

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

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** OR-504 - Salem/Marion, Polk Counties CoC

**CoC Lead Organization Name:** Mid-Willamette Valley Community Action Agency

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Mid Valley Housing and Services Collaborative

**Indicate the frequency of group meetings:** Bi-monthly

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 59%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process including why this process was established and how it works.**

The Mid Valley Housing and Services Collaborative (MVHSC) is open to the entire community as opposed to a closed membership. Current MVHSC members reach out to prospective new members as they become known in the community. MVHSC believes this type of structure works best in our community.

**\* Indicate the selection process of group leaders:  
(select all that apply):**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

Yes. The Mid Valley Housing and Services Collaborative would look to one of its 501c3 member organizations to serve as the designated agent. Adequate dollars would need to be provided to establish one FTE position to carry out the described duties.

# 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Mainstream Resour...	Quarterly
Leadership Team f...	Quarterly
Core Team for the...	Monthly or more
Veteran's Work Te...	Bi-monthly
Corrections Work ...	Monthly or more
Runaway and Homel...	Quarterly
Alcohol and Drug/...	Semi-annually
Families and Chil...	Semi-annually
Latino Work Team ...	Semi-annually
Continuum of Care...	Quarterly
Monitoring Team S...	Semi-annually
Emergency Housing...	Monthly or more
Homeless Connect ...	Semi-annually
Marion and Polk H...	Semi-annually

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Mainstream Resource Sub-Committee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to streamline access to the Mainstream Resources in Marion and Polk Counties to ensure that homeless persons are able to easily access all available resources.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Leadership Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to provide the guiding vision, identify resources and build broad community support for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Core Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

In coordination with the Leadership Team, this group meets to synthesize and organize information from the Work Teams to produce the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Veteran's Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

The Veteran's Work Team meets to determine the scope of the veteran homeless problem in Marion and Polk counties and to conduct community assessments to determine available veterans' services. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Corrections Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

The Corrections Work Team meets to determine the scope of the homeless problem in Marion and Polk counties for individuals who have been convicted of felony criminal charges, in particular those who are being released from state prisons and local jails. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Runaway and Homeless Youth Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to determine the scope of the runaway and homeless youth problem in Marion and Polk counties and to identify barriers and gaps in services. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Alcohol and Drug/Mental Health Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

This group meets to determine the scope of the addiction/mental health homeless problem in Marion and Polk counties and to develop a system model of service delivery for this population. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Families and Children Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

The Family and Children Work Team meets to determine the scope of the family homeless problem in Marion and Polk counties and to conduct community assessments to determine available family services. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Latino Work Team for the 10 Year Plan

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

The Latino Work Team meets to determine the size and nature of the homeless problem in the Latino communities of Marion and Polk counties and to determine available services. This group provides information and strategies for the 10 Year Plan.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Continuum of Care Application Sub-Committee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This group meets to develop measures for assessment of CoC programs and to write the Continuum of Care application.

## **Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail**

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Monitoring Team Sub-Committee

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

This group conducts site visits to monitor CoC projects, documents the results, and reports their findings to the Mid Valley Housing and Services Collaborative membership.

## **Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail**

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Emergency Housing Network

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

A network of homeless service providers meeting monthly to give updates regarding service availability, and provide a forum for community collaboration and education.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Homeless Connect Planning Group

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

This group meets to plan the Marion and Polk counties Homeless Connect event, which gathers homeless services in a one-stop fashion and invites the area's homeless population to attend.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Marion and Polk Homeless Count Planning Sub-Committee

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

This group meets to plan, coordinate and perform the annual homeless count in Marion and Polk counties.

## 1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Mid-Willamette Valley Community Action Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Youth
United Way of the Mid-Willamette Valley	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Shangri-La Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Salem Keizer Community Development Corporation	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Marion County Health Department	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Salem Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Attend Consolidated Plan f...	NONE
Oregon Department of Human Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substan ce Ab...
Marion County Home for Good	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
St. Vincent De Paul	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
No Meth - Not in My Neighborhood	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse
YWCA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Oregon Housing and Community Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
St. Joseph's Shelter	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Mid-Valley Women's Crisis Service	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Northwest Human Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...

