

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

1A-2. Collaborative Applicant Name: Clackamas County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Clackamas County

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans Service Office	Yes	Yes	No
VA HUD-VASH Team	Yes	Yes	No
HIV/AIDS Service Providers	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The CoC meets monthly and encourages active participation. Communication is primarily through an email list. All providers, faith-based groups and community members are encouraged to participate, read minutes and distribute information on meeting topics. When votes occur, after in-depth discussion each organization gets one vote. CoC members are active throughout the community and frequently invite interested parties to join the email list, attend CoC meetings, receive funding opportunities and meeting notices. New providers are invited to attend and present information on their homeless services. CoC committees are composed of persons who are passionate about the homeless topic area such as veterans or homeless youth. The Inn is a homeless youth services provider and co-chair of the CoC. Clackamas Women’s Services provides wrap-around services and rent assistance to DV and human trafficking survivors, often informing the CoC about updates to laws, new services and advocacy efforts.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
The Inn	No	Yes	Yes
Madonna's Center	No	Yes	No
Clackamas County Children Youth and Families	No	Yes	No
Homeless School Liaisons	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Clackmas Womens Services	Yes	No
Los Ninos Cuentan	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

Clackamas County's Ten Year Plan to End Homelessness, updated in 2014, contains community strategies and goals in close alignment with Opening Doors. The Continuum of Care has three committees responsible for implementing these strategies. The CoC Steering Committee analyzes Coordinated Housing Access data on unmet need by population and ensures that the Consolidated Plan, Ten Year Plan and Opening Doors align. The Homeless Policy Council, executive leaders appointed by County Commission, coordinates community response, advocates for more funding and expands the system beyond CoC. For example, the Policy Council developed and funded a Homeless Student Success project to complement the Homeless Liaison at the highest poverty school district. The CoC Operations Council is the providers group. They implement identified strategies, inform each other on services and best practices, recommend bonus projects to the Steering Committee and make data driven operational decisions.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

As new agencies are added to the CoC membership, they are provided information about the CoC services, functions, HUD Priorities and annual CoC application process.

CoC Coordinator sends an RFP to the CoC membership asking all members and agencies to distribute to all interested parties. CoC Coordinator responds to any requests for information and provides the proposals to the CoC Steering Committee for review and ranking. The 2-page application for new funding describes who will provide services, what services will be and the proposed budget.

The Steering Committee scores each new funding application in alignment w/HUD priorities using the CoC new project criteria including: Chronic beds, leasing or rent assistance, applicants in good standing with HUD, rapid implementation, connections to mainstream services, participation in coordinated assessment and prioritizing highest need. This process is open as evidenced by a new provider's RRH project being funded 2 years ago.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

Clackamas County (CC) is the only Con Plan jurisdiction in the CoC geographic area, and is the Collaborative Applicant for CoC funds. CC is an entitlement community for CDBG, HOME and ESG funds. CC Housing and Community Development staff is responsible for the Consolidated Plan process, ESG Program reports, HMIS and CoC administration. Interactions between the CoC and the CC HCD staff include approximately 4 hours per week of meetings, phone calls, emails, workshops and informal discussions. CC staff and programs work closely with 16 cities and towns in the county, faith based groups, non-profits and all community service providers to effectively promote programs, provide services and identify any new providers or services for homeless persons. Notices for all Con Plan public meetings, CDBG, HOME, ESG funding opportunities and activities are also distributed through the CoC listserv. CC staff also attend CoC meetings to present information and respond to CoC inquiries.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

Clackamas County is both the ESG jurisdiction and the CoC geographic area. The same county staff coordinate CoC activities and ESG contracts. The same County office conducts RFPs and allocates ESG funds to shelters in consultation with CoC members and homeless services providers. In FY2015, 3 of 4 ESG providers are also CoC providers that are actively involved in CoC planning, policies and performance measurement. CoC member agencies are consulted by County staff through regular meetings and communications regarding all homeless planning and funding. All CoC and ESG providers are actively involved in developing CoC, ESG and other homeless services goals, policies and procedures. ESG funds are used to support the ESG and CoC Homeless Management Information System (HMIS). The state ESG office has met with our CoC to discuss ESG statewide performance measures and priorities. CoC members and HMIS staff evaluate ESG outcomes by reviewing ESG CAPER reports and data quality.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

CoC DV providers helped design the Coordinated Housing Access(CHA)system.

Scenario A: CHA callers transfer to Clackamas Women’s Services(CWS)a CoC victim services provider if homeless due to DV. If callers choose to continue without being transferred, the tool includes DV questions. Persons who want support from a victim services provider are referred to CWS for safety and services while continuing the CHA for housing services. All client data is in either secure HMIS or the DV provider database.

Scenario B: CWS staff assesses homeless abuse survivors using CHA. To protect confidentiality this is done with a paper version of the CHA and Vulnerability Index (VI). CWS staff then contact the Housing Referral List Coordinator, who enter the referral data in HMIS (no client identifying data will be included in the HMIS record). Through this process victims can access any programs they are eligible for, including those specific and not specific to survivors of domestic violence.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Clackamas County	10.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Town Center Greens rental housing for homeless families opening in August 2016. These 60 new multi-family units will be managed by a CoC provider to coordinate with CoC partners to reach families who are homeless or at risk of homelessness.

Bridges to Housing provides rent assistance for 80 PSH beds for homeless families with children funded with local funds.

Northwest Housing Alternatives owns several affordable housing projects in our CoC area, the Transitional Program has 18 beds for homeless families, NHA also has HOME TBRA funds for 20 homeless families per year.

Bridges to Change operates a 13-unit apartment building in Clackamas County as transitional housing for 42 homeless men and women being released from correctional facilities and provides a mentor program as well as employment services.

Impact Northwest's Housing and Safety Net program has 4 RRH beds that coordinate with the CoC and the County to connect vulnerable families with TANF, SNAP and LIHEAP. Also SSVF 9 total beds including 3 for vets.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Coordinated Housing Access is advertised broadly including on-line, street outreach, CoC, and partners such as school homeless liaisons, day shelters, food pantries, clinics, veterans services, DHS, law enforcement and aging and disability. With outreach, 4,395 contacts were received since January. Those least likely to access are reached through five entry points, including urban and rural areas. Access is by phone or in person, with a "no wrong door" policy and 20 trained assessors. Street outreach workers can assess at homeless camps, day shelters, clinics and the jail.

Four tools are used. 1st is a determination of HUD homelessness. 2nd tool details homelessness history, household size and other eligibility and includes an objective score. 3rd, a vulnerability index is used with participants who score into PSH. The 4th tool shows all projects each household qualifies for. Referrals are by-name in HMIS to these projects. For PSH the most vulnerable households are housed first.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Steering Committee considered needs and vulnerability of populations in the priority ranking process. Members asked if the projects served chronic homeless persons, if the project served families with children and if the project served adult only households. CoC Steering Committee members discussed each project in detail and considered each target population's specific needs including survivors of domestic violence which are vulnerable to physical assaults, homeless youth including LGBTQ and vulnerability to trafficking, persons with significant health or behavioral health challenges that require a significant level of support to maintain PH, people in recovery from addictions, criminal records. Steering Committee members also considered local data including numbers of adults with disabilities and adults with disabilities that interfere with housing stability.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

On Monday October 26, 2015 the CoC Project Priority list, the ranking process and notes for the meetings was posted at the Clackamas County Community Development Continuum of Care Website. The CoC Lead emailed a notification to all CoC providers, all CoC members and all Coc interested parties. The CoC members discussed the priority list at a monthly meeting on October 28, 2015. The screen shots of the web pages and copies of the RFP solicitation for Bonus funding and communications are attached to this Consolidated Application.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/26/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

HMIS lead runs quality and bed utilization reports every 3 months. Data elements evaluated include null data, utilization rates, clients with mainstream benefits, housing stability, length of time homeless, destinations, and increased income. HMIS Lead analyzes data, sends reports to all CoC projects, CoC Lead, and the Governing Board. The HMIS Lead and CoC Lead contact providers regarding any errors or performance issues. APRs are reviewed by CoC staff before being submitted in ESNAPS. Monitoring quarterly data quality and bed utilization allows project performance discussions and barriers faced by participants. A Vulnerability Index tool implemented in 2015 is part of Coordinated Assessment to quantify the severity of barriers faced by project participants. Past project performance data including length of time participants are homeless, max bed utilization, increased income and regular drawdown of funds are all part of the priority talks by CoC and Governing Board

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. ALT 1-3

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems
Applicant will enter the name of the vendor (e.g., ABC Systems).

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$70,862
ESG	\$50,015
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$120,877

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$120,877
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/14/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	143	28	115	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	86	5	81	100.00%
Rapid Re-Housing (RRH) beds	107	0	107	100.00%
Permanent Supportive Housing (PSH) beds	284	7	277	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

HMIS bed coverage Rate is 100% for 2015. Complete and accurate data is essential to the system's success. The Clackamas County CoC diligently collects and reports data on homeless service usage among all programs within our community, not only CoC funded programs. Of the 620 beds documented on the 2015 HIC, more than half are non-CoC funded.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	12%
3.3 Date of birth	0%	0%
3.4 Race	0%	4%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	3%	3%
3.15 Relationship to Head of Household	3%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

Housing Inventory Count (HIC), Point-In-Time (PIT) Count	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

Not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/22/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

In 2015, since all shelter programs (except DV) use HMIS, HMIS was used to answer all PIT questions for all sheltered persons on the Point-in-Time date. Additionally, providers were given detailed instructions on how to review the records of clients in their program on the night of the PIT. Detailed instructions were provided on how to fill out assessment questions. After all necessary data was entered into the HMIS, data quality reports were run and reviewed for accuracy and completeness and to ensure that utilization rates were consistent with program inventory, that null data was addressed, and any incongruous data was evaluated for accuracy. This method was selected because providers are accustomed to conducting sheltered counts in this manner.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Not Applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/14/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Preparation for Clackamas County's unsheltered PIT count included a comprehensive plan involving year round networking to identify additional public places to count and outreach efforts to engage community groups. The 2015 count was comprised of 213 volunteers conducting surveys at 134 sites, including social service agencies, food pantries, faith based organizations, shelters, schools, medical settings, and outdoor areas. This approach helped reach homeless sub-population groups throughout the geographic regions of the county. Thorough training of volunteers was conducted by the Point in Time Coordinator. This training was the result of over 6 months of preparation by Clackamas County CoC to ensure that the survey instrument and guidance was clear, usable, complete and would produce accurate results.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

Homeless school liaison data on children in their schools was excluded. The data was limited and would cause a validation error, per HUD.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? No

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Clackamas County's Point in Time Coordinator successfully engaged additional community groups to participate during the 2015 PIT count. In the 2015 count 31 non-profit and public agencies participated. Each count has also involved increasing numbers of low income/homeless participants, Veteran outreach workers, and DHS/State agencies contributing to count activities. Many homeless individuals helped to build trust at survey sites, while others led volunteers to camp locations. Unaccompanied youth became peer interviewers to other youth, which helped the CoC reach homeless youth. In 2015 the CoC also began accepting electronic surveys and continued expanding outreach efforts further into rural areas to broaden Clackamas County's reach.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	619	494	-125
Emergency Shelter Total	40	98	58
Safe Haven Total	0	0	0
Transitional Housing Total	101	88	-13
Total Sheltered Count	141	186	45
Total Unsheltered Count	478	308	-170

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	621
Emergency Shelter Total	478
Safe Haven Total	0
Transitional Housing Total	158

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

State DHS Family Support Navigators (FSN) identify TANF families at high risk of first-time homelessness. FSN at 3 family centers ensure that families get support through schools, providers, & community services. FSN work regularly with CoC providers to develop referrals & enhance resources. A CoC Housing Stabilization Program in partnership with DHS provides case management and rent subsidy to housed families who face first time homelessness.

County funding increased the households prevented from first time homelessness by 83% last year. The primary homelessness prevention provider uses evidence based risk factors tailored to the local community to prioritize rent assistance to prevent first time homelessness. Through Coordinated Housing Access, the CoC is now able to provide community wide data on households seeking homeless prevention. CHA data will be used to improve program planning & secure more homeless prevention funding

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

In alignment with HUD priorities, this CoC invests most homeless funding toward PH with much smaller amounts dedicated to ES and TH. There is no homeless adult shelter except for extreme weather. Prior to recent implementation of street outreach and coordinated housing access, CoC was not able to track length of time homeless. Coordinated Housing Access (CHA) tool now identifies, in HMIS, the length of homelessness and prioritizes households for all PSH projects based on vulnerability, including length of time homeless. This includes a non-CoC PSH project focused on long term homeless families.

Current efforts to reduce length of time people are homeless, include 2 new CoC funded RRH projects for families and a non-CoC funded RRH project for veteran households. As more households are identified as long term homeless using the CHA tool, they will be prioritized for PH and strategies will be developed to continue to reduce length of time homeless across all populations

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	227
Of the persons in the Universe above, how many of those exited to permanent destinations?	163
% Successful Exits	71.81%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	127
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	113
% Successful Retentions/Exits	88.98%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Strategies 1: RentWell RRH project works with participants to improve credit histories and provide tenant education to improve housing success. 2: HomeBase and other RRH projects provide housing stabilization and eviction prevention services. 3: CoC projects provide case management, skills training, access to education, DV survivor services, access to mainstream benefits and employment training to increase income and housing services to successfully transition homeless families to stable housing. With these strategies, agencies minimize return to homelessness for individuals and families and are better able to identify those that do.

CoC uses HMIS Coordinated Housing Assessment (CHA) that records prior homelessness and monitors returns to homelessness. The CoC DV provider uses a comparable Database to monitor returns to homelessness by DV survivors. PH-RRH, TH and PSH program participants are asked to identify the main factors returning them to homelessness if they re-enter.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Non-employment related income between 2013 and 2014 increased for CoC funded projects by 22%, with 53% of participants across CoC project increasing their incomes.

A strategy used to increase non-employment income is that more CoC members are trained on disability & social security & the process of assisting clients to receive benefits. Staff from several CoC agencies have attended ASSIST Social Security Benefits trainings which is an in-depth training model similar to SOAR. To spread this knowledge throughout the CoC and increase capacity this training information has been presented at CoC meetings. An expert in the field who provides trainings in Clackamas is also used as a resource for specific SSI/SSDI cases. 42% of participants (stayers) in CoC programs receive either SSI/SSDI benefits. Additionally, more CoC participants successfully receive disability benefits in a shorter length of time.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

One strategy implemented to increase employment related income is connecting CoC providers with WorkSource Clackamas, now called Clackamas Workforce Partnership. This has been implemented by bringing workforce staff and partners to present resources, eligibility, referral processes, and face to face contact with worksource staff at CoC meetings. Example: at a CoC meeting last year, information was presented about a grant program Reboot NW, which provides the long term unemployed, training, & job placement services in manufacturing and technology. These information sessions have assisted CoC case managers utilizing these resource more frequently for CoC program participants which often have high employment barriers. Other employment program resources used by the CoC include Goodwill, Vocational Rehab., Community Solutions, Housing Works and Employment Connections. 70% of CoC funded programs are regularly connecting participants to employment.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Methods. CoC increased efforts to conduct street outreach to the unsheltered homeless population through funding 2 outreach staff whose primary focus is identifying, engaging and tracking unsheltered homeless families & individuals into the Coordinated Housing Access (CHA) system. Outreach components have been added to a new HUD funded RRH project for homeless families & a PSH project. This increases support for those unsheltered, & provided referral access through CHA for PH & other housing types.

