

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. If the information on this screen is not correct, contact the e-snaps help desk.

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 are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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

If less than bi-monthly, please explain (limit 500 characters):

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) 70%

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

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

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Membership in the Mid Valley Housing and Services Collaborative (MVHSC) is open to any individual/organization in the community who shares an interest in developing affordable housing for the homeless. Current MVHSC members reach out to prospective members as they become known in the community. This strategy promotes diverse representation and allows new partners to become immediately involved in the CoC planning process. This open structure is preferred because funding is not available to pay for staff and services that are dedicated to CoC coordination activities. Without such dedicated funding, some coordination activities, such as recruitment of members, are shared by all of the MVHSC members.

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

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

Specify "other" process(es):

If administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Core Team for the 10 Year Plan	This group meets to review and update implementation strategies for Marion and Polk Counties 10 Year Plan. Acts as the liaison between the 10 Year Plan Leadership Team and the various Work Teams.	Bi-monthly
Marion and Polk Homeless Count Planning Sub-Committee	This group meets to plan, coordinate and perform the annual homeless count in Marion and Polk counties.	Quarterly
Emergency Housing Network	A network of homeless service providers that meets monthly to provide a forum for community collaboration, education, updates regarding service availability, and promoting streamlined access to mainstream resources in Marion and Polk counties.	Monthly or more
Mid-Valley Housing and Services Collaborative	The primary responsibility of this group is to manage the overall planning effort for the CoC, including project monitoring, determining project priorities, and providing final approval for the CoC application submission.	Bi-monthly
Monitoring Team Sub-Committee	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.	Annually

If any group meets less than quarterly, please explain (limit 750 characters):

Official monitoring of the CoC Projects takes place annually. Members of the Mid Valley Housing and Services Collaborative (MVHSC) are invited to participate on the Monitoring Team. Eligible participants include any member who is not affiliated in any way with an agency that is administering a CoC project. This team is formed once the NOFA is published and team members meet as a group on at least one occasion to undergo orientation and to formulate their process for completing the monitoring process. Once the monitoring has been completed and all reports have been submitted to MVHSC, the monitoring team is dissolved for the year.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Mid-Willamette Valley Community Action Agency	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	Youth
United Way of the Mid-Willamette Valley	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Shangri-La Corporation	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Salvation Army	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	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	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Oregon Department of Human Services	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Marion County Re-entry Initiative	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	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, Attend 10-year planning me...	Substance Abuse
YWCA	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Oregon Housing and Community Services	Public Sector	State g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
St. Joseph's Shelter	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Mid-Valley Women's Crisis Service	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...

Northwest Human Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Serio...
Oregon Housing Opportunities in Partnership	Public Sector	Stat e g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Salem Keizer Public Schools	Public Sector	Sch ool ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Salem Interfaith Hospitality Network	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Marion County Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Polk County Mental Health	Public Sector	Loca l g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
City of Salem	Public Sector	Loca l g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Salem Leadership Foundation	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Marion Polk Food Share	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Marion County Board of Commissioners	Public Sector	Loca l g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Marci L.	Individual	Hom eles. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Easter Seals/Marion Polk 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
Silverton Together	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
NorthWest Senior and Disability Services	Public Sector	Loca l 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	Hos pita..	Committee/Sub-committee/Work Group	NONE
Chemeketa Community College	Public Sector	Sch ool ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Charlotte R.	Individual	Homeles..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Oregon Department of Veteran's Affairs	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Veterans
Bill Adams	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Consumer Credit Counseling	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Legal Aid: Oregon, Marion/Polk	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salem Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Silverton Area Community Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Phoenix Houses of Oregon	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

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

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

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

In response to the local need for extended housing program stays and supports, Salvation Army and Union Gospel Mission eliminated 54 Emergency Shelter beds to transfer financial resources to Transitional Housing. St Joseph Shelter eliminated 140 Emergency Shelter beds specifically for migrant farm workers, since in recent years this migrant population no longer comes to work in this rural area. St Joseph Shelter is conducting feasibility studies to determine the most valuable, current use of their facility.

In regard to Emergency Shelter bed utilization, programs that serve specialized populations (DV and Youth) were not full during the PIT Count.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

N/A

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Salvation Army and Union Gospel mission transferred financial resources from Emergency Shelter beds, adding an additional 49 Transitional Housing beds providing longer stays and additional supports. Beds provided through the Marion County Tenant-Based Housing Assistance Program increased by 52 from last year. In addition, the Oregon Housing Opportunities in Partnership program mistakenly identified itself as a Transitional program last year. Six beds have been reprogrammed to Permanent Supportive Housing.

