



Poverty and Homelessness Board

All-Member Meeting

October 21, 2021

12:00 p.m. – 1:30 p.m.

Watch live or later at <https://lanecounty.ompnetwork.org/>

AGENDA

| Topic |
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1. Welcome and Agenda Review, Roll Call/ Chair Kris McAlister.....5 minutes
Members give one sentence update related to the position they represent on the board
2. Follow-up from Previous Meeting and Consent Agenda/ Chair Kris McAlister5 minutes
 - Approve Minutes of August 19, 2021
 - Approve Financials
3. Membership Update/ Amanda Borta.....5 minutes
Action Item: Motion to approve Rural Elected Official, Mike Fleck, Cottage Grove City Councilor
4. Governance Concept (two vice chairs)/ Chair Kris McAlister20 minutes
Action Item: Decision re: two-vice chairs
5. Leadership Elections/ Chair Kris McAlister.....10 minutes
Action Item: Voting for Chair & Vice-Chair(s)
6. Continuum of Care Grant Application Review & Approval/ Amanda Borta30 minutes
Action Item: Approve Continuum of Care Application for Submission
7. Data and Analytics/ Daina Davisson, Lane County10 minutes
8. Public Comment 10 minutes
Individuals who plan to offer comment must register and indicate they wish to give public comment in the chat box, with name and contact information
9. Provider Comment
Providers are invited to share comments, time permitting
10. Wrap Up
Summarize board decisions, assignments, next steps, planning next meeting’s agenda

Next Meetings: November 18, Executive Committee
December 16, All-Member Meeting

The Poverty and Homeless Board (PHB) is an action oriented group of elected officials, community stakeholders, and individuals who represent low-income and homeless people’s concerns. The purpose of the PHB is to create innovative partnerships and programs that use best practices to reduce poverty and homelessness in Lane County. The PHB will work to generate resources, community and legislative support for housing and services to achieve its goals.

2021 HUD CoC Application PROJECT RANKING

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

SCENARIO OVERVIEW

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

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

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

1A-2. Collaborative Applicant Name: Lane County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Lane County

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

| | |
|----|---|
| 1. | select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or |
| 2. | select Nonexistent if the organization does not exist in your CoC’s geographic area: |

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

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

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

In the chart below:

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

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

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| 18. | | No |
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| 1C-2. | CoC Consultation with ESG Program Recipients. NOFO Section VII.B.1.b. | |
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| Describe in the field below how your CoC: | |
| 1. | consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds; |
| 2. | participated in evaluating and reporting performance of ESG Program recipients and subrecipients; |
| 3. | provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and |
| 4. | provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update. |

(limit 2,000 characters)

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

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| 1C-3. | Ensuring Families are not Separated. NOFO Section VII.B.1.c. | |
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Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

| | |
|----|--|
| | Describe in the field below how your CoC coordinates to provide training for: |
| 1. | Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and |
| 2. | Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually). |

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

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

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

(limit 2,000 characters)

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

above.

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

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

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

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

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

You must enter information for at least 1 row in question 1C-7.

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

Describe in the field below:

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

(limit 2,000 characters)

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

preference since 2017. In 2018, Lane County signed an MOU with the PHA to refer disabled homeless individuals for the DHHCV local preference, which has 25 vouchers available per program year. Due to this partnership, the DHHCV opportunity has expanded for those in the community to include people who are Frequent Users of Systems (FUSE) clients referred by the CoC. In 2019, the CoC was able to implement this expansion of the DHHCV in conjunction with local resources and a SAMHSA grant that provides housing-focused case management to literally homeless FUSE clients. This links clients with the DHHCV as well as medical, behavioral health and case management resources. Other partners who refer for this preference include HIV Alliance, Options Counseling, and South Lane Mental Health. Landlords who rent to those with a DHHCV are able to participate in a Landlord Guaranty Program which provides financial reimbursement in the event that property is damaged by a tenant. Additionally, the CoC worked with Homes for Good to create preferences for 2 PBV projects that prioritize chronically homeless households.

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

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

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

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

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

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

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

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

(limit 2,000 characters)

The Lane County (LC) CoC works extensively with Homes for Good (HfG), the

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

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

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

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

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

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

(limit 2,000 characters)

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

coordination between LC and Homes for Good benefits several households who have barriers to housing stability.

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

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

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

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

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

| |
|----------------|
| PHA |
| Homes for Good |

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

Name of PHA: Homes for Good

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

Describe in the field below how your CoC’s coordinated entry system:

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

(limit 2,000 characters)

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

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

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

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

NOFO Section VII.B.1.o.