The 2015 PIT count used 213 volunteers conducting surveys at 134 sites, This approach helped reach unsheltered homeless sub-population groups throughout the county. Count volunteers provide information to connect unsheltered homeless to CHA & area resources. The county conducts a Veteran Stand Down which engages homeless veterans. Resources for veterans are provided including learning directly about housing programs from providers & referrals.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

NA

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	134	225	91
Sheltered Count of chronically homeless persons	4	31	27
Unsheltered Count of chronically homeless persons	130	194	64

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The number of Unsheltered Chronically homeless increased by 64 between 1/2013 and 1/2015 due to several factors including, rapid increase in rental housing demand, very low (3%) vacancy rates, increased community awareness, dedicated staff to conduct outreach, improved community outreach with churches and community groups and, additional “Community Cares” events throughout the county to offer services to veterans and homeless persons. The number of Sheltered Chronically Homeless persons also increased by 27 as more housing units were prioritized for Chronically Homeless persons identified during the PIT counts. The dramatic rise in no cause evictions and homelessness in the Portland Metro Area has lead to our neighbor CoC, the City of Portland, to declare a “housing emergency” to bring more resources to homeless housing and affordable housing:
http://www.oregonlive.com/portland/index.ssf/2015/10/portland_approves_housing_emer.html

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC is increasing the number of PSH beds for CH using a four-pronged approach of 1. Leveraging affordable housing to increase turnover in PSH beds, 2. Converting PSH beds to dedicated CH beds, 3. Using outreach and coordinated assessment to identify CH for PSH units that become available through turnover & prioritizing, and 4. Implementing CMS’s new HCBS rule as advocated by the USICH. 1. Leveraging: In the next 2 years, the CoC anticipates affordable housing inventory to increase, including new Housing Choice vouchers and new construction. The CoC is working with the County & Housing Authority to provide priority for households currently in PSH units creating capacity for CH prioritizing. 2. Converting: in 2013, 30 beds were dedicated to CH, an increase from 15. In 2014, the CoC will dedicate 42 beds to CH and 50 in 2015-a 233% increase from 2012. 3. Outreach and coordinated assessment: Using coordinated assessment and expanded outreach efforts, 5 projects have committed to prioritize 30% of turnover units for CH. That number will increase to 50% in 2015. 4. CMS’ HCBS Rule: Using Medicaid to provide enhanced services to CH will incentivize projects to expand capacity.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC implemented four approaches to increase CH beds in January of 2014: Leveraging new housing resources, converting PSH beds to CH, conducting outreach and using Medicaid services. The 2015 HIC detailed the results by an increase of 32 more veterans housed with VASH vouchers and an increase of 31 more CH and VASH combined total beds. The veterans beds increased by 53 since some of the CH beds were re-categorized as veteran.

January of 2014 was the implementation of CoC and locally funded RRH projects to prevent homelessness and re-direct program resources to families and individuals who can be quickly re-housed. The RRH programs improves the CH beds so that PSH beds can be occupied by CH persons who do not qualify for RRH.

In October 2015 the CoC made a strategic decision to include a Bonus PSH application to increase CH by 17 beds. Also beginning in October 2015 CoC providers increased CH prioritized beds to 12 beds that will be prioritized for CH persons

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	41	23	-18

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The 2015 HIC indicated a decrease in the number of CH beds. 17 CH beds were VASH and are now recorded in HIC as VASH. The sum of CH and VASH in 2014 was 68. The sum of CH and VASH in 2015 is 99 - a total increase of 31 beds. The 2015 HIC detailed the results by an increase of 32 more veterans housed with VASH vouchers and an increase of 31 more CH and VASH combined total beds. The veterans beds increased by 53 since some of the CH beds were re-categorized as veteran thereby improving data quality.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Page 7 Attached

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	112
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	14
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	12
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	85.71%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Strategies include filling the 17 new CH beds for vets in this year's funding request. Increased focus on outreach to veteran for services and housing. Increased number of units for homeless families from local funding sources that will free up CoC resources for CH beds and persons. Increased CoC-wide efforts to qualify persons in PSH for SSDI benefits and ACA benefits to re-direct resources to CH persons in need of housing and services.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

The CoC includes all programs that serve families in its Coordinated Housing Access (CHA) process. CoC programs participate in CHA using the same assessment tool across programs. A vulnerability index tool is used for unsheltered families assessed with permanent housing needs and are placed into housing if there are slots opened. If vacancies do not exist then the households are placed on a waitlist.

In this intake model a housing 1st approach is followed with low barrier screening questions. Families are not screened out due to high barriers or factors that do not have a bearing on future housing success. Last year, the Clackamas CoC/ESG programs increased its Rapid Re-housing units for homeless families by 38%. The CHA workgroup plans to evaluate wait times for unsheltered families and implement a strategy for reducing wait periods for families, ideally within a 30 day period.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	68	94	26

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	53	44	-9
Sheltered Count of homeless households with children:	40	37	-3
Unsheltered Count of homeless households with children:	13	7	-6

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of households with children decreased by 9 and the total number of unsheltered households with children decreased by 6 in the Clackamas CoC. One main reason for this change is that the CoC increased the number of rapid re-housing units for families in the CoC including 2 new RRH HUD funded projects. With an addition of 26 RRH units for families, the Clackamas CoC increased its capacity to serve homeless families in this area by 38%. RRH projects funded with local funds and ESG funds provided housing stability and eviction prevention services for 175 families.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	33	127	94

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

NA

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$362,436.00	\$424,779.00	\$62,343.00
CoC Program funding for youth homelessness dedicated projects:	\$276,948.00	\$269,499.00	(\$7,449.00)
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$85,488.00	\$155,280.00	\$69,792.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	11
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

CoC collaborates substantially with local educational liaisons and state educational representatives in the planning process. School district liaisons subcommittee meet monthly to address homelessness among families and unaccompanied youth. This committee recently updated a brochure that explains McKinney-Vento education rights, lists liaison contact information & resources for the homeless youth population. The state director of homeless programs presented new data on the number of Oregon homeless students & the impacts on student learning and success. A school district liaison served on the CoC Governing Board and a district superintendent and a homeless liaison served on the the Homeless Policy Council during the past year.

District representatives, homeless liaisons and CoC staff implemented a Homeless Student Success Project at a large CoC poverty school district to provide extensive outreach, services, and supports to homeless youth in the North Clackamas area.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The Clackamas County CoC strongly values education believing that increased educational attainment lowers the risk of future homelessness. During the intake process ESG and CoC programs inform parents and unaccompanied youth of their educational rights as well as the need to participate in school enrollment and attendance with ESG and CoC services. All program CoC directors are aware of educational requirements and ensure compliance within their provided services.

Last year the Homeless Student Success Project (HSSP) was launched as part of the CoC's 10 year plan goals to reduce the impacts of homelessness on children. The program worked with school district liaisons in North Clackamas and through an assessment process, identified 333 homeless students qualifying for this unique program. The program provides a range of services and linkages to decrease school mobility and increase academic success. Through this process families not only were aware of their educational rights but received additional supports and services. Funding for this program will continue in the upcoming year.

CoC program case managers collaborate directly with local school district liaisons when children or youth enter the programs. CoC staff lead monthly meeting with the ten school district liaisons to facilitate housing and services for homeless children and youth. through the CoC homeless school liaison committee. Annually, this committee produces and distributes a homeless student educational brochure specifically identifying McKinney-Vento homeless education rights. This informational pamphlet is distributed throughout the county including schools, social service providers, youth programs, families, unaccompanied youth, government agencies and at outreach events.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	36	21	-15
Sheltered count of homeless veterans:	0	0	0
Unsheltered count of homeless veterans:	36	21	-15

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The 2015 PIT count showed a significant reduction of 41% in the unsheltered veterans category. Since the 2014 HIC the number of VASH vouchers has increased to 46 from 15, an increase of 34 or 126% more VASH vouchers. An extensive effort was undertaken to find and enumerate all known homeless veterans during the 2015 PIT count time period including a new street outreach component conducted by the homeless veteran outreach team. This street outreach team actively engaged with most of the homeless veterans included in the PIT count, and connected veterans to VASH, SSVF, County Veterans Services, healthcare and other needed services that supported their housing placement. In addition, the Housing Authority of Clackamas County worked closely with the Veterans Administration to ensure that VASH vouchers were issued as quickly as possible and eligible veterans were housed as quickly as possible so that the available VASH vouchers would be fully leased up

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

Clackamas County has two homeless veteran outreach workers, both veterans, conducting street outreach to identify and connect homeless veterans with services. The team is well known throughout the county. Sources as diverse as VFW halls, Parks Departments, Forest Service, businesses and day shelters frequently refer. Homeless veterans identified are connected with VA funded services through a VASH social worker who is co-located at the County Veterans Service office weekly for eligibility determinations. The County Veterans Service Office funded by state, local and federal funds also helps veterans apply for service connected disability, pensions and other benefits. Clackamas County convenes a monthly Homeless Veteran Coordination Team with VA, SSVF, Veterans Services, Homeless Outreach, Housing Authority, mental health, affordable housing, meal sites and others to streamline getting help to each known homeless veteran in order to end their homelessness.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

The Continuum of Care does not wait to see whether a homeless veteran is determined ineligible for VA programs to enter them into Clackamas County's Coordinated Housing Access system. Since VASH vouchers and SSVF slots are not always available, this allows veterans to access the first available housing openings.

Clackamas County is funding a new Veterans RRH project with non-CoC funds that will provide at least ten veteran households with up to 24 months of rent subsidies and supportive services, focusing on veterans who may be ineligible for VA services. Also, the CoC governing board prioritized the 2015 Veteran PSH bonus project "Housing our Heroes" above other PSH proposals because it would house 18 veteran households who may be ineligible for VA funded services. Together, these two projects prioritize 28 RRH and turnover beds for Veterans who may be ineligible for VA services

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	39	33	-15.38%
Unsheltered count of homeless veterans:	37	21	-43.24%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

NA

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	8
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	47%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Oregon is a Medicaid Expansion state. The CoC has worked extensively with partners to ensure health insurance enrollment, CoC participants have been enrolling in both Medicaid (OHP) and private-pay insurance at affordable rates. An outcome of these efforts this year, is that 90% of adult participants who exited CoC programs or remained in programs (stayers) had health insurance. This rate increased by 5% from the previous year

Partners in this process include: County Health Centers, Oregon Health Plan (OHP), Cover Oregon, Volunteers in Medicine, VA Medical, & employers

Also, CoC programs assist participants with referrals to Medicaid/Medicare related programs such as SHIBA for Medicare Part D enrollment, filling out Medicare extra help forms and securing in home care

A client based outcome of these partnerships, includes a case manager advocating for a client to secure employer-paid health insurance sooner, rather than having an extensive waiting period for insurance.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	15
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	87%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	15
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	12
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	80%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	68	94	26

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

NA

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

NA

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

NA

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	BonusProjects2 Re...	10/26/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	CoC Ranking Proce...	10/06/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Ranking Process p...	10/26/2015
05. CoCs Process for Reallocating	Yes	OR507 Reallocatio...	10/27/2015
06. CoC's Governance Charter	Yes	CoC ByLawsAugust2015	10/06/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	10/06/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	10/06/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIIS MOU and Pol...	11/02/2015
11. CoC Written Standards for Order of Priority	No	Order of Priority...	10/27/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	Oct 26 Priority L...	10/26/2015
14. Other	No	Public Notice of ...	10/27/2015
15. Other	No		

Submission Summary

Page	Last Updated
1A. Identification	11/16/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/17/2015
1D. CoC Discharge Planning	11/16/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/16/2015
2C. HMIS Beds	11/16/2015
2D. HMIS Data Quality	11/16/2015
2E. Sheltered PIT	11/16/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/17/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/16/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

October 26, 2015

Melissa Erlbaum
Executive Director
Clackamas Womens Services

Re: CWS Proposal NOT SELECTED
FY2015 CoC Permanent Supportive Housing Bonus Project Proposal
Serving survivors of domestic violence through rapid re-housing

Melissa,

Thank you for submitting the CWS project proposal for CoC Permanent Supportive Housing funds. The CoC Steering Committee received three (3) project proposals. Each proposal was read by Steering Committee members and each proposal was discussed in detail. The CWS proposal was not selected. The Steering Committee considered many factors including:

- **Prioritizing Highest Need:** who will this project help most?
- **Mainstream Services:** how will this project services connect participants to other services?
- **Leveraging:** how will this project leverage additional resources to develop a comprehensive project that meets the needs of the chronically homeless and ensure successful program outcomes?

The proposal that was selected, Housing Our Heros, will serve both chronically homeless and veterans. 100% of the new beds if funded will be dedicated to Chronically homeless persons. The CoC Steering Committee scored this proposal highest in order to position our CoC Consolidated Application in the best possible scoring opportunity based on HUD CoC funding Priorities.

Sincerely,



Mark Sirois, CoC Lead
Clackamas County Housing and Community Development Division

Sent on behalf of the CoC Steering Committee

October 26, 2015

Lorena Connelly
Executive Director
Los Ninos Cuentan

**Re: Los Ninos Cuentan Proposal NOT SELECTED
FY2015 CoC Permanent Supportive Housing Bonus Project Proposal**

Lorena,

Thank you for submitting the Los Ninos project proposal for CoC Permanent Supportive Housing funds. The CoC Steering Committee received three (3) project proposals. Each proposal was read by Steering Committee members and each proposal was discussed in detail. The Los Ninos proposal was not selected. The Steering Committee considered many factors including:

- **Prioritizing Highest Need:** who will this project help most?
- **Mainstream Services:** how will this project services connect participants to other services?
- **Leveraging:** how will this project leverage additional resources to develop a comprehensive project that meets the needs of the chronically homeless and ensure successful program outcomes?

The proposal that was selected, Housing Our Heros, will serve both chronically homeless and veterans. 100% of the new beds if funded will be dedicated to Chronically homeless persons. The CoC Steering Committee scored this proposal highest in order to position our CoC Consolidated Application in the best possible scoring opportunity based on HUD CoC funding Priorities.

Sincerely,



Mark Sirois, CoC Lead
Clackamas County Housing and Community Development Division

Sent on behalf of the CoC Steering Committee

FY2015 Continuum of Care Competition Ranking Process

What: “Rank” 15 projects and/or reallocate funds based on local and national priorities and data

Why: To strategically allocate \$1.6m to meet the needs of homeless households in Clackamas County

Who: Continuum of Care Steering Committee

When: By the end of the Continuum of Care Competition (October)

Proposal: The Steering Committee has proposed a ranking process using 4 sets of criteria -

1. **HUD priorities:** are projects meeting HUD’s goals?
2. **Project performance:** are projects meeting their objectives effectively and efficiently?
3. **Local need:** are projects appropriate for the specific needs of Clackamas County?
4. **10 Year Plan to End Homelessness:** do projects align with our local plan?

Data: The following data is available –

1. HMIS data showing if project objectives were met (i.e., were households stably housed at program exit?)
2. Financial data showing the cost of assisting homeless households to become housed
3. Preliminary Coordinated Housing Access data on what homelessness looks like in Clackamas
4. Point-in-Time data showing the same

Plan: Develop a tool or set of tools that can be used by the Steering Committee to evaluate projects based on these criteria and make an informed decision on ranking and/or reallocation.

See Attached Ranking Tool Approved September 17, 2015.

Clackamas County Continuum of Care

Project Ranking Criteria – 2015

Project Name: _____

Date: _____

Assistance Type	Target Population	Number of Units	Annual HUD Cost per Unit
Permanent Supportive Housing	Single Males and Females	12	\$6,000

Project Narrative:

Please provide a brief narrative (no more than 2 paragraphs) describing how your program meets the four goals of the County’s Ten Year Plan to End Homelessness: preventing homelessness (or preventing returns to homelessness), reducing the impacts of homelessness on children, offering a robust continuum of effective housing and services, and strengthening the homeless services system. Please also explain how your program meets the unique needs of homeless households in Clackamas County.

The following criteria are based on HUD Performance Measurements, local need, and the Clackamas County Ten Year Plan to End Homelessness. Data sources are each project’s most recently submitted APRs and Project Applications, Coordinated Housing Access, and Point-in-Time data.

1. Project Performance Criteria	Maximum points: 36
--	--------------------

The first section is based on HUD’s Performance Criteria, as articulated in the competition NOFA.

