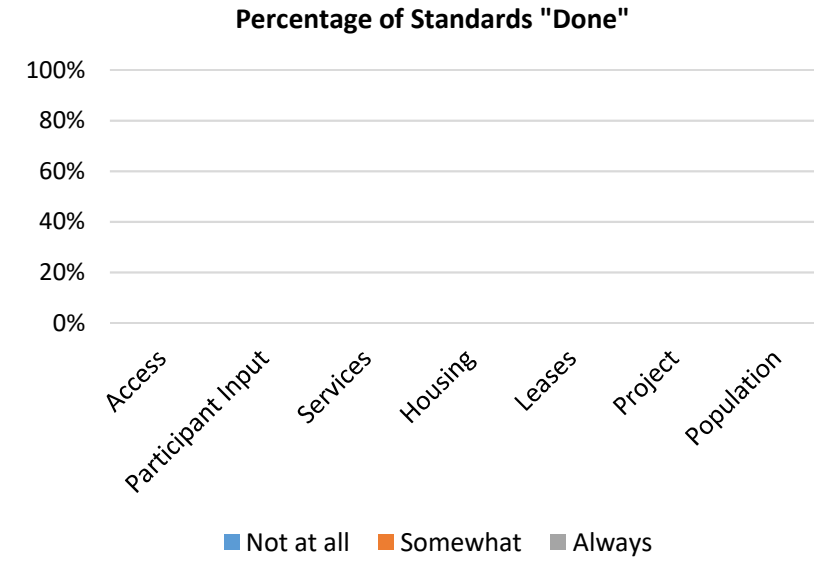
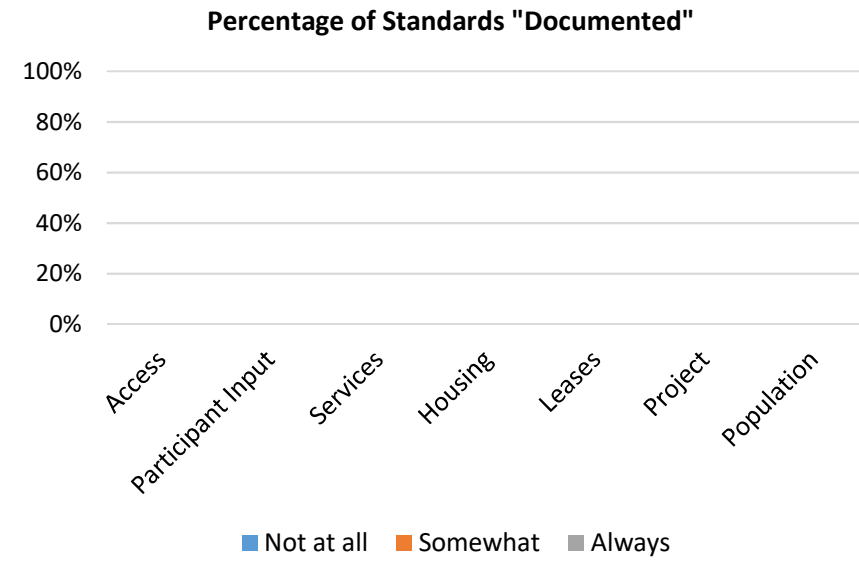
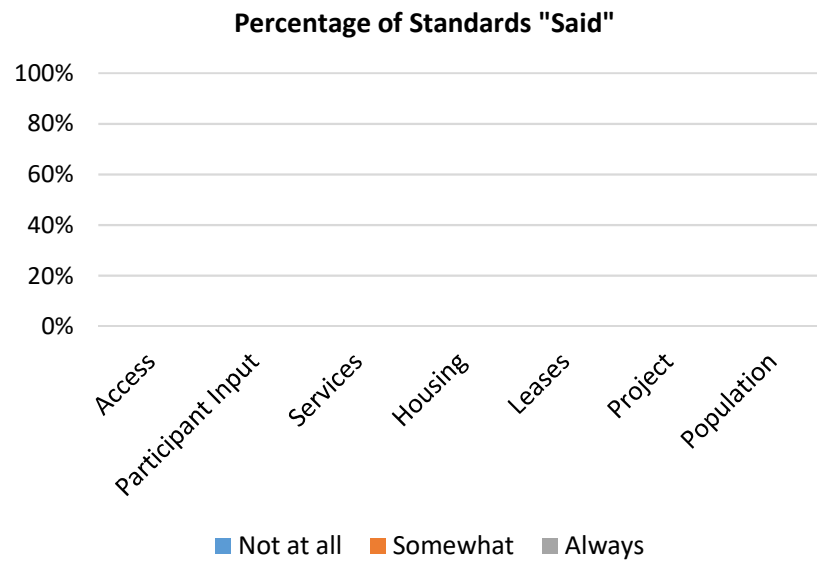
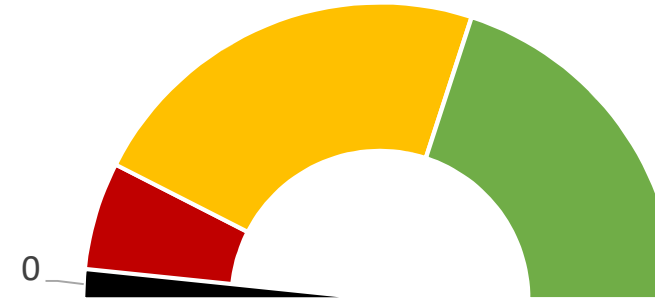
Housing First Standards: Assessment Summary

[Test Provider]
2-Nov-16

Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Your score: **0**
Max potential score: 180

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.



Continuum of Care Application

The CoC submits an annual application to the U.S. Department of Housing and Urban Development (HUD) articulating the CoC's planning efforts and other activities within Clackamas County which relate to homeless people. The local competition for FY 2023 CoC funding is now open, and all are encouraged to apply!

The deadline for project application submission is Sunday, Aug. 20, 11:59 p.m. For more information, please email Raina Smith-Roller at rsmithroller@clackamas.us with your name, agency and email address.

NOFA Priority Listing		2022
Consolidated Application		2022
Ranking and Selection Process		2022
Local Priority Listing		2022
Rating and Ranking Score Cards	2023	2022
Scoring Rubric for Narrative Questions	2023	2022

2023 Homeless Housing and Services Notice of Funding Opportunity

Date: 7/18/2023

On July 5th, 2023, the U.S. Department of Housing and Urban Development released the annual **Continuum of Care (CoC)** Notice of Funding Opportunity (NOFO). The intent is to fund programs that move people from homelessness into permanent housing.

The local competition for FY 2023 CoC funding is now open!

The deadline for applications is Sunday, August 20th, 11:59pm. Project applications are submitted through ESNAPS and score cards will be emailed to Raina Smith-Roller (rsmithroller@clackamas.us)

All application materials will be reviewed by Clackamas County's CoC Steering Committee.

Eligible projects include Rapid Rehousing (RRH), Joint Component Transitional Housing-Rapid Rehousing (TH-RRH), Permanent Supportive Housing (PSH), and Supportive Services Only- Coordinated Entry. This year applicants are able to:

1. Expand an existing program by adding beds, services, etc. to an existing project
2. Consolidate two projects with the same project type during the application process
3. Apply for a "Transitions grant" to help agencies move toward a different program type (ie Transitional housing to Rapid Rehousing) slowly over the course of a year
4. Apply for a new, reallocated project
5. Apply for a new bonus project: amount to be determined
6. Apply for a renewal project

All agencies planning to or considering applying are encouraged to read the **NOFO** in full.

We will be hosting a virtual FY 2023 CoC Local Competition Technical Assistance Meeting August 8th, from 11:00am-1:00pm. This meeting is optional and you are not required to attend in order to apply for or receive COC funds. This meeting is separate from any other HUD hosted or sponsored meetings related to the NOFO.

Join Zoom Meeting

<https://clackamascounty.zoom.us/j/87659949531?pwd=TStJSHNMY0NQaFBnV05OUDBVbUZNZz09>

Meeting ID: 876 5994 9531

Passcode: 299927

One tap mobile

+12532050468,,87659949531# US

+12532158782,,87659949531# US (Tacoma)

For more information, please email Raina Smith-Roller (rsmithroller@clackamas.us), with your name, agency and email address.

Guide Page

Housing Resources

Clackamas County Continuum of Care - FY2023 Ranking Process

Clackamas County CoC monitors project performance during APR review prior to submission, through regularly scheduled data quality and bed utilization reports, and as part of the evaluation, review, scoring and ranking process. Coordinated Entry, PIT count, and equity analysis data are used by the CoC to determine local needs. The score cards used for the CoC ranking process are completed and evaluated by the Housing Services Steering Committee (HSSC), formally known as the CoC Steering Committee (CoCSC), as part of mid-year program and system performance evaluation. If the HSSC determines that a program is underperforming the HSSC will support programs to improve performance, following the CoC Corrective Action Process as per the CoC Bylaws. DV providers are scored on objective criteria data from a comparable database.

Last year's competition included a significant overhaul of our score cards. **Objective Criteria, used in reviewing, ranking and program selection** to determine future program success, was different based on the type of score card used:

For all Score Cards revisions were made to align with local and HUD priorities:

- **Revised narratives:** Healthcare collaboration, increased points.
- **Added narrative:** Ability to serve outside of the urban growth boundary (UGB) questions*. The UGB question was not scored this year but provided information on how to increase services in rural parts of Clackamas County.
- **Revised narrative:** Description of equity and inclusion strategies. Significantly increased points for equity and inclusion (from 10 to 33 total points). Added additional equity questions.
- **Added narrative:** Added narrative question related to Housing First policies and practices. Increased points associated with Housing First question (from 1 to 10 total points).

This year no significant changes made to the score cards, outside of aligning "First Year" score cards with the changes made to other score cards last year. First Year score cards are used by reviewers for projects who have not completed their first year of operations by the time the competition starts. One additional change made was adding information to New Applicant score card about whether the budget was reasonable based on services proposed.

The following elements are within each Score Card:

- **New Project Applications-** basic threshold requirements (such as HMIS, CE, and Equal Access); HUD application requirements (such as eligible activities, project type); local goals (Increase RRH and Dedicated CH beds, project that serves non-Chronic single adults, commitment to using Housing First approach with no service participation requirements or preconditions, Culturally Specific Organization and/or Culturally Specific Project); and narratives (agency administrative capacity, success with federal grants, experience working with homeless populations, program plans to positively contribute to HUD's System Performance Measures, description of their equity and inclusion strategies, ability to serve outside of the urban growth boundary, Housing First, collaboration with healthcare)

Clackamas County Continuum of Care - FY2023 Ranking Process

- **First-year Renewal Projects**- Steps taken to be incorporated into CE System; drawdowns (projects that are within 1 month of starting operating year have hired staff); HMIS data quality (getting new staff training in policies and procedures, data entry); submission by agency of Housing Inventory Form to HMIS staff; Participation in CoC meetings; increased or maintained income (staff member registered or completing SOAR training); HUD application requirements (such as eligible activities, project type); local goals (increase RRH and Dedicated CH beds, project that serves non-Chronic single adults, Commitment to using Housing First approach with no service participation requirements or preconditions, Culturally Specific Organization and/or Culturally Specific Project); and narratives (description of their equity and inclusion strategies, ability to serve outside of the urban growth boundary, Housing First, collaboration with healthcare)
- **Standard Renewal Projects**- unresolved HUD findings, on-time APR submission, eLOCCS drawdown rates, **System Performance**: HMIS data quality, bed utilization rates, exits to permanent housing, and increasing participant incomes, narratives (description of equity and inclusion strategies, ability to serve outside of the urban growth boundary, Housing First, and collaboration with healthcare)
- **Youth Renewal Projects**- evaluated based on the same criteria as Standard Renewal with 2 exceptions: The income measure was adapted to include increased/maintained income AND/OR attending school or training program.

Reviewers used up-to-date past performance data for all applications for which the data was available, including all Youth and Standard renewal projects. Data was pulled by our team for individual projects based on recently completed program year. **Target population, housing component type, number of households to be served, and cost effectiveness** were some of the **objective criteria** included on all score cards. All new and renewal projects were scored on narrative responses related to equity, housing first, and healthcare collaboration efforts. Potential bonus points were awarded to new and renewal projects that met each of the following criteria:

- The project increased the number of 100% Dedicated Chronically Homeless beds or Dedicated PLUS beds, intended to serve participants with severe barriers.
- The project increased to the number of total RRH beds.
- The applicant is a Culturally Specific Organization and/or the project is culturally specific.

Our scorecard measured bed utilization rates, exits to permanent housing destinations, and increasing participant income as factors to achieving positive housing outcomes and improving system performance that were explicitly evaluated using the attached score card. This ensured projects followed **24 CFR part 578**, eLOCCS drawdown rates and timely APR submittal are considered, while funds recaptured by HUD and monitoring/audit findings are included in the score. The score card was completed by CoC staff using HMIS and project application data, and project staff provided answers to the narrative section.

Score Cards award points for projects that address severe barriers to accessing housing and services: This includes questions tied to Housing First policies and practices; points associated with increasing cash and non-cash benefits; collaboration with healthcare organizations; and points tied to projects serving Chronically Homeless households.

Clackamas County Continuum of Care - FY2023 Ranking Process

Each of the score cards used by the review team are attached below. Our team submitted all new and renewal project applications through Ensnaps to the CoC by the deadline set by the CoC, August 20th, 2023. The projects included in our FY2022 CoC Application were monitored, evaluated, reviewed, scored, accepted, and ranked on August 29th, 2023. Minutes of this and other HSSC meetings are available to the public.

New Project Applications: CWS RRH-Latinx New Project (DV Bonus), H3S CHA CE Expansion (CoC Bonus)

Extensive outreach was done by the CoC to encourage new applicants. This included information shared through the county website, information sent out to an approximately 360 member CoC list-serve, technical assistance open office hours, community meetings, monthly CoC meetings, and 1:1 conversation with prospective agencies considering applying. Unfortunately, no new agencies chose to apply, although at least two agencies that met with the CoC Lead are considering applying next year. We did receive the following two new project applications from an existing service provider: CWS RRH-Latinx Project, which would expand culturally specific services, and a CoC Bonus project application to significantly expand Coordinated Entry.

DV Bonus Project: CWS RRH-Latinx Project, which would expand culturally specific services. The CWS RRH- Latinx Project expands rapid rehousing assistance and supportive services to survivors of domestic violence. This project ranked in Tier 1. This expansion project adds 9 units. CWS provides culturally appropriate supportive services tailored to the individual needs of survivors and families. All CWS staff are trained in providing the housing screen and completing it at the first point of contact with homeless survivors. It is administered in the primary language of the participant by bilingual staff (CWS has staff that speak over five languages) or with the assistance of an interpreter. These may include information and referrals for CWS services including counseling, legal services, support groups, and youth and children's services; assistance developing, securing, and coordinating services; accompaniment to appointments and advocacy with providers as needed; information and referrals to other providers including emergency services, and federal, state, and local benefits and services; youth services, ongoing risk assessments, safety planning, and emotional support. CWS leverages resources to support RRH participants in obtaining clothing vouchers, transportation, assistance in furnishing and household items, and moving services, as needed and available. **CoC Bonus Coordinated Housing Access Expansion Project:** The CoC received one new SSO-CE project application, to expand a renewal project. This project ranked as a CoC Bonus Project. As our system continues to see significant growth, we see a need to increase access. Expanding Coordinated Housing Access (CHA), our CE system, will allow us to connect with people who need housing and support services more rapidly, increasing access across all geographical areas of our CoC.