In regard to Transitional Housing bed utilization, programs that serve specialized populations (DV, and pregnant youth or young mothers) were not full during the PIT Count.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The Oregon Housing Opportunities in Partnership program mistakenly identified itself as a Transitional Housing Program in 2008. Six beds from the project were reprogrammed to Permanent Supportive Housing and an additional 29 beds were added to this year's inventory. Secondly, another permanent supportive housing provider lost nine beds due to a reduction in funding for their Permanent Supportive program.

As expected, utilization of these programs is high.

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Salem/Marion, Pol...	11/20/2009

Attachment Details

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(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: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training
(select all that apply)

Must specify other:

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

Specify "other" data types:

Sheltered count

If more than one method was selected, describe how these methods were used together (limit 750 characters):

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:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

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

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

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

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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, including the inability to integrate data from providers with legacy data systems.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

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

Is this organization the HMIS Lead Agency in more than one CoC? No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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@mwwcaa.org

Confirm E-mail Address: reevesa@mwwcaa.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* 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 CoC's 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:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	9%
* Date of Birth	0%	0%
* Ethnicity	4%	0%
* Race	4%	0%
* Gender	1%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	0%	12%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5? No

How frequently does the CoC review the quality of client level data? Semi-annually

How frequently does the CoC review the quality of program level data? Semi-annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

There are designated System Administrators at each participating agency who are responsible for monitoring the validity and quality of client data being input. They run regular program enrollment searches and progress reports to track the accuracy of data being input. The HMIS Lead Agency Coordinator provides ongoing support and training to new and existing System Administrators. Oregon Housing and Community Services (OHCS) provides technical assistance and support to all agencies in monitoring completeness of data. 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.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

When setting up a program in OPUS the valid date ranges are specified. OPUS enforces compliance with date ranges which ensures that valid entry and exit dates are recorded. Error messages are generated if attempting to violate the specified dates. System Administrators at each participating agency conduct regular program enrollment searches, which provide a detailed listing of all client data entered along with entry and exit dates. System Administrators ensure that these dates are valid. OHCS and the HMIS Lead Agency Coordinator provide training to agencies on policies and procedures related to client level and program enrollment data. Policies and procedures are included in the online OPUS User Manual, which is accessible to all users.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Semi-annually
* 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: 08/01/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency 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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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		Unsheltered	Total
	Emergency	Transitional		
Number of Households	8	89	345	442
Number of Persons (adults and children)	21	293	1,040	1,354
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	184	161	660	1,005
Number of Persons (adults and unaccompanied youth)	184	168	660	1,012
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	192	250	1,005	1,447
Total Persons	205	461	1,700	2,366

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	76	61	137
* Severely Mentally Ill	128	30	158
* Chronic Substance Abuse	91	34	125
* Veterans	9	48	57
* Persons with HIV/AIDS	0		0
* Victims of Domestic Violence	44	10	54
* Unaccompanied Youth (under 18)	1	17	18

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

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. Community Action then compiles all of the information from the homeless service providers to produce the shelter count for Marion and Polk counties.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

In 2009 Community Action shows an increase of 85 sheltered individuals and 36 sheltered households. In the 2007 shelter count, four shelters did not complete the One Night Shelter Count forms. In 2009 all shelters participated, which led to the increase in the overall number of persons sheltered.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

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:	<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 data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

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.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Subpopulation numbers from our CoC's 2009 count have increased, but only slightly. We believe this is due to an improved count process, including better tools, more in-depth training, and additional volunteers.

Chronically Homeless - An increase of 38 individuals. Our local area shelters are becoming better at determining and reporting chronic homelessness. In addition, homeless individuals are experiencing longer periods of homelessness due to the economy, which increases the number of those who meet the definition of chronically homeless. Outreach has been effective in placing chronically homeless individuals into area shelter programs.

Severely Mentally Ill - An increase of 54 individuals. Our local service providers who serve the severely mentally ill population report that their resources for treatment and medication have significantly decreased over the past several years.

Chronic Substance Abuse - An increase of 17 individuals. One of our area's substance abuse treatment facilities closed during the past year and local health departments report a decrease in funding for substance abuse treatment programs. Without treatment and medication, individuals are unable to maintain stable housing and fall into or remain in homelessness.