Criteria	Ten Year Plan Goal	Local Need	Points
Compliance: Project <u>does not</u> currently have unresolved HUD audit findings or is in process of resolving.			
Drawdowns: Project spent all CoC funds in contract year. (from HUD) If project is still in the initial contract period – 2 points		More need than resources; funds should be allocated strategically to meet need	
Leverage: Committed to provide leverage of at least 150% of project CoC funds in 2014 renewal.	Goal 4: Strengthen Homeless Services System		
Cost-Effective: Cost per household is at or below average for project type.		More need than resources; need programs to operate as lean	

Clackamas County Continuum of Care

Project Ranking Criteria – 2015

		possible	
<p>HMIS Data Quality: Had 5% or less null/missing on all HMIS data elements on APR Q7 question. Less than 5% = 5 points, 6-9% = 3, over 10% = 1 All individuals elements listed must be less than 5% null.</p>	Goal 4: Strengthen Homeless Services System		
<p>Bed Utilization: Average Bed utilization was at least 65% (APR Q10). Less than 65% = 0, 66-75% = 3, 76-100+ = 5 For Rent Well (SSO): actual average # of persons served each night (APR Q8) divided by total PIT capacity projected (EX 2 Q 5A+B). For Programs whose most currently submitted APR covered a start-up year: use only 4th quarter PIT bed utilization rate (APR Q10).</p>	Goal 3: Build a robust continuum of services		
<p>Mainstream Benefits: All programs: 20% or more program participants exiting with non-cash benefits (APR Q26A.2). Less than 5% = 1, 5-9% = 2, 10-14% =3, 15-19% = 4, 20% or more = 5</p>	Goal 1: Prevent Homelessness		
<p>Ending Homelessness: The PSH program met national goal of at least 80% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q36) Less than 50% = 0, 51-60% = 2, 61-70% = 3, 71-79% = 4, 80+% = 5 OR The TH/SSO program met the national goal of at least 65% of clients exiting to permanent housing (APR Q36). Less than 50% = 0, 51-60% = 2, 61-70% = 3, 71-79% = 4, 80+% = 5</p>	Goal 1: Prevent Homelessness		
<p>Increased Income: All homeless programs met the national goal of at least 20% of adult clients having increased <u>total income</u> at end of operating year or at exit (APR Q36). Less than 5% = 1, 5-9% = 2, 10-14% =3, 15-19% = 4, 20% or more = 5</p>	Goal 1: Prevent Homelessness	Number 3 reason identified for homeless on PIT is lack of income	
<p>Ending Chronic Homelessness: Project is adding new chronic beds to their inventory. 1 bed = 1 point, 2 or more beds = 2 points (Based on Committed CH Beds, Actual CH Beds, versus committed CH Beds for next application)</p>		75 CH individuals identified in PIT (50% of unsheltered); xx CH individuals on HRL	

2.	Local Need Criteria Bonus Points	Maximum points: 4
-----------	---	-------------------

The second section contains criteria based on needs identified in the County’s biennial Point-in-Time Count and the Coordinated Housing Access process.

Clackamas County Continuum of Care

Project Ranking Criteria – 2015

- **Household Type:** Project targets families with children
- **Unmet Need:** Project targets adult only households with low to medium barriers
- **Coordinated Housing Access:** Serving in expanded capacity as CHA door (2 points)

3.	Ten Year Plan Criteria Bonus Points	Maximum points: 2
----	--	-------------------

The third section contains criteria defined in the County's Ten Year Plan to End Homelessness.

- **Reduce Impacts of Homelessness on Children:** project serves families with children.
- **Build a robust continuum of housing and services:** project provides Rapid Rehousing services.

Total Score (42 Max): _____

Clackamas County Continuum of Care

The Continuum of Care (CoC) is a consortium of individuals and organizations with the common purpose of planning a housing and services continuum for people who are homeless. The CoC is not a formal advisory council to Clackamas County although it does operate with County staff support. The CoC was originated to meet the Federal HUD requirement for Continuum of Care McKinney-Vento funds to flow into Clackamas County for people who are homeless.

The fourth Wednesday of every month, the Continuum of Care meets in the Clackamas County Public Services Building, Room 255. This meeting is open to the public. For more information, contact Margie James at 503-650-5663.

The CoC's **mission** is to facilitate the development of a continuum of care (housing + services) that provides opportunities to significantly mitigate homelessness in Clackamas County, via:

- Full utilization of mainstream resources;
- Coordination of service delivery and housing systems;
- Systemic agreements and institutional targeting of populations at high risk of homelessness;
- Creative cultivation of new resources;
- Public awareness to foster a collective sense of responsibility.

The CoC's mission is based on these **principles** which permeate its implementation:

- Equity of access to housing and services;
- Choice and self-determination as consistently part of the process;
- Treating people with dignity and respect, regardless of their housing status;
- Culturally competent services;
- Non-judgmental approach to people and their problems throughout the housing and service systems.

The CoC's **activities** are targeted to:

- Annual re-applications for funding of homeless programs and services.
- Identify and advocate for the needs of people who are homeless in Clackamas County;

- Facilitate the development of a continuum of care including housing and services for people who are homeless in Clackamas County;
- Develop short and long term plans to mitigate homelessness in Clackamas County.
- Recommend funding priorities to HUD for new and renewal projects.

The CoC submits an annual application to the U.S. Department of Housing and Urban Development (HUD) articulating the CoC's planning efforts and other activities within Clackamas County which relate to homeless people. To get a copy of this application, contact the Clackamas County Community Development Division at 503-655-8591.

Find more information about our **Homeless Management Information System (HMIS)**, which is used to collect and report data about services provided to those experiencing or at risk of experiencing homelessness in Clackamas County.

Clackamas County Coordinated Housing Access

FY 2015 CoC Application Documents

- [Priority List](#)
- [Ranking Process and Selection Criteria](#)
- [Steering Committee Minutes 10/15/15](#)
- [Steering Committee Minutes 10/20/15](#)

FY 2014 CoC Application Documents

- [Final Priority Listing](#)

CoC Steering Committee Resources

- [2013-2015 Steering Committee Members](#)
- [3/18/14 Meeting Agenda](#)
- [3/18/14 Meeting Minutes](#)
- [6/19/14 Meeting Agenda](#)
- [6/19/14 Meeting Minutes](#)

Continuum of Care documents:

- [Clackamas County CoC Bylaws](#)
- [CoC APR Due Dates](#)
- [CoC Decision Making Flowchart](#)
- [CoC Roles and Responsibilities Chart](#)

Reports on homelessness in Clackamas County:

- [Annual Homeless Assessment Report \(AHAR\)](#)

- 2012
 - Annual Homeless Assessment Report (AHAR) for 2012
- Point-in-Time (PIT) Count
 - 2013
 - Clackamas County Point-in-Time Homeless Count 2013 Local Short Report
 - Clackamas County Point-in-Time Homeless Count 2013 Report to HUD
 - 2011
 - Clackamas County Point-in-Time Homeless Count 2011 Local Short Report
 - Clackamas County Point-in-Time Homeless Count 2011 Report to HUD
 - 2009
 - Clackamas County Point-in-Time Homeless Count 2009 Local Short Report
 - Clackamas County Point-in-Time Homeless Count 2009 Report to HUD
 - 2007
 - Clackamas County Point-in-Time Homeless Count 2007 Local Short Report
 - Clackamas County Point-in-Time Homeless Count 2007 Report to HUD
 - 2005
 - Clackamas County Point-in-Time Homeless Count 2005 Local Short Report
 - Clackamas County Point-in-Time Homeless Count 2005 Report to HUD

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Clackamas County Continuum of Care - FY 2015 Reallocation Process

The Continuum of Care met on September 23, 2015 to discuss the CoC NOFA, application due dates, Tier 1 and Tier 2 funding levels, potential bonus permanent housing project funding and the potential reallocation of project funds to create new projects.

CoC members agreed, by consensus that any CoC project reallocation of funds should occur voluntarily if possible. Members also agreed that any funds re-allocated should be directed into a Coordinated Housing Access project application to improve the Continuum of Care system.

CoC Steering Committee members met on October 15, 2015 and confirmed that CoC staff should contact all projects to offer technical assistance in re-allocating funds and reducing project budgets if needed. CoC Steering Committee members agreed that any re-allocated funds would be directed into a Coordinated Housing Access project application.

The CoC steering Committee met again on October 20 to score and rank the CoC Projects. Reallocation was discussed in regarding to projects that de-obligated funds in the last program year. The CoC coordinator agreed to discuss reallocation with projects that had de-obligated funds in order to create a new CoC Coordinated Access Project.

The CoC Lead negotiated with 2 renewal projects that had funds de-obligated in the last program year and 1 project had not yet started drawing funds. The HACC Shelter Plus Care Project, the Inn HomeSafe project and the Northwest Housing Alternatives (NHA) RRH Expansion projects all agreed to reduce their budgets to reallocate funding. Clackamas County Social Services Division agreed to sponsor a Coordinated Assessment project with the re-allocated funds.

- Shelter Plus Care was reduced by \$13,150.
- The Inn HomeSafe was reduced by \$7,450.
- NHA RRH Expansion was reduced by \$11,328.

A New Project: Coordinated Housing Access was created with \$31,928 of reallocated CoC funding. The New project was posted on the CoC priority List on October 26, 2015.

Clackamas County Continuum of Care - FY 2015 Reallocation Process

The Priority list including the New Project reallocation was approved by the CoC Steering Committee by email on October 22, 2015. The CoC membership reviewed the Priority List and the Reallocation process and the New Project on October 28th.

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

BYLAWS

As amended on August 26, 2015

Article One – General Purpose

Section 1. Name. The Continuum of Care in Clackamas County referred herein as the “CoC”.

Section 2. Mission/Purpose. The CoC is a consortium of individuals and organizations with the common purpose of planning for a housing and services continuum for people who are homeless or at risk of homelessness. The CoC is not a formal advisory council to Clackamas County, although it does operate with County staff support. The CoC Bylaws and organizational structure are 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 Rule.

The mission of the CoC is to prevent and reduce homelessness in Clackamas County by guiding housing programs and services for families and individuals that are homeless or at risk of becoming homeless, via:

- Full utilization of mainstream resources
- Coordination of service delivery and housing systems
- Systemic agreements and institutional targeting of populations at high risk of homelessness
- Creative cultivation of new resources
- Public awareness to foster a collective sense of responsibility

The above mission, developed by the CoC, is based on a set of principles which will permeate its implementation. These principles are:

- Equity of access to housing and services
- Choice and self-determination as consistently part of the process
- Treating people with dignity and respect, regardless of their housing status
- Culturally competent services
- Non-judgmental approach to people and their problems throughout the housing and service systems

Article Two – Roles and Responsibilities

Section 1. Members. The members of the CoC will:

- Identify and advocate for the needs of people who are homeless in Clackamas County
- Facilitate the development of a continuum of care including housing and services for people who are homeless in Clackamas County
- Hold regular meetings
- Invite new members to meetings at least annually
- Follow the written process to elect a Chair and a Co-Chair
- Follow the written process to elect a Steering Committee (Governing Board)
- Appoint additional committees, sub-committees and or workgroups as needed to identify and advocate for the needs of people who are homeless in Clackamas County

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

- Maintain and regularly update a Governance Charter (CoC Bylaws)
- Monitor CoC recipient and subrecipient performance, evaluate services and outcomes, and implement corrective action when it is determined that established performance measures are not being met
- Engage in CoC Planning, developing short and long term plans to prevent and mitigate homelessness in Clackamas County including system coordination of housing and services for people who are homeless, point-in-time counts at least biennially, annual homeless needs gaps analysis, providing information for Consolidated Plans, and consulting with ESG providers in Clackamas County
- Recommend funding priorities for new and renewal projects to be included in the annual application for CoC program funds
- Designate an eligible applicant to serve as the Collaborative Applicant to submit applications on behalf of the CoC
- Designate the Collaborative Applicant to act as a Unified Funding Agency (UFA) on behalf of the CoC
- Designate and operate a Homeless Management and Information System (HMIS) provider to maintain the CoC data collection system
- Establish and operate a Coordinated Assessment system in consultation with Emergency Solutions Grant (ESG) program providers
- Establish and follow written standards for providing CoC assistance in consultation with Emergency Solutions Grant (ESG) program providers

Section 2. *Co-Chairs.* The Co-Chairs of the CoC will:

- Work with the CoC coordinator to set meeting agendas
- Facilitate CoC meeting discussions
- Call for votes as needed
- Remind members of the CoC purpose and the roles and responsibilities of membership
- Enforce the provisions of the CoC Bylaws
- Assign members to CoC subcommittees

Section 3. *CoC Steering Committee (Governing Board).* The Governing Board will:

- Be representative of the relevant organizations and of the projects serving the diversity of people and homeless subpopulations in Clackamas County
- Evaluate and approve CoC and ESG homeless project performance measures
- Evaluate and approve CoC and ESG funding priorities
- Annually evaluate and approve CoC and ESG program policies
- Follow the CoC Code of Conduct in the CoC Bylaws
- Analyze homeless program policies and performance data to identify needs, areas for improvement and future program development
- Assign workgroups, as necessary, to carry out the responsibilities of the CoC
- Engage in strategic planning of homeless services, programs, funding, goals and policies

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

Section 7. CoC Coordinator. The CoC Coordinator is assigned by the HCD Director to coordinate CoC activities including: maintaining the CoC membership email distribution list; coordinating the CoC annual application for funding; providing support to the CoC Chairs and CoC Steering Committee by preparing agendas; recording meeting minutes and preparing information for meetings.

Article Three – Members

Section 1. CoC Membership. Membership in the CoC is open to interested housing, service, and advocacy organizations. Membership is also open to interested individuals representing the community at large. Member agencies will be responsible for identifying CoC representatives and alternates who may attend when the primary agency representative is unable to attend. Participating agencies may have more than one person identified as a CoC representative.

In April of each year the CoC Coordinator will distribute a list of CoC members.

Section 1.1. Homeless and formerly homeless persons will be encouraged and supported as CoC members to participate in discussions and provide perspective.

Section 2. CoC Voting Rights. Each member organization and community at large member who has participated in at least 3 meetings in the preceding 12 months shall have one vote at subsequent meetings on each matter submitted to a vote of CoC members. The Chair, Co-Chair and members will recuse themselves from any vote that would directly benefit the agency they represent.

To the maximum extent possible, the CoC meetings shall operate on a consensus basis. However, members can request a vote on specific issues. Agencies with more than one representative in attendance will determine in advance which representative will vote. In the instance when an alternate is serving in the place of the member agency's primary representative, the alternate shall have the right to vote. In all cases, each member organization only has one vote.

Section 3. Resignation. Member agencies may resign by sending a letter of resignation to the Coordinator. (moved from article 4 to article 3)

Section 4. Co-Chair Terms. There will be one "private sector" leadership position and one "public" (government) leadership position and each position will have a staggered 2-year term.

Section 5. CoC Steering Committee Members: (moved from Article 2 to Article 3)

The CoC Steering Committee will have a total of 9 members and be composed of the following:

- 2 members of the Homeless Policy Committee (HPC)
- 2 members of the CoC
- 2 members of the Clackamas County Department of Health, Housing and Human Services (H3S)
- 3 members At Large (nominated from the community)
- A homeless or formerly homeless member (from any of the above)

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

The CoC Steering Committee will be staffed by the HMIS Administrator and the 2 CoC facilitators.

Section 6. *Steering Committee Election Process.* Steering Committee positions are filled as follows:

- Homeless Policy Committee (HPC) position: recommendation from the HPC
- CoC Member position: elected by CoC members
- Clackamas County Department of Health, Housing and Human Services (H3S) position: recommendation from H3S
- At Large position: elected by CoC members

For At Large and CoC positions, which are elected by the CoC members, a solicitation will be made for nominees, which will be collected by the CoC Coordinator. Prior to the monthly meeting, the CoC Coordinator will distribute a roster of nominees for consideration to the CoC. Each CoC member or member agency shall have one vote. At the following meeting the CoC members will motion to accept the new CoC Board member(s).

If, at the end of his or her term, a Steering Committee member wishes to serve another term, the CoC may vote to keep the member or to open the position up to someone new.

If a Steering Committee member vacates his or her position before serving the full term, the new member will serve a full term, rather than the remainder of the previous member's term.

Section 7. *Steering Committee Terms.* The first election of the Steering Committee (which occurred in October of 2013) will be staggered 3 and 4 year terms. 5 of the members will serve 4 years and the other 4 members will serve 3 years. Subsequent terms will be 2 years.

Article Four – Meeting Schedule

Section 1. *Regular Meetings.* The regular CoC meetings will be scheduled on a monthly basis with exceptions being decided by the membership and the coordinator.

Section 2. *Special Meetings.* Special meetings may be scheduled when it is determined by the membership that a special meeting is necessary.

Section 3. *Notice of Meetings.* The Coordinator will ensure that CoC members are notified prior to regular and special meetings and provided with the date, time and location of the meeting, an agenda and any additional information required for the meeting.

Section 4. *Quorum.* The quorum for a meeting of the CoC shall be the number of agencies and individuals present and eligible to vote at the meeting. Action will be taken by an affirmative vote of the majority of the agencies and individuals present at the meeting and eligible to vote.

Section 6. *Action Items.* Action items to be voted on during regular or special CoC meetings must be included in the agenda provided to CoC members prior to the scheduled meeting. No action items may be added after the agenda is sent to members. If it is determined during the

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

course of a meeting that additional items shall require a vote of the CoC, these items will be scheduled for action at the next regular or special meeting.

Section 7. *Steering Committee Meetings.* CoC Steering Committee meetings will be held at least quarterly and as needed to accomplish the mission and purpose of the CoC.

