Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: OR-505 - Oregon Balance of State CoC

1A-2. Collaborative Applicant Name: Community Action Partnership of Oregon (CAPO)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Community Action Partnership of Oregon (CAPO)

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	10
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	2
6.	Disability Service Organization(s)	Yes	2
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	No	
10.	Homeless or Formerly Homeless Person(s)	Yes	3
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	2
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	4
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	3
30.	Street Outreach Team(s)	Yes	8
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	3
36.	Victim Service Provider(s)	Yes	3
37.	Domestic Violence Advocate(s)	Yes	3
38.	Other Victim Service Organization(s)	Yes	3
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	6
42.	Youth Homeless Organization(s)	Yes	6
43.	Youth Service Provider(s)	Yes	6
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC has a formal annual invitation process that involves emailing all partner agencies for them to distribute to their respective regions as well as posting on social media and the CoC webpage. Additionally, the CoC has an open CoC registration process available year-round on the CoC website where it also has a "COC 101" education video along with a "COC 101" PDF. The CoC Sr. Program Manager also travels extensively to all 26 counties and attends town hall and community meetings to invite any interested parties to attend monthly virtual board meetings or to join the CoC. Finally, the CoC sends email communication to all city and county government offices as well as 193 school districts during Point in Time planning to educate the community about the CoC, invite interested parties to attend board meetings, and join the CoC.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The CoC frequently engages with the public through banners and community interest postings on the CoC website, which has a contact option. The CoC also serves as the Homeless Service contact for the State of Oregon and therefore has contact information posted publicly and frequently responds to both phone and email inquiries for the entire state. The CoC Sr. Program Manager travels to all 26 counties within the CoC geography to interact with service agencies, local government, businesses, those experiencing homelessness and the general public in order to invite and create space for all voices to be heard regarding homelessness. The CoC Sr. Program Manager also attends town hall and city council meetings to increase interaction with the general public. Finally, the CoC is licensed to hold viewings of "No Place to Grow Old", which it uses viewing events as a platform to encourage discussion and commentary.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

Alongside the CoC's transparent process to reach agencies that have previously not applied for CoC funding, the CoC Sr. Program Manager seeks out new organizations that are already managing programs and activities that would be eligible for CoC funding. For example, through extensive outreach efforts over the last two years, the CoC was able to add two new agencies as funded projects in 2024, and with increased outreach, expanded that to nine new agencies that applied with the CoC in 2026, including one faith-based organization, two substance use agencies, one new DVSA service provider and three new youth service agencies. The CoC also reached out and held individual conversations with several other organizations providing emergency shelter, youth services, and transitional housing and although they ultimately did not choose to apply this year, the relationship building will continue in the hope of future interest.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

To address system gaps identified via 2024–2026 HMIS and PIT Count data, OR-505 is executing a targeted, multi-population strategy with defined timelines, funding streams, and oversight roles.

PIT/HMIS data highlights a critical need for low-barrier transitional housing and earned income support for the aging adult population. In partnership with Easter Seals Oregon, OR-505 is expanding the Senior Community Service Employment Program (SCSEP) across all 26 rural counties. Data also indicates high youth vulnerability throughout the CoC. OR-505 co-designed a cross-CoC Youth Homelessness Demonstration Program (YHDP) / Youth Homelessness System Improvement (YHSI) initiative with OR-502 and multiple youth service providers across the CoC to expand on the existing framework created through the state Youth Emergency Housing Assistance (YEHA) funding. Outreach data shows that we have an unclear picture of encampments across the CoC and many unknown encampments exist on public land. OR-505 establishes dedicated communication with the National Forest Service (NFS) to deliver street outreach and housing navigation to forest/public land encampments.

As part of its 3-year Strategic Plan, OR-505 has set the following goals which will carry through FY27 into FY2028:
Q2 2027: Execute formal NFS-outreach communication protocols and conduct regular encampment outreach; achieve a 10% increase in unsheltered engagement on public lands by Q4 2027.
Q3 2027: Expand Easter Seals aging adult workforce programming into 75% of CoC rural counties, increasing aging adult participation in regions currently unserved by this program.
Q4 2027: Add 50 Transitional Housing (TH) beds leveraging expanded HUD priorities to transition 65% of participants into permanent housing within 12 months.
Q1 2028: Expand on existing YEHA framework to create a multi-CoC Youth Workgroup with a dedicated Youth Advisory Board.

OR-505 funds CoC activities through the HUD CoC Planning grant and an Oregon Housing and Community Services (OHCS) Capacity Building grant. The CoC will continue to leverage additional state and federal funding sources at the programmatic level to achieve designated CoC goals. The OR-505 Governing Board holds overall policy oversight. The CoC Senior Program Manager directly oversees task execution, NFS/state agency coordination, and cross-CoC collaborative operations.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	27%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

As a rural balance of State CoC that covers 26 mostly rural and frontier counties, substance use treatment can vary greatly across the COC. The CoC has active collaboration with Helping Hands Reentry Outreach Centers in 4 counties (Clatsop, Tillamook, Yamhill, and Lincoln) and Adapt Integrated Health Care in 4 counties (Douglas, Josephine, Coos, and Curry). The CoC also has extensive substance use treatment available in Linn and Benton Counties through Chance Recovery. Through CoC collaborative efforts, neighboring communities and providers can access some services from these providers.

The services provided include a 24-hour detox center, on site emergency shelter with mandatory sobriety requirements in 6 counties, peer to peer counselling, short term transitional housing with mandatory sobriety requirements, and recovery-based counselling and supportive services in 9 counties with additional partnerships with substance use agencies in each of OR-505's 10 geographical regions.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

OR-505 has collaborative partnerships with two agencies that focus on substance use treatment: Adapt Integrated Health Care in Douglas, Josephine, Coos, and Curry counties, and Helping Hands Reentry Outreach Centers in Clatsop, Tillamook, Lincoln, and Yamhill counties. Both agencies have submitted projects for consideration in the 2026 CoC Competition.