Salem/Marion, Polk Counties CoC				COC_REG_v10_000162
Oregon Housing Opportunities for Persons with AIDS	Public Sector	State g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS
Salem Keizer Public Schools	Public Sector	School ...	Primary Decision Making Group	Youth
Salem Interfaith Hospitality Network	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Marion County Housing Authority	Public Sector	Public ...	Primary Decision Making Group	NONE
Polk County Public Health	Public Sector	Local g...	Primary Decision Making Group	Seriously Me...
Oregon State Hospital	Public Sector	State g...	Primary Decision Making Group	Seriously Me...
Neighbors Helping Neighbors	Private Sector	Non-pro..	Primary Decision Making Group	NONE
City of Salem	Public Sector	Local g...	Authoring agency for Consolidated Plan, Attend Consolidat...	NONE
Marion County Sheriff's Office	Public Sector	Law enf...	Primary Decision Making Group	NONE
Salem Leadership Foundation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Marion Polk Food Share	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Dynamic Life	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Marion County Commission on Children and Families	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Western Oregon University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Marion County Board of Commissioners	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Salem Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cascadia Bridgeway	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Lakepoint Community Care	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
Farmworker Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Work Force Oregon, Employment Division	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Marci L.	Individual	Homeles..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
First Congregational United Church of Christ	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE

Salem/Marion, Polk Counties CoC			COC_REG_v10_000162	
City of Mt. Angel	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Withnell Motors	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Salem Municipal Court	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Clean and Sober Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Family Building Blocks	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Easter Seals/Polk County Healthy Start	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Union Gospel Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
West Valley Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Silverton Together	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salem Alliance Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
NorthWest Senior and Disability Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
St. Francis Shelter	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Catholic Community Services	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth
Salud Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Marion County Healthy Start	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Chemeketa Community College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Charlotte R.	Individual	Homeles..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Oregon Department of Veteran's Affairs	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Veterans
County Veteran Service Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Salem Vet Center	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Disabled Veteran Outreach	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans

Salem/Marion, Polk Counties CoC			COC_REG_v10_000162	
Bill Adams	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:  
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):  
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):  
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

## 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

Six additional individual beds were developed, three by Polk County Parole and Probation for persons released from jail without housing, and three developed by Phoenix Housing of Oregon for dually diagnosed, homeless persons. In regard to Emergency Shelter bed utilization, two programs were not yet operational at the time of the PIT Count; other programs serve specialized populations (DV, youth, and farmworkers) and were not full during the PIT Count.

**Safe Haven Bed:** Yes

**Briefly describe the reasons for the change:**

Northwest Human Services, HOAP Safe Haven was removed from the Transitional Housing chart and moved to the Safe Haven chart with five individual beds.

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

Lost 25 beds due to inaccurate count in 2007 at one facility. Lost 5 beds by moving Northwest Human Services, HOAP Safe Haven to the Safe Haven chart. Added 113 beds through development by six agencies. In regard to Transitional Housing bed utilization, five programs were not yet operational at the time of the PIT Count; other programs serve specialized populations (DV, and pregnant youth or young mothers) and were not full during the PIT Count.

**Permanent Housing:** Yes

**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

Forty new beds were developed by Shangri-La Corporation and the Polk County Mental Health Department. Ten of these beds were developed for chronically homeless individuals. In regard to Permanent Supportive Housing bed utilization, our CoC did not include Permanent Housing clients in the PIT Count.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Chart

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Salem/Marion, Pol...	10/07/2008

## Attachment Details

**Document Description:** Salem/Marion, Polk Counties CoC, OR 504 HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

## Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 01/30/2008  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** Housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** Stakeholder discussion, Other, Unsheltered count, Housing inventory  
(select all that apply)

**Specify "other" data types:**

Sheltered count

**If more than one method was selected, describe how these methods were used.**

Homeless service providers participated in a discussion regarding the housing needs for homeless persons in our community for purposes of determining housing priorities. Based on this information, housing needs were determined for the sheltered and unsheltered individuals and persons in families who were represented in the sheltered and unsheltered counts. The specific housing needs for all homeless individuals were compared to the current housing inventory. The difference between the total need and the current inventory was determined to be the unmet need.