Article Five – Fiscal Year

The fiscal year for the CoC shall begin on the 1st day of July in each year and end at midnight on the 30th day of June of the following year.

Article Six – Special Committees

As needed, special committees shall be set up to research issues, develop particular projects and/or make recommendations on issue of interest to the CoC.

Article Seven – Recordkeeping

Records of all the CoC meetings shall be kept and will include dates, attendees and minutes.

Article Eight – Amendment to Bylaws

These Bylaws may be revised or amended at any regular or special meeting of the CoC by the review of members present, except as otherwise provided for in the Bylaws; provided that copies of the proposed revisions or amendments shall have been available, specifically identified for CoC review, to each CoC member at least two weeks prior to the regular or special meeting at which the proposed revisions or amendments are to be acted upon. Once members have been provided opportunity to review and comment, the CoC Steering Committee will be responsible for voting on all revisions.

Article Nine – Code of Conduct

All members, Co-Chairs and Steering Committee Members will uphold the following Code of Conduct:

- The Co-Chairs, Board Members and Members will declare any conflicts of interest prior to voting on CoC business
- All Members will demonstrate the highest standards of personal integrity, truthfulness, honesty and fortitude
- All Members will present themselves and their agencies in a professional and ethical manner when conducting CoC business

Article Ten – CoC Corrective Actions Process

When a Clackamas County Continuum of Care homeless program project /agency is reviewed by the CoC or a subcommittee thereof and, determined to be under-performing based on established

The CONTINUUM OF CARE (CoC) in CLACKAMAS COUNTY

performance measures, that project/agency will be notified in writing and placed on probation for at least six months.

During the probationary period, the project/agency will be provided with additional technical assistance by the CoC Coordinator, County HMIS administrator, CoC Peer agencies and when available, the HUD Field Office staff. The project/agency will be responsible for requesting specific assistance in low scoring performance areas and requesting any additional clarifications from the CoC if the project/agency staff persons do not understand the scoring process, criteria and/or performance measures.

If after six months of probation, the project/agency continues to under-perform based on established performance measures, the project/agency may lose HUD funding and may be ranked low in the Continuum of Care annual application for funding. The project/agency may submit a plan of correction to request an additional 6 months of probation. Acceptance of the plan of correction will be at the discretion of the CoC.

Article Eleven – Designated Homeless Management Information System Provider

The Clackamas County Housing and Community Development Division (HCDD) is designated as the Homeless Management and Information System (HMIS) provider to maintain the CoC data collection system.

Article Twelve – Designated Collaborative Applicant and Unified Funding Agency

The Clackamas County Housing and Community Development Division (HCDD) is designated as the CoC Collaborative Applicant when completing the CoC funding application. The Housing and Community Development Division is also designated the CoC Unified Funding Agency if funds become available to support this CoC financial administrative function.

Article Thirteen – Decision Making Process

When an item (initiative, proposal, process, etc.), which will affect the entire continuum is brought before the CoC or Steering Committee for decision, the following steps will be taken:

1. Item will initially be reviewed by the Steering Committee and CoC Chair and Co-Chair.
2. Item will be provided to the CoC, specifically identified for CoC review, to each CoC member at least two weeks prior to the regular or special meeting at which the proposed revisions or amendments are to be acted upon.
3. After the CoC and CoC Chair and Co-Chair have been given an opportunity to provide feedback, item will be voted on by the CoC Steering Committee or feedback will be addressed and the item will be brought back to the CoC for additional review.

NW Social Service Connections / Clackamas County

CMIS/HMIS Policy and Procedure

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1. SERVICEPOINT: CMIS/HMIS SYSTEM

Client Management Information System (CMIS)/Homeless Management Information System (HMIS) is a locally administered electronic data collection system that stores longitudinal person-level information about persons who access the service system.

City of Portland, Portland Housing Bureau (PHB) has instituted the use of ServicePoint as the CMIS/HMIS system in response to Congressional Directive and U.S. Department of Housing and Urban Development (HUD) support for Homeless Management Information Systems (HMIS).

ServicePoint (trademarked and copyrighted by Bowman Systems) is a web based Client Information System that provides standardized assessment of a Client’s needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum, and develop outcome measurements.

For more information regarding Client/Homeless Management Information Systems (CMIS/HMIS) Policy and Procedures, please contact the CMIS/HMIS System Administrator.

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2. PROJECT OVERVIEW

NW Social Service Connections (NWSSC) is the administrative entity that governs a multi-Continuum of Care implementation of CMIS/HMIS used to record and share information among service-providers on services provided to homeless and near homeless Clients.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the system. NWSSC is a collaboration of multiple Continuums of Care and Service System Partnerships in accordance with PHB intergovernmental Agreements or Memorandums of Understanding.

The NWSSC System Administrators are ServicePoint dedicated program staffs from PHB. Additionally, each of the Continuums of Care or Service System Partnerships have identified staff functioning as ServicePoint System Administrators for their respective jurisdictions.

3. CONTACT INFORMATION

Clackamas County Community Development

Public Services Building, 2nd Floor

2051 Kaen Rd.,

Oregon City, OR 97045

<http://www.clackamas.us/communitydevelopment>

System Administrator

Margie James

503-650-5663

mjames@co.clackamas.or.us

Portland Housing Bureau

421 SW 6th Avenue, Suite 500

Portland, OR 97204

<http://www.portlandonline.com/PHB/>

NWSSC Program Manager/System Administrator

Wendy Smith

503-823-2386

wendy.smith@portlandoregon.gov

4. PURPOSE

This document is to define the general requirements and provide an overview of the CMIS/HMIS System.

5. SCOPE

These Policies and Procedures apply to ALL Persons or Organizations, using any portion of the CMIS/HMIS system.

6. GOVERNING PRINCIPLES

- 6.1. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the Final Revised HMIS Data Standards; March 2010
(<http://www.hmis.info/ClassicAsp/documents/Final%20HMIS%20Data%20Standards-Revised%203.pdf>) and the Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice; Notice
(<http://www.hmis.info/ClassicAsp/documents/HUD%20Data%20and%20Technical%20Standards.pdf>)
- 6.2. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.
- 6.3. All information entered into the CMIS/HMIS system, the Service Providers, Participants, their respective staff, and end users are bound by all applicable federal and state confidentiality regulations and laws

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that protect the Client records that will be placed on the HMIS system, in accordance with the Participation Agreement.

- 6.4. Clients may not be denied access to their own records. Clients have the right to see their information on ServicePoint, within the time frame specified in the Privacy Notice to Clients. If a Client requests, the Participant/User must review the information with the client.
- 6.5. Bowman Internet Systems will host our implementation of ServicePoint; all Client information in ServicePoint is encrypted.
- 6.6. Confidentiality
 - 6.6.1. The rights and privileges of clients are crucial to the success of CMIS/HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.
 - 6.6.2. Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests.
- 6.7. Data Integrity
 - 6.7.1. Client data is the most valuable and sensitive asset of CMIS/HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.
- 6.8. System Availability
 - 6.8.1. The availability of a centralized data repository is necessary to achieve the ultimate system/community-wide aggregation of unduplicated statistics. The System Administrators are responsible for ensuring the broadest deployment and availability for participating service providers.
- 6.9. Compliance
 - 6.9.1. Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

7. DEFINITIONS

- 7.1. Refer to Homeless Management Information System (HMIS) Data Standards- Revised Notice – March 2010 Section 1.4 Definitions for terms used throughout the notice and applicable to CMIS/HMIS.
- 7.2. Refer to CMIS/HMIS Community Data Standards Section 2.
- 7.3. Refer to funder or program documentation for terms used by those funders or programs.

8. EQUIPMENT, MATERIALS AND SUPPLIES

- 8.1. Participating Agencies are responsible for providing their own technical support for all Hardware and Software systems used to connect to CMIS/HMIS.
- 8.2. Computer Workstation (PC, Personal Computer)
 - 8.2.1. Minimum hardware and software requirements for workstations (subject to change).
 - 8.2.1.1. Computer: PC with a 2 Gigahertz or higher processor
 - 8.2.1.2. 40GB Hard Drive
 - 8.2.1.3. 512 MB RAM
 - 8.2.1.4. Microsoft Windows 2000 or XP
 - 8.2.1.5. Browser: Most recent version of Microsoft Internet Explorer or Firefox
 - 8.2.1.6. Connectivity: Minimum - 56 Kbps | Optimal – 128 Kbps – 1.5 mps

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9. FORMS and DOCUMENTS (incorporated by addendum and subject to change)

HMIS Participation Agreement

HMIS Policy and Procedure *which includes the following attachments*

attachment 1	Community Data Standards
attachment 1a	Data Expectations and Exceptions
attachment 2	HMIS and HIPAA
attachment 3	User Agreement
attachment 3a	User Agreement – Special User
attachment 4	Remote Access Policy
attachment 4a	Remote Access Policy Agreement
attachment 5	Notice to Clients of Uses Disclosure
attachment 5a	Notice to Clients of Uses Disclosure for Posting
attachment 6	HMIS Data Quality Training Plan
attachment 7	Business Associates Agreement (Behavioral Health)
attachment 7a	Security Addendum to Business Associates Agreement (Behavioral Health)

10. CONFIDENTIALITY & SECURITY

- 10.1. CMIS/HMIS System administrators have full and complete access to all ServicePoint features and functions for their respective jurisdictions. If it is requested, the CMIS/HMIS system administrator must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 10.2. For all information entered in the CMIS/HMIS system the Service Providers, Users, and Agencies are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the CMIS/HMIS system.
- 10.3. CMIS/HMIS Service Providers have a primary duty to protect the confidentiality and security of client records. If a Service Provider using the CMIS/HMIS system receives a request to release client level information, the Service Provider must verify that a current hard copy Release of Information form is on file. The Release of Information form must be signed by the client or authorized client representative and include all specific parties to whom the information may be released. A general release of all client information is prohibited.

In the event the request is in the form of a subpoena, the Service Provider shall immediately notify the local System Administrator, who in turn shall immediately notify the NWSSC Project Director/System Administrator for assistance. This includes a review of the validity of the request and obtaining only the information identified in the request. Hard copy releases are not required in the event a valid subpoena is received.
- 10.4. The Service Provider shall ensure that all staff, volunteers and other persons are issued a unique User ID and password for CMIS/HMIS and receive confidentiality training on the use of CMIS/HMIS and applicable confidentiality laws.
 - 10.4.1. The Service Provider is responsible to contact the Agency or System Administrator for revoking, adding or editing User access in a timely manner.
- 10.5. Unauthorized disclosure of Protected Personal Information may be grounds for legal action.
- 10.6. Sharing of CMIS/HMIS data among Affiliated Service Providers is encouraged but not required. The CMIS/HMIS data items excluded from sharing include medical, legal, case management, case notes, and file attachments, unless specifically released by Client.
- 10.7. HIPAA Privacy Rules take precedence over CMIS/HMIS privacy standards. If an agency is a HIPAA covered agency, they must abide by HIPAA regulations.

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- 10.8. Creating anonymous records may mean that reports will not provide a true unduplicated count and therefore this option should only be used if absolutely necessary. Please contact the System Administrator for other options.
- 10.9. ServicePoint shall only be accessed from the Organization's network, desktops, laptops, and mini-computers.
 - 10.9.1.1. NWSSC System Administrators are allowed to access the database from remote locations for purposes specific to their job. All staff that access the database remotely must meet the standards detailed in the System Security (above) and may only access it for activities directly related to their job. These approved remote locations include:
 - 10.9.1.2. Private Home office to provide system support as needed.
 - 10.9.1.3. Community Agency offices to support agency use of the system.
 - 10.9.1.4. Private Hotel Rooms on secure networks when providing services while in the field.
 - 10.9.1.5. Training Centers when providing services in the field.
- 10.10. Remote Access (In special circumstances access from remote locations may be permitted after application and approval by Agency and System Administrators)
 - 10.10.1. The ServicePoint Remote Access Agreement must be completed and submitted for approval.
 - 10.10.2. The Agency Administrator must review the need for remote access and investigate other options.
 - 10.10.3. If no other valid options are available the Agency Administrator must approve in writing remote access for a user.
 - 10.10.4. Once remote access agreement has been approved and signed by the Agency Administrator, a copy will be filed with the System Administrators for final approval.
 - 10.10.5. Remote Access is subject to change at the NWSSC System Administrator's discretion.
 - 10.10.6. Agency and System Administrators will periodically audit all remote access.
- 10.11. Public Key Infrastructure (PKI)
 - 10.11.1. When a computer is used for ServicePoint, the Service Provider is responsible to contact the System Administrator for the PKI Certificate, password, and installation instructions.
 - 10.11.2. When a computer is no longer used for ServicePoint, the service provider needs to remove the PKI Security Certificate.

11. ROLES AND RESPONSIBILITIES

- 11.1. If it is requested of the CMIS/HMIS system administrators he/she must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 11.2. PHB and the NWSSC System Administrator
 - 11.2.1. Liaison With HUD
 - 11.2.2. Project Staffing
 - 11.2.3. Overall Responsibility For Success Of NWSSC CMIS/HMIS
 - 11.2.4. Creation Of NWSSC Project Forms And Documentation
 - 11.2.5. NWSSC Project Policies And Procedures And Compliance
 - 11.2.6. Keeper Of Signed Memorandums Of Understanding and Intergovernmental Agreements
 - 11.2.7. Procurement/Renewal of Server Software And Licenses
- 11.3. ALL Lead Organizations
 - 11.3.1. Liaison with NWSSC System Administrator
 - 11.3.2. Project Staffing
 - 11.3.3. Creation of Local project Forms and Documentation
 - 11.3.4. Data quality reviews

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- 11.3.4.1. Data Quality
- 11.3.4.2. Data Validity
- 11.3.4.3. Data Completeness
- 11.3.5. Adherence To HUD Data Standards
- 11.3.6. Adherence to Community Data Standards
- 11.3.7. Adherence to Project Data Standards
- 11.3.8. User Administration
 - 11.3.8.1. Manage User Licenses
 - 11.3.8.2. Process User Agreement forms
- 11.3.9. Training
 - 11.3.9.1. Curriculum Development
 - 11.3.9.2. Training Documentation
 - 11.3.9.3. Confidentiality Training
 - 11.3.9.4. Application Training For Agency Administrators and End Users
 - 11.3.9.5. New Provider training
 - 11.3.9.6. Upgrade, enhancement, refresher or other training
- 11.3.10. Outreach/End User Support/Technical Assistance/Password Resets
 - 11.3.10.1. Password Resets require some sort of user Identity verification.
- 11.3.11. Coordinate any application customizations with the NWSSC System Administrator
- 11.3.12. Will use universal naming conventions, in order to better standardize, when creating new assessment questions, sub-assessments, and any other system wide modifications.
- 11.3.13. All Local documentation including P&Ps and agreements must be no less restrictive than NWSSC documents.

11.4. Contributory HMIS Organization (CHO) Responsibilities:

- 11.4.1. The CHO must make available to users a secure system to access ServicePoint, including but not limited to firewall and virus protection.
- 11.4.2. The CHO must be current with all related contracts.
- 11.4.3. The CHO shall follow, comply with and enforce the Agency Agreement.
- 11.4.4. The CHO shall abide by all data standards and all policies and procedures.
- 11.4.5. The CHO shall keep abreast of all ServicePoint updates and policy changes.
- 11.4.6. The CHO shall identify and approve their respective Agency Users.
- 11.4.7. The CHO shall designate one User to be the Agency's Key User/Agency Administrator.
- 11.4.8. The CHO shall be responsible for entering Client data (profile, household, needs, services, referrals, and any other Client data you may require), following up on referrals, and running reports in a timely manner.
- 11.4.9. The CHO shall have representation at agency administrators/regional data quality review meetings.
- 11.4.10. The CHO shall collect data on all clients as called out in the Data Element Matrix.
- 11.4.11. CHO Exceptions may include non-homeless CMIS organizations and DV Comparable database organizations. Please contact the System Administrator for information and waiver.

