



Poverty and Homelessness Board

Thursday, December 17, 2015

12:00 p.m. – 1:30 p.m.

Lane County Youth Services Serbu Campus, Carmichael Conference Room
2727 Martin Luther King Jr. Blvd. Eugene

AGENDA

Time	Topic
11:45 a.m.	Arrival and Lunch
12:00 p.m.	Welcome and Introductions <ul style="list-style-type: none">□ Self-introduce with your name and organizational affiliation
12:05	Public Comment <p>Individuals who plan to offer comment must sign in with name and contact information prior to beginning of the meeting.</p>
12:15	Follow-Up from Previous Meeting <p>Approve Minutes of November 19, 2015</p>
12:20	<u>Committee Reports</u> <ul style="list-style-type: none">■ <i>Steering Committee/ Pat Walsh</i> Bylaws change re: membership of elected rural position■ <i>Services Committee/ Shawn Murphy</i> Written Standards vs. Technical guidance■ <i>Legislative/ Steve Manela</i>■ <i>Facilities/ Jacob Fox</i>■ <i>Veterans Committee/ Pat Farr</i>■ <i>HMIS/ Lisë Stuart</i>■ <i>Strategic Planning/ Noreen Dunnells</i>■ <i>Winter Strategies/ Dan Bryant</i>
12:40	Focus Topic 1: 2016 Point in Time Count Update: Sheltered and Unsheltered Count Methods/ Pearl Wolfe, Lisë Stuart <i>Information/ Approval</i>
12:50	Focus Topic 2: Future Shelter Capacity/ Steve Manela <i>Information/ Discussion</i>
1:25	Wrap up <p>Summarize board decisions, assignments, and next steps</p>
1:30	Planning the January 21, 2016 Agenda <p>What new business should the PHB consider at its January meeting?</p> <p><u>Suggestions:</u></p>
1:35 p.m.	Adjourn

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.

MEMORANDUM

TO: The Poverty and Homelessness Board

FROM: Amanda McCluskey

SUBJECT: Continuum of Care and Coordinated Entry Written Standards Update

DATE: December 10, 2015

Please review the attached documents. Hard copies will not be provided in the board packet. The Service Delivery Committee has reviewed these documents.

Issue:

HUD requires the creation and maintenance of Written Standards for the Continuum of Care and Coordinated Entry. These documents were last approved by the Human Services Commission before the formation of the PHB. Updates and changes have been made to the documents and must be approved by the PHB.

Background:

HUD requires Continuum of Care and Coordinated Entry policy manuals to guide the programs. Over time, additional guidance came from HUD and updates were recommended. Where HUD does not have specific guidance, our HUD representative has asked us to create working policies. To avoid having every technical process change require board approval, we pulled out the day to day, on the ground guidance and created separate technical guidance documents (i.e. technical guidance manual). The housing providers are involved in the development of the technical guidance, based on application of program experience.

The Services Committee discussed in depth the changes and updates needed and the process for removing the technical guidance from the Written Standards. Amanda reviewed the documents with the committee and responded to questions.

The Human Services Commission approved Continuum of Care and Coordinated Entry guidance (December 16, 2013) prior to the formation of the Poverty and Homelessness Board (August 27, 2014).

Attachments:

Lane County Continuum of Care Written Standards Update

- This document provides the details of the changes made to the Written Standards documents for both the Continuum of Care and Coordinated Entry.

Written Standards: Eugene/Springfield/Lane County Continuum of Care

- This document provides the policy guidance for the Continuum of Care as required by HUD. The changes that have been made since this was last approved are highlighted. The technical guidance was extracted.

Written Standards: Coordinated Entry Lane County Continuum of Care

- This document provides the policy guidance for the Coordinated Entry System as required by HUD. The changes that have been made since this was last approved are highlighted. The technical guidance was extracted.

Written Standards:
Eugene/Springfield/Lane County
Continuum of Care

DRAFT Unapproved

V7. Updated December 8, 2015

**REVIEW FOR APPROVAL
MINUS TECHNICAL GUIDANCE**

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1. Introduction

The Written Standards guide the Continuum of Care programs for Lane County as approved by the Poverty and Homelessness Board, the governing board for the CoC. Throughout this document, references are made to technical guidance manuals. These manuals contain the instructions for the day-to-day, on the ground management of the affected programs and do not require board approval. The technical guidance meets HUD policy mandates and grant requirements. During the course of the grant year, our HUD project officer recommends we create policies where HUD does not have specific guidance. The policies are created through discussions with the housing program staff at the CoC Provider Meetings and Lane County staff recommendations, in accordance with HUD regulations. These policies are added to the appropriate technical guidance manuals and incorporated into the programs.

2. Continuum of Care Introduction

What is a Homeless Continuum of Care?

In 1987, Congress passed the first federal law specifically addressing homelessness. The Stewart B. McKinney Homeless Assistance Act of 1987, later renamed the McKinney-Vento Homeless Assistance Act, provides federal financial support for a variety of programs to meet the many needs of individuals and families who are homeless. The housing programs it authorizes are administered by HUD's Office of Special Needs Assistance Programs.

Initially, HUD did not impose any requirements for systemic planning at the local level. From 1988 to 1993, HUD held national competitions for its homeless assistance funds every year, for which individual organizations throughout the country wrote applications. However, since 1994, HUD has required each community to come together to submit a single comprehensive Continuum of Care (CoC) application rather than allowing applications from individual providers in a community. HUD's intent in creating this structured application process was to stimulate community-wide planning and coordination of programs for individuals and families who are homeless.

The enormous diversity of individuals and families who are homeless and the unique problems and specific needs of each subgroup require highly complex service systems. The need to provide specialized services for different sub-populations means some services or programs are appropriate for some groups of clients but not others. In addition, a single client may need the help of numerous mainstream services beyond housing including health care, cash benefits, food, employment, and substance abuse treatment. Community-wide planning and coordination among homeless service providers and mainstream service providers is important if individuals are to get the help they need and eventually leave homelessness.

At its simplest, a Continuum of Care is established by representatives of relevant organizations within a geographic area to carry out the responsibilities set forth in the CoC Program interim rule.

HUD developed the concept of the CoC in 1995 through its annual competition for homelessness assistance grants. The CoC was envisioned as a local network that plans and coordinates funding for services and housing to assist homeless individuals and families. The HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act codified in law the role and functions of the CoC; thus each community **must** establish a CoC in compliance with the new CoC Program interim rule. In some communities, very little will have to change to be in compliance with the requirements of the interim rule, but the rule gives CoCs more ability to formalize and change to better achieve the goals of the CoC Program. In other communities,

more structure and formalization will need to be implemented to be in compliance with the program requirements.