Adapt offers both youth and adult outpatient services that include access to residential and detox services, peer support services, group and individual therapy, substance use and mental and behavioral health treatment, preventative health care, wraparound youth services, and functional and integrative psychiatry consultations. Additionally, Adapt works with the corrections system to provide treatment and education for offenders with alcohol and other drug dependency problems including a program within the Douglas County jail that offers Residential Substance Abuse Treatment as a sentencing option.

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Helping Hands offers residential recovery-based services with a focus on peer support and achieving self-sufficiency. They operate not only substance use programs, but low barrier emergency shelter, transitional housing, group counseling and on-site childcare, medical and behavioral health services as well as employment counselling, housing navigation, and individual focused programs to return program participants to self-sufficiency and independence.

OR-505 works with these agencies to assist with data collection and system integration, to increase partnerships across the geography and make connections with housing providers who can offer additional assistance. The CoC also collaborates with these agencies to capture a full picture of substance use disorder and homelessness during the annual Point in Time Count and continues to work with the agencies to grow and develop programs that align with CoC standards and priorities. Additionally, Adapt offers guidance and perspective to the entire CoC through their Substance Use Disorder seat on the CoC Governing Board.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

OR-505 has collaborative partnerships with two agencies that focus on substance use treatment: Adapt Integrated Health Care in Douglas, Josephine, Coos, and Curry counties, and Helping Hands reentry Outreach Centers in Clatsop, Tillamook, Lincoln, and Yamhill counties. Both agencies have submitted projects for consideration in the 2026 CoC Competition. Additionally, the CoC works with CHANCE Recovery in Linn, Benton, and Lincoln counties.

CHANCE Recovery focuses heavily on peer support services, offering counseling, tutoring and education assistance, employment assistance, assistance in obtaining essential documents, and referrals for detox and rehab. They also offer daily assistance for those who are experiencing homelessness and addiction by providing hot meals, showers, laundry services, respite beds, and shelter and transitional housing services. CHANCE holds peer support contracts with all 3 counties they serve.

Helping Hands has a strong peer support model where many current staff members are former program participants who have successfully completed the program and are now self-sufficient. This allows the staff to relate to current program participants while helping them to navigate potential pitfalls and challenges through a trauma informed lens. On average, 75% of program participants successfully graduate to stability and independence after completing the residential recovery program.

Adapt offers peer support, group counselling, and housing and recovery navigation from the perspective of achieving self-sufficiency, stability and independence. Through both residential and outpatient services, program participants work with peers with lived experience to develop individual pathways to successfully navigate their recovery journey without suffering the adverse effects of unnecessary trauma.

OR-505 collaborates with these agencies by offering data collection support, additional training opportunities, such as Case Management Through a Trauma Informed Lens, and coordinates with the street outreach teams during the annual Point in Time Count to ensure that the CoC is capturing an accurate count of those experiencing homelessness.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

OR-505 uses a variety of approaches across the 26-county geography depending on service availability. Most regions have access to behavioral health consultants who provide brief, focused therapy sessions, coordination with medical professionals, integration with housing navigation and stabilization teams, and case conferencing across a variety of resource agencies to ensure that each program participant is given access to a full range of resources and options.

The BOS uses its Coordinated Entry vulnerability assessment to identify people with significant mental health barriers and service needs related to housing stability. The CE Vulnerability Assessment evaluates multiple domains related to behavioral health, functioning, disability, safety, social support, and overall stability. Although not diagnostic, results guide prioritization, engagement, case conferencing, and referrals. Coordinated Entry can be used to connect participants to behavioral health, crisis, and treatment services based on assessment results, preferences, eligibility, and case conferencing.

The CoC uses a “no-wrong-door” approach where agency collaboration allows easy access to the Coordinated Entry system without having to be in a specific location at a specific time. Street Outreach teams in all regions are encouraged to schedule appointments, encourage individuals to enroll in housing and support services, and even begin the coordinated entry process in the field. Once enrolled in services, program staff are trained to observe and document a participant's behaviors and to contact Senior and Disability Services for further support and potential placement in a higher-level care environment if observed behavior becomes concerning.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

OR-505 has a collaborative partnership with Adapt Integrated Health Care in Douglas, Josephine, Coos, and Curry counties. Adapt offers several assistance pathways for serving individuals with mental and substance use disorders who are involved with the criminal justice system.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Adapt offers several assistance pathways for serving individuals with mental and substance use disorders who are involved with the criminal justice system.

Their Jail Diversion Program (JDP) is designed to provide treatment for individuals with a serious mental illness that is thought to be contributing to low level criminal behavior. The goal of JDP is to provide treatment to help avoid or reduce incarceration through appropriate community-based services. Adapt's Aid and Assist program is designed to aid individuals with a mental illness who are involved with the criminal justice system to achieve stabilization and a level of understanding of the charges against them so that they can participate in their own defense. Adapt also works in cooperation with the Oregon Psychiatric Security Review Board to ensure that individuals diagnosed with a mental illness who have committed serious crime receive the necessary services and support to reduce the risk of future criminal behavior.