11.5. User Responsibilities:

- 11.5.1. The User shall provide an email contact to the System Administrators for communication purposes.
- 11.5.2. The User shall follow, comply with, and enforce the User Agreement.
- 11.5.3. The User shall comply with all data standards and policies and procedures.
- 11.5.4. Each User is provided with an access level as required by his/her role. This access level controls who can see which information. Lower levels of access allow ONLY viewing of basic demographics, while the middle levels of access allow additional information to be viewed. The

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- highest levels of access are limited to administrators. Confidentiality is a primary concern and these levels of access help control access to information.
- 11.5.5. Every User of the CMIS/HMIS system is authenticated with a unique User ID and password. This provides a level of security and accountability for the CHO's database. Sharing of User IDs or passwords is forbidden.
 - 11.5.6. The User shall only enter individuals in the CMIS/HMIS database that exist as Clients under the Service Provider's approved area of service. The User shall not misrepresent its Client base in the CMIS/HMIS database by entering known, inaccurate information. The User shall not knowingly enter false or misleading data under any circumstances.
 - 11.5.7. The User shall consistently enter information into the CMIS/HMIS database and will strive for Real Time data entry, and be obligated to weekly data entry. A different time frame may be arranged, if justified by program need and approved by the local System Administrator.
 - 11.5.8. The User will not alter information with known inaccurate information in the CMIS/HMIS database that has been entered by another Service Provider (i.e. Service Provider will not purposefully enter inaccurate information to over-ride information entered by another Service Provider).
 - 11.5.9. The User shall utilize the CMIS/HMIS database for business purposes only.
 - 11.5.10. The User shall not use the CMIS/HMIS database with intent to defraud federal, state, or local governments, individuals or entities, or to conduct any illegal activity.
 - 11.5.11. The User shall not cause, in any manner or way, corruption of the CMIS/HMIS database.
 - 11.5.12. In the event that data entry cannot be made Real Time and the User utilizes hard copy paper forms, once the data has been entered into CMIS/HMIS, the forms shall be securely stored or suitably disposed of.
 - 11.5.13. The User shall enter data into CMIS/HMIS
 - 11.5.13.1. Universal Data elements shall be entered on all Clients.
 - 11.5.13.1.1. In addition to the Universal Data elements, all HUD Funded CHO Users, at a minimum, shall also enter the additional data elements required by the Data Standards for all Clients.
 - 11.5.13.1.2. In addition to the Universal Data elements all Non-HUD funded CHO Users, at a minimum, shall also enter funder or program specific data elements as required.
 - 11.5.14. Sharing data is optional but entering data is not optional. An electronic ROI shall be completed for all clients, even if not sharing data.
 - 11.5.15. The User is responsible for data entry accuracy and correctness.
 - 11.5.16. The User shall log off the CMIS/HMIS and shut down the browser when not using CMIS/HMIS.
 - 11.5.17. The User shall utilize the password protected screen savers that automatically turn on to mitigate the burden of shutting down the workstation when momentarily stepping away from the work area.
 - 11.5.18. Report any discrepancies in the use of the PHB CMIS/HMIS system, including, without limitation, access of information and entry of information, to the Service Provider Key User or to the System Administrator.
 - 11.5.19. The User shall periodically, when instructed by the Agency or System Administrator, review data quality reports, making corrections to ensure data accuracy and completeness.
- 11.6. Key User/Agency Administrator Responsibilities:**
- 11.6.1. The Key User/Agency Administrator shall observe all User Responsibilities.
 - 11.6.2. The Key User/Agency Administrator shall use Agency NewsFlash only for distribution of CMIS/HMIS information.
 - 11.6.3. The Key User/Agency Administrator shall act as the first level of Service Provider administration and support in the CMIS/HMIS system.

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- 11.6.4. The Key User/Agency Administrator shall be responsible for the initial training of new Users in his/her Agency.
- 11.6.5. The Key User/Agency Administrator shall regularly run and review audit reports to ensure policies are being followed by staff.
- 11.6.6. The Key User/Agency Administrator will be responsible for monitoring all User access within their own Agency.

11.7. System Administrators Group

- 11.7.1. Is made up of at least 1 representative from each of the lead organizations of the NWSSC CMIS/HMIS and other participant representatives or advocates as invited by the NWSSC Administrators.
- 11.7.2. Review and make recommendations on all NWSSC HMIS documents, attachments, and related forms.
- 11.7.3. Identify and prioritize system enhancements
- 11.7.4. Determine the guiding principles that should underlie the HMIS implementation activities of the project and participating organization and service programs
- 11.7.5. Setting minimum data collection requirements
- 11.7.6. Encourage Continuum-wide provider participation
- 11.7.7. Facilitate consumer involvement
- 11.7.8. Recommend criteria, standards, and parameters for the usage and release of all data collected as part of the HMIS
- 11.7.9. Recommend Continuum-level mechanisms for monitoring and enforcing compliance with the approved policies and procedures
- 11.7.10. Enhance the implementation and operations of the system for service-providers so they can protect the interests and privacy of their clients
- 11.7.11. Enhance and improve the quality of data being reported to various levels throughout the Continuum
- 11.7.12. Create and implement procedures for additional system issues for Participating Agencies.

11.8. ServicePoint Agency Administrator Group

- 11.8.1. Agency Administrator Group will be established for the purpose of addressing implementation and ongoing operational issues.
- 11.8.2. Identify and prioritize system enhancements
- 11.8.3. Providing feedback on system performance
- 11.8.4. Brainstorming the best uses of the HMIS
- 11.8.5. Regularly reviewing compliance with all NWSSC HMIS policies, agreements, and other requirements
- 11.8.6. Reviewing data quality and providing feedback to improve data quality

12. DATA STANDARDS

- 12.1. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 12.2. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 12.3. Community Data Standards (may be revised at the discretion of the NWSSC System Administrator)
- 12.4 Data Quality/Training Plan

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13. DATA EXPECTATIONS

- 13.1. Data will be entered within 5 business days of client contact. Exceptions will be considered by the local System Administrator.
- 13.2. Data will be entered in a timely manner to meet aggregate reporting needs
- 13.3. Data accuracy will be no less than 95% (the file matches data entry)
- 13.4. Universal Data Elements Null/Missing Values will not exceed 5%
- 13.5. Universal Data Elements Refused/Don't Know Values will not exceed 5%
 - 13.5.1. Refused/Don't Know responses are client identified, not the case manager or data entry person's assessment.
- 13.6. No outstanding Corrective Actions from last NWSSC CMIS/HMIS Monitoring

14. REPORTS/DATA SUBMISSIONS

- 14.1 System or Community Wide reporting is done on a regular basis without notification.
- 14.2 The Service Provider/User's access to data about Clients it does not serve shall be limited based on the current status of any release of information on file.
- 14.3 The Data Quality and Training Plan outlines the process by which data quality will be evaluated. It lists the reports that will be pulled on a regular basis, the frequency of the pulls and the responsibility of each player.
- 14.4 The general public can request non-identifying aggregate and statistical data by submitting a data request.
- 14.5 Non- identifying aggregate and statistical data will not contain outliers. Outliers may be removed if they represent less than 5% of any value.
- 14.6 At a minimum, password secure any document that includes client name or other PPI. Do not email the password with the file.
- 14.7 The CMIS/HMIS System Administrator will address all requests for system or community-wide data from entities other than Affiliated Service Providers or clients.
- 14.8 The System Administrator will run system-wide reports to assess the data, quality and level of participation by Affiliated Service Providers. Results of these reports may be shared with Affiliated Service Providers.
- 14.9 The System Administrator may run reports for research use. Information in NWSSC CMIS/HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. Client names and social security numbers will never appear on a research report.

15 PRIVACY REQUIREMENTS

- 15.1 The CHO must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information.
- 15.2 The CHO must publish a privacy notice describing its policies and practices for the processing of PPI and must provide a copy of its privacy notice to any individual upon request.
- 15.3 The CHO must specify in its privacy notice the purposes for which it collects PPI and must describe all uses and disclosures.
- 15.4 If the CHO maintains a public webpage, the CHO must post the current version of its privacy notice on the web page.
- 15.5 The CHO must post a sign stating the availability of its privacy notice to any individual who requests a copy.

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- 15.6 The CHO must maintain permanent documentation of all privacy notice amendments.
- 15.7 The CHO must allow an individual to inspect and to have a copy of any PPI about the individual.
- 15.8 The CHO must offer to explain any information that the individual does not understand.
- 15.9 The CHO must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual, The CHO is not required to remove such information but they may mark such information as inaccurate or incomplete or supplement such information.
- 15.10 The CHO must require each member of its HMIS-licensed staff (including employees, volunteers, affiliates, contractors, and associates) to sign a User Agreement annually that includes information from the privacy notice and that pledges to comply with the privacy notice.
- 15.11 The CHO must require each member of its HMIS-licensed staff (including employees, volunteers, affiliates, contractors and associates) to undergo (annually or otherwise) formal training in privacy requirements.
- 15.12 The CHO must establish a method, such as an internal audit, for regularly reviewing compliance with its privacy notice.
- 15.13 The CHO must establish an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of denial of access or correction rights.
- 15.14 The CHO must protect CMIS/HMIS system from malicious intrusion behind a secure firewall.
- 15.15 The CHO must secure any paper or other hard copy containing PPI that is either generated by or for CMIS/HMIS, including, but not limited to report, data entry forms and signed consent forms.

**Housing Authority of Clackamas County
2015 Administrative Plan**

Note: HACC has preferences for domestic violence (DV) survivors, Bridges to Housing (B2H) clients and transitional housing (TH) clients that are either homeless or coming out of homelessness.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that HACC will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits HACC to establish other local preferences, at its discretion. Any local preferences established must be consistent with HACC's plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

Those families that qualify for a preference will be placed on the waiting list above those families who do not qualify for a preference. The waiting list will be ordered by date and time of receipt of application, separated into three sections. The first section will be those families eligible for a preference as described below as 1-12 and will be maintained by time and date received. Preference will be given to elderly, disabled, or displaced single person families over other single person families. The waiting list will always remain open for those applicants who qualify for preferences 1-12 below. Vouchers will only be issued to those preference families who have not left any type of subsidized housing in bad standing in the last 5 years, do not owe money to any PHA or have any Public Housing or have HCV program violations that would otherwise exclude them from the program. All preferences will carry the same weight and they will not be aggregated.

HACC preferences are as follows:

HACC Policy

1. Any family that has had their voucher rescinded or has been terminated from the HACC HCV program due to insufficient program funding.
2. HACC Public Housing Families who are under housed or in need of reasonable accommodation that Public Housing cannot accommodate.
3. Eligible families displaced from Housing Authority owned units due to rehabilitation work.
4. Other eligible families displaced by the Housing Authority due to the acquisition or sale of property.

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

6. Families eligible for 10 vouchers dedicated to referrals from the Bridges to Housing Program and have met the Bridges to Housing Programs participation requirements for at least 6 months and must be in the program at time of voucher issue.

7. Families eligible for a maximum of 15 dedicated vouchers per fiscal year (FY) (July 1st to June 30th) for referrals from an HACC identified transitional housing program for homeless families within Clackamas County that offer one-on-one case management for not less than 6 months following the family's exit from the transitional program, who have completed a RentWell or equivalent program, and meet the HACC screening criteria. Vouchers will be distributed in a first come, first served order with no more than 15 vouchers given to transitional housing graduates during the fiscal year. Unused Transitional Housing Vouchers do not carry over to the next fiscal year. To qualify as a transitional housing program, the program must serve Clackamas County homeless families; provide assigned one-on-one case management while in transitional housing, provide six months of follow-up case management upon leaving the facility and offer not less than one year of assistance with housing-related issues.

8. Eligible Clackamas County families who have been displaced from their homes by a natural disaster as declared by the Federal, State or County government who have not been eligible for long term assistance including but not limited to federal assistance such as Federal Emergency Management Agency (FEMA), State or local government assistance, insurance settlements, or the like, and who face long term homelessness. Those families seeking any compensation or settlement that may come in the future may not apply until all legal recourse has been resolved.

Families receiving temporary assistance such as motel vouchers may apply if no other legal negotiation for compensation is under consideration. This preference is limited to 20 Families in a fiscal year (July 1st to June 30th) unless new vouchers are granted to cover a particular natural disaster. If at the time more families meet this preference than there are slots available, families will be selected within the preference category based on the date and time of their application to the Housing Authority for housing assistance. Unused Disaster Vouchers do not carry over to the next fiscal year.

9. No more than 20 Families within a fiscal year (July 1st to June 30th) who have been referred by Clackamas Women Services Shelter (CWSS), Northwest Housing Alternatives (NHA), Los Niños Cuentan, or other pre-approved HACC domestic violence professional counseling organization and/or shelter, and are identified as victims of domestic within the last 12 months and who have identified the abuser and who continue to be in counseling or case management through the referring agency or other professionally recognized counseling organization. Persons identified as the abuser cannot be a member of the applicant household. Anyone receiving this preference must not allow the abuser to become a member of the assisted household and they must sign a certification to this effect. A violation of this certification will be grounds for termination of rental assistance. The domestic violence program or shelter must serve Clackamas County homeless families; provide assigned one-on-one case management to the victim while in emergency or temporary housing; provide six months of follow-up

case management upon victim leaving the facility and offer not less than one year of assistance with housing-related issues. Applicants will be served on a first come, first served basis.

10. This preference applies to residents of HACC owned local projects that have to be relocated due to a change in the population to be served at the units, rehabilitation, or sell of units. Residents who qualify may be given a voucher for relocation purposes.

DECLARATION OF ROLES AND RESPONSIBILITIES FOR
HMIS IMPLEMENTATION, OPERATIONS and OVERSIGHT
2013-2014 AGREEMENT

Names of Parties Referenced Below:

- Clackamas County Continuum of Care, hereinafter referred to as **CoC**.
- Clackamas County Department of Health, Housing and Human Services, Community Development Division, hereinafter referred to as **CD**.

Recitals:

- The CoC is the primary decision making body for HUD-funded programs for homeless people in Clackamas County, Oregon.
- The CoC has determined that CD will be the CoC Collaborative Applicant as well as the HMIS Lead Organization.
- The U.S. Department of Housing and Urban Development requires all recipients of HUD CoC and ESG funds to participate in a Homeless Management Information System (HMIS).
- HMIS is a community-wide computer software application that is designed to capture client-level information including the characteristics of men, women, and children experiencing homelessness and the housing/services provided to them.
- CoC has chosen Bowman Systems LLC's ServicePoint application as the HMIS product it will use.
- CoC has determined that its HMIS Lead Organization will be CD.
- CD has entered into a contract with the City of Portland's Housing Bureau (PHB). This contract enables the Clackamas CoC to participate in a regional HMIS implementation directed by PHB using the ServicePoint application.

Responsibilities of CoC:

- Oversight of the HMIS in Clackamas County.
- Designation of a CoC Oversight Committee to track HMIS implementation and progress.
- Requiring all HUD CoC and ESG grantees to participate fully in HMIS. The exception to this will be domestic violence programs that will be required to use a comparable data system.
- Oversight of the HMIS Data Quality protocol.
- Ensuring accurate data reporting in the CoC Application utilizing HMIS data.
- Reviewing, revising, and approving all HMIS policies and plans.
- Participation in the development and implantation of HMIS use in a Coordinated Assessment/Intake system.
- Ensuring that the HMIS HUD grant is included in the CoC's Priority List in the annual Continuum of Care Application submission to HUD.

- Requiring successful participation in the Annual Homeless Assessment Report (AHAR) starting in the 2007/2008 federal fiscal year and the AHAR Veterans Addendum starting in 2008/2009 federal fiscal year.
- Requiring annual successful participation in HUD's HDX (Homeless Data Exchange) for Housing Inventory and Point-in-Time homeless count data starting in 2010.

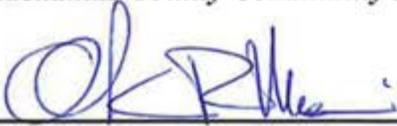
Responsibilities of CD as HMIS Lead Organization:

- Function as System Administrator for the HMIS in Clackamas County.
- Provide group and individual training to HMIS users in Clackamas County.
- Provide individualized technical assistance to HMIS Agency Administrators in Clackamas County.
- Ensure system-wide notification and training for ServicePoint upgrades.
- Ensure system-wide notification and training for HUD implementation of
 1. Programs with new data collection protocols;
 2. Changes in HMIS Data and Technical Standards;
 3. New reporting requirements.
- Assist CoC grantees with specialized reporting needs.
- Provide tools, guidance, and review for APRs prepared by HUD CoC grantees.
- Develop and implement a CoC Data Quality Plan.
- Develop and implement an HMIS Privacy and Security Plan.
- Monitor and promote good data quality using the CoC's Data Quality Plan; provide auditing and technical assistance as needed.
- Assist in developing and staffing the CoC HMIS Oversight Team.
- Recommend continuum-level mechanisms for monitoring compliance with approved HMIS policies and procedures.
- Develop performance measure recommendations for CoC annual program review.
- Ensure that HUD HMIS performance benchmarks are included in the CoC's annual program review.
- Generate data necessary for CoC Exhibit 1 Application and assist in completing appropriate sections.
- Produce quality AHAR data, starting in the 2007/2008 federal fiscal year, including the AHAR Veterans Addendum starting in the 2008/2009 federal fiscal year.
- Function as the Clackamas CoC's liaison to the State-wide HMIS Implementation effort.
- Ensure compliance with the Portland Housing Bureau's HMIS IGA with Clackamas County.
- Participate in the state-wide HMIS system administrators' work group lead by Portland Housing Bureau.
- Collaborate with CD CoC Lead staff on CoC data needs.
- Take lead on HMIS program expansion as new programs and activities (i.e. Homeless Street Count) are folded in.
- Provide grant administration functions for the CoC's HMIS HUD grants:
 1. Prepare annual renewal grants;
 2. Identify and secure grant match;
 3. Track grant expenditures throughout the project year;
 4. Ensure quarterly drawdown of HMIS grant funds;
 5. Prepare and submit to HUD the Annual Progress Report for the HMIS grants;
 6. Participate in field office monitoring.