When establishing a CoC, communities must bear in mind that CoCs are designed to:

- Promote a community-wide commitment to the goal of ending homelessness
- Provide funding for efforts for rapidly re-housing homeless individuals and families
- Promote access to and effective use of mainstream programs
- Optimize self-sufficiency among individuals and families experiencing homelessness

The composition of each CoC is expected to be tailored to its unique community circumstances, to the extent possible involving all of the players required to further local efforts to end homelessness. The purpose of requiring stakeholder representation from a wide range of organizations within the CoC's geographic area is to ensure that all community

The CoC serves two main purposes:

First, a CoC is an annual homeless assistance application to HUD for funding to support housing and services targeted for homeless sub populations.

Second, a CoC is a strategic plan for addressing homelessness in a community.

3. Continuum of Care Board Duties/ Governance Structure (UPDATED 12/8/15)

POVERTY and HOMELESSNESS BOARD PURPOSE

The Poverty and Homelessness Board (PHB) meets both the requirements of the HUD Continuum of Care Board and the Community Action Agency. The PHB Governance Charter and organizational structure is required for all funds governed by the Continuum of Care title IV McKinney-Vento Homeless Assistance Act 42 U.S.C. 11301 and the Continuum of Care Program Interim Rule. The PHB Governance Charter and organizational structure is also required for all funds governed by Community Action Agencies, Chapter 319yy, Section 17b-885 and Sec. 17b-887.

Through a public process and Continuum of Care member participation, it was determined that Lane County be designated as the Continuum of Care (CoC) to serve as the Collaborative Applicant to operate the Continuum of Care. Lane County was also designated an Administrator of the Homeless Management Information System (HMIS) to review and approve privacy, security, and data quality plans, policies and procedures, and performance measures for the Human Services Management Information System (HMIS).

HMIS ServicePoint's enhances Service Provider collaboration, service delivery and data collection capabilities. The mission of ServicePoint HMIS Project is to be an integrated network of homeless, prevention and other service providers that use a central database to collect, track and report uniform information on client needs and services. The HMIS lead agency ensures that it administers HMIS in compliance with HUD requirements

HMIS documents the demographics of homelessness, at-risk of homelessness and poverty in Lane County according to the HUD HMIS Standards. It is then the goal of the project to identify patterns in the utilization of assistance, and document the effectiveness of the services for the client. This will be accomplished through analysis of data that is gathered from the actual experiences of persons who are homeless or at-risk of homelessness and the service providers who assist them in shelters, homeless assistance programs, prevention programs, and basic needs services throughout the County.

See Appendix for HMIS Policies and Procedures Manual

The PHB shall serve the geographic area of the Eugene/Springfield/Lane County, Oregon to:

- Promote community-wide commitment to the goal of ending homelessness and assisting low-income individuals to meet their basic needs and achieve self-sufficiency.
- Promote access to and effective use of mainstream programs.
- Plan systematically for and evaluate programs, including actions to develop information as to the problems and causes of homelessness and poverty in the community, to determine how much and how effectively assistance is being provided to deal with those problems and causes, and to establish priorities among projects, activities, and areas as needed for the best and most efficient use of resources.

I. PHB BOARD ROLES AND RESPONSIBILITIES

- A. Designate Lane County as Continuum of Care Collaborative Applicant to prepare and oversee the development and submission of an annual application for CoC program funds and to operate the CoC.
- B. Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services in conjunction with Emergency Solutions Grant (ESG) recipients in the geographic area.
- C. Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the PHB at least once every 5 years;
- D. Annually update a governance charter which will include all procedures and policies.
- E. Establish performance targets appropriate for projects funded under the ESG and CoC grant programs and other anti-poverty programs serving low incomes persons. Monitor subrecipient performance, evaluate outcomes, and take action against poor performers.
- F. Establish and operate a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- G. Assure the coordination and implementation of a housing and service system for homeless and low income citizens that promote self-sufficiency.
- H. Designate Lane County as the administrator for the Homeless Management Information System (HMIS). Review and approve privacy, security, and data quality plans, policies and procedures, and performance measures for HMIS
- I. Participate in a Point-in-Time Count of homeless persons that is conducted at least biannually.
- J. Review an annual gaps analysis that is conducted of both homeless and low income citizens' needs and services.
- K. Develop program and financial priorities for the distribution of public funds.
- L. Assure a collaborative, fair, and transparent process for developing priorities for projects to be submitted in grant applications to funders.
- M. Review the efficiency and effectiveness of funding expenditures for funded activities.
- N. Monitor implementation of the CoC and ongoing alignment with vision, goals and strategies.
- O. Delegate activities and oversee committees, work groups and task forces as appropriate.

II. PHB MEMBERSHIP

A. Board Composition

The PHB shall include community representatives within the geographic area who are:

1. Appointed representatives from local government entities:

a. The following four (4) members from local governmental entities shall be elected officials or their designees, one each, designated by Lane County and the Cities of Eugene and Springfield and a rural Lane County elected official. Appointments are encouraged to include elected officials or designees that serve on the regional policy boards for human services, housing and employment. Elected officials' positions may be filled by the elected official or their designee and either the elected official or their designee will have full membership authority, including the ability to vote.

- i) City of Eugene
- ii) City of Springfield
- iii) Lane County
- iv) Rural Lane County

b. The following four (4) members shall be representatives of community interest and may include representation from such groups as:

- i) Law enforcement
- ii) Philanthropic sector
- iii) Faith-based organizations
- iv) Education (public schools, colleges or university)
- v) Business
- vi) Local hospitals
- vii) Other community interests to be determined upon need

c. The following four (4) members shall be representatives of low income community representatives who are:

- i) Homeless or formerly homeless individual.
- ii) A subrecipient agency of the Emergency Solutions Grants program (ESG).
- iii) The remaining two representatives may include representation from such groups as:
 - non-profit supportive housing provider
 - non-profit affordable housing developer
 - social service representative
 - victim service provider

2. In addition to the Board members, five (5) Ex officio participants would be invited to attend meetings and participate in the discussion representing these governmental departments, as follows:

- a. The director of the Oregon Department of Health and Human Services or the director's designee.
- b. The director of the Housing and Community Services Agency of Lane County or the director's designee.
- c. The director of the Workforce Partnership or the director's designee.
- d. The director of the U.S. Department of Veterans Affairs, Behavioral Health Recovery & Reintegration or the director's designee.
- e. The director of the St. Vincent de Paul or their designee.