The Substance Use Disorder seat on the OR-505 Governing Board is held by Gene McVae of Adapt, and both he and Jerry O'Sullivan, the Adapt Chief of Regional Business Operations, give guidance, support and perspective to the CoC staff and Governing Board regarding best practices for serving those with substance use disorder and mental and behavioral health challenges. OR-505 coordinates with Adapt on HMIS data integration, community outreach and cross agency communication and the annual Point in Time Count, as well as offering additional training resources and expanded funding opportunities and supports. Additionally, the CoC utilizes this relationship to advocate for additional support services for those with mental and substance use disorders at the local and state government level.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

OR-505 has a collaborative partnership with Adapt Integrated Health Care in Douglas, Josephine, Coos, and Curry counties. Adapt offers both mobile and walk-in crisis services that work in tandem with emergency response teams. The Mobile Crisis teams are available 24/7 and respond to calls including community members with active suicidal or homicidal ideation, or those at imminent risk of harm to self or others. Adapt also operates a 24-hour crisis hotline.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	75

1C-1g.	**Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.**	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

OR-505 has a standing collaborative relationship with Adapt Integrated Health Care in Douglas, Josephine, Coos and Curry counties and Adapt is the Certified Community Behavioral Health Clinic (CCBHC) for Douglas County. OR-505's Substance Use Governing Board seat is currently held by Gene McVae of Adapt and OR-505 consults with Jerry O'Sullivan, the Chief of regional Business Operations for Adapt.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Both Adapt integrated Health Care and Helping Hands Reentry Outreach Centers operate sober housing and shelter. Both agencies applied for funding in the 2026 CoC competition with Adapt securing a SSO project in Tier One and both Adapt and Helping Hands landing projects in Tier Two for national competition. Adapt offers both adult and youth residential treatments, family reunification programs, adult and youth outpatient services, transitional housing and emergency shelter.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

OR-505 serves as the Homeless Referral contact for the state of Oregon. Through developing strong relationships with community partners across the state, including Adapt and Helping Hands, the CoC staff has the capacity to respond to emergency calls from those in crisis and can provide warm handoffs to agencies that can provide emergency assistance no matter where in the state the individual is located. CoC staff have been able to provide crisis intervention to those fleeing domestic violence, those who have lost housing due to fire and are in need of immediate shelter, those seeking emergency shelter during extreme weather events and even those who are suffering from mental health crisis situations. Through collaborations with a multitude of agencies who provide crisis services like Adapt, the CoC is able to assist with warm handoffs during crisis situations.

Through this collaboration, when receiving inquiries requiring crisis intervention, the CoC is able to immediately refer individuals to the 24-hour crisis hotline or the 24/7 Mobile Crisis team through Adapt, or to emergency shelter services and peer support through Helping Hands. Depending on the location of the individual, OR-505 is able to intervene in cases where those in crisis due to mental health or substance use disorder would enter into homelessness. The CoC also assists in facilitating communication among housing providers like Community Action Agencies and recovery-based agencies including Adapt and Helping Hands to eliminate barriers so that those individuals and families who are ready to move from emergency services to permanent housing have an uninterrupted pathway to achieving stability and self-sufficiency.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$3,183,825
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$1,762,862
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	55%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$440,715
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	69%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	88.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

OR-505 is the Balance of State CoC representing 26 mostly rural counties in Oregon. As such, our geography's ESG grants are administered and serviced by the State of Oregon through Oregon Housing and Community Services (OHCS). OR-505 works with OHCS to review the state and federal requirements for ESG and although the CoC is not directly involved in the monitoring or award process, the CoC is required to approve all ESG activities within the Balance of State and therefore includes ESG standards in regular agency meetings and evaluations. ESG project activities are regularly reviewed by the CoC during regular CoC project monitoring. The majority of ESG recipients within the CoC utilize their ESG funds to support their HMIS staff and processes, and that activity is monitored regularly by the CoC Data Systems Manager.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

OR-505 housing service agencies coordinate with emergency shelter providers through a regionalized, multi-layered system designed to quickly move individuals and families from crisis beds into long-term CoC housing assistance.

Coordination begins through a localized Coordinated Entry (CE) system, where shelter staff serve as primary access points administering standardized vulnerability assessments. Staff enter intake, demographic, and assessment data into a single, shared HMIS database, enabling housing navigators and case managers to track client status in real time and confirm eligibility for Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH).

Utilizing a No-Wrong-Door approach, shelter staff execute warm handoffs to community housing partners, while multi-agency case conferencing leverages By-Name Lists to collaborate with housing, substance use disorder, and behavioral health providers. This ensures clients are matched to appropriate recovery-based programs, transitional housing, or permanent housing solutions. Early intervention by shelter staff minimizes trauma and prioritizes safety for vulnerable populations, including families with children, individuals with disabilities, and survivors fleeing domestic violence, setting them on a clear pathway to long-term housing stability and self-sufficiency.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

OR-505 shares PIT, HIC, HMIS, and SPM data with state partners and local stakeholders, as allowed by law. This information supports planning, resource allocation, and continuous improvement throughout the homelessness response system.

After the data is reviewed and corrected for quality, the BOS publishes PIT data through Tableau. The HMIS team organizes the data by county and includes selected information about demographics and household types. Because every project records client data by county, the BOS can present the annual CoC PIT and HIC counts in a way that is useful to local communities. Oregon uses PIT and HIC data to create an annual statewide report, guide the homelessness response system, and identify where funding is most needed.

Since 2020, the BOS has provided PIT and HIC data to the Homelessness Research & Action Collaborative (HRAC) at Portland State University for Oregon's State Homelessness Annual Report. Each year, the BOS HMIS Team provides combined county-level data from PIT and HIC projects and explains any changes or improvements in methods used for the report. This partnership has helped identify ways to improve PIT and HIC data collection and reporting across Oregon Balance of State counties. HRAC also requests SPM data each year.

Trends in System Performance Measures are reviewed over time and shared with HMIS partner agencies, the CoC Board, HRAC, and OHCS. This information supports coordinated planning and ongoing improvement. The CoC Board also uses the findings to guide community priorities and funding decisions.