Responsibilities of CD as COC Lead Organization portion removed

Revised 7-23-13

Clackamas County Community Development Division HMIS Agreement Review Certification:



Date 7/30/13

Chuck Robbins
Director
Clackamas County Community Development Division

Clackamas County Continuum of Care HMIS Agreement Review Certification:



Date 7/25/13

Tom Mitchell
CoC Co-Chair
Executive Director
The Inn Home



Date 7.30.13

Erika Silver
CoC Co-Chair
Program Manager
Clackamas County Social Services

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1. SERVICEPOINT: CMIS/HMIS SYSTEM

Client Management Information System (CMIS)/Homeless Management Information System (HMIS) is a locally administered electronic data collection system that stores longitudinal person-level information about persons who access the service system.

City of Portland, Portland Housing Bureau (PHB) has instituted the use of ServicePoint as the CMIS/HMIS system in response to Congressional Directive and U.S. Department of Housing and Urban Development (HUD) support for Homeless Management Information Systems (HMIS).

ServicePoint (trademarked and copyrighted by Bowman Systems) is a web based Client Information System that provides standardized assessment of a Client’s needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum, and develop outcome measurements.

For more information regarding Client/Homeless Management Information Systems (CMIS/HMIS) Policy and Procedures, please contact the CMIS/HMIS System Administrator.

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2. PROJECT OVERVIEW

NW Social Service Connections (NWSSC) is the administrative entity that governs a multi-Continuum of Care implementation of CMIS/HMIS used to record and share information among service-providers on services provided to homeless and near homeless Clients.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the system. NWSSC is a collaboration of multiple Continuums of Care and Service System Partnerships in accordance with PHB intergovernmental Agreements or Memorandums of Understanding.

The NWSSC System Administrators are ServicePoint dedicated program staffs from PHB. Additionally, each of the Continuums of Care or Service System Partnerships have identified staff functioning as ServicePoint System Administrators for their respective jurisdictions.

3. CONTACT INFORMATION

Clackamas County Community Development
Public Services Building, 2nd Floor
2051 Kaen Rd.,
Oregon City, OR 97045
<http://www.clackamas.us/communitydevelopment>

System Administrator
Margie James
503-650-5663
mjames@co.clackamas.or.us

Portland Housing Bureau
421 SW 6th Avenue, Suite 500
Portland, OR 97204
<http://www.portlandonline.com/PHB/>

NWSSC Program Manager/System Administrator
Wendy Smith
503-823-2386
wendy.smith@portlandoregon.gov

4. PURPOSE

This document is to define the general requirements and provide an overview of the CMIS/HMIS System.

5. SCOPE

These Policies and Procedures apply to ALL Persons or Organizations, using any portion of the CMIS/HMIS system.

6. GOVERNING PRINCIPLES

- 6.1. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the Final Revised HMIS Data Standards; March 2010
(<http://www.hmis.info/ClassicAsp/documents/Final%20HMIS%20Data%20Standards-Revised%203.pdf>) and the Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice; Notice
(<http://www.hmis.info/ClassicAsp/documents/HUD%20Data%20and%20Technical%20Standards.pdf>)
- 6.2. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.
- 6.3. All information entered into the CMIS/HMIS system, the Service Providers, Participants, their respective staff, and end users are bound by all applicable federal and state confidentiality regulations and laws

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that protect the Client records that will be placed on the HMIS system, in accordance with the Participation Agreement.

- 6.4. Clients may not be denied access to their own records. Clients have the right to see their information on ServicePoint, within the time frame specified in the Privacy Notice to Clients. If a Client requests, the Participant/User must review the information with the client.
- 6.5. Bowman Internet Systems will host our implementation of ServicePoint; all Client information in ServicePoint is encrypted.
- 6.6. Confidentiality
 - 6.6.1. The rights and privileges of clients are crucial to the success of CMIS/HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.
 - 6.6.2. Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests.
- 6.7. Data Integrity
 - 6.7.1. Client data is the most valuable and sensitive asset of CMIS/HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.
- 6.8. System Availability
 - 6.8.1. The availability of a centralized data repository is necessary to achieve the ultimate system/community-wide aggregation of unduplicated statistics. The System Administrators are responsible for ensuring the broadest deployment and availability for participating service providers.
- 6.9. Compliance
 - 6.9.1. Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

7. DEFINITIONS

- 7.1. Refer to Homeless Management Information System (HMIS) Data Standards- Revised Notice – March 2010 Section 1.4 Definitions for terms used throughout the notice and applicable to CMIS/HMIS.
- 7.2. Refer to CMIS/HMIS Community Data Standards Section 2.
- 7.3. Refer to funder or program documentation for terms used by those funders or programs.

8. EQUIPMENT, MATERIALS AND SUPPLIES

- 8.1. Participating Agencies are responsible for providing their own technical support for all Hardware and Software systems used to connect to CMIS/HMIS.
- 8.2. Computer Workstation (PC, Personal Computer)
 - 8.2.1. Minimum hardware and software requirements for workstations (subject to change).
 - 8.2.1.1. Computer: PC with a 2 Gigahertz or higher processor
 - 8.2.1.2. 40GB Hard Drive
 - 8.2.1.3. 512 MB RAM
 - 8.2.1.4. Microsoft Windows 2000 or XP
 - 8.2.1.5. Browser: Most recent version of Microsoft Internet Explorer or Firefox
 - 8.2.1.6. Connectivity: Minimum - 56 Kbps | Optimal – 128 Kbps – 1.5 mps

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9. FORMS and DOCUMENTS (incorporated by addendum and subject to change)

HMIS Participation Agreement

HMIS Policy and Procedure *which includes the following attachments*

attachment 1	Community Data Standards
attachment 1a	Data Expectations and Exceptions
attachment 2	HMIS and HIPAA
attachment 3	User Agreement
attachment 3a	User Agreement – Special User
attachment 4	Remote Access Policy
attachment 4a	Remote Access Policy Agreement
attachment 5	Notice to Clients of Uses Disclosure
attachment 5a	Notice to Clients of Uses Disclosure for Posting
attachment 6	HMIS Data Quality Training Plan
attachment 7	Business Associates Agreement (Behavioral Health)
attachment 7a	Security Addendum to Business Associates Agreement (Behavioral Health)

10. CONFIDENTIALITY & SECURITY

- 10.1. CMIS/HMIS System administrators have full and complete access to all ServicePoint features and functions for their respective jurisdictions. If it is requested, the CMIS/HMIS system administrator must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 10.2. For all information entered in the CMIS/HMIS system the Service Providers, Users, and Agencies are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the CMIS/HMIS system.
- 10.3. CMIS/HMIS Service Providers have a primary duty to protect the confidentiality and security of client records. If a Service Provider using the CMIS/HMIS system receives a request to release client level information, the Service Provider must verify that a current hard copy Release of Information form is on file. The Release of Information form must be signed by the client or authorized client representative and include all specific parties to whom the information may be released. A general release of all client information is prohibited.

In the event the request is in the form of a subpoena, the Service Provider shall immediately notify the local System Administrator, who in turn shall immediately notify the NWSSC Project Director/System Administrator for assistance. This includes a review of the validity of the request and obtaining only the information identified in the request. Hard copy releases are not required in the event a valid subpoena is received.
- 10.4. The Service Provider shall ensure that all staff, volunteers and other persons are issued a unique User ID and password for CMIS/HMIS and receive confidentiality training on the use of CMIS/HMIS and applicable confidentiality laws.
 - 10.4.1. The Service Provider is responsible to contact the Agency or System Administrator for revoking, adding or editing User access in a timely manner.
- 10.5. Unauthorized disclosure of Protected Personal Information may be grounds for legal action.
- 10.6. Sharing of CMIS/HMIS data among Affiliated Service Providers is encouraged but not required. The CMIS/HMIS data items excluded from sharing include medical, legal, case management, case notes, and file attachments, unless specifically released by Client.
- 10.7. HIPAA Privacy Rules take precedence over CMIS/HMIS privacy standards. If an agency is a HIPAA covered agency, they must abide by HIPAA regulations.

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- 10.8. Creating anonymous records may mean that reports will not provide a true unduplicated count and therefore this option should only be used if absolutely necessary. Please contact the System Administrator for other options.
- 10.9. ServicePoint shall only be accessed from the Organization's network, desktops, laptops, and mini-computers.
 - 10.9.1.1. NWSSC System Administrators are allowed to access the database from remote locations for purposes specific to their job. All staff that access the database remotely must meet the standards detailed in the System Security (above) and may only access it for activities directly related to their job. These approved remote locations include:
 - 10.9.1.2. Private Home office to provide system support as needed.
 - 10.9.1.3. Community Agency offices to support agency use of the system.
 - 10.9.1.4. Private Hotel Rooms on secure networks when providing services while in the field.
 - 10.9.1.5. Training Centers when providing services in the field.
- 10.10. Remote Access (In special circumstances access from remote locations may be permitted after application and approval by Agency and System Administrators)
 - 10.10.1. The ServicePoint Remote Access Agreement must be completed and submitted for approval.
 - 10.10.2. The Agency Administrator must review the need for remote access and investigate other options.
 - 10.10.3. If no other valid options are available the Agency Administrator must approve in writing remote access for a user.
 - 10.10.4. Once remote access agreement has been approved and signed by the Agency Administrator, a copy will be filed with the System Administrators for final approval.
 - 10.10.5. Remote Access is subject to change at the NWSSC System Administrator's discretion.
 - 10.10.6. Agency and System Administrators will periodically audit all remote access.
- 10.11. Public Key Infrastructure (PKI)
 - 10.11.1. When a computer is used for ServicePoint, the Service Provider is responsible to contact the System Administrator for the PKI Certificate, password, and installation instructions.
 - 10.11.2. When a computer is no longer used for ServicePoint, the service provider needs to remove the PKI Security Certificate.

11. ROLES AND RESPONSIBILITIES

- 11.1. If it is requested of the CMIS/HMIS system administrators he/she must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 11.2. PHB and the NWSSC System Administrator
 - 11.2.1. Liaison With HUD
 - 11.2.2. Project Staffing
 - 11.2.3. Overall Responsibility For Success Of NWSSC CMIS/HMIS
 - 11.2.4. Creation Of NWSSC Project Forms And Documentation
 - 11.2.5. NWSSC Project Policies And Procedures And Compliance
 - 11.2.6. Keeper Of Signed Memorandums Of Understanding and Intergovernmental Agreements
 - 11.2.7. Procurement/Renewal of Server Software And Licenses
- 11.3. ALL Lead Organizations
 - 11.3.1. Liaison with NWSSC System Administrator
 - 11.3.2. Project Staffing
 - 11.3.3. Creation of Local project Forms and Documentation
 - 11.3.4. Data quality reviews

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- 11.3.4.1. Data Quality
- 11.3.4.2. Data Validity
- 11.3.4.3. Data Completeness
- 11.3.5. Adherence To HUD Data Standards
- 11.3.6. Adherence to Community Data Standards
- 11.3.7. Adherence to Project Data Standards
- 11.3.8. User Administration
 - 11.3.8.1. Manage User Licenses
 - 11.3.8.2. Process User Agreement forms
- 11.3.9. Training
 - 11.3.9.1. Curriculum Development
 - 11.3.9.2. Training Documentation
 - 11.3.9.3. Confidentiality Training
 - 11.3.9.4. Application Training For Agency Administrators and End Users
 - 11.3.9.5. New Provider training
 - 11.3.9.6. Upgrade, enhancement, refresher or other training
- 11.3.10. Outreach/End User Support/Technical Assistance/Password Resets
 - 11.3.10.1. Password Resets require some sort of user Identity verification.
- 11.3.11. Coordinate any application customizations with the NWSSC System Administrator
- 11.3.12. Will use universal naming conventions, in order to better standardize, when creating new assessment questions, sub-assessments, and any other system wide modifications.
- 11.3.13. All Local documentation including P&Ps and agreements must be no less restrictive than NWSSC documents.

11.4. Contributory HMIS Organization (CHO) Responsibilities:

- 11.4.1. The CHO must make available to users a secure system to access ServicePoint, including but not limited to firewall and virus protection.
- 11.4.2. The CHO must be current with all related contracts.
- 11.4.3. The CHO shall follow, comply with and enforce the Agency Agreement.
- 11.4.4. The CHO shall abide by all data standards and all policies and procedures.
- 11.4.5. The CHO shall keep abreast of all ServicePoint updates and policy changes.
- 11.4.6. The CHO shall identify and approve their respective Agency Users.
- 11.4.7. The CHO shall designate one User to be the Agency's Key User/Agency Administrator.
- 11.4.8. The CHO shall be responsible for entering Client data (profile, household, needs, services, referrals, and any other Client data you may require), following up on referrals, and running reports in a timely manner.
- 11.4.9. The CHO shall have representation at agency administrators/regional data quality review meetings.
- 11.4.10. The CHO shall collect data on all clients as called out in the Data Element Matrix.
- 11.4.11. CHO Exceptions may include non-homeless CMIS organizations and DV Comparable database organizations. Please contact the System Administrator for information and waiver.

11.5. User Responsibilities:

- 11.5.1. The User shall provide an email contact to the System Administrators for communication purposes.
- 11.5.2. The User shall follow, comply with, and enforce the User Agreement.
- 11.5.3. The User shall comply with all data standards and policies and procedures.
- 11.5.4. Each User is provided with an access level as required by his/her role. This access level controls who can see which information. Lower levels of access allow ONLY viewing of basic demographics, while the middle levels of access allow additional information to be viewed. The

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highest levels of access are limited to administrators. Confidentiality is a primary concern and these levels of access help control access to information.

- 11.5.5. Every User of the CMIS/HMIS system is authenticated with a unique User ID and password. This provides a level of security and accountability for the CHO's database. Sharing of User IDs or passwords is forbidden.
 - 11.5.6. The User shall only enter individuals in the CMIS/HMIS database that exist as Clients under the Service Provider's approved area of service. The User shall not misrepresent its Client base in the CMIS/HMIS database by entering known, inaccurate information. The User shall not knowingly enter false or misleading data under any circumstances.
 - 11.5.7. The User shall consistently enter information into the CMIS/HMIS database and will strive for Real Time data entry, and be obligated to weekly data entry. A different time frame may be arranged, if justified by program need and approved by the local System Administrator.
 - 11.5.8. The User will not alter information with known inaccurate information in the CMIS/HMIS database that has been entered by another Service Provider (i.e. Service Provider will not purposefully enter inaccurate information to over-ride information entered by another Service Provider).
 - 11.5.9. The User shall utilize the CMIS/HMIS database for business purposes only.
 - 11.5.10. The User shall not use the CMIS/HMIS database with intent to defraud federal, state, or local governments, individuals or entities, or to conduct any illegal activity.
 - 11.5.11. The User shall not cause, in any manner or way, corruption of the CMIS/HMIS database.
 - 11.5.12. In the event that data entry cannot be made Real Time and the User utilizes hard copy paper forms, once the data has been entered into CMIS/HMIS, the forms shall be securely stored or suitably disposed of.
 - 11.5.13. The User shall enter data into CMIS/HMIS
 - 11.5.13.1. Universal Data elements shall be entered on all Clients.
 - 11.5.13.1.1. In addition to the Universal Data elements, all HUD Funded CHO Users, at a minimum, shall also enter the additional data elements required by the Data Standards for all Clients.
 - 11.5.13.1.2. In addition to the Universal Data elements all Non-HUD funded CHO Users, at a minimum, shall also enter funder or program specific data elements as required.
 - 11.5.14. Sharing data is optional but entering data is not optional. An electronic ROI shall be completed for all clients, even if not sharing data.
 - 11.5.15. The User is responsible for data entry accuracy and correctness.
 - 11.5.16. The User shall log off the CMIS/HMIS and shut down the browser when not using CMIS/HMIS.
 - 11.5.17. The User shall utilize the password protected screen savers that automatically turn on to mitigate the burden of shutting down the workstation when momentarily stepping away from the work area.
 - 11.5.18. Report any discrepancies in the use of the PHB CMIS/HMIS system, including, without limitation, access of information and entry of information, to the Service Provider Key User or to the System Administrator.
 - 11.5.19. The User shall periodically, when instructed by the Agency or System Administrator, review data quality reports, making corrections to ensure data accuracy and completeness.
- 11.6. Key User/Agency Administrator Responsibilities:**
- 11.6.1. The Key User/Agency Administrator shall observe all User Responsibilities.
 - 11.6.2. The Key User/Agency Administrator shall use Agency NewsFlash only for distribution of CMIS/HMIS information.
 - 11.6.3. The Key User/Agency Administrator shall act as the first level of Service Provider administration and support in the CMIS/HMIS system.

