

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The Collaborative Applicant annually monitors CoC and ESG recipients across a range of performance measures broader than (but including) all HUD-established goals. This includes remote monitoring through annual rating and ranking of project performance for housing stability in all housing types and participant acquisition of mainstream benefits and income from employment and other sources at entry, check-up and exit. Monitoring includes project- and CoC-level review of APRs, local housing retention reports and supplemental provider surveys; The CoC supports fair housing goals by assessing equitable access and outcomes across racial and ethnic groups. The CoC remotely monitors performance for ending chronic homelessness and increasing rapid rehousing for families through annual updates to the HIC and PIT. The Collaborative Applicant and recipients with multiple subrecipients conduct additional onsite monitoring for compliance and performance, generally at least once every three years.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The Collaborative Applicant assists recipients to reach HUD-established performance goals by providing recipients with detailed annual performance monitoring scores and recommendations for areas of improvement. The CoC prioritizes recipient access to leveraged flexible local resources that help to improve project outcomes (e.g. eviction prevention resources through the Short Term Rent Assistance program and income and benefits acquisition through the Employment Opportunity Initiative and the Benefits Eligibility Specialists Team). The Coordinating Committee to End Homelessness routinely offers recipients training and technical assistance to promote best practices (e.g. Assertive Engagement, housing first) and knowledge of resources (e.g. Medicaid expansion) that address areas for CoC-wide performance improvement.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The Collaborative Applicant annually assesses CoC- and ESG-funded project capacity to manage their grants in compliance with HUD regulatory and program guidance. Specifically, the Collaborative Applicant reviews all Project Applications, individual project spending, any HUD monitoring findings, and project's program evaluation and improvement activities. Where these sources indicate poor performance or noncompliance with applicable regulations, the Collaborative Applicant requires corrections for compliance and provides individualized technical assistance targeting capacity-building and improvement. The HMIS lead works with projects on a bimonthly basis to review and improve HMIS related-performance. Where projects have multiple subrecipients, most annually monitor subrecipient grant compliance; the Collaborative Applicant works with the HUD field office to identify other projects that may demonstrate poor capacity.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The CoC works with street outreach, emergency shelter, day center and coordinated entry providers to identify people experiencing homelessness and enter them into the HMIS. Through coordinated entry systems, the HMIS lead is piloting reports to track time spent homeless beyond standard reports for average length of time in emergency shelter (currently 31 days) and transitional housing (8 months). Through implementation of the Plan to End Homelessness, the CoC has made policy and resource allocation decisions to minimize time spent homeless: Most former SHP transitional housing programs operated at transition-in-place scattered site leasing projects and converted to rapid rehousing projects under the CoC interim rule; Other locally-funded programs, like the Short Term Rent Assistance program and the Homeless Family System of Care provide shelter-based and mobile outreach workers with flexible rapid rehousing resources to move homeless individuals and families immediately into housing.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

CoC-funded providers routinely use the HMIS to monitor and record episodes of homelessness by program participants that exit rapid rehousing, transitional housing and permanent supportive housing projects through routine follow-up with participants at 3-, 6- and 12-months after program exit. The CoC exceeds CoC-wide goals with 76% of assisted households (from all fund sources) remaining in permanent housing at 12-months after program exit. The CoC offers a range of flexible housing retention funds to help providers stabilize exited households who are found at routine follow-up to face temporary financial crises that would risk their return to homelessness. The CoC annually assesses housing retention outcomes for all projects and provides training and technical assistance to providers that do not meet community-wide outcome standards. The HMIS lead has piloted use of standardized vendor recidivism reports. The CoC may adopt their CoC-wide use once HUD clarifies related data standards.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Several CoC providers conduct regular, ongoing multilingual street outreach to identify and engage unsheltered persons in locations throughout the county. These agencies build relationships with people sleeping outside, most of whom are disabled, and work to engage them in services. The CoC ensures that mobile housing outreach providers have access to rapid rehousing and eviction prevention resources that they can deliver anywhere in the community, meeting wherever is most convenient to homeless individuals and families. Outreach and engagement providers (including local law enforcement) meet routinely in an outreach-focused CoC subcommittee. In addition to active outreach, the continuum supports several day center providers that offer low-barrier food and hygiene resources for unsheltered people. These day centers are increasingly used as engagement sites for coordinated entry and rapid rehousing activities.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

The selected new project applicants routinely engage in the following activities meant to ensure employment and other economic opportunities are directed at low- or very-low income persons: Advertise employment opportunities within the service area through widely available online resources (e.g. Craig's List), in culturally-specific newspapers and websites, at local social service agencies and community colleges, veterans-specific outreach, and targeted social media outreach; One applicant has a policy that favors minority-, women-owned and small businesses for competitive contracts greater than \$25,000.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

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4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	98%
* Homeless assistance providers use a single application form for four or more mainstream programs.	5%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	98%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date: 06/29/2009

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is actively implementing the ACA. Oregon is a national leader in ACA implementation, establishing coordinated care organizations in 2012 and pursuing aggressive Medicaid expansion. Two large CoC-funded providers (Multnomah County and Central City Concern) are member organizations of the region's largest coordinated care organization, Health Share of Oregon, which convened a housing workgroup to integrate housing and health services to improve health outcomes for the highest users of its health care services. The workgroup generated multiple pilot projects with CoC providers to leverage Medicaid-funded supportive services and expand housing access. The state has contracted with multiple CoC-funded providers, including the local housing authority, to expand Medicaid outreach and enrollment for homeless and formerly homeless individuals, and the CoC has offered training for CoC providers regarding Medicaid and private health insurance enrollment via the state's exchange.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (limit 1000 characters)

Historically, the CoC and its funded providers have consistently leveraged mainstream resources to minimize CoC-funded investment in supportive services (only 15% of HUD CoC funds went to supportive services in FY2012), and the CoC continues to maximize leveraged mainstream resources whenever possible. For example, Multnomah County and Home Forward directly align CoC-funded and public housing resources for homeless families with a broad network of antipoverty programs that include case management, life-skills training, employment assistance, and education resources funded through local and private funds, TANF, and the Workforce Investment Board. Primary CoC effort in the next two years will focus on expansion of promising pilots between coordinated care organizations and CoC-funded providers to expand access to primary and behavioral health care and Medicaid payment of supportive housing services.