In addition to annual HUD reporting, HMIS data is shared locally upon request and reported to OHCS each quarter. Every quarter, statewide shelter program leaders update HIC information for their regions. SO, ES, and TH data are checked for accuracy and submitted to OHCS for the state's Quarterly Program Snapshot. This report explains the impact of homeless services and housing retention programs across Oregon. OHCS also requires HMIS reports for SO, ES, RRH, HP, and HMIS-funded activities. Together, these reporting efforts give state and local stakeholders the information they need for system planning, performance monitoring, and continued improvement of Oregon's homelessness response system.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

OR-505 supports the delivery of Health-Related Social Needs (HRSN) benefits throughout the region. These Oregon Medicaid (OHP) services address nonmedical conditions that have a substantial effect on health and well-being. CoC partner agencies already serve eligible populations, including people who are experiencing or at risk of homelessness; have recently left incarceration; have recently been discharged from an Institution for Mental Disease (IMD); are currently or were formerly involved in child welfare; or are transitioning to dual Medicare and Medicaid eligibility.

Each county within the CoC's geographic area has an agency that delivers HRSN benefits in partnership with nine coordinated care organizations (CCOs): Eastern Oregon CCO (EOCCO), Columbia Pacific CCO, InterCommunity Health Network (IHN-CCO), PacificSource Community Solutions, AllCare CCO, Advanced Health, Umpqua Health Alliance, Yamhill Community Care, and Cascade Health Alliance.

For participating agencies, HRSN creates a framework for integrating HMIS and Coordinated Entry activities with Medicaid-funded supports. Most agencies use HMIS data to identify OHP members experiencing homelessness, document housing needs and system outcomes, connect eligible households with housing stabilization resources, coordinate services with Medicaid plans and community-based organizations, and evaluate whether housing interventions contribute to long-term stability.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Due to the vast 26-county geography of the balance of State CoC, individual regions have independent collaborative relationships with their local WorkSource Oregon office. Through these partnerships, agencies strengthen opportunities for individuals experiencing homelessness to secure necessary training and employment, while also working towards housing stability.

OR-505's Collaborative Applicant, Community Action Partnership of Oregon (CAPO), also houses the Oregon Training Institute (OTI), providing internship opportunities that can allow individuals participating in housing and shelter programs to gain hands-on work experience and transferable job skills through internship referrals.

A newly funded agency, Alternative Youth Activities (AYA), offers trade-based learning opportunities, including aquaponics and woodworking, maintains partnerships with local trade schools, and operates an alternative school that supports youth who benefit from a non-traditional educational environment.

OR-505 has a designated seat on the Governing Board for Workforce Development, ensuring guidance on employment trends, training opportunities, and strategies to improve employment outcomes. The Workforce Development seat is currently held by Kathryn Gerhards with Easter Seals of Oregon, which runs a statewide employment training program for the aging adult population.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Across OR-505's expansive rural and frontier geography, emergency shelter and transportation can be sparse and present a severe barrier to achieving housing stability, which can increase frustration and create hurdles for first responders and law enforcement. CoC street outreach teams actively partner with law enforcement, fire/EMS, hospitals, ODHS, and behavioral health providers to transform potential crisis encounters into positive housing and service engagements.

Street outreach teams operate under a low-barrier, "No-Wrong-Door" Coordinated Entry model, traveling directly to known and secluded encampments to conduct field-based assessments and engage unsheltered individuals where they are. Street outreach works directly with first responders by offering immediate, specialized housing and service options during field interactions. Staff aid with eligibility screening, system navigation, and warm handoffs to divert individuals from emergency rooms or criminal justice involvement into CoC programs, behavioral healthcare, and shelter.

This cross-system collaboration—paired with state shelter investments and expanded regional capacity—has directly contributed to a sustained decline in unsheltered homelessness across OR-505, achieving an 18% decrease in unsheltered individuals between 2024 and 2025, with 2026 data indicating an additional 3% reduction. Additionally, in regions like Douglas County, street outreach teams can aid in connecting first responders and law enforcement to agencies like Adapt Integrated Healthcare, which offers 24/7 crisis intervention.

To align public safety with housing stability, the CoC Governing Board maintains a dedicated Law Enforcement seat. Additionally, the CoC collaborates with local municipalities, elected officials, and law enforcement agencies when drafting local housing and shelter policies to ensure compliance with municipal codes while preserving low-barrier service access.

By serving as a responsive resource for first responders, OR-505 street outreach mitigates strain on local emergency response systems while establishing trust, increasing positive public encounters, and rapidly connecting unsheltered households to long-term CoC housing pathways.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Family and support-network reunification is a prioritized outcome across OR-505 whenever it is safe, appropriate, and aligned with the individual's best interest and personal well-being. Housing, DVSA and youth service providers utilize a trauma-informed, voluntary reunification process that begins at intake, ensuring that reunification pathways are explored for individuals experiencing homelessness.

Upon entering services, participants engage in trauma-informed case management to identify personal goals, evaluate family or support-network dynamics, and address specific barriers to stability. Staff assess the need for behavioral health services, including individual and family counseling, making immediate referrals to qualified community providers.

When family reunification is identified as a viable, safe option, case managers facilitate a step-by-step engagement process with each phase guided by participant readiness and safety. This includes individualized preparation, established mediation agreements, facilitated family/support sessions, and gradual re-engagement.

When returning to a verified, stable living situation in another geographic area is in the participant's best interest, case managers coordinate logistics to ensure a seamless transition. This includes providing direct financial assistance for travel costs (e.g., bus, train, or flight arrangements), coordinating warm handoffs with receiving service providers or support networks in the destination area, and ensuring housing or support plans are fully secured prior to departure.