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- 11.6.4. The Key User/Agency Administrator shall be responsible for the initial training of new Users in his/her Agency.
- 11.6.5. The Key User/Agency Administrator shall regularly run and review audit reports to ensure policies are being followed by staff.
- 11.6.6. The Key User/Agency Administrator will be responsible for monitoring all User access within their own Agency.

11.7. System Administrators Group

- 11.7.1. Is made up of at least 1 representative from each of the lead organizations of the NWSSC CMIS/HMIS and other participant representatives or advocates as invited by the NWSSC Administrators.
- 11.7.2. Review and make recommendations on all NWSSC HMIS documents, attachments, and related forms.
- 11.7.3. Identify and prioritize system enhancements
- 11.7.4. Determine the guiding principles that should underlie the HMIS implementation activities of the project and participating organization and service programs
- 11.7.5. Setting minimum data collection requirements
- 11.7.6. Encourage Continuum-wide provider participation
- 11.7.7. Facilitate consumer involvement
- 11.7.8. Recommend criteria, standards, and parameters for the usage and release of all data collected as part of the HMIS
- 11.7.9. Recommend Continuum-level mechanisms for monitoring and enforcing compliance with the approved policies and procedures
- 11.7.10. Enhance the implementation and operations of the system for service-providers so they can protect the interests and privacy of their clients
- 11.7.11. Enhance and improve the quality of data being reported to various levels throughout the Continuum
- 11.7.12. Create and implement procedures for additional system issues for Participating Agencies.

11.8. ServicePoint Agency Administrator Group

- 11.8.1. Agency Administrator Group will be established for the purpose of addressing implementation and ongoing operational issues.
- 11.8.2. Identify and prioritize system enhancements
- 11.8.3. Providing feedback on system performance
- 11.8.4. Brainstorming the best uses of the HMIS
- 11.8.5. Regularly reviewing compliance with all NWSSC HMIS policies, agreements, and other requirements
- 11.8.6. Reviewing data quality and providing feedback to improve data quality

12. DATA STANDARDS

- 12.1. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 12.2. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 12.3. Community Data Standards (may be revised at the discretion of the NWSSC System Administrator)
- 12.4 Data Quality/Training Plan

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13. DATA EXPECTATIONS

- 13.1. Data will be entered within 5 business days of client contact. Exceptions will be considered by the local System Administrator.
- 13.2. Data will be entered in a timely manner to meet aggregate reporting needs
- 13.3. Data accuracy will be no less than 95% (the file matches data entry)
- 13.4. Universal Data Elements Null/Missing Values will not exceed 5%
- 13.5. Universal Data Elements Refused/Don't Know Values will not exceed 5%
 - 13.5.1. Refused/Don't Know responses are client identified, not the case manager or data entry person's assessment.
- 13.6. No outstanding Corrective Actions from last NWSSC CMIS/HMIS Monitoring

14. REPORTS/DATA SUBMISSIONS

- 14.1 System or Community Wide reporting is done on a regular basis without notification.
- 14.2 The Service Provider/User's access to data about Clients it does not serve shall be limited based on the current status of any release of information on file.
- 14.3 The Data Quality and Training Plan outlines the process by which data quality will be evaluated. It lists the reports that will be pulled on a regular basis, the frequency of the pulls and the responsibility of each player.
- 14.4 The general public can request non-identifying aggregate and statistical data by submitting a data request.
- 14.5 Non- identifying aggregate and statistical data will not contain outliers. Outliers may be removed if they represent less than 5% of any value.
- 14.6 At a minimum, password secure any document that includes client name or other PPI. Do not email the password with the file.
- 14.7 The CMIS/HMIS System Administrator will address all requests for system or community-wide data from entities other than Affiliated Service Providers or clients.
- 14.8 The System Administrator will run system-wide reports to assess the data, quality and level of participation by Affiliated Service Providers. Results of these reports may be shared with Affiliated Service Providers.
- 14.9 The System Administrator may run reports for research use. Information in NWSSC CMIS/HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. Client names and social security numbers will never appear on a research report.

15 PRIVACY REQUIREMENTS

- 15.1 The CHO must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information.
- 15.2 The CHO must publish a privacy notice describing its policies and practices for the processing of PPI and must provide a copy of its privacy notice to any individual upon request.
- 15.3 The CHO must specify in its privacy notice the purposes for which it collects PPI and must describe all uses and disclosures.
- 15.4 If the CHO maintains a public webpage, the CHO must post the current version of its privacy notice on the web page.
- 15.5 The CHO must post a sign stating the availability of its privacy notice to any individual who requests a copy.

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- 15.6 The CHO must maintain permanent documentation of all privacy notice amendments.
- 15.7 The CHO must allow an individual to inspect and to have a copy of any PPI about the individual.
- 15.8 The CHO must offer to explain any information that the individual does not understand.
- 15.9 The CHO must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual, The CHO is not required to remove such information but they may mark such information as inaccurate or incomplete or supplement such information.
- 15.10 The CHO must require each member of its HMIS-licensed staff (including employees, volunteers, affiliates, contractors, and associates) to sign a User Agreement annually that includes information from the privacy notice and that pledges to comply with the privacy notice.
- 15.11 The CHO must require each member of its HMIS-licensed staff (including employees, volunteers, affiliates, contractors and associates) to undergo (annually or otherwise) formal training in privacy requirements.
- 15.12 The CHO must establish a method, such as an internal audit, for regularly reviewing compliance with its privacy notice.
- 15.13 The CHO must establish an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of denial of access or correction rights.
- 15.14 The CHO must protect CMIS/HMIS system from malicious intrusion behind a secure firewall.
- 15.15 The CHO must secure any paper or other hard copy containing PPI that is either generated by or for CMIS/HMIS, including, but not limited to report, data entry forms and signed consent forms.

**Continuum of Care (CoC) and
Emergency Solutions Grant Program (ESG)
2015 Policy Manual**

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Attachments

- A. HUD Homeless Definitions – 4 pages
- B. HUD ESG Quick Reference – 2 pages
- C. HUD Habitability Checklist – 5 pages
- D. HUD CPD Notice 14-012 – 19 pages

Program Overview

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) consolidated three separate homeless assistance programs administered by the U.S. Department of Housing and Urban Development (HUD) under the McKinney-Vento Homeless Assistance Act into a single grant program. The HEARTH Act revised the Emergency Shelter Grants program and renamed the program the **Emergency Solutions Grants (ESG)** program. The HEARTH Act also codified in law the **Continuum of Care (CoC)** planning process that is part of HUD's annual application for funding of programs and services that assist homeless persons.

24 CFR Part 576 Subpart B details the program components and eligible activities of the ESG program. The five components are:

1. Street Outreach
2. Emergency Shelter
3. Homeless Prevention
4. Rapid Re-housing
5. HMIS (Homeless Management Information System)

ESG provider sub-recipients are selected through a Request for Proposals process conducted by Clackamas County Housing and Community Development Division at least every three years.

The Clackamas County Continuum of Care (CoC) is a consortium of individuals and organizations with the common purpose of planning for a housing and services continuum for people who are homeless.

The mission of the Clackamas County CoC is to facilitate the development of a continuum of housing and services that provide sufficient opportunities to significantly mitigate homelessness in Clackamas County, via:

- Full utilization of mainstream resources
- Coordination of service delivery and housing systems
- Systemic agreements and institutional focusing on populations at high risk of homelessness
- Creative cultivation of new resources
- Public awareness to foster a collective sense of responsibility for addressing homelessness

CoC funded providers operate transitional housing, permanent supportive housing and rapid rehousing programs and follow the program rules listed in **CoC Interim Rule 24 CFR Part 578**.

ESG provider sub-recipient contracts also include many ESG program requirements. Each ESG and CoC provider may decide to set standards for their homeless services that

exceed these minimum standards, but will at the very least comply with the following Clackamas County Homeless Services General Standards:

General Standards:

1. COORDINATED ASSESSMENT:

Minimum standards for the coordinated access and assessment system are:

- Once the Continuum of Care has developed and adopted a coordinated assessment system in accordance with HUD's requirements (24 CFR Part 578) all ESG and CoC providers in Clackamas County shall participate in that assessment system.
- Victim services providers are encouraged to provide input in the planning and implementation of the coordinated assessment system, but may choose not to use the Continuum of Care's coordinated assessment system.

2. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS):

Minimum standards for CoC and ESG data are:

- Providers, except for victim service providers, shall utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided under ESG and CoC.
- Victim service providers shall utilize a comparable data system that meets HUD's standards (24 CFR 576.107).
- All providers including victim services providers, shall adhere to the reporting and data quality standards in the current Clackamas County HMIS Policies and Procedures.

3. PERFORMANCE MEASUREMENT

All providers will submit Annual Performance Reports (APRs) to HUD. At least annually all providers will be measured using the following HUD CoC performance measures according to the type of project/service provided:

- a. Ending Chronic Homelessness – Have providers met commitments made to HUD or have any new chronic persons been housed? (permanent housing projects)
- b. Housing Stability – Have participants stayed in or moved to permanent housing? (transitional housing projects)
- c. Jobs and Income Growth – Have participants increased their income? (all projects)
- d. Mainstream Benefits – Have participants gotten access to services? (all projects)
- e. Rapid Re-Housing – Have families been appropriately housed as quickly as possible? (RRH projects)
- f. At least 30% of people exiting shelters go to transitional or permanent housing (shelter providers).

4. EDUCATION OF CHILDREN 24 CFR 578.23 (c) 7

Clackamas County CoC strongly values education, believing that increased educational attainment lowers risk of future homelessness. ESG and CoC programs shall inform parents and unaccompanied youth of their educational rights, take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. Providers and homeless school liaisons coordinate schooling for each school-age child, reducing school migration and connecting students to services.

5. FAMILY UNITY

The CoC and ESG providers of emergency shelter, transitional housing, rapid rehousing and permanent housing serving families shall ensure that no members of a household with children under 18 are denied admission or separated when entering shelter or housing.

6. DEFINITION OF FAMILY

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
- (2) A group of persons residing together, and such group includes, but is not limited to:
 - a. A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 - b. An elderly family;
 - c. A near-elderly family;
 - d. A disabled family;
 - e. A displaced family; and,
 - f. The remaining member of a tenant family.

In general, this definition of “family” applies to both the ESG and CoC Program rules. However, the [McKinney-Vento Act, as amended by the HEARTH Act](#), distinguishes individuals from families. Therefore, paragraph (1) of the definition of family under the Equal Access Rule is considered an individual under the CoC and ESG programs and the definition of family for these programs is defined as follows:

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child

who is temporarily away from the home because of placement in foster care is considered a member of the family.

7. REASONABLE ACCOMMODATIONS

Clackamas County is committed to the equal treatment of all persons, and believes that no eligible individual with disabilities should, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any CoC programs.

All providers will provide **Reasonable Accommodations** to applicants and participants of CoC and ESG Programs. A reasonable accommodation is an agency or program modification or change to its policies or procedures that will assist an eligible person with a disability to attain equal participation in programs.

Providers will assist clients in reviewing and understanding the agency or program Reasonable Accommodation Policy and completing any type of Request for Reasonable Accommodation documentation, as needed.

8. TERMINATION OF ASSISTANCE (24 CFR Part 578.91(a))

Minimum standards for termination of assistance are:

- **In general** – If a program violation occurs and the provider terminates assistance as a result, the termination shall follow an established process that recognizes the rights of the individuals affected. Termination shall only occur in the most severe cases.
- **Program participants receiving rental assistance or housing relocation or stabilization services** – When terminating rental assistance or housing relocation and stabilization services, the required formal process shall minimally consist of:
 - Written notice clearly stating the reasons for termination;
 - A review of the decision that gives the participant opportunity to present objections to the decision maker; and
 - A prompt written final notice.
- **Ability to provide further assistance** – Termination will not bar the provider from providing later additional assistance to the same family or individual.

9. GRIEVANCE PROCESS (24 CFR Part 578.91(b))

All providers shall have a Grievance Process that recognizes the rights of individuals to due process when assistance is terminated. Individuals receiving assistance are informed at entry of the grievance process for that particular provider. The process shall consist of an informal process and a formal process.

Providers will assist clients in reviewing and understanding the agency or program Grievance Process and completing any type of Grievance Process documentation. Under no circumstances shall engaging in a grievance process negatively impact the services provided to the person or household.

10. NONDISCRIMINATION/EQUAL OPPORTUNITY/AFFIRMATIVE

OUTREACH: CoC and ESG providers must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in 24 CFR 578.93(c).

ESG providers minimum standards shall comply with the requirements for nondiscrimination, equal opportunity and affirmative outreach identified in 24 CFR 576.407 (a-b).

Service providers must ascertain the preferred language of participants and make every effort to provide services in the preferred language.

CoC Standards - 24 CFR 578.7(a)(9)

1. Eligibility. The CoC standard for evaluating individuals' and families' eligibility for assistance is to use an intake process that includes a coordinated assessment to determine and document participant eligibility. All CoC providers will follow CoC Program guidelines to establish the client's status as homeless and verify household income eligibility, if applicable. 24 CFR 578.103 and 24 CFR 576.500

2. Transitional Housing. The CoC standard for determining and prioritizing which eligible individuals and families will receive transitional housing: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available transitional housing on a first come first served basis. The determination will be documented in the client file.

3. Rapid Re-housing (RRH). The CoC standard for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance: CoC providers shall use an intake process with the coordinated assessment to prioritize which persons will receive any available Rapid re- housing units on a first come first served basis. The determination will be documented in the client file.

4. Participant share of RRH assistance. The CoC standard for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance: CoC providers shall consider the income information for the last 30 days collected at intake and during the coordinated assessment to determine

the percentage or amount each program participant must pay while receiving assistance. The determination will be documented in the client file. Participants will pay no more than 30% of their household income for rent per 24 CFR 578.77 (c).

5. Permanent Supportive Housing. The CoC standard for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance: CoC providers shall use an intake process with the coordinated assessment to determine and prioritize which persons are best served by placement in any available Permanent Supportive Housing unit. Chronically homeless persons are prioritized for PSH beds in accordance with HUD guidance in CPD Notice 14-012 (Attachment D). The determination will be documented in the client file.

ESG Standards - 24 CFR 576.400 (e):

1. Evaluating Eligibility. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under ESG:

Per 24 CFR 576.401: ESG (sub-recipients) providers must conduct an initial evaluation to determine each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing. All ESG providers will follow federal documentation guidelines to establish the client's status as homeless or at-risk of homeless and their income eligibility. These evaluations must be conducted in accordance with the centralized or coordinated assessment requirements set forth under §576.400(d).

2. Coordination Among Providers. Policies and procedures for coordination among all Clackamas County emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers:

The ESG providers must coordinate and integrate, to the maximum extent practicable, ESG-funded activities with other ending homelessness programs in the area covered by the Continuum of Care or area over which the services are coordinated to provide a strategic, community-wide system to prevent and end homelessness. The list of programs are included in 24 CFR Part 567.400(b)

ESG provider managers and case managers shall participate in Clackamas County Continuum of Care meetings to coordinate services and to discuss ESG policies and procedures. ESG providers receive feedback from other homeless services providers on all services available for low-income and homeless persons including; accessing mainstream services; housing, legal and health care services.

3. Determining and Prioritizing. Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:

ESG-funded providers will be responsible for ensuring that potential participants are served, with provisions for serving eligible households who meet prioritization criteria established through the Continuum of Care using coordinated assessment protocols.