Veterans, Domestic Violence, and Youth - An increase of 2 for veterans, a decrease of 3 for Domestic Violence, and a decrease of 8 for Youth. This fluctuation in outcomes is a reasonable variance in a year to year count.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	<input 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 selected (limit 1000 characters):

For the sheltered population, each program is provided count forms specifically for persons staying in their program during the PIT count. Since no one person could be sheltered by more than one program on a given night, there is no duplication. Information is obtained either through client records or client interviews.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see *A Guide to Counting Unsheltered Homeless People* at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The de-duplication technique used for the unsheltered count is to ask the following two questions prior to completing the survey: "Have you been involved in a homeless count or interview process today?" and "Where will you be staying tonight?". If a participant answers "yes" to the first question, no interview takes place. If a participant indicates they will be staying in a shelter in response to the second question, no interview takes place as they will be counted in the shelter count.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Our CoC has received the Homeless Prevention and Rapid Re-Housing stimulus funding. We anticipate that this project will reduce the number of homeless households with dependent children by approximately 45 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 CoC's plans for outreach include: the continued utilization of existing homeless outreach workers, organizing a 2nd annual Project Homeless Connect event to reach out to and engage homeless families, and the expansion and improvement of our CoC's homeless counts to reach additional homeless families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Our CoC continues 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 second Project Homeless Connect event to reach additional homeless populations. Our area's 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.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Our CoC counted 284 more individuals in 2009 than 2007. We believe this is due, in part, to an improved count process, including better tools, more in-depth training, better outreach to secluded areas, and additional volunteers. Another factor is the downturn in the economy. Large and small companies, employing hundreds of people, continue to close or downsize in Marion and Polk counties. The current unemployment rate in our area is 12%. Many of the individuals and families that have lost their jobs find themselves experiencing homelessness for the first time. Another factor is that local housing authorities have had long wait lists for housing vouchers and for subsidized housing units. Some households/individuals were issued vouchers which were put on hold due to lack of funding. With the lack of jobs and subsidized housing units, we are seeing more homelessness than in recent years.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Shangri-La is applying for the Permanent Supportive Housing Bonus Project, which will create 2 new beds for the chronically homeless. Shangri-La will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders for purposes of identifying eligible clients and landlords to accomplish this goal within the next 12 months. The goal of increasing beds for the chronically homeless will be a topic of discussion throughout the year at the Mid Valley Housing and Services Collaborative. However, should Shangri-La not receive bonus project funding through the Continuum of Care process, a special planning meeting of the Mid Valley Housing and Services Collaborative will be scheduled to decide on an alternative plan. Housing developers and housing providers, who do not regularly attend the Collaborative meetings, will be urged to attend this meeting so that additional stakeholders are represented.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Over the next ten years, the CoC will continue to work with housing developers and other stakeholders, urging them to create permanent housing beds for the chronically homeless. We will target landlords that currently work with our projects and housing developers that have been successful in developing affordable housing for low-income/homeless people. Chronically homeless individuals comprise less than 6% of our homeless population due primarily to the fact that Marion and Polk counties are rural areas with no large metropolitan centers. Therefore, designating beds for the chronically homeless has not been a funding priority for either private developers or governmental organizations.

How many permanent housing beds do you currently have in place for chronically homeless persons? 6

How many permanent housing beds do you plan to create in the next 12-months? 2

How many permanent housing beds do you plan to create in the next 5-years? 5

How many permanent housing beds do you plan to create in the next 10-years? 10

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC projects are currently exceeding the 77% threshold. During the next 12 months CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to maintain or exceed this threshold by continuing our current strategies that include: providing case management services to CoC participants to help them overcome barriers to self-sufficiency; providing tenant education and life skills training to CoC participants to help them learn skills necessary to be successful in their housing; and connecting CoC participants to mainstream and ARRA supported resources to help them progress toward self-sufficiency. Our contingency plan is that Continuum of Care projects will provide a progress report mid-year to the Mid Valley Housing and Services Collaborative so that any barriers to success can be identified and remedied.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Over the next 10 years, the CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to maintain and exceed the percentage of homeless persons remaining in permanent housing for at least six months. The CoC will continue current strategies that include: providing case management services to assist CoC participants to overcome barriers to self-sufficiency; providing tenant education and life skills training to CoC participants to help them learn skills necessary to be successful in their housing; and connecting CoC participants to mainstream and ARRA supported resources to help them progress toward self-sufficiency.