Clackamas County Continuum of Care - FY2023 Ranking Process

Renewal Project Applications:

Thirteen Ranked and Scored Renewal Projects: The HSSC received thirteen renewal applications. Each project was evaluated by the review team based on performance, as well as the providers' ability to positively contribute to local and HUD priorities and meet the needs of the community.

Note: While Central City Concern's Chez Ami project initially scored higher than Corvallis Neighborhood Housing Services (DevNW)'s Joint TH/RRH project, the Steering Committee voted to rank the TH/RRH project higher during the 8/29/23 Ranking Meeting. The Joint TH/RRH project scored higher overall in narrative response, but lost points due to data and performance elements. This project has historically been high performing, but recent staff turnover at the leadership level resulted in challenges for the project over the past year. The CoC Lead and Committee are committed to actively working with DevNW to ensure they once again meet high performance standards.

Three Projects Ranked but Not Scored: There were three projects that could not be evaluated or had outcomes that could not be compared with the other CoC projects. **Coordinated Housing Access (CHA), CWS Coordinated Entry** and **Homeless Management Information System (HMIS)** could not be evaluated by the review team in a meaningful way to compare with the other projects because these projects are system administrative functions and do not serve participants in the same way as TH, RRH or PSH projects. CHA, our Coordinated Entry, screens for the other programs and HMIS is used to collect and analyze data. For Coordinated Entry and HMIS, The HSSC decided that projects which are necessary for the success of the whole continuum need to be included at the top of Tier 1.

Projects Accepted but Not Ranked: As per instructions in the FY2023 CoC NOFO, 2 YHDP Renewal Projects were accepted but not ranked. The CoC Planning application was also reviewed for threshold compliance and quality of narrative response but was not ranked.

Rejected or Reduced Projects: No projects were rejected or reduced during the FY2023 Ranking Process.

*Ability to serve outside of the urban growth boundary – In May 2020, voters in greater Portland approved Measure 26-210 to fund services for people experiencing or at risk of homelessness within the urban growth boundary. Clackamas County is estimated to receive over \$25million annually to serve people experiencing homelessness within the metro area. While CoC funds will still be utilized in all areas of the county, we want to ensure that there is adequate capacity to serve rural communities.

Score Card for New Project Applications

(Including bonus and reallocation)

Project Name: _____ Date: _____

Assistance Type	Target Population	# of Units Proposed	Households to Serve

1.	Minimum Project Thresholds (CoC and HUD Priorities)	Meets all Y/N
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1. Willing and able to participate in CHA: YES ____ NO ____
2. Willing and able to participate in HMIS (or an equivalent, if DV provider): YES ____ NO ____
3. Agrees to all CoC policies and practices: YES ____ NO ____
4. Housing First, **with no service participation requirements or preconditions** (limited exception for sober living projects) YES ____ NO ____
5. Equal Access YES ____ NO ____
6. Application includes only eligible activities and expenses
 - a. Program component type is allowed under the FY2022 NOFO: YES ____ NO ____
 - b. All Budget Line Items must be allowable under the FY2022 NOFO & clearly explained: YES ____ NO ____
7. Application amount plus match (Budget) reasonably reflects the proposed scope of work: YES ____ NO ____
8. Application is complete by the designated due date with no missing items: YES ____ NO ____
9. The average cost per household served is reasonable, meaning that the cost for housing and services provided by the project are consistent with the population the project plans to serve: YES ____ NO ____

Meets Minimum Threshold: _____

2.	Other HUD and CoC Criteria	Maximum Points: 4
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1. Dedicated Chronically Homeless (CH) beds/ Increase overall Rapid Rehousing (RRH) beds (2 points)
 - a. YES ____ NO ____
2. Application is for a project that serves non-Chronic single adults? (2 points)
 - a. YES ____ NO ____

Total HUD and CoC Criteria Points: _____

3.	Project Narrative	Maximum points: 96
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)
2. **Culturally specific organizations** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to increase

Score Card for New Project Applications

culturally specific services, and encourage culturally specific providers to apply, additional points are awarded under this category.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4pts) _____

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2pts) _____

3. *The CoC definition of equity: **an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.***

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program's policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program's efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization's decision-making. (11 points)

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
- *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
- *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
- *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
- *Example #5: An organization's board of directors includes representation from more than one person with lived experience*
- *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
- *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
- *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*

Score Card for New Project Applications

4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)

5. **Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)

5.1 Project is committed to using Housing First approach with no service participation or pre-conditions?

YES ___ NO ___

5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.

6. **Serving Participants in Rural Clackamas County:** This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:

6.1 Please provide a brief narrative (no more than ½ a page) describing your organization’s capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

0-24% _____

25-49% _____

50-75% _____

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

7. Please provide a brief narrative (no more than ½ page) describing your agency’s administrative capacity (data-tracking, software/HMIS) to implement this program. (9 points)

8. Please provide a brief narrative (no more than ½ page) describing your agency’s experience and documented success working with complicated federal grants. Please include information about compliance with federal

Score Card for New Project Applications

regulations, ability to draw down all funds, and ability to keep all beds full while complying with federal and local regulations. (8 points)

9. Please provide a brief narrative (no more than 1 page) describing your agency and staff's experience working with homeless populations, including your agency's guiding principles. Please include information about how your agency has demonstrated participant success securing and maintaining permanent housing and increasing cash and non-cash income. (10 points)
10. Please provide a brief narrative (no more than 1 page) describing how your program plans to positively contribute to HUD's System Performance Measures: quickly move people from homelessness to permanent housing; ensure participants exit to/maintain permanent housing (for PSH projects) or retain permanent housing after program completion (for RRH projects); ensure participants graduating programs to do return to homelessness; ensure participants increase income during program participation. (10 points)

Total Project Narrative Points: _____

Total Score: _____

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

Clackamas County Continuum of Care

**New Project Renewal – Projects that are up for renewal, but have not yet started their first project year
Ranking Criteria– 2023**

Project Name: _____

Date: _____

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served

Budget Information:

Amount of HUD CoC Contract/Award: Not including Admin	\$
HUD CoC Admin:	\$
Total Program Budget: Please list all cash funding sources including and beyond stated match	\$

Clackamas County Continuum of Care

New Project Renewal

Project Ranking Criteria – 2023

1. Equity and Local Needs	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)
2. **Culturally specific organizations** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to encourage culturally specific organizations to apply, extra points will be awarded to providers and projects which fulfill this criteria.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4 points) _____

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2 points) _____

3. **The CoC definition of equity is: *an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.***

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program’s efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization’s decision-making. (11 points)

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
- *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*

Clackamas County Continuum of Care

New Project Renewal

Project Ranking Criteria – 2023

- *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
 - *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
 - *Example #5: An organization’s board of directors includes representation from more than one person with lived experience*
 - *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)
5. **Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)
- 5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? YES____ NO____
- 5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2/ process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.
6. **Serving Participants in Rural Clackamas County:** This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:
- 6.1 Please provide a brief narrative (no more than ½ a page) describing your organization’s capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite

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New Project Renewal

Project Ranking Criteria – 2023

office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

0-24% _____

25-49% _____

50-75% _____

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Total Equity and Total Needs Points: _____

2.	Project Performance	Maximum points: 31
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Criteria	Possible Points	Points Awarded
Compliance: Steps needed to be incorporated into CHA are complete No steps taken=0, some steps taken-mostly incorporated=2-5, fully incorporated=6	6	
Drawdowns: Projects that are within one month of starting their operating year have hired staff for this project (projects with more than a month until implementation, full points) No steps taken=0 points; job description written, job posted, interviews completed=2-4; staff hired=5	5	
HMIS Data Quality: New staff trained in HMIS policies and procedures. If new staff is responsible for HMIS data entry, also trained in data entry. (projects with more than a month until implementation, full points) Not trained=0, Trained in all aspects required for the position=5	5	

Clackamas County Continuum of Care
 New Project Renewal
 Project Ranking Criteria – 2023

<p>Bed Utilization: A completed Housing Inventory form has been submitted to HMIS Coordinator, indicating the number and types of beds/units available through this project. Not submitted=0, Submitted, but not finalized=1-4 (depending on how complete), Submitted and finalized=5</p>	5	
<p>Ending Homelessness: The agency participates in CoC and is a voting member (attended at least 3 meetings in the past 12 months). Not attending CoC=0, Attending CoC but not a voting member=2, Voting member of CoC=5</p>	5	
<p>Increased or Maintained Income: At least one staff person is registered or completed SOAR training. Please provide documentation for SOAR Training Did not meet goal=0, met goal=5</p>	5	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Total Project Performance Points: _____

3. HUD Criteria	Maximum points: 2
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- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 point) _____
- Project increases overall RRH beds (1 point) _____

Total HUD Criteria Points: _____

Total Score: _____

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

Clackamas County Continuum of Care

**First Year Renewal - Projects that have started, but not completed their first project year
Project Ranking Criteria– 2023**

Project Name: _____

Date: _____

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served

Participant Demographics (pulled from APR):

Gender:		Race:	
Male		White	
Female		Black/African-American	
No Single Gender		Asian	
Questioning		American Indian/Alaska Native	
Transgender		Native Hawaiian/Pac. Islander	
Don't know/refused/missing		Multiple Races	
		Don't know/refused/missing	
Age:			
0-12		Domestic Violence Survivor:	
13-17		Yes	
18-24		No	
25+		Don't know/refused/missing	
62+		Number currently fleeing	
Don't know/refused/missing			
		Veterans	
Ethnicity:			
Hispanic/Latino		Chronically Homeless	
Not Hispanic/Latino		CH households listed on APR	

Budget Information:

Amount of HUD CoC Contract/Award: Not including Admin	\$
HUD CoC Admin:	\$
Total Program Budget: Please list all cash funding sources including and beyond stated match	\$

Clackamas County Continuum of Care

First Year Ranking Criteria – 2023

1. Project Narrative: Local Needs	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)
2. **Culturally specific organizations** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to encourage culturally specific organizations to apply, extra points will be awarded to providers and projects which fulfill this criteria.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4 points) _____

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2 points) _____

3. **The CoC definition of equity is: an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.**

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program’s efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization’s decision-making. (11 points)

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*

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First Year Ranking Criteria – 2023

- *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
 - *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
 - *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
 - *Example #5: An organization's board of directors includes representation from more than one person with lived experience*
 - *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)
5. **Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)
- 5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? YES____ NO____
- 5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2/ process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.
6. **Serving Participants in Rural Clackamas County:** This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:
- 6.1 Please provide a brief narrative (no more than ½ a page) describing your organization's capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite office(s) in rural

Clackamas County Continuum of Care

First Year Ranking Criteria – 2023

area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

0-24% _____

25-49% _____

50-75% _____

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Total Equity and Total Needs Points: _____

Clackamas County Continuum of Care

First Year Ranking Criteria – 2023

The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project’s most recently completed program year, local HUD representative, and HMIS.

2.	Project Performance	Maximum points: 39
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This section is based on HUD’s Performance Criteria, as articulated in the competition NOFA.

Criteria	Possible Points	Points Awarded
Compliance: Project has made progress on creating a project manual	10	
Expended Funds: Project is on track to expend all funds by the end of the Program Year. Calculate percent spent, prorated based on program year progress. (from HUD) Less than 45%=0 points, 46%-55%=1, 56-65%=2, 66-75%=3, 76-85=4, more than 86%=5 All projects operating for fewer than 3 months= 5 points	6	
HMIS Data Quality: Had less than 4% null/missing on all HMIS data elements (APR questions 6a-6c) More than 10%=0, 8-9%=1, 6-7%= 2, 5-6%= 3, 4-5%=4, fewer than 4%=5	5	
Bed Utilization: Programs are on track to meet Bed Utilization goals New PSH projects: 6-8 months (2 placements), 9-12 months (5 placements or total inventory) Zero placements=0, Half of goal met=2.5, Full goal met=5 OR All other new projects: 6-8 months (5 placements), 9-12 months (15 placements or total inventory) Zero placements=0, Half of goal met=2.5, Full goal met=5 All projects operating for fewer than 6 months= 5 points	6	
Ending Homelessness: The PSH program met the local goal of leasing up the first participant within three months after the first staff person hired. Did not meet goal=0, met goal=5 All projects operating for fewer than 3 months= 5 points OR The RRH program met the local goal of leasing up the first participant within one month after first staff person hired. Did not meet goal=0, met goal=5 All projects operating for less than 1 month= 5 points	7	
Increased or Maintained Income: At least one staff person at agency is registered or completed SOAR training. Did not meet goal=0, met goal=5	5	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Clackamas County Continuum of Care

First Year Ranking Criteria – 2023

3.	HUD Criteria	Maximum points: 2
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- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 point) _____
- Project increases overall RRH beds (1 point) _____

Total HUD Criteria Points: _____

Total Score: _____

Any project submitting either score card or application through Esnap after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria– 2023**

Project Name: _____

Date: _____

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served

Participant Demographics (pulled from APR):

Gender:		Race:	
Male		White	
Female		Black/African-American	
No Single Gender		Asian	
Questioning		American Indian/Alaska Native	
Transgender		Native Hawaiian/Pac. Islander	
Don't know/refused/missing		Multiple Races	
		Don't know/refused/missing	
Age:			
0-12		Domestic Violence Survivor:	
13-17		Yes	
18-24		No	
25+		Don't know/refused/missing	
62+		Number currently fleeing	
Don't know/refused/missing			
		Veterans	
Ethnicity:			
Hispanic/Latino		Chronically Homeless	
Not Hispanic/Latino		CH households listed on APR	
Don't know/refused/missing		Number who met CH definition before 1/15/16	

Budget Information (Current Application):

Amount of HUD CoC Contract/Award: Not including Admin	\$
HUD CoC Admin:	\$
Total Program Budget: Please list all cash funding sources including and beyond stated match	\$

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

1.	Project Narrative	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)

2. ***Culturally specific organizations*** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to increase culturally specific services, and encourage culturally specific providers to apply, additional points are awarded under this category.

Please select the category appropriate to your program, if applicable (up to 4 points):

- 2.1 Applicant is a Culturally Specific Organization (4pts) _____
- 2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2pts) _____

3. ***The CoC definition of equity: an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.***
 - 3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)
 - 3.2 Please provide a brief narrative (no more than 1/2 page) describing your program’s efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization’s decision-making. (11 points)
 - 3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
- *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
- *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
- *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

- *Example #5: An organization’s board of directors includes representation from more than one person with lived experience*
 - *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)
5. **Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)
- 5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? YES ___ NO ___
- 5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.
6. **Serving Participants in Rural Clackamas County:** This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:
- 6.1 Please provide a brief narrative (no more than ½ a page) describing your organization’s capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.
- 6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

0-24% _____

25-49% _____

50-75% _____

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Total Project Narrative Points: _____

2.	Project Performance	Maximum points: 39
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The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project’s most recently completed program year, local HUD representative, and HMIS.