Coordinated assessment tools thoroughly explore a family's or individual's situation and pinpoints their unique housing and service needs. Based upon the coordinated assessment, families and individuals should be referred to the type, level and duration of housing and services most appropriate to their situations and need.

Under homelessness prevention, ESG assistance is available to individuals and families below 30% of Area Median Income (AMI), and are homeless or at risk of becoming homeless.

ESG funds can be used to prevent an individual or family from becoming homeless and regain stability in current housing or other permanent housing. Rapid re-housing funds can be used to assist individuals and families who are literally homeless progress toward permanent housing and achieve housing stability.

- a. Homeless Prevention Households will be re-certified for continued eligibility every 3 months.
- b. Rapid Re-Housing Households will be re-certified annually.

4. Income Determination and Requirements

a) Income Eligibility

There are no income eligibility requirements for receiving street outreach, emergency shelter or transitional housing services and assistance. To qualify for rapid re-housing, an applicant must be at imminent risk of homeless which has no income requirements. However, in order to continue to receive rapid re-housing assistance, clients must have an annual income that does not exceed 30% of AMI at time of re-evaluation. To qualify for homeless

prevention assistance, applicants must have an annual income below 30% AMI at time of intake.

b) Calculating Gross Annual Income

Annual Income is the gross amount of income anticipated to be received by a household during the coming year based on the household's circumstances at the time of program intake and assessment. Annual Income determination is consistent with the Housing Choice Voucher definition of annual Income found at 24 CFR 5.609.

When determining the annual income of a household to establish eligibility for ESG assistance, Providers must count the income of all adults in the household, including nonrelated individuals, within the limitations imposed by 24 CFR 5.609. Not everyone living in the unit is considered a member of the household for the purposes of determining a household's income. Excluded persons include: foster children, foster adults, live-in aides, children of live-in aides and an unborn child. A child subject to a shared-custody agreement should be counted as a household member if the child resides with the household at least 50 percent of the time.

Income generated by an asset, such as the interest on a savings or checking account is considered household income even if the household elects not to receive it. For example, though an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends are still counted as income anticipated to be received during the coming 12 months. Asset income is discussed in 24 CFR 5.609. Income producing assets include: bank accounts; life insurance policies; lump sum additions (legal settlement, refund, etc.); personal property held as investments; retirement/pension funds; trusts; assets disposed of for less than fair market value; and stocks, bonds or mutual funds.

5. STREET OUTREACH STANDARDS

MINIMUM STANDARDS:

Targeting/Engagement:

Providers of Street Outreach services shall focus on unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station airport or camping ground.

Assessment/Service Provision/Referral/Prioritization:

- Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered the following Street Outreach services, as needed and appropriate: engagement, case management, emergency health and mental health, transportation services.
- When appropriate based on the individual’s needs and wishes, the provision of or referral to rapid rehousing services that can quickly assist individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to emergency shelter or transitional housing services.

References: 24 CFR 576.101 and 576.400 e (3) (ii)

6. EMERGENCY SHELTER STANDARDS

MINIMUM STANDARDS:

Admission:

Providers of Emergency Shelter services shall admit individuals and families who meet the HUD definition of “homeless,” as specified in 24 CFR 576.2 (1, 2, 3 & 4) and agencies’ eligibility criteria.

Assessment:

Individuals and families shall be offered an initial need and eligibility assessment and qualifying program participants, including those meeting special population criteria, will be offered Emergency Shelter services, as needed and appropriate.

Prioritization/Diversion/Referral:

When appropriate based on the individual’s needs and wishes, the provision of or referral to Homeless Prevention or Rapid Rehousing services that can quickly assist individuals to maintain or obtain safe, permanent housing shall be prioritized over the provision of Emergency Shelter or Transitional Housing services.

Reassessment:

Program participants will be reassessed as case management progresses, based on the participant needs and goals as well as the individual service provider’s policies.

Discharge/Length of Stay:

Program participants shall be discharged from Emergency Shelter services when they choose to leave or when they have successfully obtained safe, permanent housing. Any Length of Stay limitations shall be determined by the individual service provider’s policies and clearly communicated to program participants.

Safety and Shelter Safeguards for Special Populations:

Safety and Shelter Safeguards shall be determined by the individual Special Population service provider's policies and clearly communicated to program participants.

Reference: 24 CFR 576.102 and 576.400 (e) (iii) and (iv)

7. HOMELESSNESS PREVENTION AND RAPID RE-HOUSING STANDARDS (24 CFR 576.103 and 104)

ELIGIBILITY/PRIORITIZATION:

Minimum standards for determining and prioritizing which eligible families and individuals shall receive homelessness prevention assistance and which eligible families and individuals shall receive rapid rehousing assistance:

Rapid Re-housing (RR) – To be eligible for RR Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, people must:

- Meet the federal criteria under paragraph (1) of the “homeless” definition in 24 CFR 576.2 OR
- Meet the criteria under paragraph (4) of the “homeless” definition in 24 CFR 576.2 and live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition. (See Attachment A).

Homelessness Prevention (HP) – To be eligible for HP Housing Relocation and Stabilization Services and Short-term and Medium-term Rental Assistance, program participants must:

- require HP services to prevent moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in 24 CFR 576.2 (See Attachment A).
- have an annual income below 30% of the median income for the area and:
- meet the federal criteria under the “at risk of homelessness” definition in 24 CFR 576.2 OR
- meet the criteria in paragraph (2), (3) or (4) of the “homeless” definition in 24 CFR 576.2 (See Attachment A).

PARTICIPANT CONTRIBUTION TO RENT:

Minimum standards for determining what percentage or amount of rent and utilities costs each program participant shall pay while receiving homelessness prevention or rapid rehousing assistance:

- Participants shall pay at least 10% but no more than 50% of their adjusted gross income to rent and utilities based on the household income level established upon intake or when re-evaluated. Any additional requirements regarding the

percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies and clearly communicated to program participants.

- Participant's income shall be verified prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in participant's file. This file shall also contain a plan to sustain housing following the assistance, including either a plan to increase income or decrease expenses or both. 24 CFR 576.400 (e) (vii)

RENTAL ASSISTANCE DURATION AND ADJUSTMENT (24 CFR 576.105):

Minimum standards for determining how long a particular program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time:

- Participants receive approval for the minimum amount of financial assistance necessary to prevent the current episode homelessness. If short-term (1-3 months) or medium-term (4-12 months) is determined to be needed, documentation of financial need shall be kept in the participant's file for each month of financial assistance received. Participants shall not be approved for more rental assistance than can be justified given their income and expenses at a given time.
- Any additional requirements regarding how long a program participant shall be provided with rental assistance and whether and how the amount of that assistance shall be adjusted over time shall be determined by the individual service provider's policies and clearly communicated to program participants.

SERVICE TYPE, AMOUNT & DURATION:

Per 24 CFR 576.400 e (viii) the minimum standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant:

Financial Assistance:

No Use with other subsidies – Payment for Financial Assistance costs shall not be provided to a participant who is receiving the same type of financial assistance through other public sources or to a participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.

Rental application fees – Payment shall only be made for fees charged by the owner to all applicants.

Security deposits – Payment shall not exceed two (2) month's rent.

Last month's rent – Payment shall not exceed one (1) month's rent and shall be included in calculating the participant's total rental assistance.

Utility deposits – Payment shall only be made for gas, electric, water and sewage deposits.

Utility payments:

- Payment shall not exceed 24 months per participant, including no more than 6 months of utility payments in arrears, per service.
- A partial payment counts as 1 month.
- Payment shall only be made if the utility account is in the name of the participant or a member of the same household.
- Payment shall only be made for gas, electric, water and sewage costs.
- Participants shall not receive more than 24 months of utility assistance within any 3-year period.

Moving costs – Payment shall only be made for temporary storage fees accrued after the date the participant begins receiving housing relocation and stabilization services and prior to the date the participant moves into permanent housing. Payment shall not be made for storage fees in arrears.

Housing Relocation and Stabilization Services (24 CFR 576.105 and 576.400 e (ix)):

Housing search and placement services – Payment shall only be made for assisting participants to locate, obtain and retain suitable permanent housing through provision of the following services:

- Assessment of housing barriers, needs and preferences
- Development of an action plan for locating housing
- Housing search
- Outreach to and negotiation with owners
- Assistance with submitting rental applications and understanding leases
- Assessment of housing for compliance with ESG requirements for habitability, lead-based paint and rent reasonableness
- Assistance with obtaining utilities and making moving arrangements
- Tenant counseling

Payment for housing search and placement services shall not exceed 24 months during any 3-year period.

Housing stability case management – Payment shall only be made for assessing, arranging, coordinating and monitoring the delivery of individualized services to facilitate housing stability for a participant who resides in permanent housing or to assist a participant in overcoming immediate barriers to obtaining housing through provision of the following services:

- Using the centralized or coordinated assessment system
- Conducting the initial evaluation, including verifying and documenting participant eligibility
- Counseling

- Developing, securing and coordinating services and obtaining Federal, State and local benefits
- Monitoring and evaluating participant progress
- Providing information and referral to other providers
- Developing an individualized housing and service plan
- Conducting re-evaluations

Payment for housing stability case management services provided while the participant is seeking permanent housing shall not exceed 30 days.

Payment for housing stability case management services provided while the participant is living in permanent housing shall not exceed 24 months.

Mediation – Payment shall only be made for the cost of mediation between the participant and the owner or person with whom the participant is living, if it is necessary to prevent the participant from losing the permanent housing where he/she resides. Payment for mediation services shall not exceed 24 months during any 3-year period.

Legal services – Payment shall only be made for the cost of legal services, if they are necessary to resolve a legal problem that prohibits the participant from obtaining permanent housing or will likely result in the participant losing the permanent housing where he/she resides. Payment for legal services shall not exceed 24 months during any 3-year period.

Credit repair – Payment shall only be made for the cost of assisting the participant in obtaining skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. Payment will not be made for a debt or modification of a debt. Payment for credit repair services shall not exceed 24 months during any 3-year period.

- **Rental Assistance (24 CFR 576.106):** Payment shall not exceed 24 months total during a 3-year period in tenant-based or project-based housing.
- Payment for short-term rental assistance shall not exceed 3 months.
- Payment for medium-term rental assistance shall be for more than 3 months, but shall not exceed 24 months.
- Payment for rent arrears shall not exceed 6 months and shall be a one-time payment, including any late fees.
- Except for a one-time payment of rental arrears on the participant's portion, payment shall not be provided to a participant who is receiving tenant-based rental assistance or living in a unit receiving project-based assistance or to a

- participant who has been provided with replacement housing payments under the URA, during the period of time covered by the URA payments.
- Payment shall not exceed the Fair Market Rent established by HUD per 24 CFR 888 and shall comply with HUD's standard of rent reasonableness detailed in 24 CFR 982.507.
 - Calculation of the rental payment amount shall only include monthly rent for the unit, any occupancy fees under the lease (except for pet and late fees) and if the participant pays separately for utilities, the monthly utility allowance established by the public housing authority for the area in which the housing is located.
 - Payment for shall only be made when there is a rental assistance agreement between the agency and the owner, which sets forth the terms under which rental assistance will be provided, including the prior requirements; a requirement that the owner provide the subrecipient with a copy of any notice to vacate given to the participant or any complaint used to commence an eviction action; and the same payment due date, grace period and late payment penalty requirement as the participant's lease.
 - Payment of any late payment penalties incurred by the agency shall not be claimed for reimbursement by ESG.
 - Payment shall only be made when there is a legally binding, written lease for the rental unit between the participant and the owner, except for payment of rental arrears.
 - The rental unit must meet minimum habitability standards per 24 CFR 576.403. See Attachment C.

Tenant-Based Rental Assistance

The rental assistance agreement with the unit owner shall be terminated without further payment if:

- The participant moves out of the unit
- The lease terminates and is not renewed
- The participant becomes ineligible to receive ESG rental assistance

Project-Based Rental Assistance

Payment shall only be made under the following conditions:

- The lease has an initial term of one year
- The rental assistance agreement covers one or more permanent housing units in the same building
- Each unit covered by the agreement is only occupied by participants

- Payment of no more than 100% of the first month's rent will be made for that month, if the participant signs a lease and moves into the unit before the end of that first month of occupancy.

Any additional requirements regarding the type, amount, and duration of housing stabilization and/or relocation services that will be provided to a program participant, including any limitations shall be determined by the individual service provider's policies and clearly communicated to program participants.

RE-EVALUATIONS:

Minimum standards for completing eligibility re-evaluations of individuals and families:

Timing:

- Homelessness Prevention – participants shall be re-evaluated not less than once every three months
- Rapid Rehousing – participants shall be re-evaluated not less than once annually

Eligibility:

- To remain eligible, the participant shall have an annual income that is 30 percent of median family income for the area or less, as determined by HUD; **and**
- the participant shall lack sufficient resources and support networks necessary to retain housing without ESG assistance.

End of ESG Standards

FY 2015 Continuum of Care Priority List

Project	Type	Amount of Contract	Homeless Target Subpopulation	Rank
Clackamas Womens Services PSH	PH	\$59,589	Victims of domestic violence	1
Clackamas County HOPE II	PH	\$49,917	Veterans	2
Clackamas County HOPE	PH	\$198,229	Severely mentally ill	3
The Inn - Avalon 2014	PH	\$35,490	Single females w children	4
Central City Concern -Chez Ami	PH	\$235,379	Severely mentally ill	5
Housing Authority of Clackamas County - Shelter + Care (S+C)	PH	\$329,208	Severely mentally ill	6
Northwest Housing Alternatives RRH FY 2013	RRH	\$86,474	Families	7
Clackamas County - Rent Well RRH	RRH	\$110,289	None	8
HMIS	HMIS	\$70,862	n/a	9
NHA RRH Expansion	RRH	\$22,780	Families	10
CWS Transitional Housing Project	TH	\$58,131	Victims of domestic violence	11
Jannsen Transitional Housing	TH	\$73,255	Families	12

Jackson	TH	\$62,013	Single Males and Females	13
Tier 2				
HomeSafe 2013	TH	\$106,586	Youth	14- T2
Springwater 2013	TH	\$162,912	Youth	15-T2
Clackamas County – Coordinated Assessment		\$31,328		16-T2
Bonus Project Housing Our Heros	PH	\$254,000	Veterans	17 – T2

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Sirois, Mark

From: Sirois, Mark
Sent: Monday, October 26, 2015 4:22 PM
To: Mark Sirois (MarkSir@co.clackamas.or.us)
Subject: CoC re-application Priority list

CoC Members:

This year we have a Bonus project application and a new project created through re-allocating funds.

The CoC renewal Application project priority list has been posted at this website:
<http://www.clackamas.us/communitydevelopment/meetings/2015priority.html>

The Steering Committee meeting minutes and ranking process are also posted here:
<http://www.clackamas.us/communitydevelopment/cchp.html>

We will review as a group on Wednesday 10/28.

Let me know if you have any questions.

*Thanks,
Mark*

Mark Sirois, Clackamas County
Housing and Community Development Division
marksir@clackamas.us
503.650.5664

FY 2015 Continuum of Care Priority List

Project	Type	Amount of Contract	Homeless Target Subpopulation	Rank
Clackamas Womens Services PSH	PH	\$ 59,589.00	Victims of domestic violence	1
Clackamas County HOPE II	PH	\$ 49,917.00	Veterans	2
Clackamas County HOPE	PH	\$ 198,229.00	Severely mentally ill	3
The Inn - Avalon 2014	PH	\$ 35,490.00	Single females w children	4
Central City Concern -Chez Ami Housing Authority of Clackamas County - Shelter + Care (S+C)	PH	\$ 235,379.00	Severely mentally ill	5
Northwest Housing Alternatives RRH FY 2013	RRH	\$ 86,474.00	Families	6
Clackamas County - Rent Well RRH	RRH	\$ 110,289.00	None	7
HMIS	HMIS	\$ 70,862.00	n/a	8
NHA RRH Expansion	RRH	\$ 22,780.00	Families	9
CWS Transitional Housing Project	TH	\$ 58,131.00	Victims of domestic violence	10
Jannsen Transitional Housing	TH	\$ 73,255.00	Families	11
Jackson	TH	\$ 62,013.00	Single Males and Females	12
Tier 2				
HomeSafe 2013	TH	\$ 106,586.00	Youth	13-T2
Springwater 2013	TH	\$ 162,912.00	Youth	14-T2
Clackamas County -Coordinated Assessment		\$ 31,328		15-T2
Bonus Project Housing Our Heros	PH	\$ 254,000.00	Veterans	16-T2