By combining low-barrier case management, therapeutic support, progressive mediation, financial assistance for travel, and cross-system coordination across geographic regions, individuals are able to achieve greater stability and self-sufficiency.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Many CoC agencies have MOUs and other formal agreements in place with local law enforcement to collaborate regarding diversion programs, unaccompanied youth, DVSA incidents, and behavioral health and substance use interventions. The nature of rural communities is one of multi-system collaboration. In communities where many of the residents, first responders and service staff know one another outside of work, collaborative partnerships are a natural occurrence and most regions in the CoC have strong, established partnerships with local law enforcement and first responders. Across OR-505's expansive rural and frontier geography, emergency shelter and transportation can be sparse and present a severe barrier to achieving housing stability, which can increase frustration and create hurdles for first responders and law enforcement. CoC street outreach teams actively partner with law enforcement, fire/EMS, hospitals, and behavioral health providers to support positive housing and service engagements.

OR-505 mitigates some of these challenges by pairing law enforcement and local public works with street outreach teams to offer shelter, housing navigation, and warm handoffs before or during site clearing, reducing resistance and preventing immediate re-encampment. The CoC uses a proactive approach, working with communities to develop solutions to move individuals and families out of unsheltered homelessness prior to camping on public land by creating additional low-barrier emergency shelter beds, using innovative responses to a lack of housing or shelter inventory and utilizing limited resources, such as peer-to-peer support in regions where appropriate staffing can be challenging. Also, by allowing all service providers to be Coordinated Entry access points, it is easier to engage with those experiencing unsheltered homelessness in encampments because it eliminates transportation barriers and engages the individual where they are at.

Street outreach teams operate under a No-Wrong-Door model, traveling directly to known and secluded encampments to conduct on-site assessments and engage unsheltered individuals where they are. Street outreach works directly with first responders by offering immediate housing and service options during field interactions. Staff aid with eligibility screening, system navigation, and warm handoffs to divert individuals from criminal justice involvement into CoC programs, behavioral healthcare, and shelter.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Due to the vast nature of the Oregon Balance of State geography (26 counties that make up 87.6% of the state), there are numerous local ordinances that can both aid and hinder attempts to clear encampments or lessen camping on public land. However, there are also several state ordinances that affect the entire CoC geography.

House Bill 3115 requires all local ordinances regulating sitting, lying, sleeping, or keeping warm and dry on public property to be "objectively reasonable". Cities and counties cannot impose bans on camping on all public property unless sufficient alternative shelter beds are actively available. House Bill 3124 requires public agencies to provide 72-hour advance written notice before removing an established homeless campsite on public property. Additionally, local municipalities can face an additional burden due to personal property storage laws which require local jurisdictions to store unclaimed personal property (e.g., tents, sleeping bags, identification, medication) for a minimum of 30 days and provide a process for individuals to retrieve their belongings.

In contrast, some local ordinances assist in encampment management. Municipalities are legally permitted to restrict camping in specific public zones (e.g., near schools, critical infrastructure, etc.) and mandatory 72-hour notice requirements can be bypassed under state law if a health or safety hazard exists.

OR-505 mitigates some of these restrictions by pairing law enforcement and / or local public works with street outreach teams to offer shelter, housing navigation, and warm handoffs before or during site clearing, reducing resistance and preventing immediate re-encampment. The CoC prefers a proactive approach, working with communities to develop solutions to move individuals and families out of unsheltered homelessness prior to camping on public land by creating additional low-barrier emergency shelter beds, considering creative responses to a lack of housing or shelter inventory and utilizing limited resources, such as peer-to-peer support in regions where appropriate staffing can be challenging. Also, by allowing all service providers to be Coordinated Entry access points, it is easier to engage with those experiencing unsheltered homelessness in encampments because it eliminates transportation barriers and engages the individual where they are at.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

OR-505 is the Balance of State for Oregon and covers 26 mostly rural and frontier counties, making up 87.6% of the total state geography, but only 26.4% of the state population, nearly half of the population residing in only 6 of the 26 counties. This creates a unique environment where encampments exist in a multitude of unpopulated public space that is not easily accessible to service providers. Therefore, an accurate assessment of encampments in OR-505 geography does not exist. The data submitted reflects known encampments and estimated populations, but it is not a complete picture of the state of encampments in OR-505. A clear definition of what entails an official encampment is also lacking, and so it is currently difficult to differentiate between an official encampment and those experiencing unsheltered homelessness for data collection purposes.

Specific encampment data has not been officially measured up to this point. The CoC is looking at ways to change the way we quantify and classify encampments and those individuals and families accessing them including a board approved definition of “encampment” that aligns with state and federal guidelines and an optional question on the annual Point in Time Count to help identify individuals who are currently staying in an encampment or those who have exited an encampment and are now receiving housing and supportive services.

What we do know is that in populated areas where encampments can be assessed, agencies within the CoC have made great progress in assisting individuals and households in engaging with service providers and seeking housing assistance. These successes are reflected in OR-505's recent Point in Time Count, which shows a reduction in unsheltered homelessness of 17.6% between 2024 and 2025. These numbers continue to decline with unofficial data showing an additional 3.4% reduction in unsheltered homelessness between 2025 and 2026.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Under Oregon Revised Statutes, public drug use remains illegal, and HB 4002 reinstated criminal misdemeanor penalties for unlawful drug possession. However, HB 4002 also established county "deflection programs," enabling law enforcement to route individuals using drugs in public to community treatment and recovery mentorship in lieu of prosecution. In rural Balance of State counties, shortages of crisis outreach teams and sobering centers create challenges, increasing the risk of justice system involvement for unhoused individuals.