Criteria	Possible Points	Points Awarded
Compliance: Project <u>does not</u> currently have unresolved HUD monitoring findings or is in process of resolving.	5	
Compliance: Was the APR for the most recently completed program year submitted to HUD on time?	5	
Drawdowns: Project spent all CoC funds in contract year. (from HUD) Less than 90%=0 points, 90-94%=3, 95-100%=6	6	
HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (APR Q6a-6c) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 All individual elements listed must be less than 5% null.	5	
Bed Utilization: Average bed utilization was at least 99% 70% or less= 0, 71-75%=1 76-80%=2, 81-85%=3, 86-90%=4, 91-95%=5, 96-100%=6 For RRH programs: Proposed project participation vs Households Served	6	

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023**

<p>Ending Homelessness: The PSH program meet the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a8, Q23a & b) Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR The TH program met the local goal of at least 99% of clients exiting to permanent housing Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR The RRH program or Joint Component TH-RRH met the local goal of at least 87% of clients who exited the program to permanent housing, maintain permanent housing 6 months after program exit. Less than 69%=0, 69-71%=1, 72-74%=2, 75-77%=3, 78-80%=4, 81-83%=5, 84-86%=6, ≤87%=7</p>	7	
<p>Increased or Maintained Income: All homeless programs met the local goal of at least 80% of adult clients having increased or maintained <u>total income</u> at end of operating year or at exit (APR 19a1 & 19a2). Less than 60%=0, 60-64%=1, 65-69%=2, 70-74%=3, 75-80%=4, more than 80%=5</p>	5	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Total Project Performance Points: _____

3.	HUD Criteria	Maximum points: 2
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- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 point) _____
- Project increases overall RRH beds (1 point) _____

Total HUD Criteria Points: _____

Total Score: _____

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

Clackamas County Continuum of Care
 Project Ranking Criteria – Youth Renewal (EXCEPT YHDP)-2023

Project Name: _____

Date: _____

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served

Participant Demographics (pulled from APR):

Gender:		Race:	
Male		White	
Female		Black/African-American	
No single gender		Asian	
Questioning		American Indian/Alaska Native	
Transgender		Native Hawaiian/Pac. Islander	
Don't know/refused/missing		Multiple Races	
Age:		Don't know/refused/missing	
0-12			
13-17		Domestic Violence Survivor:	
18-24		Yes	
Over 24		No	
		Don't know/refused/missing	
Don't know/refused/missing		Number currently fleeing	
		Veterans	
Ethnicity:			
Hispanic/Latino		Chronically Homeless	
Not Hispanic/Latino		CH households listed on APR	
Don't know/refused/missing		Number who met CH definition before 1/15/16	

Budget Information (Current Application):

Amount of HUD CoC Contract/Award: Not including Admin	\$
HUD CoC Admin:	\$
Total Program Budget: Please list all cash funding sources	\$

Clackamas County Continuum of Care
Project Ranking Criteria – Youth Renewal- 2023

1.	Equity and Local Needs	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)
2. ***Culturally specific organizations*** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to increase culturally specific services, and encourage culturally specific providers to apply, additional points are awarded under this category.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4pts) _____

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2pts) _____

3. ***The CoC definition of equity is: an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.***

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program’s efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization’s decision-making. (11 points)

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
- *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
- *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
- *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
- *Example #5: An organization’s board of directors includes representation from more than one person with lived experience*

Clackamas County Continuum of Care
Project Ranking Criteria – Youth Renewal- 2023

- *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)
5. **Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)
- 5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? YES___ NO___
- 5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2/ process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.
6. **Serving Participants in Rural Clackamas County:** This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:
- 6.1 Please provide a brief narrative (no more than ½ a page) describing your organization’s capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

Clackamas County Continuum of Care
Project Ranking Criteria – Youth Renewal- 2023

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

0-24% _____

25-49% _____

50-75% _____

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Total Project Narrative: Local Needs Points: _____

2. Project Performance Criteria	Maximum points: 39
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The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project's most recently completed program year, local HUD representative, and HMIS.

Criteria	Possible Points	Points Awarded
Compliance: Project <u>does not</u> currently have unresolved HUD monitoring findings or is in process of resolving.	5	
Compliance: Was the APR for the most recently completed program year submitted to HUD on time?	5	
Drawdowns: Project spent all CoC funds in contract year. (from HUD) Less than 90%=0 points, 90-94%=3, 95-100%=6 If project is still in the initial contract period – 2 points	6	
HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (APR Q6a-6c) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 All individual elements listed must be less than 5% null.	5	
Bed Utilization: Average bed utilization was at least 99% 70% or less= 0, 71-75%=1 76-80%=2, 81-85%=3, 86-90%=4, 91-95%=5, 96-100%=6 For RRH programs: Proposed project participation vs Households Served	6	

Clackamas County Continuum of Care
Project Ranking Criteria – Youth Renewal- 2023

<p>Ending Homelessness: The PSH program meet the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a8, Q23a & b) Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7</p> <p>OR</p> <p>The TH program met the local goal of at least 99% of clients exiting to permanent housing Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7</p> <p>OR</p> <p>The RRH program or Joint Component TH-RRH program met the local goal of at least 87% of clients who exited the program to permanent housing, maintain permanent housing 6 months after program exit. Less than 69%=0, 69-71%=1, 72-74%=2, 75-77%=3, 78-80%=4, 81-83%=5, 84-86%=6, ≤87%=7</p>	7	
<p>Income and Education: All youth homeless programs meet the local goal of at least 80% of youth participants having increased or maintained income AND/OR attending high school, post-secondary education, or other training program at end of operating year or at exit (APR Q19a1&2 and Youth spreadsheet). Less than 60%=0, 60-64%=1, 65-69%=2, 70-74%=3, 75-80%=4, more than 80%=5</p>	5	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Total Project Performance Points: _____

3. HUD Criteria	Maximum points: 2
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- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 points) _____
- Project increases overall RRH beds (1 points) _____

Total HUD Criteria Points: _____

Total Score: _____

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria– 2023**

Project Name: H3S – HOPE Leasing PSH

Date: 8/8/2023

Assistance Type	Target Population	Number of Units (single site)/ Proposed Project Participation (scattered site)	Households Served
Permanent Supportive Housing	Chronically homeless	15	18 served/18 moved into housing

Participant Demographics (pulled from APR): 7/1/2022 – 6/30/2023

Gender:		Race:	
Male	14	White	15
Female	4	Black/African-American	1
No Single Gender	0	Asian	0
Questioning	0	American Indian/Alaska Native	0
Transgender	0	Native Hawaiian/Pac. Islander	0
Don't know/refused/missing	0	Multiple Races	2
		Don't know/refused/missing	0
Age:			
0-12	1	Domestic Violence Survivor:	
13-17	0	Yes	3
18-24	0	No	14
25+	12	Don't know/refused/missing	0
62+	5	Number currently fleeing	1
Don't know/refused/missing	0		
		Veterans	0
Ethnicity:			
Hispanic/Latino	0	Chronically Homeless	
Not Hispanic/Latino	18	CH households listed on APR	18
Don't know/refused/missing	0	Number who met CH definition before 1/15/16	n/a

Budget Information (Current Application):

Amount of HUD CoC Contract/Award: Not including Admin	\$292,382
HUD CoC Admin:	\$12,227
Total Program Budget: Please list all cash funding sources including and beyond stated match	\$304,609
OR Emergency Housing Acct funds	\$76,153

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

1.	Project Narrative	Maximum points: 59
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1. Describe (in less than ½ page), your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. (Not Scored)

The HOPE Leasing PSH Program in Clackamas County provides permanent supportive housing to individuals who are chronically homeless. This program, which follows the Housing First approach, focuses on helping homeless households obtain and maintain stable housing for the long term. The participants in this program typically have extensive histories of homelessness and often face various complex health challenges.

Through HOPE, eligible households receive a rent subsidy along with intensive supportive services. These services are designed to assist participants in achieving housing stability and making progress towards their personal goals in other aspects of their lives. Importantly, there is no specific time limit imposed on participants to exit the program. For those individuals who can maintain housing stability with minimal case management support, vouchers are available for program transition. These vouchers enable participants to move to independent housing while continuing to receive the necessary assistance with this life adjustment.

In summary, the HOPE Leasing PSH Program is committed to providing permanent supportive housing and comprehensive services to chronically homeless individuals, empowering them to achieve stability, improve their overall well-being, and pursue their aspirations.

2. **Culturally specific organizations** serve a particular cultural community and is primarily staffed and led by members of that community; these organizations demonstrate intimate knowledge of lived experience of the community. Programs which can effectively respond to the needs of different cultural communities within Clackamas County are important to the overall health and responsiveness of our system. In order to increase culturally specific services, and encourage culturally specific providers to apply, additional points are awarded under this category.

Please select the category appropriate to your program, if applicable (up to 4 points):

2.1 Applicant is a Culturally Specific Organization (4pts) 0

2.2 Applicant is not a Culturally Specific organization, but services provided under this project are Culturally Specific (2pts) 0

3. **The CoC definition of equity: an on-going process of learning to acknowledge our biases, being flexible, and adapting services and policies to eliminate discrimination and disparities in the delivery of human services. The goal of equity is to provide opportunity and outcomes free from biases and favoritism for all program participants and staff.**

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

3.1 Please provide a brief narrative (no more than 1/2 page) describing your program’s policies and trainings for staff to address the subjects of equity, anti-oppression, anti-bias, and/or cultural specificity. (11points)

The Social Services Division of Clackamas County (CCSSD) is home to a dynamic Equity, Diversity, and Inclusion Group (EDIG), which is introduced to every new hire as part of their onboarding. EDIG’s core purpose is to ensure all employees are empowered to perform to their full potential, to celebrate the diverse viewpoints staff members bring, and to confront and change any workplace procedures that hinder social justice. EDIG also aims to nurture an immediate sense of belonging and inclusion for all new employees. EDIG comprises 27 active participants, including a member from the management team who serves as a liaison. EDIG operates through five teams: Awareness, Training, Check-Ins, Interviews, and Welcoming. Furthermore, EDIG provides a Racial Trauma support group for staff identifying as people of color, and it sponsors two affinity groups for employees belonging to our Black and Latinx communities.

EDIG plays a vital role in advocating for comprehensive equity, anti-oppression, and anti-bias training for all staff members in CCSSD. Over the past few years, EDIG has ensured that all 180 employees participate in essential training sessions, including a 9-hour program focusing on De-Biasing, Cultural Fragility, and Active Bystander/Micro-Aggressions Interruption. Additionally, a 2-hour training session on the LGBTQ+ spectrum and pronouns has been provided. CCSSD is dedicated to fostering a culture of continuous learning and actively allocates resources to support equity training initiatives. Housing staff regularly benefit from training funds, enabling them to participate in various educational programs. Some of the notable training sessions attended by the staff last year include: What Does Mindfulness Have To Do With Anti-Racism, Racial Justice in the Housing Rights Movement, Facing Race Conference, Immigration Forum, Northwest Public Employees Diversity Conference, CSH Supportive Housing Summit and the Latino Social Workers Organization Conference.

These training opportunities and conferences contribute to the staff’s professional development and enhance their knowledge and skills in various areas related to equity, diversity, and inclusion. Following the completion of equity-related trainings, staff members are strongly encouraged to share their insights and provide a training summary to the entire team, including the leadership. This practice promotes knowledge sharing and ensures that the valuable information and perspectives gained from the training sessions are disseminated throughout the organization. Staff members contribute to fostering a culture of continuous learning and promote a shared understanding of equity-related concepts and practices within the team and leadership.

3.2 Please provide a brief narrative (no more than 1/2 page) describing your program’s efforts to center individuals with lived experience of homelessness and/or discrimination based on race, gender, or disability in your organization’s decision-making. (11 points)

CCSSD brings together the Community Action Board (CAB) to make crucial decisions regarding the allocation of state and federal Community Action funds. These funds, amounting to \$5.4 million in the current year, are dedicated to supporting various housing, shelter, utility assistance and other basic-needs program through 7 funding streams. Diversity and inclusivity are key priorities for the (CAB), with 37.5% of its current members identifying as BIPOC and an additional 37.5% identifying as low-income individuals. The board actively seeks representation from all regions of the county, embracing individuals from diverse races, ethnicities, sexual orientations, and cultures. To ensure fair and equitable decision-making, the CAB places a strong emphasis on the lived experiences of its board members. This includes valuing the insights and perspectives of individuals who have experienced and understand the root causes of homelessness. The CAB utilizes equity lens, outlined in (section 3.3)

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

CCSSD seeks out the input of participants with lived experience of homelessness and discrimination. The agency has a client feedback process for direct communication with program participants, which is reviewed regularly and leads to measurable improvements. Staff members who have faced discrimination based on race, gender, and disability are valued and can participate in EDIG, advising on trainings, policy and promoting equity in all areas of social services. Any advice is brought to social services leadership for review and possible implementation. CCSSD firmly supports the fair remuneration of individuals with lived experience, ensuring that they are compensated for their time, travel, and childcare expenses. This principle has been widely adopted across various systems, including the CoC Steering Committee and multiple housing project advisory teams. Going beyond CCSSD's initiatives, the organization actively supports the elevation of voices from people with lived experience with being homeless. Participants are consistently provided with opportunities and support to share their perspectives, implementing change within the CoC Steering Committee, housing project advisory teams, state legislature, County Commissioners, and through public relations endeavors. These efforts help to educate the public to the invaluable insights and ideas of individuals from some of our most vulnerable communities.

The Supportive Housing Team comprises 41 members, of which 18 (44%) identify as people of color. Additionally, 10 members (24%) are fluent in Spanish, and there is one member who is fluent in Vietnamese. To cater to the needs of Spanish speakers, CHA has allocated two specific positions for bilingual Spanish individuals. This ensures that Spanish-speaking individuals are served in their preferred language right from the entry point. Language interpretation services are readily available, covering over 240 languages. Furthermore, staff members have received training on respectful communication through interpreters. In terms of diversity, at least 17% of the team members identify as LGBTQ+. Their perspectives and insights are highly valued, and they actively contribute to the hiring process as well as other program-related decisions.

3.3 Please provide a brief narrative (no more than ½ page) describing how your program applies an anti-racist/equity lens to its projects, caseloads, and participant outcomes. (11 points)

A collaborative work group consisting of board members who have firsthand experience of poverty or homelessness, program stakeholders, and community partners joined forces to develop a Service Equity Plan aimed at incorporating an equity-centered approach in all decision-making processes. Implementation of the Service Equity Plan will help to mitigate disparities in terms of access, participation, and outcomes. The organization utilizes the following Equity Lens to uncover underlying factors that contribute to ongoing inequalities and eliminate obstacles, thus ensuring the ongoing implementation and enhancement of a service system that is racially equitable.

The Equity lens was used to inform the water assistance program, that distributes emergency food and shelter funding and to increase diversity in community members accessing aging services. There is current work being done on creating an equity lens model to be utilized in strategic planning in our entire division of Health, Housing and Human Services.