B. PHB Selection/Election

1. The PHB will be comprised of 12 voting members. Other than those members that are appointed by the governmental entities *as set forth in Section II.A.1 above*, there will be an annual call for nominations from the public to fill any vacancies then existing on the board. The Lane County Board of Commissioners will approve new members to fill such vacancies by majority vote. Vacancies may be filled immediately or through the annual nominating process.
2. For good cause, such as missing two consecutive regular PHB meetings without notice or explanation, a letter will be sent to the member requesting clarification of membership status. The PHB may recommend to the Board of Commissioners that the member's position be declared vacant and a replacement be selected. Such appointments shall be for the duration of the unexpired term.
3. In the event that a member is unable to complete his/her term on the PHB, the Board shall be notified as soon as possible for appropriate consideration and action. The newly appointed member shall serve the remainder of the original term.
4. The first PHB board will be developed through the following process:
 - The Human Services Commission Board will create a nominations committee from its membership.
 - PHB applications that have been submitted for membership will be reviewed. Selected applicants will be interviewed. The interviews will result in recommendations for PHB membership.
 - This Nominations Committee will present a list of recommended applicants for the 12 voting member slots and the 5 ex-officio members to the HSC board.
 - The HSC Board will be asked to approve the Nominating Committees recommendations.
 - The HSC approved roster will be part of a board order for the Lane County Commissioners' approval.

C. PHB Conflict of Interest

1. No PHB voting board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents (per the CoC Rule, 24 CFR 578.95).
2. In accordance with ORS Chapter 244, no PHB or subcommittee member shall participate in a decision in which he or she has a private pecuniary interest. Affected members shall disqualify themselves from participation by written notification to the PHB as mandated by ORS 244.120.

D. PHB Board Terms

Elected representatives shall serve for a term of one year, which terms shall begin within thirty days after the beginning of the calendar year. Community and Citizen Members shall serve for terms of three years, except that, of the members first appointed, two (2) shall serve for a term of one year, three (3) shall serve for a term of two years, and three (3) shall serve for a term of three years.

E. PHB Board Leadership

1. A Chair and Vice Chair will be elected by the PHB. The term of office shall be one year or until a successor has been elected. In the case of a vacancy occurring in the office of chairperson or vice chairperson, the PHB shall fill the position by election at its regular meeting.
2. It shall be the duty of the chairperson to preside at all meetings of the PHB; to enforce observation of the Charter; to decide all questions of order; to offer for consideration all motions regularly made; to apportion duties of the members of the PHB; to call all special meetings; to appoint all necessary subcommittees; the chair is entitled to vote on all issues.
3. In the absence of the chairperson, the vice-chairperson shall assume the duties of the office of the chairperson.

III. BROADER CoC MEMBERSHIP

Beyond the PHB membership, the Continuum of Care Interim Rule requires a description of the CoC membership beyond the board. This area highlights the broader CoC membership. These stakeholders bring their expertise with homeless subpopulations and systems are a resource to inform and/or participate in PHB activities and committees. The CoC will issue a public invitation for new members within the CoC's geographic area will occur at least annually.

The broader CoC membership consists of relevant representatives from the geographic area of Eugene/Springfield and Lane County, Oregon to carry out the responsibilities set forth by the CoC Program Interim Rule. The CoC actively seeks out participation from a variety of groups for both the PHB's workgroups and committees. The following are examples of organizations and individuals to comprise the broader CoC membership to include: mental health and substance abuse providers, hospitals, health care, universities, affordable housing developers, law enforcement, homeless and formerly homeless persons, veterans, nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, and social service providers.

IV. PHB MONTHLY MEETINGS

The PHB shall:

- A. Conduct at least two public meetings per year; a majority of the PHB membership shall constitute a quorum for the transaction of business.
- B. Provide prior reasonable notice of PHB meetings and such notices shall be published on the Lane County website. Each meeting shall have on its agenda the opportunity for members of the public to provide input and comment.
- C. Review and approve the minutes and consider recommendations from such committees established as provided in Section II.E. above, including such meetings as may be necessary to conduct the business of CoC Operations, CoC Planning and HMIS Governance.

1. The PHB shall hold regular monthly meetings or as needed (with a minimum of two meetings per year). These will, to the degree possible, be the same time, day, and place. The PHB may meet more frequently during the budget process.
2. Special meetings of the PHB may be called by the chair, or in the absence of the chair, the vice-chair, or a majority of the PHB.
3. All meetings of the PHB shall comply with the Public Meeting Law as set forth in ORS 192.610 through 192.710. The PHB is responsible for compliance with the law, including but not limited to the requirements of notice and written minutes of meetings.
4. A quorum for the purpose of doing business shall be a majority of the PHB membership which constitutes half plus one.
5. All meetings shall be conducted in accordance with Robert's Rules of Order.
6. Each member of the PHB shall be entitled to one vote on all issues at meetings at which the member is present, except as provided in section II.C.1 and II.C.2 (Conflict of Interest), and no proxy votes shall be allowed. All actions of the PHB shall require the affirmative vote of half plus one of the designated number of members, regardless of any vacancies.
7. Input from non-voting members of the PHB shall be gathered during discussion and not via any process that could be confused by the public as an official vote, such as hand raising or a verbal aye or no.

D. PHB Committees

The PHB shall create committees as necessary to accomplish its purpose, roles and responsibilities. The PHB Chairperson may serve as an ex officio member of all committees. At least one Board Member shall serve on each standing committee. Committee meetings shall be scheduled by the Committee Chairperson. The responsibilities of Committee Chairpersons include convening and presiding over meetings, developing meeting agendas, identification and recruitment of members from the public to ensure wide community representation, and providing reports to the PHB as requested.

1. The PHB shall have the power to create subcommittees, both permanent functional and ad-hoc, in numbers and with responsibilities believed by the committee to be necessary.
2. Each permanent committee will consist of at least three members of the PHB.
3. The PHB chairperson shall appoint and charge a PHB member to be the Chairperson for each subcommittee.
4. Committee members with full membership authority may nominate individuals with expertise related to the committee focus to join the committee. Nominees shall complete a simple application or provide a resume to document this expertise. Through discussion, the committee will select nominees to recommend for addition to the committee. Final nominee(s) will be brought before the full PHB board for approval.