What percentage of homeless persons in permanent housing have remained for at least six months? 86

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 87

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 88

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 90

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

During the next 12 months CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to increase the number of households moving to permanent housing by: providing case management services to CoC participants to help them overcome barriers to self-sufficiency; providing life skills training and tenant education to CoC participants to help them learn skills necessary to be successful in their housing; connecting CoC participants to mainstream and ARRA supported resources to help them overcome barriers and to progress toward self-sufficiency; conducting outreach to new landlords and provide housing placement services to CoC participants to help them access suitable and affordable housing. Our contingency plan is that Continuum of Care projects will provide a progress report mid-year to the Mid Valley Housing and Services Collaborative so that any barriers to success can be identified and remedied.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

In regards to moving homeless persons from transitional housing to permanent housing, the barriers we have experienced in our area are primarily due to the economic downturn, and it may take several years for the economy to recover. Over the next ten years, CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. The CoC will continue to implement our current strategies listed above and will also identify employers who are willing to hire individuals with criminal histories and/or few job skills. We will utilize the ARRA programs that focus on job training and placement.

What percentage of homeless persons in transitional housing have moved to permanent housing? 56

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 68

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC projects are currently exceeding the 20 percent threshold. During the next 12 months, CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to exceed or maintain this percentage by continuing to use our current strategies, which include: case managers will coordinate with employment/job training programs to develop joint employment plans for CoC participants; CoC participants will be connected to employment related mainstream and ARRA supported resources to help them overcome barriers to self-sufficiency and obtain gainful employment; as funding is available, financial assistance for education and job skills training will be provided to CoC participants. Our contingency plan is that Continuum of Care projects will provide a progress report mid-year to the Mid Valley Housing and Services Collaborative so that any barriers to success can be identified and remedied.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Over the next ten years, CoC projects will work through the Mid Valley Housing and Services Collaborative to exceed or maintain the 20 percent threshold. The CoC will continue to implement the current strategies, which include: case managers will coordinate with employment/job training programs to develop joint employment plans for CoC participants; CoC participants will be connected to employment related mainstream and ARRA supported resources to help them overcome barriers to self-sufficiency and obtain gainful employment; as funding is available, financial assistance for education and job skills training will be provided to CoC participants. Our CoC is committed to finding creative solutions to address the economic downturn, such as, identifying employers willing to hire those with employment barriers.

What percentage of persons are employed at program exit? 27

- In 12-months, what percentage of persons will be employed at program exit?** 29
- In 5-years, what percentage of persons will be employed at program exit?** 32
- In 10-years, what percentage of persons will be employed at program exit?** 35

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

During the next 12 months, CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to decrease the number of homeless families with children. The CoC will implement the following strategies: utilize ARRA funded programs, such as Homelessness Prevention and Rapid Re-Housing, to provide rental assistance to homeless and/or at-risk households with children; provide case management and housing placement services to help families access suitable housing and be successful in their housing; provide life skills training and tenant education to families to help them learn skills necessary to be successful in their housing; utilize the Homeless School Liaisons to identify homeless families. Our contingency plan is that Continuum of Care projects will provide a progress report mid-year to the Mid Valley Housing and Services Collaborative so that any barriers to success can be identified and remedied.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Over the next 10 years CoC projects will work through the Mid Valley Housing and Services Collaborative to coordinate with stakeholders to decrease the number of homeless families with children. The CoC will continue to implement the following strategies: utilize ARRA funded programs, such as Homeless Prevention and Rapid Re-Housing (HPRP) to provide rental assistance to homeless and/or at-risk households with children; provide case management and housing placement services to help families access suitable housing and be successful in their housing; provide life skills training and tenant education to families to help them learn skills necessary to be successful in their housing; utilize the Homeless School Liaisons to identify homeless families. In addition, our CoC will work to identify additional funding resources, such as the HPRP funds, that will target homeless families with children.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 345

In 12-months, what will be the total number of homeless households with children? 330

**In 5-years, what will be the total number of
homeless households with children?** 280

**In 10-years, what will be the total number of
homeless households with children?** 200

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

In 2003, the Oregon Legislature passed SB 808, which requires Department of Human Services (DHS) to create a plan for transition to independent living for each youth age 16 and older in DHS care. 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. Another stakeholder is the Juvenile Court/Citizen's Review Board that reviews 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 that meets the requirements of SB 808, and also incorporates other plans that a youth may be involved with, such as Individual Education Plans, Vocational Rehabilitation Plan, Workforce Investment Act, etc. The Transition plan specifies the youth's destination upon discharge based on the youth's needs and interests. Routine destinations can include: return to family or friends, military service, Job Corps, or independent living. 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.