To decrease public drug use and overcome rural service gaps, OR-505 agencies leverage deflection programs, when available, routing individuals cited for public drug use into behavioral health care, recovery-based services, and peer support networks. Street outreach teams conduct field-based safety assessments and warm handoffs to behavioral health, recovery support, and mobile crisis units (e.g., ADAPT Mobile Crisis).

Early this year, OR-505 issued a Substance Use statement, reaffirming the prohibition on drug use on CoC properties, as well as committing to an exclusion of safe consumption sites and prohibited harm reduction practices. While sobriety and recovery based supportive service participation is not a requirement, the CoC encourages agencies to collaborate with local behavioral health and substance use disorder providers to ensure program participants have access to treatment and recovery options. This practice complies with Oregon Revised Statutes regarding public substance use.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

While illicit drug use in public spaces is considerably more visible and prevalent in urban centers, fatal overdose trends display stark local variations within the OR-505 footprint. While four rural counties in the CoC have reported zero fatal overdoses, rural populations remain at a disproportionately higher risk of fatality per exposure. Limited access to emergency medical intervention, longer medical response times and geographic isolation creates additional vulnerabilities during overdose events, resulting in a higher fatality rate in rural communities. Furthermore, rural geographic isolation creates significant barriers to accurate overdose tracking and reporting that could impact data accuracy.

Following the state's recriminalization of personal drug possession through House Bill 4002 (reversing key provisions of Measure 110), rural communities within the BoS face distinct operational hurdles. Law enforcement, court systems, and local providers face renewed pressure to establish and manage diversion programs and court-mandated treatment pathways, despite operating with far fewer behavioral health facilities and service providers than urban CoCs.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Oregon has specific civil and criminal statutes and policies governing individuals who pose an immediate danger to themselves or the community due to severe mental illness or behavioral health crises.
Under ORS Chapter 426, a judge can order involuntary civil commitment (up to 180 days of inpatient or conditional outpatient treatment) if clear and convincing evidence demonstrates that an individual has a severe mental illness causing them to be an imminent danger to self or others. Additionally, under ORS 426.228 / 232 law enforcement officers and licensed medical practitioners can place an individual on an emergency hold for up to 5 days.
Under HB 4002, law enforcement officers are empowered to divert individuals directly into deflection programs for individuals whose behavior involves criminal activity or public drug use. Additionally, under ORS 161.370 (Aid and Assist), individuals experiencing homelessness who lack the mental capacity to assist in their defense can be court-ordered into state custody or hospital placement when facing criminal charges.
Some of the challenges encountered when an individual is a danger to themselves or others are bureaucratic and difficult to overcome. Courts have a high evidentiary threshold and have a strict interpretation of “dangerous”. Unhoused individuals do not meet civil commitment standards unless they have a psychiatric diagnosis and there is proof of imminent physical harm to themselves or others. Even if an individual meets the threshold criteria, there is a severe lack of state hospital beds, psychiatric facilities, and long-term residential treatment, particularly in rural and frontier communities. This often results in the individual being released back into the community without receiving the necessary care.
In some of the more populated regions, like Josephine, Douglas, Linn, Yamhill, and Benton Counties, OR-505 mitigates these barriers by collaborating with agencies that offer crisis response, such as Adapt Integrated Health Care, which offers 24/7 crisis response services. In more isolated geographical regions, CoC staff work with established relationships to transfer individuals to communities where they have greater access to emergency services. While the geographic footprint of the CoC presents challenges, it also creates unique opportunities for creative solutions due to the vast network of community services, an integrated HMIS system and strong multi agency collaboration.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

It is the obligation of the CoC to prioritize the safety of all program participants, particularly unaccompanied youth, families with children and those fleeing domestic violence or sexual assault. As such, all agencies maintain compliance with applicable SORNA and HUD requirements. When applicable to program eligibility or placement, staff will review available sex-offender registry information and coordinate with authorized law enforcement, referring agencies, and other appropriate partners to obtain and share legally permitted information.

For agencies providing housing and emergency shelter, partners will incorporate registry information into intake, and placement procedures. Relevant information, including location information will be communicated to appropriate entities in accordance with applicable notification requirements while limiting disclosure to information legally permitted. When registry information affects eligibility, placement, or safety planning, staff will document the information reviewed, the analysis performed, agencies consulted, applicable requirements, and the resulting determination. Records will be maintained in accordance with agency confidentiality, privacy, and record-retention requirements.

Through consistent screening, appropriate information sharing, documented decision-making, and coordination with authorized agencies, CoC partners will protect vulnerable individuals and families while maintaining individual privacy and ensuring compliance with applicable SORNA and HUD requirements.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

OR-505 is the Balance of State for Oregon and covers 26 mostly rural and counties, making up 87.6% of the total state geography. This vast geographic footprint creates particular challenges when creating systems to engage individuals in isolated geography.

The CoC employs several strategies to engage individuals and families experiencing unsheltered homelessness. One of the most successful strategies is OR-505's No-Wrong-Door approach, which eliminates the need for access points and empowers all service agencies to engage with the Coordinated Entry system. This allows individuals to access Coordinated Entry regardless of their location, eliminating many barriers present by lack of transportation and geographic isolation. Also, many rural and frontier communities have stigmas around unhoused individuals, and many individuals have shared that they do not feel comfortable coming into more populated areas. Allowing individuals to access Coordinated Entry and other supportive services without initially needing to engage in a more populated setting where they may feel unsafe eliminates additional barriers to seeking housing assistance.