V. PHB REPORTS

The PHB shall approve the following reports and documents prior to releasing such reports and documents to the community:

- A. CoC Program Grant Project Priority List
- B. Annual Report on homeless services needs and gaps
- C. Annual Point In Time Count (PIT)

- D. Annual Housing Inventory Chart (HIC)
- E. Annual Homeless Assessment Report (AHAR)
- F. Homeless Coordinated Entry System

COORDINATED ENTRY

The PHB will approve reports re: the Homeless Coordinated Entry System. Under the CoC Program interim rule, each CoC must establish and operate a coordinated assessment system. Coordinated Entry ensures that homeless persons are matched with the right intervention, among all of the interventions available in the CoC, as quickly as possible. It standardizes the access and assessment process for all clients and coordinates referrals across all providers in the CoC. When providers intake and assess clients using the same process, and when referrals are conducted with an understanding of all programs, including their offered services and bed availability, participants can be served with the most appropriate intervention and not with a “first come, first served” approach.

See Appendix for Written Standards for Coordinated Entry System

VI. EMERGENCY SOLUTIONS GRANT (ESG) MONITORING

Background

We are currently using ESG funds to provide emergency shelter, homeless prevention, and rapid re-housing to individuals and families. We currently fund two emergency shelter providers and two homeless prevention and rapid rehousing providers. We also use ESG funds to support our HMIS data collection system to have a clearer picture of demographics and outcomes measured. We use ESG funds in conjunction with Continuum of Care funds to create a more comprehensive continuum of housing and supportive services for individuals and families who are homeless or at risk of homelessness.

ESG Monitoring

Lane County follows the guidance of Oregon Housing and Community Services, as the ESG funder for the State of Oregon re: funding policies and procedures and the operation and administration of HMIS for ESG funded projects.

Lane County monitors ESG programs (sub recipients) annually by reviewing participant files for program eligibility, provision of appropriate services and use of funds and by requiring back up documentation to invoices to monitor that funds are being used in accordance with ESG standards. Sub recipient staff are also interviewed re: program specific areas, i.e. income guidelines, eligible activities, eligible costs, assessment of direct service provision and overall fiscal accountability. ESG monitoring also includes reviewing for adherence to ESG performance standards and the corresponding outcome measures that are included in sub recipient contracts. ESG providers must participate in HMIS. Performance based reports are run from this system to evaluate program outcomes. Outcome measures for ESG programs include: 80% of households remain housed upon exit from Homeless Prevention Program services; 28% of households have employment income upon exit from program services; 95% have accuracy rate on HMIS data.

VII. AMENDMENT TO CHARTER

This Governance Charter may be amended or repealed or new rules adopted by two-thirds vote of the members at any regular or special meeting called for that purpose at which a quorum is present and with the approval of the County Board of Commissioners. Written notice of such

proposed amendment, and the nature of, shall have given to the membership at least 10 days prior to the date of the meeting at which the amendments are to be considered.

See Appendix:

- *HMIS Policy & Procedures Manual*
- *Written Standards: Coordinated Entry Lane County Continuum of Care*
- *Written Standards: Eugene/Springfield/Lane County Continuum of Care*

4. Homeless Management Information System (HMIS)

See Appendix: Lane County ServicePoint HMIS Policies and Procedures

5. General and Project Specific Policies and Procedures for Providing Direct Assistance and Services to CoC and ESG Project Participants See Appendix: Technical

Guidance: Eugene/Springfield/Lane County Continuum of Care

6. Coordinated Entry

See Appendix: Written Standards: Coordinated Entry Lane County Continuum of Care (Appendix) and Technical Guidance: Coordinated Entry Lane County Continuum of Care for the following:

- (i) Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- (iv) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

7. Lane County Policies and Procedures: Contracts Lane Manual Health & Human Services

Contracting will follow the requirements as outlined in Lane County Health & Human Services Policies and Procedures and in Lane Manual Chapters 20 and 21.

8. Interim Rule 578.91 Conflict of interest, Grievance, Terms, Vacancy § 578.95 Conflicts of interest.

- (a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).
- (b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- (c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award

of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(B) Whether an opportunity was provided for open competitive bidding or negotiation;

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(G) Any other relevant considerations.

9. Point-in-Time Count (One Night Homeless Count ONHC)

One Night Homeless Count Survey Instructions

Procedures: Sheltered Count

- Personal information collected on this form will remain confidential; it is up to you to protect the privacy of the client.
- Data collected for the One Night Homeless Count will be used to determine the amount of funding for homeless services and to allocate resources based on the data collected. For example: if a high percentage of people report that they are physically disabled, then more resources could be allocated to programs that serve homeless people with physical disabilities.

VETERAN- Someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

- HOTEL/MOTEL- If the household is staying in a hotel/motel on the night of the count and the room is paid with YOUR emergency services dollars, then COMPLETE the SHELTERED COUNT FORM.

DISABLING CONDITION- a medical, mental, developmental, addiction, or emotional impairment which is expected to be of long-continued and indefinite duration and will substantially impede an individual's ability to live independently

Tips for ONHC Survey Workers

- Every individual in the household needs a completed form, stapled together as a household.
- If an individual does not know their birth date, then SIMPLY ENTER THEIR AGE.
- Review each form to be sure that it is complete.
- Be sure that every field is complete. Incomplete forms will not be included in the count.
- Keep forms grouped by Agency Program Affiliation, i.e. Eugene Mission, ShelterCare Family Housing Program, Looking Glass, Station 7.

One Night Homeless Count Survey Instructions

UNSHELTERED COUNT

About the One Night Homeless Count

- Personal information collected on this form will remain confidential; it is up to you to protect the privacy of the client.
- Data collected for the One Night Homeless Count will be used to determine the amount of funding for homeless services and to allocate resources based on the data collected.

For example: if a high percentage of people report that they are physically disabled, then more resources could be allocated to programs that serve homeless people with physical disabilities.

Definitions

HOMELESSNESS

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a *primary* nighttime residence that is -
 - a. a place not meant for human habitation or residence
 - b. a car
 - c. a park
 - d. abandoned building
 - e. bus or train station
 - f. campground

WARNING: DO NOT COUNT for UNSHELTERED:

- an emergency shelter, DO NOT FILL OUT FORM –counted in SHELTERED COUNT
- an institution that provides a temporary residence for *homeless individuals* with a condition i.e. Vets GPD, Connections, McKenzie Transitions, DO NOT FILL OUT FORM –counted in SHELTERED COUNT
- Doubled up; couch surfing

VETERAN- Someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

- HOTEL.MOTEL- If the household is staying in a hotel/motel on the night of the count and the room is paid with emergency services dollars, then DO NOT FILL OUT FORM –counted in SHELTERED COUNT

DISABLING CONDITION- a medical, mental, developmental, addiction, or emotional impairment which is expected to be of long-continued and indefinite duration and will substantially impede an individual's ability to live independently

Tips for ONHC Volunteers

- Every individual in the household needs a completed form, stapled together as a household.
- If an individual does not know their birth date, then SIMPLY ENTER THEIR AGE.
- Review each form to be sure that it is complete
- Be sure that every field is complete. Incomplete forms will not be included in the count.
- Keep forms grouped by Workers Agency Affiliation, i.e. FFLC, Eugene Service Station.