These are the Equity Lens questions:

- A. *What group(s) experience disparities related to this budget, initiative, policy, program, or decision? Are they at the table? (If not, why?)*
- B. *How might the budget, initiative, policy, program, or decision affect the group(s)? How might it be perceived by the group(s)?*

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

- C. *Does the budget, initiative, policy, program, or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in a systemic change that addresses institutional racism?*
- D. *Does the budget, initiative, policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?*
- E. *Based on the above responses, what are possible revisions to the budget, initiative, policy, program, or decision under review?*

Examples include, but are not limited to:

- *Example #1: A program creates a policy to ensure hearing-impaired individuals do not experience barriers accessing and receiving services.*
 - *Example #2: A program implements a strategic training plan to increase awareness and competency of racism, implicit bias, ableism, LGBTQIA+ issues, and other held identities experiencing disparities accessing services.*
 - *Example #3: An organization maintains a robust employee-lead committee that supports an organizational culture centered on equity and inclusion in the workplace.*
 - *Example #4: An organization has under-represented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions*
 - *Example #5: An organization’s board of directors includes representation from more than one person with lived experience*
 - *Example #6: An organization has relational process for receiving and incorporating feedback from persons with lived experience*
 - *Example #7: New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes*
 - *Example #8: Demonstration of cultural responsiveness: culturally responsive organizations value diversity, understands differences and develops services and supports to meet the unique needs of each community such as having bilingual and bicultural employees.*
4. Please provide a brief narrative (no more than 1 page) describing how your program will work closely with public and private healthcare organizations to meet participant needs. This may include, but is not limited to: assistance with obtaining medical insurance; connecting participants to primary care providers; and connecting to medical homes. If your program does not currently do this, please describe how you plan to establish collaborative relationships with healthcare providers in order to address healthcare needs, and support permanent housing outcomes. (12 points)

The housing initiatives of Clackamas County Social Service (CCSSD) are strategically aligned to collaborate effectively with healthcare service providers. A variety of county health centers, spread throughout the campus and in urban and rural areas, supply medical, dental, and behavioral health services on a sliding scale basis. A broad spectrum of county programs work to improve access to local healthcare systems. These include the Transportation Reaching People Program by CCSSD, a free transport service for individuals with disabilities and the homeless to reach their medical appointments. Other programs like the Senior Health Insurance Benefits Assistance (SHIBA), WIC, Aging and Disability Resource Connection, and round-the-clock mental health crisis services are also available. CCSSD extends rent relief using public health funds. In this effort, outreach workers from Providence Health System collaborate with the Coordinated Housing Access (CHA) and homeless outreach case manager. CHA has a Collective Medical contract that identifies and assesses the needs of medically vulnerable homeless individuals and verifies their housing eligibility. The data sharing platform between HMIS and electronic medical records has significantly improved communication between CHA and county healthcare providers.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

The Supportive Housing staff have access to a multi-disciplinary team to partner with county healthcare providers in addressing complex participant needs. Public health staff intermittently conduct training on urgent housing-related issues like bed bugs. The Supportive Housing team often partners with county healthcare providers to coordinate participant care, make healthcare referrals, establish primary care provider, care teams, medical homes and serve as a resource for health-related questions and resources. The housing program manager's collaboration with the County Emergency Operations Center allows housing staff to keep participants informed about resources and updates related to public health emergencies such as the extreme weather conditions, wildfires, and other events impacting vulnerable households in CCSSD programs. Also, the MACG (Multi Agency Coordinating Group), convened by the Governor to oversee the Emergency Order funds, includes members from two CCOs active in the area.

Accredited Veteran Service Officers at CCSSD assist veterans in enrolling in Veterans Administration healthcare. The VA regularly participates in the CCSSD convened Homeless Veteran Coordination Team (HVCT) meetings, and a system-wide Release of Information including the VA and other HVCT members, enables information sharing about housing homeless veterans and ongoing service needs for previously homeless veterans and those at high risk of homelessness.

During enrollment, program staff use a person first approach when conversing about mental and physical health issues, that may have connection with housing access and stability for each participant. Staff verify each household member's health insurance status, to ensure health related goals can be met. Participants are encouraged to share contact details of any other service providers they want staff to connect with and to complete releases of information. If the participant wishes, program staff help with finding, understanding eligibility for, and enrolling in health insurance coverage and medical and mental health services, both directly and through referrals to other programs. Staff are knowledgeable about a variety of community healthcare resources, including services for low income and/or uninsured households and culturally specific services for BIPOC populations. CCSSD program manuals and internal fiscal protocol clearly outline how various federal, state, and local funds can be utilized to support healthcare access by assisting with office visit copays, non-covered healthcare costs like prescription glasses, prescription copays, and non-covered medical equipment such as mobility devices.

- 5. Housing First:** All projects must fully follow a Housing First approach, with limited exception for sober housing projects. Sober housing projects must demonstrate how they prevent denial for, or exit from, housing based on current or past substance use. Projects will be scored based on the quality and completeness of their answer. (10 points maximum)

5.1 Project is committed to using Housing First approach with no service participation or pre-conditions? **YES**

5.2 Describe (in less than 1 page) your experience utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) termination policy. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that participant is terminated in only the most severe cases. Describe what policies and practices you have in place to align with a Housing First approach.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

All housing programs offered by CCSSD follow the principles of Housing First. Participants are evaluated through Coordinated Housing Access and must meet the basic eligibility criteria set by HUD (such as being "chronically homeless" for Permanent Supportive Housing or being literally homeless with a minor child in the household for Rapid Rehousing). Factors such as membership in marginalized communities, protected class status, or having past justice involvement are never reasons for disqualification. CCSSD's Housing First approach recognizes the trauma and suffering associated with homelessness, the impact of mental health and substance abuse issues, and the disproportionate effects of homelessness and the criminal justice system on communities of color. CCSSD makes significant efforts to treat participants with kindness, without judgment, and without imposing additional requirements or barriers to entry that are not mandated by the funding source.

At CCSSD, the Housing First approach encompasses various aspects, including addressing individuals' fundamental needs, such as access to food, water, safety away from the streets, health-related services, and hygiene. Throughout the process of confirming eligibility and searching for housing, CCSSD focuses on providing practical assistance in these areas. These tangible efforts serve to establish trust, foster positive relationships, and demonstrate compassion without passing judgment. To comply with HUD regulations, disability and homeless status must be verified by a third party, a task in which program staff often assist individuals. All households that meet the eligibility criteria are enrolled in the program and assigned a case manager. Together, they develop a personalized housing plan and receive ongoing support to overcome obstacles and secure suitable housing within a 90-day timeframe. In cases where additional time is needed, individuals have the option to request a reasonable accommodation.

After enrolling, case managers strive to link participants with resources and assistance, although engagement in services is not mandatory for receiving Rental Assistance. The Participant Agreement solely obligates participation in HUD-mandated activities, such as reporting changes in income and household composition, and undergoing an annual review. Case managers collaborate with landlords to negotiate alternatives to evictions in cases of severe lease violations, assist tenants in relocating and vacating their units when moving becomes unavoidable, and aid participants in devising a new housing search plan. CCSSD's Housing First approach acknowledges that evictions do occur on occasion and does not consider them grounds for termination.

Discontinuation of services are infrequent and can only happen with the case being staffed with the program manager. The program manuals provide explicit reasons for termination, which are discussed with participants during the intake process. These reasons include participants not residing in their designated unit, engaging in serious threats, violence, or harassment towards county staff, and prolonged stays in jail, prison, hospital, or similar institutions. Participants who are at risk of service closure have the right to file an appeal to prevent homelessness.

The effectiveness of CCSSD's Housing First approach is demonstrated by the positive outcomes achieved by program participants. During the last project year 100% of participants in HOPE II, 92% of participants in Housing our Heroes, and 100% of participants in HOPE Leasing remained in housing or exited to permanent destination.

6. Serving Participants in Rural Clackamas County: This section will not be scored this year but will likely factor into scoring in future competition years. Information provided will help us strategize shifting CoC funds to rural Clackamas County:

6.1 Please provide a brief narrative (no more than ½ a page) describing your organization's capacity, and plan to, serve participants outside of the Urban Growth Boundary (UGB)/in rural parts of Clackamas County. Examples may include (but are not limited to), plans to establish satellite

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

office(s) in rural area(s), increased outreach, establishing formalized partnerships with rural agencies, developed/developing relationships with landlords and organizations in rural areas, etc.

CCSSD has already laid the groundwork for operating in rural communities and has the potential to further expand its reach. The Supportive Housing Team of CCSSD boasts a broad network of relationships with landlords throughout the county, including areas beyond the Urban Growth Boundary. They are supported by a landlord outreach specialist who is integral to all Supportive Housing Team programs, and the COVID rent relief initiative has introduced hundreds of new landlords from every corner of the county, including rural ones.

CCSSD's Coordinated Housing Access system extends its outreach to rural areas throughout Clackamas County, with all participants entering through this coordinated entry system. CCSSD's HUD programs are located at scattered sites, which gives participants the freedom to select housing anywhere in Clackamas County, even outside the Urban Growth Boundary. Case managers engage landlords, coordinate care, and provide support for participants to secure and sustain housing in their preferred area. CCSSD has a fleet of vehicles that case managers can use to travel to rural locations if participant transportation is required. CCSSD also covers mileage for staff who use their personal vehicles to visit participants.

Furthermore, CCSSD has aided in the expansion of severe weather shelters in rural areas of Clackamas County. Zoar Lutheran Church in Canby and Ant Farm, serving Molalla, Estacada and Sandy, provide life-saving day and nighttime shelter during periods of extreme weather. Staff and volunteers at these sites alert outreach workers about particularly vulnerable guests, ensuring outreach and assessment can be prioritized.

6.2 Estimated percentage of funds that you anticipate could be allocated to participants outside of Urban Growth Boundary (UGB)/in rural Clackamas County, by end of project operating year.

- **25-49%**

6.3 What supports, if any, would your organization need to increase services in rural Clackamas County?

Implementing the Housing First model with the option for individuals to live outside the Urban Growth Boundary (UGB) requires careful coordination. Adequate funding and robust support systems must be ensured for those choosing to reside beyond the UGB. Collaboration among stakeholders is vital to address the unique challenges and provide individuals with the resources they need to thrive.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023

Total Project Narrative Points: 40.7

2.	Project Performance 7/1/2022 – 6/30/2023	Maximum points: 39
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The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project's most recently completed program year, local HUD representative, and HMIS.

Criteria	Possible Points	Points Awarded
Compliance: Project <u>does not</u> currently have unresolved HUD monitoring findings or is in process of resolving.	5	5
Compliance: Was the APR for the most recently completed program year submitted to HUD on time?	5	5
Drawdowns: Project spent all CoC funds in contract year. (from HUD) Less than 90%=0 points, 90-94%=3, 95-100%=6	6	6
HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (APR Q6a-6c) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 All individual elements listed must be less than 5% null. Hope Leasing: 0%	5	5
Bed Utilization: Average bed utilization was at least 99% 70% or less= 0, 71-75%=1 76-80%=2, 81-85%=3, 86-90%=4, 91-95%=5, 96-100%=6 For RRH programs: Proposed project participation vs Households Served Hope Leasing: 117%	6	6
Ending Homelessness: The PSH program meet the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a8, Q23a & b) Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR The TH program met the local goal of at least 99% of clients exiting to permanent housing. Less than 82%=0, 82-84%=1, 85-87%=2, 88-90%=3, 91-93%=4, 94-96%=5, 97-99%=6, more than 99%=7 OR The RRH program or Joint Component TH-RRH met the local goal of at least 87% of clients who exited the program to permanent housing, maintain permanent housing 6 months after program exit. Less than 69%=0, 69-71%=1, 72-74%=2, 75-77%=3, 78-80%=4, 81-83%=5, 84-86%=6, ≤87%=7 Hope Leasing: 100%	7	7

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2023**

<p>Increased or Maintained Income: All homeless programs met the local goal of at least 80% of adult clients having increased or maintained <u>total income</u> at end of operating year or at exit (APR 19a1 & 19a2). Less than 60%=0, 60-64%=1, 65-69%=2, 70-74%=3, 75-80%=4, more than 80%=5 Hope Leasing: 94%</p>	5	5
--	---	---

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when scoring your project (no more than 1 page total).

Total Project Performance Points: 39

3. HUD Criteria	Maximum points: 2
------------------------	--------------------------

- Project is 100% Dedicated Chronically Homeless or Dedicated PLUS beds (1 point) 1
- Project increases overall RRH beds (1 point) n/a

Total HUD Criteria Points: 1

Total Score: 80.7

Any project submitting either score card or application through Esnaps after the CoC-imposed deadline will have an automatic penalty of 5 points subtracted from their total score, listed above.

Clackamas County did not reject or reduce any project during the CoC's local competition.



Thu 9/7/2023 11:11 AM

SmithRoller, Raina

FY 2023 CoC Local Competition Results- Priority Listing, Scores, and Funding Amounts

To

Cc Skinner, Erin

Bcc Cook, Rod; Brown, Vahid; Durbin, Brenda; Dowd, Amy; Melissa Erlbaum; Johns, Joey; Elise Huerta-Enochian; Katie Higgins Laughlin; E.V. Armitage; Karter, Toni; Ferron, Ashley; Peter Tompkins-Rosenblatt; Rose Fuller; Ernesto Hernandez; Cindy Fletcher; Kalena Karp; Simon Fulford (sfulford@pcreek.org)

You forwarded this message on 9/7/2023 3:19 PM.
This message was sent with High importance.

Message Notification of projects accepted for FY2023 CoC Competition.docx (20 KB)

Hello CoC Project Applicants-

Thank you for submitting your project application(s) for FY 2023 Continuum of Care (CoC) funding. Attached please find a list of accepted projects that will be submitted to HUD for funding consideration.

The Housing Services Steering Committee carefully considered all applications, and completed their evaluation and ranking process on August 29th. Results of the local competition, including priority listing, scores, and proposed funding amounts, can be found on the Community Development website: <https://www.clackamas.us/communitydevelopment/cchp.html#continuumofcareapplication>

I am happy to answer questions you may have about the competition process or results, as well as provide program support. Please reach out if you would like to meet.

For information about HUD's appeal process, please refer to the FY2022 CoC NOFO (pg. 116-120) and 24 CFR 578.35.

Thank you,

Raina Smith-Roller (she/her/hers), Continuum of Care (CoC) Lead
Housing and Community Development
Clackamas County Health, Housing & Human Services
2051 Kaen Rd Suite 239 | Oregon City, OR 97045
971-352-2684 | rsmithroller@clackamas.us
Hours of Operation: Mon – Thu, 7 a.m. – 6 p.m.
www.clackamas.us

We are building a safe Clackamas County where all people thrive, are celebrated for their diverse identities, and know they belong





Thu 9/7/2023 1:05 PM

SmithRoller, Raina

FY2023 Local Competition Update & 2023.9.7 CoC Digest

To

Bcc 'Kalena Karp'; 'Karen Lorena Carillo'; 'Karen Saxe'; 'Karen Shimada (karen.shimada@ocdc.net)'; 'karens@cccchs.org'; 'Katen Patel'; 'Katie Zea (katie.zea@gmail.com)'; 'Keenan Moore'; 'Kelly Wheeler'; 'Kendra Castaldo'; 'Kiyomi Kukoyi'; 'Kore Gleason-Gasanov'; 'Korey Kanaeholo (korey.k.kanaeholo@dhsosha.state.or.us)'; 'Krista Harper'; 'Kristen Burris'; 'Kristie Delhanty'; 'Kyenda Collins'; 'Laura Butler'; 'Lauren Maley'; 'Laurie Barringer'; 'Levin Manabat'; 'Liliana Villanueva (liliana.villanueva@dhsosha.state.or.us)'; 'Linda Ellerby'; 'Linda Hungerford'; 'Linda Rasor'; 'Lisa Judd'; 'Lisa Sirois (lsiroi92@gmail.com)'; 'Love INC'; 'Lynn Deshler (lynn@cedar-haven.net)'; 'Lyon Seth'; 'Maddie McCalliard'; 'Marcy Trueb'; 'Maria Zacarias'; 'Marie Abjuru'; 'Martha Spiers'; 'Mary Clark (mclark95204@comcast.net)'; 'Mathew Lucas'; 'Matina Kauffman (matina@habitatportlandmetro.org)'; 'Maura White-Cioeta'; 'Mayra Mendoza'; 'Mdean, Bree E'; 'Megan Hohman'; 'Melissa Earlbaum (melissae@cwsvor.org)'; 'Melissa Y'; 'Mervin January (pastorjanuary@savedandserving.org)'; 'Michael Herrera'; 'Mikaela Smith (miksmith93@hotmail.com)'; 'Mikaila Smith (Mikaila.Smith@providence.org)'; 'Mina Mahdian'; 'miriam.itzkowitz@cascadiabhc.org'; 'MolallaCenter'; 'Molly Aleshire'; 'Monica Pamley'; 'Murrianna Thomson - HUD (murrianna.k.thomson@hud.gov)'; 'Nancy Ide';

This message was sent with High importance.