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

Lane County (LC), as the CoC Lead & Community Action Agency (CAA), receives ESG-CV through the recipient, State of Oregon (OHCS). As both the CoC & ESG-CV subrecipient, LC is uniquely positioned to coordinate

distribution of key resources. LC received ESG-CV via direct allocation (\$2.1m) & competitive allocation (\$6.7 m). ESG-CV planning involved direct input from a variety of stakeholders including service providers, faith-based communities, people with lived experience, public health, elected officials, as well as City and County staff, among others. ESG-CV funding was used to prevent, prepare for, and respond to COVID-19 through Street Outreach (SO), Emergency Shelter (ES), Homelessness Prevention (HP), Rapid Re-housing (RRH), & HMIS activities. As directed by the CDC, local officials allowed those camping or sleeping in public locations to stay in place. SO efforts were increased county-wide to provide for basic needs, sanitation, & safety measures, as well as mobile housing navigation services for unsheltered individuals & those residing in scattered non-congregate settings, such as pallet shelters. A specialized health-focused street outreach team was created to provide basic medical care access to unsheltered individuals in the streets. ESG-CV was also utilized to support operations and services for 132 non-congregate temporary ES beds, created through leased hotels, repurposed units, and pallet shelter sites using FEMA dollars, to make up for a reduction of congregate shelter & provide a safe space to shelter in place for people who are literally homeless and at high risk of complications from COVID-19. A small amount of targeted HP was deployed county-wide through community service centers to supplement existing HP contracts and account for an influx of need for eviction prevention resources. Nearly a quarter of ESG-CV funding (\$2.125m) was set aside for RRH resources for single individuals, families, and youth to provide opportunities for households to move on to permanent housing options.

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

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

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

(limit 2,000 characters)

The CoC, within the Incident Command Structure (ICS), worked closely with Coordinated Care Orgs (CCOs), local hospitals, Lane County Public Health (LCPH) & Community Health Centers (CHCs) to support transporting symptomatic individuals to testing locations to identify active cases & conduct contact tracing. One local hospital partnered with University of Oregon to set up the county's first drive-through testing site, and a variety of clinics who worked with large numbers of Oregon Health Plan/Medicaid recipients supported referrals to the COVID testing site. LCPH worked with local hospitals to provide safe places for people experiencing homelessness to complete isolation or quarantine when testing positive and/or discharging. LC uploads the Homeless By Name List to Collective Medical so health care providers can coordinate discharge planning for homeless persons who have COVID-19 dx or symptoms. A vacant veterans' medical facility was purchased in April of 2020, remodeled & opened in June of 2020 as the COVID isolation and quarantine facility (River Ave.) for those who could not return home. From June 2020 to 2021, over 175 adults experiencing homelessness spent time in the facility. In addition we housed 138 individuals, which included homeless families, in hotels from March 2020 to early September 2021. This served to keep individuals that didn't need

hospital level care but were still too ill to be out on their own, a safe place to convalesce. Coordination with service providers largely centered on shelter in place supports, testing needs (especially early in the pandemic response, until it became more available to the community), and congregate shelter regular on-site testing. LC Environmental Health consulted with providers on safety & distancing protocols for shelter spaces. LC CHCs provided RNs to conduct screenings and training at larger shelter sites. Mainstream health providers partnered with LC ICS to prioritize & distribute PPE when supplies were extremely limited.

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

Lane County Public Health (LCPH), in partnership with homeless service & shelter providers, promoted & distributed vaccines to people who were eligible as the prioritization allowed. In partnership with OR Health Authority, the

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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| 1E-2a. | Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities. | |
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| NOFO Section VII.B.2.d. |
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| Describe in the field below how your CoC reviewed, scored, and selected projects based on: |
|--|

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

(limit 2,000 characters)

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

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

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

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|---|
| Describe in the field below how your CoC: |
|---|

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

warranting reallocation consideration.

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

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

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

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

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

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

You must enter a date in question 1E-5a.

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

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

You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

(limit 2,000 characters)

n/a - all project types at 100%

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

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

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

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

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

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

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

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

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

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

2C. System Performance

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

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

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

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

(limit 2,000 characters)

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

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

| |
|-------------------------|
| NOFO Section VII.B.5.c. |
|-------------------------|

| |
|------------------------------|
| Describe in the field below: |
|------------------------------|

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

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

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

(limit 2,000 characters)

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

receiving SSI/SSDI benefits.

3A. Coordination with Housing and Healthcare Bonus Points

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

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

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

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

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

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

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

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

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

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

3A-3. List of Projects.