10. Educational Policies for Homeless Students and Families

- Homeless school liaisons are members of the Lane County Continuum of Care and attend CoC meetings.
- They conduct trainings on eligibility/educational rights of homeless students for homeless providers, on site and at regional summits.
- CoC homeless providers and McKinney Vento (MCKV) liaisons will identify homeless families work on best enrollment practices and use agency specific releases to share information. Releases include names, birthdates and last school attended to address the needs of pre-school age homeless children. With families' consent, shelter and

Transitional housing programs will inform liaisons when a homeless family enters their program and provide forwarding addresses to liaisons when a family exits.

- A roster of liaisons and homeless program staff are exchanged and updated as needed. An education checklist to ask families and youth about educational needs in homeless programs has been distributed to all the homeless CoC providers.
- CoC homeless providers will collaborate with local coalition of McKinney Vento (MCKV) school district homeless school liaisons, the McKinney Assistance Training Team (MATT).
- MATT coordinates services with public and private human service agencies. This group of 12 MCKV liaisons works together with CoC partners to implement systemic change that ensures the rights of homeless children, youth and families.
- MATT collaborates with homeless service providers to identify homeless families with school age children and inform them of their eligibility for services. MATT trains CoC providers by offering McKinney Vento 101, which describes the educational rights of homeless students.
- Local homeless agencies will include MATT liaisons at their staff meetings to share information and advocate for students and their families.
- MATT will educate providers about their need to be in compliance with the McKinney-Vento Education Assistance Act.
- MATT participates in planning forums such as Head Start and the Early Childhood Planning Committee and posts "Information for Parents and Information for Youth" at homeless program sites to inform families of their rights and protections under McKinney-Vento.
- Lane County CoC providers work with McKinney-Vento homeless liaisons to consider the educational needs of children in emergency and transitional shelter.
- Currently shelter providers offer homework and study clubs at St Vincent dePaul Connections housing sites: Ross Lane, Oakwood, and Heather Glen.
- A goal is to assist agencies to review their policies, practices and programs to remove barriers to homeless students' academic success.
- Transportation is one of the most significant barriers to success and is critically underfunded. The law says that school districts must provide students experiencing homelessness with transportation to and from their school of origin, at a parent or guardians request.
- For unaccompanied youth, districts must provide transportation to and from the school of origin at the homeless liaison's request. However, implementation is challenged due to a lack of resources and effective strategies. The Lane County CoC has created a Homeless Education Committee to develop formal policies for emergency, transitional and permanent housing programs to lift the barriers for homeless students and honor their right to an equal education.
- Our CoC Education Committee will work on policies and protocols to lift the barriers to enable homeless students to get enrolled in an appropriate school, receive free or reduced lunches at school, attend their school of origin with transportation and arrange for support services from McKinney-Vento liaisons.

Poverty and Homelessness Board

Lane County Continuum of Care Written Standards Update December 17, 2015

WRITTEN STANDARDS: SUBJECT TO BOARD APPROVAL

The Written Standards guide the Continuum of Care programs for Lane County as approved by the Poverty and Homelessness Board, the governing board for the CoC. The following changes have been made to the following written standards documents.

Written Standards: Eugene/Springfield/Lane County Continuum of Care

- Section 1: Added introductory paragraph
- Section 3: Replaced Governance Charter as updated
- Section 4: Removed the program guidance and created the Eugene/Springfield/Lane County Continuum of Care Technical Guidance
- Section 5: Added "Lane County CoC's Technical Guidance for the Coordinated Entry System"

Written Standards: Coordinated Entry Lane County Continuum of Care

- Section 2: Added introductory paragraph
- Section 3: Added description of Coordinated Entry in Lane County
- Section 5: Added definition of "Single"
- Section 6: Removed shelter referral guidance and added it to the technical guidance document
- Section 7: Removed front door referral guidance and added it to the technical guidance
- Section 7a: Removed Pre-screening guidance
- Section 7b: Added paragraph describing the Comprehensive Assessment
- Section 8b: Added reference to the technical guidance document
- Section 8c: Added reference to the technical guidance document
- Section 9b: Removed Coordinated Entry website guidance
- Section 10a: Removed references to the "Referral and Eligibility Matrix"
- Section 10a: Removed references to Homeless Prevention
- Section 10b: Removed referral guidance and added it to the technical guidance document
- Section 10c: Removed referral guidance and added it to the technical guidance document
- Section 10b: Removed HMIs guidance and added it to the technical guidance document
- Section 11: Removed HMIs guidance and added it to the technical guidance document
- Section 12: Removed prioritization guidance and added it to the technical guidance document

TECHNICAL GUIDANCE: NOT SUBJECT TO BOARD APPROVAL

The technical guidance manuals contain the instructions for the day-to-day, on the ground management of the affected programs and do not require board approval. The technical guidance meets HUD policy mandates and grant requirements. During the course of the grant year, our HUD project officer recommends we create policies where HUD does not have specific guidance. The policies are created through discussions with the housing program staff at the CoC Provider Meetings, Coordinated Entry Provider Meetings and Lane County staff recommendations, in accordance with HUD regulations. These policies are added to the appropriate technical guidance manuals and incorporated into the programs. The following changes have been made to create the following technical guidance documents.

CoC Technical Guidance Changes

- Added program guidance to create the Eugene/Springfield/Lane County Continuum of Care Technical Guidance

Technical Guidance: Coordinated Entry Lane County Continuum of Care

- Added the following sections to create the CoC Technical Guidance for the Coordinated Entry system:
 - Acronyms
 - About this Guide
 - Client Access
 - Referrals and Assessment
 - Referrals Requests from the CWL to TH and PSH Providers
 - Accepting and Denying Referrals
 - HMIS and the Coordinated Entry System
 - Enter Data as Group Access
 - Prioritizing HHs for Receiving Services

REVIEW FOR APPROVAL

MINUS TECHNICAL GUIDANCE

Written Standards: Coordinated Entry Lane County Continuum of Care

December

2015

This document contains information regarding Eligibility for receiving services, the use of local Assessment tools, and details about the Referral System as provided locally through HUD's Continuum of Care Grant Program. The Poverty and Homelessness Board **approved these standards on .**

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1. Acronyms:

CE Coordinated Entry
CH Chronically Homeless
CoC Continuum of Care
CWL Central Wait List
ESG Emergency Solutions Grant
FMR Fair Market Rent
HH Household
HMIS Homeless Management Information System
HoH Head of Household
HPP Homeless Prevention Program
HPRP Homeless Prevention and Rapid Re-Housing Program
HQS Housing Quality Standards
HUD United States Department of Housing and Urban Development
PSH Permanent Supportive Housing
RRH Rapid Re-Housing Program
SP ServicePoint
TH Transitional Housing
VA Veteran's Administration
VI-SPDAT Vulnerability Index Service Prioritization and Decision Assistance Tool

2. About This Guide

The Written Standards in this guide apply to all: Screening and Assessment activities; referrals made to recipient programs; referrals accepted or rejected by recipient programs; and HMIS data entry associated with the Coordinated Entry System.