Hello CoC Members,

Continuum of Care (CoC) Competition Update:

I wanted to provide you all with an update on the FY2023 CoC competition: The Housing Services Steering Committee (the CoC governing body) carefully considered all project applications, and completed their evaluation and ranking process on August 29th. Results of the local competition, including priority listing, scores, and proposed funding amounts, can be found on the Community Development website: <https://www.clackamas.us/communitydevelopment/cchp.html#continuumofcareapplication>

Please reach out if you have questions about CoC funding or the annual competition process. We always encourage new organizations to apply, and are happy to work with you prior to the competition process to see if CoC funding is a good fit for your organization.

CoC Digest:

This digest includes information about funding opportunities, community and national resources, and employment opportunities. NOTE: I sent information about a funding opportunity through Clackamas County's Housing and Community Development Division last week. This funding opportunity closes September 28th at 2:00 PM Pacific Time. I am again including information about this opportunity as the first digest item.

Attachments associated with this digest can be found here: <https://drive.google.com/drive/folders/1MpTL1IZbcx0lRpRU0gRD-sgaKCjTwEqn?usp=sharing>

Housing Services Community Meetings (formerly CoC meetings): PLEASE NOTE THAT WE WILL NOT BE MEETING IN SEPTEMBER.

Continuum of Care Application

The CoC submits an annual application to the U.S. Department of Housing and Urban Development (HUD) articulating the CoC's planning efforts and other activities within Clackamas County which relate to homeless people. The local competition for FY 2023 CoC funding is now open, and all are encouraged to apply!

The deadline for project application submission is Sunday, Aug. 20, 11:59 p.m. For more information, please email Raina Smith-Roller at rsmithroller@clackamas.us with your name, agency and email address.

NOFA Priority Listing		2022
Consolidated Application		2022
Ranking and Selection Process		2022
Local Priority Listing	2023	2022
Rating and Ranking Score Cards	2023	2022
Scoring Rubric for Narrative Questions	2023	2022

Projects accepted through Clackamas County's FY2023 Continuum of Care (CoC) Local Competition

Date of notification:

September 7th, 2023

Information on priority listing, including ranking, scores, and funding amounts, can be found on the Community Development Website:

<https://www.clackamas.us/communitydevelopment/cchp.html#continuumofcareapplication>

Tier 1 Projects

Clackamas County Department of Health, Housing, and Human Services

- *Housing our Heroes*
- *Coordinated Housing Access Expansion and Renewal*
- *Housing our Families*
- *HMIS*
- *Hope II*
- *Hope Leasing*
- *Rent Well Rapid Rehousing*

NW Housing Alternatives

- *HomeBase HUD CoC Rapid Rehousing*

Clackamas Women's Services

- *Permanent Supportive Housing for Survivors of Domestic and Sexual Violence*
- *Coordinated Access for Survivors of Domestic Violence*
- *Rapid Rehousing for Survivors of Domestic Violence*
- *CWS/IRCO Joint Application – Housing for Survivors*
- *Rapid Rehousing DV Bonus- Latinx Program*

Corvallis Neighborhood Housing Services/DevNW

- *CoC Transitional Housing/Rapid Rehousing for Youth*

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 650-5697 • Fax (503) 655-8677

www.clackamas.us

Parrott Creek

- *HomeSafe Enhancement Transitional Housing/Rapid Rehousing*

Projects straddling Tier 1 and 2

Central City Concern

- *Chez Ami*

Tier 2 Projects

Housing Authority of Clackamas County

- *Shelter + Care (S+C)*

Projects accepted but not ranked

Corvallis Neighborhood Housing Services/DevNW

- *YHDP Transitional Housing/Rapid Rehousing Joint Component*

Northwest Family Services

- *YHDP Diversion, Prevention, and Access*

Clackamas County Department of Health, Housing, and Human Services

- *OR-507 CoC Planning Grant*

Sincerely,

Raina Smith-Roller

Raina Smith-Roller, CoC Lead
On behalf of the Housing Services Steering Committee
Phone: 971-352-2684
Email: rsmithroller@clackamas.us

Continuum of Care Application

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NOFO Priority Listing	2023	2022
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Ranking and Selection Process	2023	2022
Local Priority Listing	2023	2022
Rating and Ranking Score Cards	2023	2022
Scoring Rubric for Narrative Questions	2023	2022

Mon 9/25/2023 5:16 PM

SmithRoller, Raina

Approved FY 2023 Continuum of Care (CoC) Consolidated Application now posted.

To

Bcc Alonso-Baak, Irina; Amend, Michelle; Anderson, Scott; Anstett, Amorita; Balbuena-Solis, Edith; Bergin, Phyllis; Berrelleza, Erick; Bibiana Rivera Espindola; Billmyre, Stephanie; Bohannon, Casey; Braunstein, Beth; Brown, Vahid; Bundy, April; Bush, Nancy; Carlos Benson Martinez; Christopherson, Teresa; Cook, Rod; Davenport, Stacy; Davis, Donna; Decker, Lauren; DeSantis, Kimberlee; Durbin, Brenda; Dwiggin, Brian; Eckert, Liesl; EOC, EOCOperations; Farley, Tracy; Ferron, Ashley; Fischer, Ashley; Fischer, Sonya; Fisher, Linda; Furlow, Matthew; Gander, Jeffrey; Garda, Cindy; Greene, Debbie; Guillen, Anna; Harvey, Jennifer; Henry, Aaron; Herron, Apryl; Ingersoll, Kirsten; Jefferson, Stephanie; Joanna Jones; Johnson, Jaime; Johnson, Lily; Karter, Toni; Kate Howells; Klepper, Emily; Kraff, Trisha; Lambert, Nohora; Maddox, Belinda; Masculine, Jenny; Mason-Joyner, Philip; Mather, Korene; McArthur, Glen; McDonald, Malcolm; McIntyre, sarah; McNiece, Kristina; Mendenhall, Donna; Merritt, Hillary; Miller, Elizabeth; Mintun, Paula; Moore, Margaret; Moreland, Tracy; Much Grund, Jennifer; Murray, Annie; Murray, Galli; Okeke, Claire; Paresi, Michell; Parini-Runge, Shelly; Partipilo, Chris; Pence, Chris; Powell, Serena; Present, Sarah; R.E Szego; Rumbaugh, Mary; Schrader, Martha;

This message was sent with High importance.

Hello CoC Applicants, CoC Members, and Community Partners-

I am pleased to inform you that the FY 2023 Continuum of Care (CoC) Approved Consolidated Application is now published on Clackamas County's CoC Web Page:

<https://www.clackamas.us/communitydevelopment/cchp.html#continuumofcareapplication>

Please reach out if you have any questions.

Thank you,

**Raina Smith-Roller (she/her/hers), Continuum of Care (CoC) Lead
Housing and Community Development
Clackamas County Health, Housing & Human Services
2051 Kaen Rd Suite 239 | Oregon City, OR 97045
971-352-2684 | rsmithroller@clackamas.us
Hours of Operation: Mon – Thu, 7 a.m. – 6 p.m.
www.clackamas.us**

We are building a safe Clackamas County where all people thrive, are celebrated for their diverse identities, and know they belong



Skinner, Erin

From: SmithRoller, Raina
Sent: Monday, September 25, 2023 5:16 PM
Subject: Approved FY 2023 Continuum of Care (CoC) Consolidated Application now posted.
Importance: High

Hello CoC Applicants, CoC Members, and Community Partners-

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**Raina Smith-Roller (she/her/hers), Continuum of Care (CoC) Lead
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2023 HDX Competition Report

PIT Count Data for OR-507 - Clackamas County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	352	492	571	410
Emergency Shelter Total	88	163	241	182
Safe Haven Total	0	0	0	0
Transitional Housing Total	41	28	29	50
Total Sheltered Count	129	191	270	232
Total Unsheltered Count	223	301	301	178

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	156	212	291	248
Sheltered Count of Chronically Homeless Persons	26	31	110	80
Unsheltered Count of Chronically Homeless Persons	130	181	181	168

2023 HDX Competition Report

PIT Count Data for OR-507 - Clackamas County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	36	67	60	36
Sheltered Count of Homeless Households with Children	32	29	22	35
Unsheltered Count of Homeless Households with Children	4	38	38	1

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	75	40	45	52	31
Sheltered Count of Homeless Veterans	0	11	25	32	14
Unsheltered Count of Homeless Veterans	75	29	20	20	17

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for OR-507 - Clackamas County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	188	128	128	100.00%	60	60	100.00%	188	100.00%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	40	40	40	100.00%	0	0	NA	40	100.00%
RRH Beds	243	185	185	100.00%	58	58	100.00%	243	100.00%
PSH Beds	1,092	1,075	1,075	100.00%	17	17	100.00%	1,092	100.00%
OPH Beds	139	139	139	100.00%	0	0	NA	139	100.00%
Total Beds	1,702	1,567	1,567	100.00%	135	135	100.00%	1,702	100.00%

2023 HDX Competition Report
HIC Data for OR-507 - Clackamas County CoC

2023 HDX Competition Report

HIC Data for OR-507 - Clackamas County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	180	180	180	182

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	39	48	76	73

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	164	228	293	243

2023 HDX Competition Report
HIC Data for OR-507 - Clackamas County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for OR-507 - Clackamas County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	508	691	107	99	-8	93	25	-68
1.2 Persons in ES, SH, and TH	554	765	144	110	-34	98	34	-64

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	726	855	979	1013	34	488	396	-92
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1132	924	979	1013	34	492	363	-129

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	127	12	9%	5	4%	3	2%	20	16%
Exit was from TH	6	0	0%	0	0%	0	0%	0	0%
Exit was from SH	0	0		0		0		0	
Exit was from PH	195	7	4%	0	0%	6	3%	13	7%
TOTAL Returns to Homelessness	328	19	6%	5	2%	9	3%	33	10%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	492	571	79
Emergency Shelter Total	163	241	78
Safe Haven Total	0	0	0
Transitional Housing Total	28	29	1
Total Sheltered Count	191	270	79
Unsheltered Count	301	301	0

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	562	929	367
Emergency Shelter Total	513	844	331
Safe Haven Total	0	0	0
Transitional Housing Total	49	88	39

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	128	158	30
Number of adults with increased earned income	6	13	7
Percentage of adults who increased earned income	5%	8%	3%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	128	158	30
Number of adults with increased non-employment cash income	29	27	-2
Percentage of adults who increased non-employment cash income	23%	17%	-6%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	128	158	30
Number of adults with increased total income	32	38	6
Percentage of adults who increased total income	25%	24%	-1%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	61	98	37
Number of adults who exited with increased earned income	4	9	5
Percentage of adults who increased earned income	7%	9%	2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	61	98	37
Number of adults who exited with increased non-employment cash income	15	19	4
Percentage of adults who increased non-employment cash income	25%	19%	-6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	61	98	37
Number of adults who exited with increased total income	18	24	6
Percentage of adults who increased total income	30%	24%	-6%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	481	750	269
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	106	106	0
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	375	644	269

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	838	1158	320
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	193	307	114
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	645	851	206

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	50	61	11
Of persons above, those who exited to temporary & some institutional destinations	16	13	-3
Of the persons above, those who exited to permanent housing destinations	27	42	15
% Successful exits	86%	90%	4%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	396	747	351
Of the persons above, those who exited to permanent housing destinations	174	192	18
% Successful exits	44%	26%	-18%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	400	567	167
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	397	557	160
% Successful exits/retention	99%	98%	-1%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
OR-507 - Clackamas County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	45	98	127	35	30	54	394	501	720	143	191	243			
2. Number of HMIS Beds	45	98	127	35	30	54	394	501	720	143	191	243			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	203	334	334	53	55	88	502	528	781	504	828	656	0	131	66
5. Total Leavers (HMIS)	151	283	247	24	15	54	62	28	40	263	329	362	0	69	32
6. Destination of Don't Know, Refused, or Missing (HMIS)	2	87	5	1	1	11	7	1	2	0	16	2	0	0	1
7. Destination Error Rate (%)	1.32	30.74	2.02	4.17	6.67	20.37	11.29	3.57	5.00	0.00	4.86	0.55		0.00	3.13

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for OR-507 - Clackamas County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/28/2023	Yes
2023 HIC Count Submittal Date	4/28/2023	Yes
2022 System PM Submittal Date	2/23/2023	Yes

September 22, 2023

Melissa Erlbaum
Clackamas Women's Services
256 Warner Milne Rd.
Oregon City, OR 97045

RE: Commitment to leverage SHS funds to support CWS-RRH-DV Bonus-Latinx Program-FY23 Project

Dear Ms. Erlbaum:

This letter is to inform you that Clackamas County Housing and Community Development, a Division of Health, Housing, and Human Services (H3S), commits to leveraging Supportive Housing Services (SHS) funds to support Clackamas Women's Services' (CWS) RRH-DV Bonus-Latinx Program-FY23 Project Application.

Clackamas County commits to leveraging funds to support 25% of participants in this DV Bonus Project during the 1-year grant term of the Project. The number of participants for which we are committed to leveraging SHS funds, based on 25% of total participants, is 5.

The Grant Term of the project is anticipated to be 10/1/2024 through 9/30/2025. The total dollar amount of this commitment shall not exceed \$60,000. CWS is responsible for providing supportive services, including case management, to these participants in alignment with the SHS program guidelines and values.

This funding commitment shall be void in the event that the Project is not selected by HUD for funding. This funding commitment is also conditional upon the approval of any necessary amendment(s) to current contracts between H3S and CWS by the Clackamas County Board of County Commissioners.

Respectfully,

Vahid Brown

Vahid Brown
Deputy Director, Housing and Community Development



256 Warner Milne Road, Oregon City, OR 97045
(503) 655-8600 | www.cwsor.org

September 25, 2023

Clackamas County Continuum of Care
2051 Kaen Rd.
Oregon City, OR 97045

Re: Coordination with Housing and Healthcare for HUD NOFO FY23

To Whom It May Concern:

Clackamas Women's Services (CWS) has several partnerships with healthcare providers providing a continuum of services throughout our organization. The following healthcare partnerships and in-house clinical services will support participants in the CWS DV Bonus Project FY23-RRH-Latinx Program FY 23-CoC Bonus Project application that will serve 8 households.

CWS Counseling and Support Group Program- The CWS Licensed Mental Health Therapists will prioritize referrals for children and adults in the CWS RRH program. This service is funded through non-federal sources at a rate of \$85.00 per hour. We anticipate that the clinical mental health services provided through the CWS Counseling and Support Group Program will total \$5,100 for 12 months of this project.

CWS and Women's Healthcare Associates- Through this partnership Women's Healthcare Associates (WHA) provides reproductive and maternal healthcare services for clients referred from CWS. WHA donates these services to CWS clients, at no cost to the client. CWS anticipates that services in the amount of \$2,000 will be allocated to this project.

CWS has grant funding provided through Northwest Health Foundation to provide culturally specific services through our Latinx Services Program. Funding supports peer-based advocacy and mentoring through the Promotoras Program, culturally centered licensed mental health therapy, and culturally specific case management and housing stabilization support. We anticipate that a minimum of \$15,000 of these funds will be leveraged to support households in this CWS HUD RRH project. We have enclosed our award letter.