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

2. Select the new project type: PSH

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

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,000 characters)

n/a - no rehab or new constructions costs

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

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

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

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

(limit 2,000 characters)

n/a

4A. DV Bonus Application

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

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

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

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

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

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

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

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

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

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

| |
|-----------------------|
| Applicant Name |
| Lane County |

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

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

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

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

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

Describe in the field below:

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

(limit 1,000 characters)

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

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

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

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

Describe in the field below how the project applicant:

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

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

(limit 2,000 characters)

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

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

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

(limit 5,000 characters)

DV survivors experiencing homelessness are assisted with finding shelter,

safety planning, intake, and assessment of needs through Hope & Safety Alliance, local Victim Service Provider. Advocates are trained to provide safety planning and ensure that all conversations are private and confidential. Survivors in danger will have access to additional services that will keep their address confidential. H&SA will be providing the property management staff at Cornerstone with ongoing training around safety planning, dynamics of domestic violence and confidentiality. Cornerstone conducts the intake for housing applications and must adhere to the HUD rules requiring confidentiality, therefore we ensure a private office space is available.

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

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

(limit 2,000 characters)

For this project, Lane County will subcontract with local affordable housing provider, Cornerstone Community Housing in partnership with Hope & Safety Alliance (Victim Service Provider). Cornerstone is not a VSP, but currently serves individuals and families who have experienced domestic violence. In order to ensure the safety of DV survivors being served, Cornerstone intentionally partners with H&SA for best practices, training, and continued consultation. This proposed project (Sunstone RRH) will help Cornerstone integrate a more formal training program delivered by Hope & Safety Alliance for program staff. Cornerstone is committed to continuous learning and staying informed of best practices and models for supporting survivors of domestic violence. Cornerstone participates in on-going training in trauma informed care, domestic violence, and other relevant topics related to safety planning and serving survivors of DV, dating violence, sexual assault and stalking. Hope & Safety Alliance will assist with further safety related services, like addressing confidentiality and securing information.

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

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

| | |
|--|---|
| | 1. prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences; |
| | 2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| | 3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma; |
| | 4. emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| | 5. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination; |

| | |
|----|--|
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offering support for parenting, e.g., parenting classes, childcare. |

(limit 5,000 characters)

Cornerstone Community Housing (CCH, subrecipient) will provide Rapid Re-housing assistance using a trauma-informed, victim-centered approach that follows a Housing First model. One of the major tenets of Housing First is client choice in housing and services they receive. CCH will be able to rapidly place households into permanent housing utilizing a preference within their own housing portfolio, while honoring a survivor’s choice of housing preferences to the greatest extent possible. If needed, households may be connected to housing through the private rental market to meet their needs. Using a trauma-informed approach means that staff are trained to serve people in ways that feel meaningful to them and recognize the impacts of trauma. CCH will work with survivors as partners using a Peer Support Specialists (PSS) to minimize power differentials. The CCH PSS program is built around the Traditional Health Worker model of emphasizing household strengths and building upon the lived experience of the households served. Intake assessment includes questions modeled after the Eight Dimensions of Wellness, which encompasses eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental in a variety of topics to help them succeed in their role. General trainings required for the CCH program team include: Trauma Informed Care, Mental Health First Aid, conflict resolution & motivational interviewing, Fair Housing, DEI (Diversity, Equity and Inclusion), cultural competency, anti-oppression and nondiscrimination. Hope & Safety Alliance (VSP) will bring more in-depth training to the CCH team around serving victims and survivors of domestic violence including, safety planning and confidentiality. Advocates with H&SA, with core tenets built on trauma-informed and survivor centered services, will be available to provide support in Spanish and English. H&SA will also provide Parenting in Crisis and Dynamics of Domestic Violence educational classes to survivors. In addition to the case management offered through CCH, residents also have access to additional supports through the Cornerstone Healthy Homes program which offers classes to help build households stability.

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

Describe in the field below:

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

(limit 5,000 characters)