The Written Standards guide the Lane County Coordinated Entry System for Lane County as approved by the Poverty and Homelessness Board, the governing board for the CoC. Throughout this document, references are made to Lane County's Technical Guidance for the Coordinated Entry System. This contains the instructions for the day-to-day, on the ground management of the Coordinated Entry System and does not require board approval. The technical guidance meets HUD policy mandates and grant requirements for Coordinated Entry. During the course of the grant year, our HUD project officer recommends we create policies where HUD does not have specific guidance. The policies are created through discussions with the agency program staff at the Coordinated Entry Provider Meetings and Lane County staff recommendations, in accordance with HUD regulations. These policies are added to the technical guidance manual and incorporated into the Coordinated Entry System.

Unless otherwise stated, the terms "Program" or "Programs" mean the specific program(s) that serve homeless households as a part of the CE System.

3. Coordinated Entry in Lane County

Homeless households in the community access "Front Doors" located at various social service agencies. The Front Doors complete an assessment with the household and make a referral to the

Central Wait List (CWL). The referrals are received by Lane County Human Services Division Staff (Amanda McCluskey), the households are prioritized based policy and are referred to housing programs as appropriate. The housing programs participating in Coordinated Entry no longer maintain their own waitlists and do not have to recruit households for programs. They are able to serve the neediest households in the community and households no longer must advocate for themselves at multiple agencies to access housing programs.

4. Federal Regulatory Impetus for the Coordinated Entry System: HUD's CoC Interim Rule of 2012

In 2012 the U.S. Department of Housing and Urban Development released policy guidance in the form of an interim rule regarding the requirements related to governance structures as well as the eligible services and activities provided through the Continuum of Care (**CoC**) Grant Program. The National Alliance to End Homelessness succinctly summarizes the Interim Rule's requirements about the CoC program's written standards as follows:

"Written Standards for HUD's CoC Program:

- Communities must develop written standards for rapid re-housing, transitional housing, and permanent supportive housing that cover:
 - Eligibility
 - Prioritization
 - Method for determining appropriate amount of rent household should pay
- Common Assessment tools should be designed locally
- Ensure DV survivors are connected to housing opportunities
- Must work with Emergency Solutions Grant (ESG) grantees"

The Interim Rule also requires each CoC to implement a **Centralized intake or Coordinated Assessment System**, which HUD defines as "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

The term '**Coordinated Entry**' (**CE**) used by Lane County CoC (OR-500) is synonymous with the Coordinated Assessment System as defined by HUD.

5. Scope of the Coordinated Entry System Project

Lane County CoC (OR-500) implemented a one-year CE System Pilot Project on August 1, 2013. The pilot project for HHs with minor children will continue through June 30, 2014. The pilot project was successful and Singles (households without children) were added to the system in September of 2014.

Coordinated Entry System Project's Definition of "Family":

For the purposes of the CE System Project, OR-500 uses the term "**Family**" to describe those: Homeless households needing assistance to obtain housing whose:

- Head of Household is age 18 or older and has:
 - One or more minor children currently in their care and custody.

—OR—

- One or more minor children currently staying in foster care and hopes to reunite their family and resolve their DHS Child Protective Services case.”

Coordinated Entry System Project’s Definition of “Single”:

For the purposes of the CE System Project, OR-500 uses the term “**Single**” to describe those: Homeless households, needing assistance to obtain housing, whose household is made up of 1 or more adults over the age of 18.

6. Client Access: Emergency Shelter

Referrals to Shelter will be status quo.

7. Client Access: Front Doors for Screening, Assessment, and referral to RRH, TH and PSH

Front Doors will provide Screening, Assessment and referral to the Central Wait List. Further details regarding Screening, Assessment and referral are found within the most recent version of the “*Coordinated Entry Technical Guidance*” document.

7a. Front Doors

Clients will be directed community-wide to the established “**Front Doors**” for Screening, Assessment, and referral.

A Front Door is one of the **agreed upon** entry points into the Coordinated Entry System, and is a site which does formal Screening and/or Assessments for clients’ entry into the housing programs provided funded by HUD’s ESG and CoC grant programs for the Homeless Assistance System. Screening and assessment collects information to guide housing referrals based on program eligibility and services offered for Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing.

Although the hours of operation and manner of interactions with clients (i.e. phone or face-to-face) may differ by location, clients presenting to the established, mutually agreed upon Front Doors for Screening and Assessment will receive equivalent services regardless of the Front Door at which they present.

Front Doors will utilize ServicePoint HMIS to document Screening and Assessment interactions. If an agency is restricted by state or Federal statutes from participating in a shared HMIS, i.e. providers serving survivors of Domestic Violence, the CoC will make reasonable accommodation to provide either a separate system with similar data entry and aggregate reporting functionality, or an alternative method of recording Screening and Assessment results.

The CE System will provide the following information about Front Doors to clients and partnering agencies: contact information; address; hours of operation; and whether screening/assessment is available face-to-face, by phone, or both ways.

7b. The Comprehensive Assessment:

The purpose of the Comprehensive Assessment is to identify the most appropriate referral to locally available housing programs based on a household's Potential eligibility for specific housing programs: i.e. an adult HH member has recently completed a substance abuse recovery program, has a documented Developmental Disability, or has a documented serious mental illness. Further details regarding the Comprehensive Assessment are found within the most recent version of the "**Coordinated Entry Technical Guidance**" document.

8. Program Eligibility:

8a. Limits on HH Income at Time of Program Entry:

HUD's CoC Grant Program does not establish income limits for Transitional Housing (TH) or Permanent Supportive Housing (PSH) at the date of Program Entry or at the Required Annual Recertification.