CWS has a partnership with Clackamas County Health Centers, Behavioral Health, and Public Health Divisions. CWS provides highly skilled advocates out-stationed in the Public Health office and out-stationed through mobile services with the visiting nurse program, WIC, and other health initiatives. Through this partnership, Clackamas County Health Centers streamline referrals from CWS directly into healthcare services, and CWS streamlines referrals from Clackamas County Health Centers directly into services specifically tailored for victims of domestic and sexual violence, stalking, and human trafficking. Participants in the CWS HUD RRH Project will have direct access to Clackamas County Health Centers' services through this partnership. This partnership is funded through several sources, including the Blueprint grant. A copy of the Blueprint Award letter is enclosed.

Lastly, CWS has a partnership with the School-Based Health Centers in the county. Through this partnership, CWS provides highly skilled youth advocates stationed in School-Based Health Centers. Through this partnership, Clackamas County Health Centers streamline referrals from CWS directly into healthcare services, and CWS streamlines referrals from School-Based Health Centers directly into services specifically tailored for victims of domestic and sexual violence, stalking, and human trafficking. Participants in the CWS HUD RRH Project will have direct access to Clackamas County Health Centers' services through this partnership. Two signed MOUs are attached and the additional MOU for this partnership is currently undergoing a signatory process by the Superintendents of the school districts as a matter of formal procedure, however, services have begun, and the MOU document is attached to this letter.

CWS has a partnership with Providence Health and Services- Oregon. Through this partnership, Providence Health and Services-Oregon provides community health care services through Medical Residents to youth engaged in the CWS Youth Services Program, which provides children and youth services to the CWS Housing Program. The MOU for this partnership is attached to this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Melissa Erlbaum". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Erlbaum
Executive Director

May 18, 2023

Clackamas Women's Services
Melissa Erlbaum
256 Warner Milne Road
Oregon City, OR 97045

Award Letter: Blueprint Community Grant

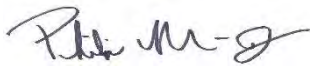
Congratulations! This letter serves as a confirmation of the Cycle 2 Blueprint Community Grant award by the Clackamas Women's Services Access to Behavioral and Mental Health Services for Survivors of Domestic and Sexual Violence. The Cycle 2 Blueprint award is in the amount of \$44,484.00, bringing the total grant award amount to \$117,029 and extends the expiration date to 6/30/24.

Agreement between the CCPHD and Clackamas Women's Services have been met on the following contracting requirements through June 30, 2024, per the contracting document.

- Agreement on Work plan and Scope of Work
- Agreement on Program Budget
- Agreement on reporting requirements
- Agreement on Monthly Invoicing; Invoices of true and verifiable expenses shall be sent to Clackamas County Public Health monthly per the contract requirements. Expenses submitted must match the expenses included in the grantee's budget.
- Agreement on all County indemnification requirements
- Return unexpended grant funds to the County.

Susan Berns-Norman is your Grant Coordinator for the duration of the grant project; please contact SusanB@Clackamas.us with your questions. Thank you for your dedication and commitment to serving the residents of Clackamas County.

Best regards,



Philip Mason-Joyner, Director
Clackamas County Public Health Division

Healthy Families. Strong Communities.

2051 Kaen Road, Oregon City, OR 97045 • Phone (503) 742-5300 • Fax (503) 742-5352

www.clackamas.us/publichealth

From: [David Navarro](#)
To: [Melissa Erlbaum](#)
Subject: JREP Grant Award Announcement
Date: Thursday, September 14, 2023 3:25:29 PM
Attachments: [JREP Example Grant Agreement - Project Grant.docx.pdf](#)
[Welcome Packet for JREP Grantees - Project Grantees.pdf](#)

Dear Melissa,

Congratulations! It's my pleasure to share that Northwest Health Foundation Fund II has awarded Clackamas Women's Services a Justice Reinvestment Equity Program (JREP) Project Grant of \$225,000. We are truly excited to have your organization and staff as part of the program and look forward to our work together. Below, you'll find important information about the next steps, so please take a moment to review it.

Grant Agreement

The next step is signing your Northwest Health Foundation Fund II grant agreement. The grant agreement formally outlines the terms and expectations for this grant, including the restrictions on the use of funds, insurance requirements, payment schedule, reporting requirements, and many other things. A sample copy of the grant agreement is attached to give you a preview of what the agreement will look like. We will send your organization's grant agreement to you for signature via DocuSign by Tuesday, September 19. You will receive an email from DocuSign with a link to electronically view and sign the agreement. Please let me know if you have any questions about the agreement now or in the future.

Payment

As soon as we receive your signed grant agreement, we will begin the process of sending your first grant payment. You should expect to receive your first grant payment by check within 15 business days of signing the agreement. Please let me know if this payment schedule doesn't meet your organization's financial needs, and we can explore alternative options.

Insurance Requirements

Because the State of Oregon funds JREP, grantees are required to maintain

specific insurance coverage during the grant period. More information about this is available in your grant agreement. **You must submit proof of acceptable insurance coverage to us by October 31, 2023**, by uploading it to your account in our [grantee portal](#). Please let me know if you have any questions about the insurance requirements or accessing the grantee portal.

Welcome Packet & Cohort Information

We've prepared a comprehensive Welcome Packet to guide your engagement with JREP. The packet is attached to this email and accessible [online here](#). It lists key dates, including the **JREP Virtual Kickoff on Thursday, November 9th, 10-11:30 am**, which you can register for [here](#).

Congratulations again!

David

David Navarro ([he/him](#)) | Program Officer
david@northwesthealth.org | m: 503.220.1335

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#@ [northwesthealth.org/contact](#)



**Memorandum of Understanding:
Co-Located Domestic & Sexual Violence Youth Advocates**

Participating Partners

School Based Partner – Oregon City School District
DV/SA Service Provider – Clackamas Women's Services (CWS)

This Memorandum of Understanding (MOU) outlines the commitment of the partner agencies for Clackamas Women's Services (CWS) to place a Co-Located Domestic Violence and Sexual Assault (DV/SA) Youth Advocate at *Oregon City High School with mobile capacities to CAIS, OCSLA and other Oregon City School District feeder schools*. By entering into this agreement, the partners demonstrate a full commitment to a shared vision and plan to address the needs of individuals experiencing domestic violence and/or sexual assault, and to participate fully in the project-funded activities as described below.

Project Description:

Clackamas Women's Services will provide and support a qualified and experienced DV/SA Youth Advocate who will provide onsite and mobile advocacy to *Oregon City School District* participants who are survivors of domestic violence and/or sexual assault, dating violence, stalking, or trafficking.

Goals of the Program:

1. To increase capacity for responding to the safety needs of those who are survivors of domestic violence by increasing partners' mutual understanding of systems, practices, services and resources to recognize and respond to survivors' emotional and physical safety needs.
2. To improve services to survivors by ensuring that they are consistently identified through *Oregon City School District* screening and referred to the co-located DV/SA Youth Advocate and/or DV/SA agencies for services and support.
3. To increase organizational knowledge through cross-training to better serve youth survivors and their families who are navigating systems related to the violence and trauma such as the courts, criminal justice system or mental health sector.

Roles and Responsibilities:

Clackamas Women's Services (CWS) operates a non-profit, community-based multi-service domestic violence intervention program. CWS services are available to adults and youth experiencing and/or leaving domestic violence and/or sexual assault. CWS fosters the empowerment of survivors so they can establish lives free of domestic and sexual violence, thereby breaking the generational cycle of these destructive forces. Our vision is to live in a society that no longer tolerates domestic and sexual violence, but rather thrives on mutual respect.



CWS' service delivery framework is built on trauma-informed best practices that promote safety and self-determination. CWS offers comprehensive and sensitive solutions for adults and youth impacted by sexual assault, domestic violence, stalking, trafficking, sex industry exploitation, and elder abuse. These include a 24/7 crisis line, comprehensive shelter resources, and community-based programs. These programs include emergency, transitional, and long-term support and services, referral and advocacy services, mental health counseling, support groups, legal advocacy, youth violence prevention, and culturally relevant supports.

Clackamas Women's Services will:

- Serve as the lead agency for this collaborative project, accepting full responsibility for documenting the performance and activities of this project.
- Provide all fiscal and contractual oversight for this project;
- Designate 1.0 FTE DV/SA Youth Advocate to work at *Oregon City High School* on a mutually agreed upon schedule
 - The Co-Located DV/SA Youth Advocate will provide services for children, youth, and adults who are victims of and/or exposed to domestic violence, dating violence, or stalking, including support for non-abusing parents and caretakers.
 - Key services will include: safety planning, accompaniment to court or law enforcement interviews, supporting access to protective orders and providing ongoing emotional support during system navigation and resource connection.
- Provide supervision and support to DV/SA Youth Advocate;
- Facilitate DV/SA-Specific Trainings to *Oregon City School District* on a mutually agreed upon schedule

Oregon City School District

Mission

With high expectations, we engage all students in meaningful learning activities to prepare them for successful lives.

Vision

In our ideal future, Oregon City School District is a truly great community of learning in which students are engaged in genuine, meaningful learning. Every student has an educational plan, and the tools and support to pursue their educational goals. All students are engaged in fulfilling, robust learning activities that are driven by each student's educational plan. Partnerships within the local, national, and global communities provided students enriching educational and life experiences. All students are involved in community partnerships that promote respect, honesty, service, and learning. A wide variety of expanded learning opportunities ensures a *comprehensive education that prepares each student for success. The district is characterized as rigorously pursuing and securing additional funding to support student learning.*



Oregon City School District will:

- Designate a point person who will be available to the DV/SA Youth Advocate in person, by telephone or email. This designee will:
 - Introduce the program to others within *Oregon City High School, CAIS, OCSLA and Oregon City feeder schools* prior to the DV/SA Youth Advocate's placement in the office, providing an overview of the role of the Youth Advocate, information about confidentiality and mandatory reporting and other areas.
 - Invite Youth Advocate, where appropriate, to meetings and office functions.
- Arrange for a secure and confidential office space that includes access to computer and phone for the Co-Located Youth Advocate to work directly with *Oregon City School District* referred clients in as timely a manner as possible.
- Make referrals to Co-Located DV/SA Youth Advocate utilizing outlined referral and communication plans

Partnership Meetings:

CWS and *Oregon City School District* staff will meet to discuss the successes, challenges and functionality of the program. Meetings are to include Co-Located DV Advocate, Leadership from CWS, *Oregon City School District* Leadership, and designated staff from *Oregon City School District*.

- Meetings will meet monthly for 6 months. At the end of 6 months, meetings may go to quarterly if meeting attendees agree. Both CWS and *Oregon City School District* agree to meet quarterly, at a minimum.
- CWS will be responsible for coordinating meetings with input from *Oregon City School District*.
- Minutes are to be taken and documented during each meeting. Responsibility to take minutes falls on CWS, unless otherwise specified.

Referrals:

CWS and *Oregon City School District* will follow the below process for confidentiality and consistency in referrals:

- Option 1 (preferred): Warm-Connection – walk participant to designated Youth Advocate office and/or support participant in calling or texting the Youth Advocate.
- Option 2: Complete a CWS Referral Form and give it to the Youth Advocate or email to youthteam@cwsor.org. The Referral Form includes Survivor Name, School District, Safe Contact Information, and any pertinent info. Follow-up will happen within 2 business days.
- For anyone identified as a survivor: *Oregon City School District* provides all participants with DV/SA Crisis & Support Line and the DV/SA Text and Chat Line for crisis and support:
 - **24/7 Crisis and Support Line:** 503-654-2288
 - **Chat:** rc.chat/cws (M-F, 9:30am – 4pm)
 - **Text Line:** 503-461-2888 (M-F, 9:30am – 4pm)



Communication Plan:

For DV/SA Youth Advocate Response (Call-Outs):

- Participant related purposes (such as needing support at another location – feeder school) – *Oregon City School District* will reach out directly to Youth Advocate in-person or by phone / email; if unavailable, call CWS' Youth Services Phone Line: 503-908-9411 and the team will work on response coordination.
- SHBC Staff related purposes (such as case staffing) – *Oregon City School District* will reach out directly to Youth Advocate by stopping by their office or by phone / email.

For DV/SA Youth Advocate Absence:

- CWS will do our best to provide back-up for the Co-Located DV/SA Youth Advocate during absences from the regularly assigned *Oregon City High School* location. CWS will notify *Oregon City School District* about the back-up plan before back-up is needed, if possible, or immediately once the plan is in place.
 - Communication of absence and a back-up plan will include an email from CWS to *Oregon City School District* at the following email addresses:
 - Oregon City School District: Liz Mogil, Student Services facilitator, liz.mogil@orecity.k12.or.us

School Related Closures:

- DV/SA Youth Advocate & CWS Leadership will engage in District-wide alert system for information related to school closures, late starts, etc.
- *Oregon City School District* will include DV/SA Youth Advocate and CWS Leadership in communication related to closures, late starts, etc.

Case Specific Staffing and Personnel Concerns:

Throughout working together, there will likely be case questions that arise from CWS or *Oregon City School District*. We mutually agree to discuss the concern in a timely manner and with appropriate audiences.

Please note: Without a release of information CWS cannot share information regarding case specifics. CWS can answer general questions about policies and practices.

Throughout working together, there may be personnel concerns that arise from CWS or from *Oregon City School District*. We agree mutually to discuss the concern in a timely manner between management in *Oregon City School District* and management in CWS.

- CWS contacts:
 - Catherine Koch – Counseling & Youth Program Director, catherinek@cwsor.org
- *Oregon City School District* contacts:
 - Liz Mogil, Student Services facilitator, liz.mogil@orecity.k12.or.us



Timeline

The roles and responsibilities described under this Memorandum of Understanding will coincide with the 2023 – 2024 school year. The MOU will be reviewed yearly and any necessary adjustments will be made and implemented prior to the school year ending.

Commitment to the Partnership

- The collaboration service area includes Clackamas County, Oregon.
- The partners agree to collaborate and provide coordinated support services pursuant to the mutually agreed upon program goals.
- We, the undersigned, have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

Relationship of the Parties

All parties to this MOU are independent contractors and are solely liable for their own acts and omissions as well as the acts and omissions of their officers, agents, and employees. More specific terms regarding indemnity and insurance requirements will be provided in any subsequent contracts between the parties that relate to or arise out of this MOU.

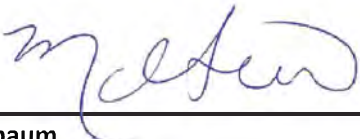
Termination

Each Party shall have the right to terminate the Memorandum of Understanding by giving 30 days written notice in writing to all other parties at any time. Each party agrees to first effectively address issues and attempt to maintain a partnership. The CWS Board of Directors is available to provide mediation support as needed, and CWS agrees to inform those funding the project should any Party express interest in terminating the agreement. If the Memorandum of Understanding is terminated by any Party, steps shall be taken to ensure that the termination does not affect any prior obligation, project, or activity already in progress. If the Memorandum of Understanding is terminated, a notice will be sent to those funding the project to ensure full disclosure of any concerns regarding the project.

Amendment clause

The Memorandum of Understanding may be modified or amended by a written agreement between the Parties.

Signatures:



Melissa Erlbaum
 CWS Executive Director

5/31/2023

 Date



NAME
 School Based Representative

29 May 23

 Date



- Make referrals to Co-Located DV/SA Youth Advocate utilizing outlined referral and communication plans

Partnership Meetings:

CWS and North Clackamas School District will meet to discuss the successes, challenges and functionality of the program. Meetings are to include Co-Located DV Advocate, Leadership from CWS, North Clackamas School District Leadership, and designated staff from partnering school.

- Meetings will take place monthly for 6 months. At the end of 6 months, meetings may go to quarterly if meeting attendees agree. Both CWS and North Clackamas School District agree to meet quarterly, at a minimum.
- CWS will be responsible for coordinating meetings with input from North Clackamas School District
- Minutes are to be taken and documented during each meeting. Responsibility to take minutes falls on CWS, unless otherwise specified.