In geographically isolated areas, another barrier to engagement is a lack of trust in service agencies. When staff turnover is high, or when staffing shortages impede consistent service delivery, distrust in systems begins to grow. The CoC recognizes that establishing trust and following trauma informed care practices is essential to engaging with unhoused individuals. The CoC worked with Dr. Christopher Wilson to create an extensive "Case Management Through a Trauma Informed Lens" training series that is available to any CoC member at no cost. The CoC also offers free training on Motivational Interviewing, Interrupting Oppression, and is developing training on engaging with youth and de-escalation strategies. These training courses better prepare street outreach and service staff and reduce the burden on agencies in regions where training is difficult to access and staff retention is a challenge.

In more populated regions, the CoC has robust street outreach teams consisting of agency staff and community volunteers during the Point in Time Count. These outreach teams engage with individuals in encampments and drop-in centers, providing support services such as meals, laundry and showers, and work with individuals to engage with housing and employment programs to move them towards self-sufficiency.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes

5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

OR-505 coordinates with the Oregon Department of Education (ODE), McKinney-Vento Liaisons, schools, alternative education providers, and youth-serving agencies to ensure children and youth experiencing homelessness are informed of available educational services and supports. The CoC works with providers that operate alternative schools to strengthen connections between schools and community-based agencies. Through case conferencing, providers can identify youth who may be experiencing housing instability or homelessness, discuss their needs, and connect them with appropriate housing, supportive services, and educational resources.

Many school districts also have established relationships with community providers through Memoranda of Understanding (MOUs) or other informal partnerships. Through these relationships, schools may refer children and families to community providers through school district deflection programming when housing instability or other needs are identified. These referral pathways help connect families with appropriate resources before a housing crisis results in homelessness and allows providers to coordinate with schools around the family's needs.

ODE is a key partner in this work, providing technical assistance, outreach, and education to strengthen identification and engagement of students experiencing homelessness. OR-505 also coordinates with Superintendent groups to expand school-based participation and awareness in events like the Point-in-Time Count, which has been particularly valuable in Eastern Oregon where geographic barriers can make engagement more challenging.
Youth-serving providers are encouraged to maintain relationships with schools and other community partners so that youth can be identified and referred to appropriate services. These partnerships help ensure that youth experiencing homelessness are connected not only to housing resources, but also to McKinney-Vento educational protections, school-based supports, and other educational services for which they may be eligible.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

OR-505 coordinates with child welfare and youth-serving systems to support youth transitioning from public systems of care into stable housing and other community supports. This includes working alongside the Oregon Department of Human Services (ODHS) to connect eligible youth and communities with Foster Youth to Independence (FYI) vouchers and other housing resources.

Youth-serving providers also coordinate directly with ODHS and other community partners to connect youth transitioning from systems of care with housing, supportive services, education, employment, and community resources. Agencies across the CoC operate independent living programs and host home programs that provide additional housing and support options for youth transitioning toward greater independence. For example, Jackson Street Youth Services works with ODHS and other youth-serving partners to support pregnant and parenting youth through relationship navigation, financial literacy, parenting classes, and other services. In addition, several community agencies hold office hours at ODHS offices, providing youth with direct access to guidance, referrals, and resources as they prepare to age out of care.

OR-505 also works to strengthen communication and coordination among child welfare, housing, education, and community-based youth providers. Youth-serving providers help identify barriers and gaps in available services and connect youth with appropriate resources based on their individual circumstances. This coordination helps create connections between youth transitioning from public systems of care and the broader homeless response system so they can access housing and supportive services during their transition to adulthood.

Through these ongoing partnerships, OR-505 supports a coordinated approach to helping youth transition from foster care and other public systems of care to stable housing and community-based services, while reducing gaps in access to resources during this critical transition.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

OR-505 coordinates with RHY-funded and other youth-serving providers through the Youth Oregon United (Y.O.U.) collaborative, state partnerships, and ongoing provider coordination. OR-505 recently combined its youth-focused coordination efforts with the Youth Emergency Housing Assistance (YEHA) network to broaden provider participation and leverage established statewide relationships. The expanded network includes youth-serving providers outside the OR-505 geography, creating additional opportunities to share resources, identify service gaps, and strengthen referral pathways that benefit youth across Oregon while supporting coordination within the CoC's 26-county Balance of State.

Through the Y.O.U. collaborative and provider coordination, youth-serving organizations share information about available resources, coordinate referrals, and identify barriers to housing and supportive services. OR-505 also uses its newsletter to highlight youth-serving agencies and programs across the state, helping providers learn about available resources, build connections, and increase awareness of services available to youth experiencing or at risk of homelessness.

Providers bring specialized expertise in areas such as street outreach, emergency housing, transitional housing, education, employment preparation, life-skills development, and services for pregnant and parenting youth. These partnerships allow OR-505 to leverage established statewide provider networks while maintaining a focus on the unique needs of youth in rural communities. The expanded coordination structure strengthens connections among RHY providers, housing providers, schools, child welfare partners, and other community organizations and helps the CoC identify opportunities to improve access to appropriate housing and supportive services for runaway and homeless youth.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Alternative Youth Activities (AYA), located in Coos County, operates several Transitional Housing (TH) and Rapid Rehousing (RRH) programs that specifically serve families with children experiencing homelessness in coastal Coos and Curry Counties. In addition, other agencies throughout the OR-505 CoC operate TH and RRH projects serving families with children, based on available funding and local community needs.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Alternative Youth Activities (AYA) provides supportive services designed to help families with children experiencing homelessness increase income and move toward long-term housing stability. AYA assesses youth and families entering its programs to determine eligibility, identify individual needs and barriers, and connect participants with appropriate housing, education, employment, and workforce-development opportunities.