Lane CoC (OR-500) does not restrict HH income at program entry unless otherwise required by the funding source (i.e. HUD CoC, HUD ESG, or Local HSC funds). If documentation illustrating HH financial need for assistance or lack of other resources is required for entry into or continued participation in program, such documentation will be kept in a HH's file for auditing purposes.

Individual programs may limit HH income at time of entry, though this must be clearly explained and contained in their written policies and procedures governing the services provided by their program. Additionally, any program's income policies must be consistent with HUD regulations regarding the specific program component.

8b. Transitional Housing and Rapid Rehousing:

TH and RRH programs (HUD) in Lane County CoC (OR-500) may serve those eligible HHs who meet the HUD definitions of homeless. Additionally, they should meet all other HUD-required eligibility for TH and RRH.

Additional Prioritization for service will be applied to HHs once they are placed on the CWL for TH and RRH. Further details regarding Prioritization are found within the most recent version of the "**Coordinated Entry Technical Guidance**" document.

8c. Permanent Supportive Housing:

PSH programs (HUD) in Lane County CoC (OR-500) may serve those eligible HHs who meet the HUD definitions of Category 1 as defined by HUD, as well as those that meet the Chronically Homeless definition. Additionally, they should meet all other HUD-required eligibility for the specific grant requirements per the project description (i.e. Developmental Disability; Serious Mental Illness; or Substance Abuse and another co-occurring condition).

Additional Prioritization for service may be applied to HHs once they are placed on the CWL. Further details regarding Prioritization are found within the most recent version of the “**Coordinated Entry Technical Guidance**” document.

9. Waiting Lists:

9a. Wait Lists: Publicly-funded Emergency Shelters

The providers of publicly-funded Emergency Shelter services will coordinate their wait lists and client placements.

9b. The Central Wait Lists for Transitional Housing and Permanent Supportive Housing:

i. CWL purpose and timeline, accuracy of the CWL:

In order to keep the CWL accurate and current staff at Front Door Agencies will regularly review the posted CWLs in ServicePoint for potential errors or omissions, and notify CWL staff to correct any errors.

10. Referrals:

10a. Making Housing Referrals:

Assessors at Front Doors will generate referrals to RRH, TH, and PSH via ServicePoint HMIS. Referrals include: Coordinated Entry Comprehensive Assessment and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).

i. Referrals to the CWL for TH and PSH:

Referrals to TH, RRH, and PSH will go to the CWL via ServicePoint HMIS.

10b. Referrals Requests from the CWL to TH and PSH Providers:

When a TH or PSH program is ready to receive a referral from the CWL, authorized program staff will request referrals from the CWL via email.

The CWL will refer the number of HHs requested by the housing program within a reasonable amount of time.

10c. Accepting and Denying Referrals:

Referral recipient programs will notify the CWL staff regarding acceptance or denial of a referral from the CWL.

11. HMIS and the Coordinated Entry System

ServicePoint HMIS contains these necessary tools for documentation and communication of CE System-related processes: Front Door Screening and Assessment Tools.

Referral recipient staff and Front Door Assessment staff will be adequately trained in the use of the HMIS tools relevant to their role in the system. Further details regarding HMIS are found within the most recent version of the “**Coordinated Entry Technical Guidance**” document.

12. Prioritizing HHs for Receiving Services:

Lane County CoC will develop guidelines for prioritizing households based on HUD guidance, and staff and program feedback. Further details regarding Prioritization are found within the most recent version of the “**Coordinated Entry Technical Guidance**” document.

13. Appendix 1:

Types of Shelter and Housing Provided in the Eugene/Springfield Lane County Homeless Service System

1. Homelessness Prevention Program (HPP)

Homeless Prevention Services are housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter.

2. Emergency Shelter (ES)

Emergency Shelter is often the first stop for individuals, youth and families entering the homeless service system. These shelters provide short-term shelter-generally up to 60 days. Area shelter providers indicated emergency shelter stay policies range from a maximum of 1 - 60 days. Stays beyond 60 days may be extended for reasonable, housing-related cause.

Domestic Violence Services

Womenspace is the sole domestic violence facility in the area that provides emergency shelter to people experiencing homelessness due to domestic violence.

3. Rapid Re-Housing (RRH)

Rapid Re-Housing Assistance is housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to help an individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Homeless persons may remain in Rapid Re-Housing for up to 24 months.

4. Transitional Housing (TH)

Transitional housing facilitates the movement of homeless individuals and families to permanent housing. Homeless persons may live in transitional housing for up to 24 months and receive supportive services such as childcare, job training, and home furnishings that help them live more independently.

5. Permanent Housing Supportive Housing (PSH)

Permanent Supportive housing is for those in the community who have long-term physical or mental health needs and need housing in settings that include permanent housing for homeless persons with disabilities means community-based housing for homeless persons with disabilities that provides long-term housing and supportive services. The following table describes the availability of these permanent housing services. Lane County Continuum of Care’s Written Standards for Providing Services through the HUD CoC Grant Program.

14. References:

1. Summary and Analysis of the Interim CoC Rule; August 2012; *National Alliance to End Homelessness*.
2. *CoC Interim Rule formatted version (pg 53); U.S. Department of Housing and Urban Development*.



Human Services Commission
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REMINDER and R.S.V.P.
diana.alldredge@co.lane.or.us

Poverty and Homelessness Board

Point in Time Count 2016 Planning Meeting

(Formerly known as the One Night Homeless Count)

Wednesday, December 16, 2015
2:00 p.m. – 3:30 p.m.

Health & Human Services Building
151 W. 7th Ave. Eugene, 2nd Floor, Room 258

A G E N D A

- I. Introductions 10 min
- II. 2015 Point in Time Count Overview/, Lisë Stuart Amanda McCluskey, Pearl Wolfe 60 min

This year's Point in Time Count is Wednesday, January 27, 2016 SAVE THE DATE!

- Sheltered Count
- Unsheltered "Street" Count
- Overview of Survey for Unsheltered Count
- Volunteers and Training
- Role of Community Alliance of Lane County (CALC)

- III. Q & A 15 min

R.S.V.P.: Diana by email: diana.alldredge@co.lane.or.us
or by phone: (541) 682-3798

Call for Staff and Volunteers



Lane County Street and Shelter Point in Time Count 2016

(formerly known as the One Night Homeless Count)

Wednesday, January 27, 2016

For signup or questions, contact:

Lane County Human Services

Amanda McCluskey 682-4615

Amanda.MCCLUSKEY@co.lane.or.us

Pearl Wolfe 541-682-4629

pearl.wolfe@co.lane.or.us



**Human Services
Commission**
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Methodology for OR-500 - Eugene/Springfield/Lane County CoC

Sheltered Population Total

1. What data source(s) was used to produce the total number of people included in the sheltered population (staying in an emergency shelter, Safe Haven, or transitional housing) on the night of the count?