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

### Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** OR-504 - Salem/Marion, Polk Counties CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

**Has the CoC selected an HMIS software product?** Yes

If "No" select reason:

If "Yes" list the name of the product: OPUS

**What is the name of the HMIS software company?** Oregon Housing & Community Services

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):** 02/01/2005  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems  
(select all the apply):

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

Currently 100% of CoC funded agencies are participating in the HMIS. The CoC will work toward increasing participation by continuing to market the HMIS to non-participating housing providers. The importance of participating in the HMIS will be expressed. The CoC will continue to participate on OPUS work groups designed to provide input into the development of the HMIS database. Feedback from non-participating housing providers will be shared with Oregon Housing and Community Services to address limitations to the current HMIS system.

# Attachment Details

## Document Description:

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** Mid-Willamette Valley Community Action Agency  
**Street Address 1** 2475 Center St NE  
**Street Address 2**  
**City** Salem  
**State** Oregon  
**Zip Code** 97301  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** Non-Profit  
**If "Other" please specify**

## 2C. Homeless Management Information System (HMIS) Contact Person

**Prefix:**

**First Name** Amber

**Middle Name/Initial**

**Last Name** Reeves

**Suffix**

**Telephone Number:** 503-399-9080  
(Format: 123-456-7890)

**Extension**

**Fax Number:** 503-399-9118  
(Format: 123-456-7890)

**E-mail Address:** reevesa@mwvcaa.org

**Confirm E-mail Address:** reevesa@mwvcaa.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	0-50%

**How often does the CoC review or assess its HMIS bed coverage?** Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

The CoC HMIS Lead Agency will continue to market the HMIS to non-participating housing providers throughout the continuum. The CoCs largest emergency shelter provider is currently not participating; however, the program is now under new leadership. The HMIS Lead Agency will market the HMIS to this new leadership and express the value and importance of participating in the HMIS. In addition, any new housing providers will be given information on the HMIS and will be encouraged to participate.

## 2E. Homeless Management Information System (HMIS) Data Quality

### Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	14%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	2%	0%
* Gender	2%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	6%
* Zip Code of Last Permanent Address	0%	29%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** No

**Did the CoC or subset of the CoC participate in AHAR 4?** No

**How frequently does the CoC review the quality of client level data?** Quarterly

**How frequently does the CoC review the quality of program level data?** Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

There are designated and trained System Administrators at each participating agency responsible for monitoring the validity and quality of client data being entered into the HMIS at their agency. System Administrators run regular program enrollment searches and progress reports to track the accuracy of data being input. The CoC Lead Agency HMIS Coordinator provides ongoing support and training to new and existing System Administrators. Oregon Housing and Community Services (OHCS) provides technical assistance to all HMIS users, along with support for System Administrators in monitoring completeness of data including percentages on missing values. System Administrators can request this information at any time. OHCS periodically pulls the necessary data elements and reviews for completeness. If large discrepancies are discovered, OHCS contacts the System Administrator to report the information. In addition, OHCS offers regular trainings on policies & procedures, administration features, and client level data entry to all participating and interested providers. Future plans include increasing HMIS monitoring of CoC funded agencies as part of the annual prioritization process.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

When setting up a program in OPUS the valid date ranges are specified. OPUS enforces compliance with the date ranges which ensures that valid entry and exit dates are recorded. Error messages are generated if attempting to violate the specified dates.

The CoC funded agencies meet biannually to ensure that all agencies are following policies and procedures. Trained System Administrators conduct regular program enrollment searches, which provide a detailed listing of all client data entered into the program along with entry and exit dates. System Administrators ensure that these dates are valid. All participating agencies are provided thorough training on HMIS policies and procedures related to program enrollment data by the HMIS Lead Agency Coordinator. In addition, OHCS offers regular trainings to all HMIS users on policies and procedures, administration features, and client level data entry. Policies and procedures are included in the online OPUS User Manual, which all HMIS users have access to.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Monthly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Never
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Never
<b>Use of HMIS for performance assessment:</b>	Monthly
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Monthly