Lane County (LC) will subcontract with Cornerstone Community Housing for the proposed project, in partnership with local VSP Hope & Safety Alliance. Both Cornerstone and Hope & Safety Alliance have decades of experience working with domestic violence survivors. Cornerstone currently delivers services at 17 sites across 6 counities in Oregon and has in-depth experience working with households who experience domestic violence. Our team of Resident Services Coordinators and Peer Support Specialists regularly work with survivors to offer

basic needs supports like obtaining food boxes and accessing benefit programs. Peer Support Specialists (certified by the Oregon Health Authority), provide peer driven supports through case management for households with complex backgrounds, including domestic violence. While working with a Peer Support Specialist at Cornerstone, residents have additional access to case management and supports that include seeking employment, finding childcare, accessing reliable transportation, and overcoming individual barriers that clients face. The core services available through Hope & Safety Alliance include emergency shelter, advocacy, and housing navigation services for survivors of domestic violence. Accessing safe and affordable housing is a key factor in the decision to leave an abusive partner and this project brings together two agencies who have the capacity to respond and support survivors quickly by utilizing programs and qualified staff we have in place. Most survivors experience financial abuse where they may have been prohibited from working, restricted from accessing the family’s finances or had their credit scores ruined by the abusive partner. An important consideration for survivors fleeing abuse is safety and confidentiality. These unique challenges can be overwhelming. Hope & Safety Alliance staff are specifically trained and committed to supporting survivors in their efforts to establish sustainable solutions for safety.

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

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

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

(limit 5,000 characters)

Cornerstone Community Housing (CCH, subrecipient) will provide Rapid Re-housing assistance using a trauma-informed, victim-centered approach that follows a Housing First model. One of the major tenets of Housing First is client choice in housing and services they receive. CCH will be able to rapidly place households into permanent housing utilizing a preference within their own housing portfolio, while honoring a survivor’s choice of housing preferences to the greatest extent possible. If needed, households may be connected to housing through the private rental market to meet their needs. Using a trauma-informed approach means that staff are trained to serve people in ways that feel meaningful to them and recognize the impacts of trauma. CCH will work with survivors as partners using Peer Support Specialists (PSS) to minimize power differentials. The CCH PSS program is built around the Traditional Health

Worker model of emphasizing household strengths and building upon the lived experience of the households served. Utilizing PSS is proven to break down the barriers that survivors often face and to build upon the resiliency that already exists within the household. Peers have also shown to be a cost effective, trauma informed, community-based support that increases social cohesion, community connections, and empowers residents to become their own best advocates. Intake assessment includes questions modeled after the Eight Dimensions of Wellness, which encompasses eight mutually interdependent dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental in a variety of topics to help them succeed. Each household will have a housing stability and rental assistance plan that outlines client-driven goals to achieve housing stability. The RRH program will follow a Progressive Engagement approach, offering the least amount of assistance needed to achieve stability and empowering survivors to become self-sufficient. General trainings required for the CCH program team include: Trauma Informed Care, Mental Health First Aid, conflict resolution & motivational interviewing, Fair Housing, DEI (Diversity, Equity and Inclusion), cultural competency, anti-oppression and nondiscrimination. All LC programs must operate under an Equity framework, actively addressing disparities and achieving fairness for all. Hope & Safety Alliance (VSP) will bring more in-depth training to the CCH team around serving victims and survivors of domestic violence including, safety planning and confidentiality. Advocates with H&SA, with core tenets built on trauma-informed and survivor centered services, will be available to provide support in Spanish and English. H&SA will also provide Parenting in Crisis and Dynamics of Domestic Violence educational classes to survivors. In addition to the case management offered through CCH, residents also have access to additional supports through the Cornerstone Healthy Homes program which offers activities in partnership with over 50 community agencies including dental screenings, free food programs, cooking classes, afterschool programs, & parenting classes.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1C-14. CE Assessment Tool | Yes | CE Assessment Tool | 10/07/2021 |
| 1C-7. PHA Homeless Preference | No | PHA Disabled Home... | 10/20/2021 |
| 1C-7. PHA Moving On Preference | No | Move on via PHA D... | 10/20/2021 |
| 1E-1. Local Competition Announcement | Yes | | |
| 1E-2. Project Review and Selection Process | Yes | | |
| 1E-5. Public Posting–Projects Rejected-Reduced | Yes | Public Posting– P... | 10/18/2021 |
| 1E-5a. Public Posting–Projects Accepted | Yes | | |
| 1E-6. Web Posting–CoC-Approved Consolidated Application | Yes | | |
| 3A-1a. Housing Leveraging Commitments | No | Housing Leveragin... | 10/07/2021 |
| 3A-2a. Healthcare Formal Agreements | No | | |
| 3C-2. Project List for Other Federal Statutes | No | | |

Submission Summary

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

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

| | | |
|------------------------|---------|------------|
| FY2021 CoC Application | Page 60 | 10/20/2021 |
|------------------------|---------|------------|

| | |
|--|-------------------|
| 3C. Serving Homeless Under Other Federal Statutes | 09/13/2021 |
| 4A. DV Bonus Application | 10/19/2021 |
| 4B. Attachments Screen | Please Complete |
| Submission Summary | No Input Required |