Referrals:

CWS and North Clackamas School District will follow the below process for confidentiality and consistency in referrals:

- Option 1 (preferred): Warm-Connection – walk participant to designated Youth Advocate office and/or support participant in calling or texting the Youth Advocate.
- Option 2: Complete a CWS Referral Form and give it to the Youth Advocate or email to youthteam@cwsor.org. The Referral Form includes Survivor Name, School District, Safe Contact Information, and any pertinent info. Follow-up will happen within 2 business days.
- For anyone identified as a survivor: North Clackamas School District provides survivors with DV/SA Crisis & Support Line and the DV/SA Text and Chat Line for crisis and support:
 - **24/7 Crisis and Support Line:** 503-654-2288
 - **Chat:** rc.chat/cws (M-F, 9:30am – 4pm)
 - **Text Line:** 503-461-2888 (M-F, 9:30am – 4pm)

Communication Plan:

For DV/SA Youth Advocate Response (Call-Outs):

- Participant related purposes (such as needing support at another location – feeder school) – school personnel will reach out directly to Youth Advocate in-person or by phone / email; if unavailable, call CWS' Youth Services Phone Line: 503-908-9411 and the team will work on response coordination.
- NCSD School Staff related purposes (such as case staffing) – school personnel will reach out directly to Youth Advocate by stopping by their office or by phone / email.

For DV/SA Youth Advocate Absence:

- CWS will do our best to provide back-up for the Co-Located DV/SA Youth Advocate during absences from the regularly assigned to schools in North Clackamas School District. CWS will notify partner school about the back-up plan before back-up is needed, if possible, or immediately once the plan is in place.
 - Communication of absence and back-up plan will include an email from CWS to partnering schools in NCSD at the following email addresses:



- Email to be determined, and will typically be the school Principal at the school where CWS services are co-located.

School Related Closures:

- DV/SA Youth Advocate & CWS Leadership will engage in District-wide alert system for information related to school closures, late starts, etc.
- Partnering schools within NCSD will include DV/SA Youth Advocate and CWS Leadership in communication related to closures, late starts, etc.

Case Specific Staffing and Personnel Concerns:

Throughout working together, there will likely be case questions that arise from CWS or partnering schools within NCSD. We mutually agree to discuss the concern in a timely manner and with appropriate audiences.

Please note: Without a release of information CWS cannot share information regarding case specifics. CWS can answer general questions about policies and practices.

Throughout working together, there may be personnel concerns that arise from CWS or from partnering schools within NCSD. We agree mutually to discuss the concern in a timely manner between management in partnering schools within NCSD and management in CWS.

- CWS contacts:
 - Chelsea Guidry – Youth Services Manager, chelseag@cwsor.org
 - Catherine Koch – Counseling & Youth Program Director, catherinek@cwso.org
- NCSD contacts:
 - Jen Dove-Kiltow – Director of Integrated Programs and Student & Family Services, kiltowj@nclack.k12.or.us
 - Barnaby Gloger – Associate Director of Student Services, glogerb@nclack.k12.or.us

Timeline

The roles and responsibilities described under this Memorandum of Understanding will coincide with the 2023 – 2024 school year. The MOU will be reviewed yearly and any necessary adjustments will be made and implemented prior to the next school year beginning.

Commitment to the Partnership

- The collaboration service area includes North Clackamas School District.
- The partners agree to collaborate and provide a coordinated support services pursuant to the mutually agreed upon program goals.
- We, the undersigned, have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

Indemnification

Contractor shall defend, indemnify, and hold District, its officers, agents, and employees harmless against all liability, loss, costs, or expenses, including attorney’s fees, and against all claims, actions, or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connection with the performance of this agreement or by conditions created thereby, or based upon



violation of any statute, ordinance, or regulation. This contractual indemnity provision does not abrogate common law or statutory law liability and indemnification to District, but is in addition to such common law or statutory law provisions.

Insurance

As evidence of the insurance coverage required by this contract, the Contractor shall furnish Certificate(s) of insurance to the District before final award can be authorized.

The insurance coverage required under this contract shall be obtained from acceptable insurance companies or entities. The contractor shall be financially responsible for all deductibles, self-insured retention and/or self-insurance included hereunder. Contractor shall obtain, at Contractor's expense, and keep in effect during the term of this contract:

X Commercial General Liability Insurance covering bodily injury and property damage. Combined single limit per occurrence shall not be less than \$1,000,000. Each annual aggregate limit shall not be less than \$3,000,000.

X Automobile Liability. Combined single limit per occurrence shall not be less than \$1,000,000. Each annual aggregate limit shall not be less than \$1,000,000.

X Abuse & Molestation. Contractor will obtain or update policy to have endorsement for abuse and molestation to the general liability insurance to the amount of \$1,000,000 with aggregate limit of \$2,000,000.

All subject employers working under this contract are either employers that will comply with ORS 656.017 which requires them to provide Oregon workers' compensation coverage that satisfies Oregon law for all their subject workers, or employers that are exempt under ORS 656.126. [2003 c.794 §76c] In addition, Contractor will obtain, at contractor's expense, and keep in effect during the term of this contract, Employers Liability insurance with a limit of not less than \$1,000,000 per each occupational accident/disease. The Commercial General Liability and Automobile Liability insurance coverage required for performance of the contract shall include North Clackamas School District, its divisions, officers, and employees as Additional Insured but only with respect to the Contractor's activities to be performed under this contract.

Relationship of the Parties

All parties to this MOU are independent contractors and are solely liable for their own acts and omissions as well as the acts and omissions of their officers, agents, and employees. More specific terms regarding indemnity and insurance requirements will be provided in any subsequent contracts between the parties that relate to or arise out of this MOU.

Termination

Each Party shall have the right to terminate the Memorandum of Understanding by giving 30 days written notice in writing to all other parties at any time. Each party agrees to first effectively address issues and attempt to maintain a partnership. The CWS Board of Directors is available to provide mediation support as needed, and CWS agrees to inform program funders should any Party express interest in terminating the agreement. If the Memorandum of Understanding is terminated by any Party, steps shall be taken to ensure that the termination does not affect any prior obligation, project, or activity already in progress. If the Memorandum



of Understanding is terminated, a notice will be sent to the program funders to ensure full disclosure of any concerns regarding the project.

Amendment clause

The Memorandum of Understanding may be modified or amended by a written agreement between the Parties.

Signatures:



Melissa Erlbaum
CWS Executive Director

7/11/2023
Date



Gwen Chapman
NCSD Representative

Jun 21, 2023
Date



**Memorandum of Understanding:
Co-Located Domestic Violence Youth Advocates**

Participating Partners

School Based Partner – Estacada School District – Orchid Health
DV/SA Service Provider – Clackamas Women's Services (CWS)

This Memorandum of Understanding (MOU) outlines the commitment of the partner agencies for Clackamas Women's Services (CWS) to place Co-Located Domestic Violence/Sexual Assault Youth Advocates in the Orchid Health Center at Estacada School District. By entering into this agreement, the partners demonstrate a full commitment to a shared vision and plan to address the needs of individuals experiencing domestic violence and/or sexual assault, and to participate fully in the project-funded activities as described below.

Project Description:

Clackamas Women's Services will provide and support a qualified and experienced domestic violence/sexual assault youth advocate who will provide onsite and mobile advocacy to Estacada School District/Orchid Health participants who are survivors of domestic violence and/or sexual assault, dating violence, stalking, or trafficking.

Goals of the Program:

1. To increase capacity for responding to the safety needs of those who are survivors of domestic violence by increasing partners' mutual understanding of systems, practices, services and resources to recognize and respond to survivors' emotional and physical safety needs.
2. To improve services to survivors by ensuring that they are consistently identified through *Estacada School District/Orchid Health Center* screening and referred to the co-located DV/SA Youth Advocate and/or DV/SA agencies for services and support.
3. To increase organizational knowledge through cross-training to better serve youth survivors and their families who are navigating systems related to the violence and trauma such as the courts, criminal justice system or mental health sector.

Roles and Responsibilities:

Clackamas Women's Services (CWS) operates a non-profit, community-based multi-service domestic violence intervention program. CWS services are available to adults and youth experiencing and/or leaving domestic violence and/or sexual assault. CWS fosters the empowerment of survivors so they can establish lives free of domestic and sexual violence, thereby breaking the generational cycle of these destructive forces. Our vision is to live in a society that no longer tolerates domestic and sexual violence, but rather thrives on mutual respect.



CWS' service delivery framework is built on trauma-informed best practices that promote safety and self-determination. CWS offers comprehensive and sensitive solutions for adults and youth impacted by sexual assault, domestic violence, stalking, trafficking, sex industry exploitation, and elder abuse. These include a 24/7 crisis line, comprehensive shelter resources, and community-based programs. These programs include emergency, transitional, and long-term support and services, referral and advocacy services, mental health counseling, support groups, legal advocacy, youth violence prevention, and culturally relevant supports.

Clackamas Women's Services will:

- Serve as the lead agency for this collaborative project, accepting full responsibility for documenting the performance and activities of this project.
- Provide all fiscal and contractual oversight for this project;
- Designate 0.2 FTE DV/SA Youth Advocate to be co-located at the *Estacada School District – Orchid Health* on a mutually agreed upon schedule. Additionally, they will be available for mobile advocacy services that fall outside their designated co-located schedule.
 - The Co-Located DV/SA Youth Advocate will provide services for children, youth, and adults who are victims of and/or exposed to domestic violence, dating violence, or stalking, including support for non-abusing parents and caretakers.
 - Key services will include: safety planning, accompaniment to court or law enforcement interviews, supporting access to protective orders and providing ongoing emotional support during system navigation and resource connection.
- Provide supervision and support to DV/SA Youth Advocate;
- Facilitate DV/SA-Specific Trainings to Estacada School District – Orchid Health on a mutually agreed upon schedule.

Estacada School District – Orchid Health Mission Statement: To facilitate new model of community healthcare based on relationships, joy in work and health equity.

Estacada School District - Orchid Health will:

- Designate a point person who will be available to the DV/SA Youth Advocate in person, by telephone or email. This designee will:
 - Introduce the program to others within *Estacada School District – Orchid Health* prior to the DV/SA Youth Advocate's placement in the office, providing an overview of the role of the Youth Advocate, information about confidentiality and mandatory reporting and other areas.
 - Invite Youth Advocate, where appropriate, to meetings and office functions.
- Arrange for a secure and confidential office space that includes access to computer and phone for the Co-Located Youth Advocate to work directly with *Estacada School District – Orchid Health* referred clients in as timely a manner as possible.
- Make referrals to Co-Located DV/SA Youth Advocate utilizing outlined referral and communication plans



Partnership Meetings:

CWS and *Estacada School District – Orchid Health* will meet to discuss the successes, challenges and functionality of the program. Meetings are to include Co-Located DV Advocate, Leadership from CWS, *Estacada School District – Orchid Health* Leadership, and designated staff from *Estacada School District – Orchid Health*.

- Meetings will meet monthly for 6 months. At the end of 6 months, meetings may go to quarterly if meeting attendees agree. Both CWS and *Estacada School District – Orchid Health* agree to meet quarterly, at a minimum.
- CWS will be responsible for coordinating meetings with input from *Estacada School District – Orchid Health*.
- Minutes are to be taken and documented during each meeting. Responsibility to take minutes falls on CWS, unless otherwise specified.

Referrals:

CWS and *Estacada School District – Orchid Health* will follow the below process for confidentiality and consistency in referrals:

- Option 1 (preferred): Warm-Connection – walk participant to designated Youth Advocate office and/or support participant in calling or texting the Youth Advocate.
- Option 2: Complete a CWS Referral Form and give it to the Youth Advocate or email to youthteam@cwsor.org. The Referral Form includes Survivor Name, School District, Safe Contact Information, and any pertinent info. Follow-up will happen within 2 business days.
- For anyone identified as a survivor: *Estacada School District – Orchid Health* provides all participants with DV/SA Crisis & Support Line and the DV/SA Text and Chat Line for crisis and support:
 - **24/7 Crisis and Support Line:** 503-654-2288
 - **Chat:** rc.chat/cws (M-F, 9:30am – 4pm)
 - **Text Line:** 503-461-2888 (M-F, 9:30am – 4pm)

Communication Plan:

For DV/SA Youth Advocate Response (Call-Outs):

- Participant related purposes (such as needing support at another location – feeder school) - *Estacada School District – Orchid Health* will reach out directly to Youth Advocate in-person or by phone / email; if unavailable, call CWS' Youth Services Phone Line: 503-908-9411 and the team will work on response coordination.
- ESD / SHBC Staff related purposes (such as case staffing) – *Estacada School District – Orchid Health* will reach out directly to Youth Advocate by stopping by their office or by phone / email.

For DV/SA Youth Advocate Absence:

- CWS will do our best to provide back-up for the Co-Located DV/SA Youth Advocate during absences from the regularly assigned *Estacada School District – Orchid Health* location. CWS will notify *Estacada School District – Orchid Health* about the back-up plan before back-up is needed, if possible, or immediately once the plan is in place.



- Communication of absence and back-up plan will include an email from CWS to *Estacada School District – Orchid Health* at the following email addresses:
 - Missy Albrich, Manager, missyalbrich@orchidhealth.org
 - Jason Hobson, Student Services – Director, hobsonj@estacada.k12.or.us

School Related Closures:

- DV/SA Youth Advocate & CWS Leadership will engage in District-wide alert system for information related to school closures, late starts, etc.
- *Estacada School District – Orchid Health* will include DV/SA Youth Advocate and CWS Leadership in communication related to closures, late starts, etc.

Case Specific Staffing and Personnel Concerns:

Throughout working together, there will likely be case questions that arise from CWS or *Estacada School District – Orchid Health*. We mutually agree to discuss the concern in a timely manner and with appropriate audiences.

Please note: Without a release of information CWS cannot share information regarding case specifics. CWS can answer general questions about policies and practices.

Throughout working together, there may be personnel concerns that arise from CWS or *Estacada School District – Orchid Health*. We agree mutually to discuss the concern in a timely manner between management in *Estacada School District – Orchid Health* and management in CWS.

- CWS contacts:
 - Laurel Clohessy – Youth Services Manager, laurelc@cwsor.org
 - Catherine Koch – Counseling & Youth Program Director, catherinek@cwsor.org
- *Estacada School District – Orchid Health* contacts:
 - Missy Albrich, Manager, missyalbrich@orchidhealth.org
 - Michelle Whitney, LCSH, Behavioral Health Program Manager, michellewhitney@orchidhealth.org
 - Jason Hobson, Student Services – Director, hobsonj@estacada.k12.or.us

Timeline

The roles and responsibilities described under this Memorandum of Understanding will coincide with the school year. The MOU will be reviewed yearly and any necessary adjustments will be made and implemented prior to the next school year beginning.

Commitment to the Partnership

- The collaboration service area includes Clackamas County, Oregon.
- The partners agree to collaborate and provide a coordinated support services pursuant to the mutually agreed upon program goals.
- We, the undersigned, have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.



Relationship of the Parties

All parties to this MOU are independent contractors and are solely liable for their own acts and omissions as well as the acts and omissions of their officers, agents, and employees. More specific terms regarding indemnity and insurance requirements will be provided in any subsequent contracts between the parties that relate to or arise out of this MOU.