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:**

* Unique user name and password	<b>Semi-annually</b>
* Secure location for equipment	Semi-annually
* Locking screen savers	Semi-annually
* Virus protection with auto update	Semi-annually
* Individual or network firewalls	Semi-annually
* Restrictions on access to HMIS via public forums	Semi-annually
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Semi-annually

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Monthly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 07/23/2007

**If 'No' indicate when development of manual will be completed:**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:**

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Annually
HMIS software training	Annually

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
Households with Dependent Children - Sheltered Transitional  
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
Households without Dependent Children - Sheltered Transitional  
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the date of the last PIT count:** 01/30/2007

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	18	57	217	292
Number of Persons (adults and children)	68	167	597	832
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	223	108	819	1,150
Number of Persons (adults and unaccompanied youth)	225	121	819	1,165
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	241	165	1,036	1,442

Salem/Marion, Polk Counties CoC			COC_REG_v10_000162	
<b>Total Persons</b>	293	288	1,416	1,997

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	38	143	181
* Severely Mentally Ill	74		74
* Chronic Substance Abuse	74		74
* Veterans	7	98	105
* Persons with HIV/AIDS	0		0
* Victims of Domestic Violence	47		47
* Unaccompanied Youth (under 18)	9		9

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Annually

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/28/2009  
(mm/dd/yyyy)

**Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.**

**Emergency Shelter providers** 100%

**Transitional housing providers:** 94%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

#### Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

#### HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

#### Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Extrapolation:</b> (Extrapolation attachment is required)	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

Community Action mails count forms, specific to each homeless program, to providers with instructions and a cover letter. The cover letter stresses the importance of participation in the count and urges providers, unfamiliar with the count process, to contact Community Action for training. Count forms are reviewed by Community Action upon receipt, and any questions regarding the completed forms are clarified by Community Action with the provider.

The number of persons sheltered during the PIT counts of 2005 and 2007 were very similar, with an increase of 11 persons in the 2007 count. The same provider programs reported in both counts, with little variation in the number of people they were able to serve.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

#### HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

#### HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

#### Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

#### Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

#### Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

#### Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

### If Other, specify:

Some programs used individual client records (Non-HMIS client level information) to provide subpopulation data. Other programs used Interviews conducted with persons staying in their shelter or transitional housing program.

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

Community Action mails count forms, which are specific to each homeless program and that include subpopulation questions, to providers with instructions and a cover letter. The cover letter stresses the importance of participation in the count and urges providers, unfamiliar with the count process, to contact Community Action for training. Count forms are reviewed by Community Action upon receipt, and any questions regarding the completed forms are clarified by Community Action with the provider.

Subpopulation numbers from our CoC's last counts have increased, but only slightly. We believe this is due to an improved count process, including better tools, more indepth training, and additional volunteers.

## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:  
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

For the sheltered population, each program is provided count forms specifically for persons staying in their program during the PIT count. Information is obtained either through client records or client interviews. The de-duplication technique used for the unsheltered count is the following two questions: "Have you been involved in a homeless count or interview process today?" and "Where will you be staying tonight?".

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)**

<b>Public places count:</b>	<input checked="" type="checkbox"/>
<b>Public places count with interviews:</b>	<input checked="" type="checkbox"/>
<b>Service-based count:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Known Locations

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

**Describe the techniques used to reduce duplication.**

The de-duplication technique used for the unsheltered count is the following two questions: "Have you been involved in a homeless count or interview process today?" and "Where will you be staying tonight?".

**Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.**

Our CoC has developed and is applying for a Rapid Re-housing Project. If funded, the project will reduce the number of homeless households with dependent children by approximately six households per year. Based on current emergency shelter bed utilization, our CoC will promote changing existing emergency shelter beds into more long-lasting and permanent housing options for families. Predicated on the Housing First model, our CoC will work with the larger community to develop additional permanent housing units for homeless families, using resources outside the CoC funding. Our CoCs plans for outreach include: the continued utilization of existing homeless outreach workers, organizing a Project Homeless Connect event to reach out to and engage homeless families, and the expansion and improvement of our CoCs homeless counts to reach additional homeless families.

**Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).**

Within the last year our CoC has added two homeless and runaway youth outreach workers and we continue to utilize existing homeless outreach workers. Each year our CoC is able to recruit more volunteers to participate in the homeless count, resulting in the identification and engagement of more homeless individuals. Our CoC is planning its first Project Homeless Connect event to reach additional homeless populations. Our areas two homeless day shelters continue to draw previously un-served persons, by word of mouth through the homeless population. Faith-based organizations are becoming more involved in homeless outreach through regular visitation and engagement at sites known to be frequented by homeless persons. Changes did occur in the numbers of unsheltered persons. The count reflected an increased number in families and individuals and a decrease number of chronically homeless. Both of these results are attributed to the expansion and improvement of our CoCs homeless count process.

# Attachment Details

## Document Description:

# Attachment Details

## Document Description:

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Create new PH beds for chronically homeless persons

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for new project funding through the Samaritan Bonus Initiative. Award of this project will create 4 new permanent housing beds for chronically homeless persons.	Project Director, Shangri-La Corporation
Action Step 2		
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	17
Numeric Achievement in 12 months	21
Numeric Achievement in 5 years	40
Numeric Achievement in 10 years	56

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide case management services to CoC participants to help them overcome barriers to self-sufficiency.	Project Director, YWCA
Action Step 2	Provide tenant education and life skills training to CoC participants to help them learn skills necessary to be successful in their housing.	Project Manager, MWVCAA
Action Step 3	Connect CoC participants to mainstream resources to help them progress toward self-sufficiency.	Project Director, Shangri-La Corporation

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	81
Numeric Achievement in 5 years	83
Numeric Achievement in 10 years	85

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
<b>Action Step 1</b>	Provide life skills training and tenant education to CoC participants to help them learn skills necessary to be successful in their housing.	Social Services Manager, Salvation Army
<b>Action Step 2</b>	Connect CoC participants to mainstream resources to help them overcome barriers to self-sufficiency.	Project Manager, MWVCAA
<b>Action Step 3</b>	Conduct outreach to new landlords and provide housing placement services to CoC participants to help them access suitable and affordable housing.	Project Director, YWCA

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	64
<b>Numeric Achievement in 12 months</b>	65
<b>Numeric Achievement in 5 years</b>	68
<b>Numeric Achievement in 10 years</b>	70

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Hire part-time employment specialist to help PH clients gain employment.	Project Director, Shangri-La Corporation
Action Step 2	Case managers will coordinate with employment programs to develop joint employment plans for CoC participants.	Project Director, YWCA
Action Step 3	Connect CoC participants to employment mainstream resources to help them overcome barriers to self-sufficiency and obtain gainful employment.	Project Manager, MWVCAA

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	33
Numeric Achievement in 12 months	34
Numeric Achievement in 5 years	35
Numeric Achievement in 10 years	40

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Decrease the number of homeless households with children

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
<b>Action Step 1</b>	Apply for new project funding through the Rapid Re-Housing Initiative to provide rental assistance to 5 additional homeless households with children.	Project Manager, MWVCAA
<b>Action Step 2</b>	Provide case management and housing placement services to CoC participants with children to help them access suitable housing and be successful in their housing.	Project Director, YWCA
<b>Action Step 3</b>	Provide life skills training and tenant education to CoC participants with children to help them learn skills necessary to be successful in their housing.	Social Services Manager, Salvation Army

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	292
<b>Numeric Achievement in 12 months</b>	287
<b>Numeric Achievement in 5 years</b>	251
<b>Numeric Achievement in 10 years</b>	200

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Foster Care Discharge Protocol:** Formal Protocol Implemented

**Health Care Discharge Protocol:** No steps taken

**Mental Health Discharge Protocol:** Formal Protocol Implemented

**Corrections Discharge Protocol:** Protocol in Development

## **3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives**

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

In 2003, the Oregon Legislature passed Senate Bill 808, which puts into statute Department of Human Services (DHS) policy requiring a plan for transition to independent living for each youth age 16 and older in DHS care and custody. The statute requires the plan to address the youth's need and goals related to: Supportive Relationships/Community connections, Housing, Education, Employment, and Mental and Physical Health. SB 808 requires the juvenile Court/Citizen's Review Board to review the plans to determine and make findings as to: 1) Whether the plan is adequate to ensure the child's successful transition to independent living, 2) Whether the department has offered appropriate services pursuant to the plan, and 3) Whether the department has involved the youth in the development plan. Each youth completes a Comprehensive Transition Plan which not only meets the requirements of SB 808, it also incorporates other plans that a youth may be involved with, such as Individual Education Plans, Vocational Rehabilitation Plan, Workforce Investment Act, etc. Chafee Housing provides up to \$485 per month for room and board expenses to assist former foster youth discharged from care and custody of DHS (or one of the nine federally recognized Tribes in Oregon) on or after their 18th birthday. Youth can participate in the program until they access \$6,000 or turn age 21, whichever comes first.