Health Care:

Currently, the largest health care facility in the two-county area reports that 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 following stakeholders to develop a plan to prevent discharges into homelessness: 10 Year Plan teams, the Mid Valley Housing and Services Collaborative, and Health Care providers. The plan will address coordination between health providers and local non-CoC shelters, and will identify additional placement options upon discharge. One issue that can be explored is the identification of recuperative care arrangements for individuals who require medical treatment but lack housing and are not ill enough to remain hospitalized.

Mental Health:

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, which will be prepared by stakeholders that include the chronically mentally ill person, mental health staff and case manager prior to discharge. The plan prescribes for the basic and special needs of the person upon release from the hospital. Subject to the availability of funds, the state must provide an array of community services and residential alternatives. In addition to community placement, persons who have more significant barriers 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.

Corrections:

In 2007, the Governor created the Re-entry Council. The Council consists of the following stakeholders: directors from many state agencies, state legislators, 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 offender's transition. The Council is working collaboratively to develop protocols to identify and minimize the barriers that offenders find when transitioning out of incarceration. Re-entry Steering Committee Recommendations for First Priorities include policies that pertain to: 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. Within our CoC the Marion County Reentry Initiative has been developed to address the above mentioned priorities. This non-CoC funded effort provides transitional housing for 12 individuals coming directly out of correctional facilities. Other designations upon discharge can include other non-CoC funded housing programs that target persons with criminal histories who are homeless.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Objective 1: Create new permanent housing beds for chronically homeless individuals. The 2009-2013 City of Salem Consolidated Plan includes this goal. The 2009-2011 Strategic Plan for Oregon Housing and Community Services includes a goal to secure an end to hunger and homelessness for all Oregonians, with an emphasis on providing permanent supportive housing to Oregonians experiencing homelessness.

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. The City of Salem Consolidated Plan includes a goal to increase the percentage of homeless persons moving from transitional housing into permanent housing.

Objective 4: Increase percentage of homeless persons employed at exit to at least 20%. The City of Salem Consolidated Plan includes a strategy to increase the percentage of employed homeless persons exiting shelters.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC lead agency, Mid-Willamette Valley Community Action Agency (MWVCAA), was awarded the HPRP funding through both the City of Salem and the State of Oregon. As the administrator of this program, MWVCAA is coordinating services with other CoC projects and other homeless service providers in the two-county area. MWVCAA will continue to provide outreach and engage in networking with local emergency shelters, employment programs, Oregon Department of Human Services, and other homeless service providers to identify households that have recently become homeless or are at imminent risk of homelessness. MWVCAA will provide quarterly updates to the primary CoC planning group, Mid Valley Housing and Services Collaborative, and will engage members in program review and implementation.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The City of Salem, administrator of the Neighborhood Stabilization Program (NSP) for the Salem area, has representation on the primary CoC planning group. Mid-Willamette Valley Community Action Agency, the CoC lead agency, was awarded HPRP funding through both the City of Salem and the State of Oregon, and this agency also received ARRA funding for weatherization services and Community Service Block Grant dollars to serve homeless and at-risk households. Representatives of NSP and MWVCAA, as well as other organizations who were awarded ARRA funding, including Oregon Department of Human Services and WorkSource Salem Center, have made presentations to Mid Valley Housing and Services Collaborative (the CoC Primary Planning Group), and periodic updates will take place. Our CoC plans to promote coordination of services by taking steps to guarantee that all service providers who serve homeless individuals are familiar with eligibility criteria and application procedures for NSP and ARRA programs so that appropriate referrals can be made between community partners in a timely manner.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	21	Beds	6	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	81	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	%	56	%
Increase percentage of homeless persons employed at exit to at least 19%	34	%	27	%
Decrease the number of homeless households with children.	287	Households	442	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Objective 1: Our 2008 CH baseline was incorrect because one of our providers had previously reported a CH bed count of 9, when in fact the designated number of beds was 3. Therefore, our baseline for CH beds in 2008 should have been 11. Secondly, the CoC did not receive funding in 2008 for the Samaritan Bonus project. Also, during the past year another permanent supportive housing provider lost 5 CH beds due to a reduction in funding. The CoC did not increase the number of CH beds because CH individuals comprise less than 6% of our homeless. Therefore, designating beds for the CH has not been a priority for private developers. Objective 3: With increasing unemployment in our area, participants have lost employment and have had difficulty finding employment. All 3 housing authorities in our area have had long wait lists for housing vouchers. Some participants were issued vouchers which were put on hold due to lack of funding. Objective 4: In 2008 and 2009 our CoC has exceeded the 19% national average. Our CoC was unable to meet our projection because companies that employ hundreds of people continue to close or downsize in our area. Our current unemployment rate is 12%. Objective 5: Strategies to identify homeless families with children are continually improving, leading to a more accurate count. Due to our 12% unemployment rate and the 20-30% cut in funding for the Temporary Assistance for Needy Families, we are seeing more households falling into homelessness.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	190	18
2008	181	17
2009	137	6