Termination

Each Party shall have the right to terminate the Memorandum of Understanding by giving 30 days written notice in writing to all other parties at any time. Each party agrees to first effectively address issues and attempt to maintain a partnership. The CWS Board of Directors is available to provide mediation support as needed, and CWS agrees to inform the OR-DOJ-SASP should any Party express interest in terminating the agreement. If the Memorandum of Understanding is terminated by any Party, steps shall be taken to ensure that the termination does not affect any prior obligation, project, or activity already in progress. If the Memorandum of Understanding is terminated, a notice will be sent to the OR-DOJ-SASP to ensure full disclosure of any concerns regarding the project.

Amendment clause

The Memorandum of Understanding may be modified or amended by a written agreement between the Parties.

Signatures:

Melissa Erlbaum
CWS Executive Director

9/25/2023_____
Date

Update with NAME
Estacada School District Representative

Date

Affiliation Agreement between
Clackamas Women's Services and
Providence Health & Services – Oregon

This Agreement is between Providence Health & Services - Oregon d/b/a Providence Milwaukie Family Medicine Residency (“Providence”) and Clackamas Women's Services- Camp Hope (“Affiliated Training Site”).

1. Purpose

The purpose of this Agreement is to establish an affiliated training site at Clackamas Women's Services – Camp Hope for the Providence Milwaukie Family Medicine Residency (“Residency Program”) sponsored by Providence Health & Services- Oregon.

2. Responsibilities for Teaching, Supervision and Evaluation

a. Sponsoring Institution - Providence will perform the responsibilities of an institutional sponsor of a graduate medical education program, which responsibilities are described in the most recent version of the Institutional Requirements posted by the Accreditation Council for Graduate Medical Education posted on www.acgme.org

b. Residency Program - There shall be a single Providence Residency Program Director who will be responsible for Affiliate faculty appointment and resident assignments. The Providence Program Director, with the assistance and consent of the Affiliated Training Site Director, will identify the faculty members at the Affiliated Training Site who will assume educational and supervisory responsibilities for residents. The Providence program director will establish guidelines that specify faculty members’ responsibilities for the teaching, supervision, and formal evaluation of residents.

c. Affiliated Training Site - The Executive Officer at the Affiliated Training Site, or his/her designee, shall appoint a staff member at the Affiliated Training Site to serve as Site Director, subject to the approval of the Providence Program Director. Financial support for the Site Director shall be the responsibility of Affiliated Training Site. The Affiliated Site Director shall supervise and administer the Program at the Affiliated Training Site and be responsible for educational activities at the Affiliated Training Site. The Affiliated Site Director will have substantial flexibility in implementing the curriculum consistent with the required goals and objectives of the Program. The Affiliated Site Director will ensure the faculty at the Affiliated Training Site appropriately adhere to supervisory and evaluation requirements of the program.

3. Educational Experience Duration and Content:

a. Duration and Type of Educational Experiences - to be determined by consensus of Affiliated Training Site Director and Providence Program Director. Appropriate PLAs will be generated if the rotations are mandatory for all residents

b. Yearly Planning Cycle– no later than the first week of April each year, the Providence Residency Program Director and the Affiliated Training Site will meet to verify the expected number of residents for the academic year. The annual master rotation schedule for the Program will be provided to the Affiliated Site Director, the Providence Graduate Medical Education Office, and the Affiliated Training Site prior to the start of the academic year.

c. Content of Educational Experience - The Providence Program Director, or his/her designee, in consultation with the Affiliated Site Director and Providence Program Evaluation Committee, shall outline the educational goals and objectives for rotations at the Affiliated Training Site and shall provide a copy of the curriculum for all rotations at the Affiliated Training Site to the Affiliated Site Director for dissemination to the faculty at the Affiliated Training Site.

d. Elective Experiences – with mutual consent of the Providence program director and Affiliated site director and notification of the GME office, additional elective rotations for individual learners in this specialty area may be scheduled using the above process.

4. Policies and Procedures

a. Evaluation of Residents - A formal written evaluation of each Resident will be prepared by the Affiliated Site Director, in collaboration with the Affiliated Training Site faculty, at the end of the Resident's rotation. This evaluation will be forwarded to the Providence Program Director. The Residents will complete evaluations of the Affiliated Training Site rotation and teaching faculty. These evaluations are also forwarded to the Providence Program Director, who will provide a yearly summary of these evaluations to the Affiliated Site Director. Any adverse action recommended as a result of resident evaluation will be handled in accordance with the Providence Due Process Policy.

b. Resident Supervision - The Providence program director will provide the Affiliated site director the Providence program's supervision policy and any more detailed requirements related to the specific clinical rotations at the training site. This will include what procedures the resident may perform, with Site Director and Affiliated Training Site supervisor approval, without direct supervision. After consultation with the Providence Program Director, the Affiliated Site Director or his/her designee may remove a Resident from his/her assignment if it is determined that the failure to take such action may result in the imminent danger to the health and/or safety of any individual or to the orderly operations of the Affiliated Training Site. The Providence Program Director will be responsible for finding an alternative training venue outside the Affiliated Training Site or suspension of the Resident in accordance with the Providence Due Process Policy.

c. Duty Hours – the Providence Program and the Affiliated Training Site will comply with all ACGME duty hour requirements. The Site Director will notify the Providence Program Director promptly if any violations of duty hours occur.

d. Compliance with Affiliated Training Site Policies - Residents at the affiliated training site must comply with local administrative policies and procedures related to patient care and

professional conduct and be briefed on these requirements by the Affiliated Site Director or his/her designee. If there are any conflicts between the policies of the Providence Sponsoring Institution or Program and that of the Affiliated Training Site, these will be remediated in a mutually acceptable manner between the Affiliated Site Director and Providence Program Director.

e. Resources Available to Residents - Affiliated Training Site agrees to make available appropriate patient resources, consistent with the goals and objectives of the rotation. In addition, non-patient resources (ancillary, services, work space, libraries, call room or appropriate sleeping facility, meals, etc.) are available, as needed for the Residents to fulfill their responsibilities.

f. Research - Research activities involving the staff of the Affiliated Training Site and the Resident will be reviewed and approved in accordance with the policies and procedures for clinical investigation at the Providence Program and the Affiliated Training Site.

5. Onboarding Requirements

a. Background Checks - Providence shall ensure that each Resident assigned to the Affiliated Training Site has successfully completed a pre-employment screening to include criminal background check, toxicology screen and verification of medical diploma(s), certificates of advanced training, letters of reference, medical license(s) and if applicable, DEA registration and ECFMG certification. In addition, Providence shall verify that each resident meets Department of Justice requirements for employment in the United States of America and all health requirements mandated for rotating students in the State of Oregon. Providence will provide documentation of the items listed in this paragraph if requested by the Affiliated Training site

b. HIPAA - Providence shall ensure that students are trained and Affiliated Site will ensure that clinical faculty are trained on HIPPA rules and regulations

c. Health Screening/Immunization - Providence shall warrant that each Resident assigned to Affiliated Training Site meets the following health requirements mandated by the State of Oregon including:

1) Hepatitis B:

- (a) Written documentation of initiation (or completion) of Hepatitis B series or declination statement OR,
- (b) Laboratory evidence of Hepatitis B status
- (c) Residents may begin the clinical experience once the Hepatitis B series has been initiated. Providence will assure that the series of injections is completed according to accepted clinical practice guidelines.

2) Measles, Mumps, Rubella:

Written documentation of:

- (a) Two doses of measles vaccine on or after the first birthday, plus one dose of mumps vaccine and one dose of rubella vaccine OR,
- (b) Laboratory evidence of immunity (a positive titer for measles, mumps and rubella antibody)

3) Varicella:

- (a) Proof of disease OR,
- (b) Written documentation of Varicella vaccine OR,
- (c) Laboratory evidence of immunity (a positive Varicella titer)

4) TB Surveillance:

- (a) Written documentation of a 2-step negative tuberculin skin test (Mantoux) or a Quantiferon Gold test within the past year OR,
- (b) If TB test positive, written documentation of negative chest x-ray and Negative Symptom Review in the past year

5) Influenza Vaccine:

- (a) Written documentation of current year's seasonal influenza vaccine from Health Care Provider or a declination statement.

6) Tetanus, Diphtheria, Pertussis (Tdap):

- (a) Written documentation of vaccine from Health Care Provider

7) COVID 19 Vaccination: The sending party will ensure all house officers are fully vaccinated as defined by having completed either the two-dose series of Pfizer or Moderna or the single dose of Johnson and Johnson COVID-19 in accordance with Oregon Health Authority guidance. If Oregon Health Authority guidance or federal regulatory guidance changes, the sending party will adhere to the most recent regulatory guidance. The sending party will produce documentation of COVID vaccination upon request of the receiving party.

6. Financial Provisions

- a. Employment - Providence will pay its Residents in accordance with its policies and procedures, and the terms and conditions of the contract between Providence and its Residents. Neither Providence nor its employees or Residents are employees of the Affiliated Training Site, and shall not be entitled to compensation for services, employee welfare and pension benefits, fringe benefits or employment or worker's compensation insurance from the Affiliated Training Site.
- b. Reimbursement - The Affiliated Training Site and Providence recognize that resident salaries for the time spent at the Affiliated Site will be claimed on a Center for Medicare and

Medicaid Services Cost Report filed by the primary training hospital of the Training Program at Providence.

7. Non-Discrimination

Providence and Affiliated Training Site shall not discriminate against any employee, resident, staff physician or patient on the basis of race, color, religion, national origin, sex, marital status or handicap. Both parties shall comply with state and federal laws prohibiting discrimination.

8. Term and Termination

This Agreement will take effect on 4/26/2023 and, unless earlier terminated as provided herein, will continue for an initial term of five (5) years. This Agreement may be terminated: (1) upon mutual agreement of the parties (2) if material ACGME standards are not met after the breaching party is advised of deficiencies and fails to take corrective action within a time period acceptable to the ACGME (3) if the residency covered by the Agreement has been terminated in accordance with this section (4) by either party upon notification to the other party of a time period equal to one full academic year (5) as provided in Section 22 hereto. Termination of the agreement by either the Program or the Affiliated Training Site requires the approval of the Chief Medical Officer of each organization. In the event of substantial changes in federal GME funding arrangement or changes in curricula dictated by the ACGME or its Residency Review Committees, both parties agree to alter the program such that both parties share proportionately in the financial and/or service impacts imposed by the necessary changes. Changes to the number of Residents assigned to the Affiliated Training Site that are not related to resident resignation or medical leaves of absence or time spent in the program that is not approved by the parties is considered a termination requiring the above notification.

9. Compliance with Rules

All Residents assigned to the Affiliated Training Site shall be subject to and shall conduct themselves in accordance with clinical and professional policies and procedures of the Affiliated Training Site, including the completion of medical records and the return of hospital property.

10. Insurance

a. Professional Liability Insurance and Claims - Both parties shall carry professional liability coverage or a program of self-insurance with limits of not less than \$2,000,000 per occurrence and \$5,000,000 in aggregate. Both parties shall maintain this coverage and tail coverage, if necessary, for claims arising during the term of this Agreement and during the applicable statute of limitations. Sponsoring Institution's Insurance shall cover the professional activities of its own Residents at the Affiliated Training Site when acting within the scope of their assignment from the Sponsoring Institution. Residents will be responsible for maintaining professional liability coverage that is not funded by the Sponsoring Institution for all acts outside the scope of the Residency Program, such as moonlighting. In addition, both parties shall maintain general and professional liability

coverage for services provided by such party in amounts consistent with their business operations. Both parties shall name the other as an Additional Insured with respect to risks under this agreement. Both parties shall notify the other immediately of any incident, occurrence or event that may result in a claim against the Affiliate Training site and/or any Resident who is acting under this Agreement. Said notice shall be in writing and directed to the appropriate party's notification agent as identified in paragraph 16 of this Agreement. Information affecting professional competency or adverse information regarding clinical incidents may be disclosed only if discovered during a non-protected administrative review. Information containing patient identifiers will not be disclosed.

b. Indemnity- Each Party to this Agreement (as the "Indemnifying Party") agrees to indemnify and hold harmless the other party (as the "Indemnified Party") and its directors, officers, employees, and agents from and against any losses, judgments, claims, costs, expenses (including reasonable attorney's fees), liabilities, or damages (collectively, "Losses") asserted against the Indemnified Party by a third party and resulting from the Indemnifying Party's or its Resident's alleged breach of its obligations under this Agreement or the alleged negligent act or omission of the Indemnifying Party or its directors, officers, employees, students or agents in connection with this Agreement. The Parties agree to cooperate with each other to investigate and research potential claims and unexpected events, prior to and during litigation.

11. Relationship of Parties

It is expressly understood and agreed that this Agreement is not intended and shall not be construed to create a relationship of agent, employee, partnership, joint venture or association between the Affiliated Training Site and Providence, but is rather an agreement by and between two independent contractors.

Neither Providence nor its employees or Residents are employees of the Affiliated Training Site, and shall not be entitled to compensation for services, employee welfare and pension benefits, fringe benefits or employment or worker's compensation insurance from the Affiliated Training Site.

12. Assignment

This Agreement may not be assigned by either party without the prior written consent of the other party.

13. Medicare Disclosure/Access

If a party is providing services valued at ten thousand dollars (\$10,000) or more over a twelve (12) month period, the comptroller General of the United States, Department of Health and Human Services ("DHHS") and their duly authorized representatives shall have access to this Agreement and records for all times covered by this Agreement necessary to verify the nature, extent and costs of service provided by contractor and included in the other parties cost report, both during and for four (4) years after this Agreement terminates. This access shall be provided in accordance with the provisions of Public Law 96-499,

Omnibus Reconciliation Act of 1980, as amended. The Comptroller General and his/her duly authorized representative shall have similar access to agreements subject to 42 USC 1395 between contractor and any organizations solely as such books, documents and records relate to the performance under this Agreement.

14. Attorney Fees

In case suit or action is instituted to enforce any of the provisions hereof, the prevailing party in such suit or action shall be entitled to such reasonable costs and attorney fees as the court may adjudge, including costs and attorney fees on any appeal or review.

15. Nonwaiver

The failure of either party to exercise any of its rights under this Agreement is not a waiver of such rights or a waiver of any rights to subsequent breach.

16. Notices

Any notice given in connections with this Agreement must be in writing and delivered either by hand to the party or by certified mail, return receipt requested, to the party at the party's address stated herein. Any party may change its address herein by giving notice of the change in accordance with this paragraph.

Clackamas Women's Services
256 Warner Milne Road
Oregon City, OR 97045
Attn: Melissa Erlbaum

Providence Health & Services-OR
Providence GME Office
4706 NE Glisan St.
Portland, OR 97213
Attn: Kelley McCarty

17. Governing Law

This Agreement shall be governed, construed and interpreted in accordance with the laws of the State of Oregon.

18. Severability

If any part of this Agreement shall be held unenforceable, the rest of this Agreement will remain in full force and effect.

19. Amendments

This Letter of Agreement may be supplemented, amended, or revised only in writing by agreement of both parties.

20. Participation in Federal Health Care Programs

The parties represent and warrant that they are not excluded from participation, and are not otherwise ineligible to participate in a “federal health care program” as defined in 42 USC section 1320a-7b(f) or in any other government payment program. In the event either party is excluded from participation, or otherwise becomes ineligible to participate in any such program during the term of this Agreement, such party will notify the other party in writing within three (3) days after such exclusion. Whether or not such a notice is given, the other party may immediately terminate this Agreement effective on the effective date of the exclusion.


IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate, effective as of the date first hereinabove written.



Melissa Erlbaum
Executive Director
Clackamas Women's Services

4-27-2023

Date

DocuSigned by:

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Stephen M. Salerno, MD, MPH
Designated Institutional Official
Providence Health and Services-OR

4/28/2023

Date