### **Health Care Discharge**

**For No Steps Taken, explain:**

Currently the largest health care facility in the two-county area reports they have no formal homeless discharge protocols. However, they work with local homeless shelters and sometimes provide transportation to outpatient services. Our CoC plans to work with the 10 Year Plan teams and the Health Care system to develop protocols to prevent discharges into homelessness.

### **Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Oregon statutes, 426.490 to 426.500, direct the state's efforts with respect to people discharged from state psychiatric institutions. It is declared to be the policy and intent of the Legislative Assembly that the State of Oregon shall assist in improving the quality of life of chronically mentally ill persons within this state by insuring the availability of an appropriate range of residential opportunities and related support services. Each chronically mentally ill person who is a patient at a state mental institution shall have a written discharge plan. A discharge plan means a written plan prepared jointly with the chronically mentally ill person, mental health staff and case manager prior to discharge, prescribing for the basic and special needs of the person upon release from the hospital.

Persons who have more significant barriers to community placement will often be assisted through the Extended Care Management Team. Persons who are under the jurisdiction of the Psychiatric Security Review Board would not be released to the community without housing arrangements.

The services to be provided are "subject to the availability of funds". Therefore, while the state must provide an array of community services and residential alternatives, it is only obligated to do so to the extent funding levels allow.

### **Correction Discharge**

**For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.**

In May 2007, the Governor of Oregon created the Re-entry Council. The Council consists of 21 members: directors from many state agencies, Senator Vicki Walker, Representative Kevin Cameron, representatives from the Oregon Association of Community Corrections Directors, the Oregon State Sheriffs Association, the Oregon District Attorneys Association, the Oregon Criminal Defense Lawyers Association, the Oregon Judicial Department, the Oregon Association of Chiefs of Police, and social service providers that concentrate on offenders transition. The Council is working collaboratively to identify and minimize the barriers that offenders find when transitioning out of incarceration. The Re-Entry Council will create an implementation plan for improvements in policy and practice.

Re-entry Steering Committee Recommendations for First Priorities include: Improve Post-Prison Employment Rate; Transitional Housing Available to Offenders Leaving Prison; One-Stop sites for Transition success; continuity of Medical and Mental Health Care. Stable, alcohol and drug-free housing is one of the highest priorities along with developing plans for more wrap-around services. The Director of Oregon Housing and Community Services is advocating for targeting the 2009-11 budget process to expand the Housing Plus definition to include the re-entry population.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/01/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/03/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/01/2008
Health Care Discharge Protocol	No	--	No Attachment

## Attachment Details

**Document Description:** Foster Care Discharge Policy

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Mental Health Discharge Plan, State of Oregon

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Corrections Discharge Policy

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:**

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

### 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

**Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the Consolidated Plan:** City of Salem Consolidated Plan addresses the following: Goal 1 Homelessness, Goal 2 Affordable Housing, Goal 3 Access and Barrier Removal to Affordable and Supportive Housing Oregon Housing and Community Services Consolidated Plan addresses the following: Goal 1 Secure an end to hunger and homelessness for all Oregonians, Goal 2 Ensure an ongoing inventory of affordable housing that meets community needs.