- HMIS Data
- Provider survey(s)

2. Were you able to collect information about the number of people being sheltered on the night of the count from all emergency shelters, Safe Havens, and transitional housing projects listed on your HIC or only some?

- All providers gave the required information

4. What method(s) were used to obtain the highest quality count of your sheltered population?

- Reviewed HUD guidance and/or trainings on conducting a PIT count
- Ensured HMIS data was reviewed and complied with data quality standards (e.g., complete and up-to-date demographic data, such as gender)
- Written instructions to providers
- Trained providers on the data collection requirements/forms
- Reminded/followed-up with providers about the count to maximize participation
- Compared the counts to other internal data sources and resolved inconsistencies
- Compared the counts to last year's counts and explained the changes

5. Did your approach to collecting PIT counts of sheltered populations differ from your approach to collecting PIT counts of sheltered subpopulations?

3. What information or method(s) was used to de-duplicate the count of the total number of people included in the sheltered population?

- Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number

No

Sheltered Subpopulation

6. What data source(s) was used to produce the demographic and subpopulation included in the sheltered population (staying in an emergency shelter, Safe Haven, or transitional housing) on the night of the count?

- HMIS Data
- Provider survey(s)

7. Were you able to collect information about the demographic and subpopulation characteristics of all sheltered people or only some?

- All sheltered people

8. What method(s) were used to obtain the highest quality demographic and subpopulation information about your sheltered population?

- Reviewed HUD guidance and/or trainings on conducting a PIT count
- Written instructions to providers
- Trained providers on the data collection requirements/forms
- Reminded/followed-up with providers about the count to maximize participation
- Compared the counts to other internal data sources and resolved inconsistencies
- Compared the counts to last year's counts and explained the changes

Unsheltered Population

9. What approach was used to count the total number of people included in the unsheltered population during the PIT count?

- "Night of the count" canvassing (i.e., PIT volunteers canvass entire CoC geography or known locations on the night of the count)
- "Post-night of the count" surveys within 7 days following the PIT count night (e.g., "service-based count" at locations where people who are homeless go for assistance)
- HMIS data from street outreach and/or other providers

9a. How much of your community was canvassed on the night of the count?

- A subset of areas (e.g., known locations or specific neighborhoods, blocks, census tracts, or other geographies) within my community was canvassed

9b. In areas that were canvassed, did you count all unsheltered people in those areas or a sample of people?

- All people encountered during the count

9a1. Were certain areas within your CoC geography specifically excluded because the CoC had reason to believe there were no unsheltered people in those areas?

No

9a2. How did you select the areas for canvassing?

- Areas were not selected randomly, but an effort was made to use local knowledge to target known locations (e.g., areas with known concentrations of unsheltered homeless people)

9a3. Did you adjust the information in some way (e.g., statistical adjustment or extrapolation) to account for the CoC's entire geography?

No

10. What information or method(s) was used to de-duplicate the total count of people in the unsheltered population?

- Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number

11. What information or method(s) was used to produce an unduplicated total count of homeless people across your sheltered and unsheltered populations?

- Comparison of personally identifying information (PII), such as name, date of birth, and Social Security Number

12. What method(s) were used to obtain the highest quality count of total unsheltered people in your unsheltered population?

- Reviewed HUD guidance and/or trainings on conducting an unsheltered count
- Written instructions to canvassers
- Trained canvassers on the data collection requirements/forms/process
- Pilot tested the data collection process prior to the PIT count
- Reminded/followed-up with canvassers about the count to maximize participation
- Included formerly homeless people to support the count
- Compared the count to other internal data sources and resolved inconsistencies
- Compared the count to last year's count and explained the changes

13. Did your approach to collecting the total count of unsheltered people differ from your approach to collecting demographic and subpopulations data about unsheltered people?

No

Unsheltered Subpopulations

14. What approach was used to collect demographic and subpopulation data about unsheltered people included in the unsheltered population during the PIT count?

- Surveys/interviews of people identified within 7 days following the night of the PIT count night who may have been unsheltered on the night of the PIT count (e.g., “service-based” surveys at locations where people who are homeless go for assistance)
- HMIS data from street outreach and/or other providers

15. Were all people who were encountered during canvassing on the night of the count or during post night of the count PIT activities asked to complete a survey/interview?

- A subset of people was surveyed

15a. How did you select those people?

- People were not selected randomly, and the selection was driven by practicality or expediency (e.g., people willing and able to complete a survey on the night of the PIT count)

15b. Did you adjust the information in some way (e.g., statistical adjustment or extrapolation) to account for all persons in all projects?

No

16. What method(s) were used to obtain the highest quality demographic and subpopulation data on unsheltered people included in your unsheltered subpopulations?

- Reviewed HUD guidance and/or trainings on conducting an unsheltered count
- Written instructions to canvassers
- Trained canvassers on the data collection requirements/forms/process
- Pilot tested the data collection process prior to the PIT count
- Included formerly homeless people to support the count
- Compared the count to other internal data sources and resolved inconsistencies
- Compared the count to last year's count and explained the changes

Annual Comparison

17. When compared to last year, please indicate whether the sheltered and unsheltered count increased, decreased, or stayed the same. Describe the specific factors that may have resulted in the increase, decrease, or no change.

17a. Compared to last year, the 2015 sheltered count:

- Increased

Explain:

Last year (2014) the Sheltered count was 665 individuals. This year the count was 716 individuals.

The increase is artificial because 1.) the Year-Round beds in the Emergency Shelter and Transitional inventory dropped from 718 (394ES + 324TH) in 2014 to 585 (481ES + 104TH) in 2015; and 2.) Lane County Providers decided to open the inclement weather shelters on the night of the count in an effort to assist with the count. 245 people were counted in the inclement weather emergency shelter count who would have otherwise been counted as Unsheltered had the warming center not been open.

17b. Compared to last year, the 2015 unsheltered count:

- Decreased

Explain:

We did not conduct an unsheltered count in 2014.

We did conduct an unsheltered count in 2013.

The 2013 Unsheltered count was 1102 people. The 2015 Unsheltered count is 716 (35% fewer people counted in 2015 than in 2013). In 2015, 245 people were counted in the inclement weather emergency shelter count who would have otherwise been counted as Unsheltered had the warming center not been open. (Adjusting the Unsheltered with the 245 results in 13% fewer people counted in 2015 than in 2013.)