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

One of our permanent supportive housing providers had previously reported a chronic homeless bed count of nine, when in fact the designated number of beds was three. They were counting the number of chronically homeless people housed during the point in time count, as opposed to counting the number of beds designated specifically for chronically homeless. Therefore, the number of reported beds has decreased by six. Secondly, another permanent supportive housing provider lost five beds due to a reduction in funding for their housing program.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	7
b. Number of participants who did not leave the project(s)	22
c. Number of participants who exited after staying 6 months or longer	7
d. Number of participants who did not exit after staying 6 months or longer	18
e. Number of participants who did not exit and were enrolled for less than 6 months	4
TOTAL PH (%)	86

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	97
b. Number of participants who moved to PH	54
TOTAL TH (%)	56

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 427

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	39	9	%
SSDI	18	4	%
Social Security	15	4	%
General Public Assistance		0	%
TANF	26	6	%
SCHIP		0	%
Veterans Benefits	1	0	%
Employment Income	114	27	%
Unemployment Benefits	12	3	%
Veterans Health Care	3	1	%
Medicaid	5	1	%
Food Stamps	316	74	%
Other (Please specify below)	27	6	%
Child Support, Financial Aid, Death benefits			
No Financial Resources	40	9	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR Yes
should have been submitted?**

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

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

The Emergency Housing Network serves as the CoC Mainstream Resource Committee. This network of homeless service providers meets monthly to provide a forum for community collaboration, education, updates regarding service availability, and promoting streamlined access to mainstream resources in Marion and Polk Counties. The Emergency Housing Network met on the following dates in the past 12 months: November 13, 2008; January 8, 2009; February 12, 2009; March 12, 2009; April 9, 2009; May 14, 2009; June 11, 2009; July 9, 2009; September 10, 2009; October 8, 2009.

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 Provider Staff

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 use HMIS as a way to screen for mainstream 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).

June 26, 2009

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
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	90%
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.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	70%
Food Stamps, Temporary Aid for Needy Families (TANF), Child Care Subsidy, Domestic Violence Assistance, Medical Benefits	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	90%
4a. Describe the follow-up process:	
Case managers routinely follow up with clients through case management meetings and home visits to ensure benefits are received. Staff also keeps progress notes and copies of benefit statements and other back-up documentation in the client's file to demonstrate that mainstream benefits have been accessed.	

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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>No</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated 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 (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>No</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>No</p>
<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>	<p>No</p>

Part A - Page 3

<p>*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?</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>	<p>No</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>No</p>
<p>*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?</p>	<p>Yes</p>
<p>*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?</p>	<p>No</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>No</p>
<p>*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?</p>	<p>No</p>

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
Tenant Readiness ...	2009-10-27 20:00:...	1 Year	Mid-Willamette Va...	30,394	Renewal Project	SHP	SSO	F
New Options Trans...	2009-11-05 13:38:...	1 Year	Shangri-La Corpor...	37,800	Renewal Project	SHP	TH	F
ARCHES Transition..	2009-10-27 20:08:...	1 Year	Mid-Willamette Va...	306,901	Renewal Project	SHP	TH	F
Alpha Life Skills	2009-10-28 10:53:...	1 Year	The Salvation Army	39,375	Renewal Project	SHP	SSO	F
YWCA Resource Ass...	2009-10-27 21:41:...	1 Year	Mid-Willamette Va...	83,572	Renewal Project	SHP	SSO	F
HOAP - Safe Haven	2009-10-27 15:15:...	1 Year	Northwest Human S...	235,025	Renewal Project	SHP	SH	F
Permanent Housing...	2009-10-26 18:29:...	2 Years	Shangri-La Corpor...	66,647	New Project	SHP	PH	P1
Permanent Support...	2009-11-12 15:57:...	1 Year	Shangri-La Corpor...	153,860	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$886,927
Permanent Housing Bonus	\$66,647
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	OR-504 Certificat...	11/17/2009

Attachment Details

Document Description: OR-504 Certification of Consistency with the Consolidated Plan