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** No

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the 10-year plan(s):**

1. Create new Permanent Housing beds for chronically homeless persons.
2. Increase percentage of homeless persons employed.
3. Decrease the number of homeless households with children.
4. Increase the percentage of homeless persons and families moving from Transitional Housing to Permanent Housing.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	21	Beds	17	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	94	%	80	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	60	%	64	%
Increase percentage of homeless persons employed at exit to at least 18%	31	%	33	%
Ensure that the CoC has a functional HMIS system	54	%	37	%

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	190	18
2007	181	16
2008	181	15

Indicate the number of new PH beds in place <sup>1</sup> and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		\$103,927	\$81,077	\$3,928	
Operations		\$4,388	\$21,972	\$1,050	
<b>Total</b>	\$0	\$108,315	\$103,049	\$4,978	\$0

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	5
b. Number of participants who did not leave the project(s)	20
c. Number of participants who exited after staying 6 months or longer	5
d. Number of participants who did not exit after staying 6 months or longer	15
e. Number of participants who did not leave and were enrolled for 5 months or less	5
<b>TOTAL PH (%)</b>	<b>80</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	136
b. Number of participants who moved to PH	87
<b>TOTAL TH (%)</b>	<b>64</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 477

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	48	10 %
SSDI	40	8 %
Social Security	6	1 %
General Public Assistance		0 %
TANF	45	9 %
SCHIP		0 %
Veterans Benefits	4	1 %
Employment Income	159	33 %
Unemployment Benefits	8	2 %
Veterans Health Care		0 %
Medicaid	27	6 %
Food Stamps	342	72 %
Other (Please specify below)	30	6 %
Child Support, Financial Aid, Spousal Support, Inheritance, Tribal Assistance, Senior Training Program		
No Financial Resources	38	8 %

The percentage values are automatically calculated by the system when you click the "save" button.

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

**Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs.**

The Continuum of Care Subcommittee meets approximately twice a year to review performance with emphasis on mainstream resources.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

July 2007, October 2007, September 2008

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If yes, identify these staff members** Both

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** Quarterly

**Does the CoC uses HMIS to screen for benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training?** Yes

**If "Yes", indicate training date(s).**

May 17th and 18th, 2006; April 13th, 2007

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	75%
Clients are assigned to a case manager; who helps determine what benefits each client is eligible for, and then assists the client to complete applications for mainstream benefits.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	75%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	63%
Food Stamps, Temporary Aid for Needy Families (TANF), Child Care Subsidy, Domestic Violence Assistance, Medical Benefits	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	75%
<b>4a. Describe the follow-up process:</b>	
Case managers routinely follow up with clients through case management meetings to ensure benefits are received. Staff also keeps progress notes and copies of benefit statements, and confirms benefit awards with mainstream agencies by phone or in writing.	

## Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

# Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

## Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	Yes
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	Yes
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

## Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	No
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	Yes
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	No
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	No
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	No

## Continuum of Care (CoC) Project Listing

### Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
New Options Trans...	2008-09-23 18:59:...	1 Year	Shangri-La Corpor...	37,800	Renewal Project	SHP	TH	F8
Permanent Support...	2008-10-08 12:44:...	1 Year	Shangri-La Corpor...	150,000	Renewal Project	SHP	PH	F6
Permanent Housing...	2008-10-08 16:48:...	2 Years	Shangri-La Corpor...	66,648	New Project	SHP	PH	S1
Tenant Readiness ...	2008-09-25 13:02:...	1 Year	Mid-Willamette Va...	30,394	Renewal Project	SHP	SSO	F3
YWCA Resource Ass...	2008-10-03 19:46:...	1 Year	Mid-Willamette Va...	83,572	Renewal Project	SHP	SSO	F7
ARCHES Rapid Re-h...	2008-10-10 12:58:...	3 Years	Mid-Willamette Va...	135,026	New Project	SHP	TH	R2
ARCHES Transition..	2008-09-25 17:41:...	1 Year	Mid-Willamette Va...	300,812	Renewal Project	SHP	TH	F5
HOAP - Safe Haven	2008-10-02 17:36:...	1 Year	Northwest Human S...	235,025	Renewal Project	SHP	SH	F4
Alpha Life Skills	2008-09-19 14:00:...	1 Year	The Salvation Army	39,375	Renewal Project	SHP	SSO	F9

## Budget Summary

<b>FPRN</b>	\$876,978
<b>Rapid Re-Housing</b>	\$135,026
<b>Samaritan Housing</b>	\$66,648
<b>SPC Renewal</b>	\$0
<b>Rejected</b>	\$0