All participants in AYA's housing programs have access to employment, education, and workforce-development opportunities. AYA operates its own alternative school and hosts pre-apprenticeship and skilled-trades programming, providing participants with opportunities to develop job skills and explore career pathways. AYA also maintains strong partnerships with its local workforce board and area employers, including Les Schwab, helping connect participants with employment opportunities and pathways into the workforce.

Through case management and wraparound services, AYA helps participants identify and address barriers to employment and education while working toward increased income and greater self-sufficiency. These services combine housing assistance with education and workforce development so families can build the skills, income, and stability needed to progress through the housing continuum and ultimately maintain housing after assistance ends.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Alternative Youth Activities (AYA) leverages mainstream family service systems by integrating benefits navigation and connections to public resources into case management and supportive services. Case managers work with youth and families to identify mainstream benefits and services for which they may be eligible, including TANF, SNAP, Oregon Health Plan (OHP)/Medicaid, childcare assistance, WIC, and other benefits available through the Oregon Department of Human Services (ODHS).

AYA provides hands-on assistance to families who may have difficulty navigating these systems. Case managers help participants understand eligibility requirements and application processes, schedule appointments with ODHS, and assist with applications and other required steps. When needed, staff accompany families to appointments, help participants navigate where to go and who to contact, and may assist with transportation to access services. Case managers also provide individualized support to help families understand whether they may meet the criteria for available benefits and connect them with the appropriate resources.

AYA provides bilingual support, including Russian- and Spanish-language assistance, to help reduce language barriers that could otherwise prevent youth and families from accessing mainstream benefits and services. By integrating benefits navigation into its housing and case management services, AYA helps families access income support, healthcare, nutrition assistance, childcare, and other resources that can strengthen household stability and reduce barriers to maintaining housing.

By braiding and blending TANF and other state and federal funding resources with program and operations funding, AYA is able to magnify the impact of program dollars to enable greater self-sufficiency among their program participants and a more efficient return to stability and independence. This is particularly important in youth focused programs like AYA because it interrupts the cycle of housing insecurity and the other effects of poverty at an early age, reducing the effects of extended trauma and decreasing the probability of returns to homelessness.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Alternative Youth Activities (AYA) combines housing assistance with wraparound case management and family support designed to help parents and children achieve stability while addressing barriers that can interfere with housing, education, and employment. Through regular 'wraparound meetings', AYA works with participants to develop individualized plans that identify needed supports across housing, childcare, education, parenting, employment, and other areas. Making sure the right partners are at these meetings, they can ensure that clients are navigating through the system efficiently.
AYA helps families access childcare so parents can focus on employment, job placement, education, and other goals while their children are appropriately cared for. Case managers also assist parents with enrolling their children in Head Start and early education programs and connecting families with other appropriate educational resources.
AYA coordinates with community partners, including CASA, to support children and families and address individual needs. For participants with disabilities, AYA can also connect families with community living case management and other appropriate services that support independent living and long-term stability.

By integrating housing assistance with childcare, parenting and family supports, education, and individualized case management, AYA addresses practical barriers that can make it difficult for families to obtain and maintain housing. This coordinated approach allows parents to pursue education and employment goals while ensuring that the needs of their children and families are also addressed. This approach also increases the likelihood of self-sufficiency and greater independence among the unaccompanied youth the program supports.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

OR-505 has a strong collaborative relationship with the Community Action Partnership of Oregon (CAPO), which serves as the CA and managing agency for CoC operations. CAPO is the contracted provider for Supportive Services for Veteran Families in 13 Oregon counties. The Program Manager, Mikalyn Francis, holds the Veteran's Services seat on the CoC Governing Board. A second seat on the Governing Board is held by Easter Seals of Oregon, which provides SSVF services for 3 counties in Oregon.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes

4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

OR-505 manages a DVSA workgroup, which is chaired by Valerie Bundy, the Executive Director of Tides for Change, a DVSA service provider, and also sits on the Governing Board of the state coalition, OCADSV. The current Governing Board Chair is Susan Prettyman who is the Deputy Director of The Harbor, which also serves those fleeing DVSA.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

OR-505 has collaborative relationships with Helping Hands Reentry Outreach Centers, which manages reentry transitional housing for those transitioning from the justice system, and also with Adapt Integrated Health Care, which provides a Jail Diversion Program, an Aid and Assist program and works in cooperation with the Oregon Psychiatric Security Review Board.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

OR-505 has a collaborative relationship with Crossroads Communities, which offers multiple housing solutions for varying levels of health care, including Cascade Cottages, which offers an onsite Community Health Worker, and visiting agencies who provide on-site access to a multitude of behavioral, mental and physical medical needs. The Executive Director of Crossroads Communities, Michael Couch, holds a seat on the CoC Governing Board.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

OR-505 has a collaborative relationship with North Bend City / Coos-Curry Housing Authorities which manages several housing programs designed for aging adults experiencing homelessness, including Powers Housing, and Hamilton Court. While Hamilton Court is designed to support seniors who primarily live independently, Powers Housing is designed for seniors and individuals with disabilities. Matthew Vorderstrasse holds the Housing Authority seat on the CoC Governing Board.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Yamhill Community Action Partnership (YCAP) located in Yamhill County operates the YCAP Open Door PSH program, which exclusively serves chronically homeless individuals and families. This has been a CoC funded project since 2020.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

YCAP's Open Door project provides low-barrier, on-site behavioral healthcare specifically tailored to chronically homeless individuals and families facing severe mental health, behavioral, and substance use disorder (SUD) challenges. As an active member of the regional Behavioral Health Resource Network (BHRN), YCAP integrates specialized healthcare directly into its housing programming through formal partnerships and a standing Memorandum of Understanding (MOU) with Yamhill County Health and Human Services, Providence Medical Center, and regional healthcare providers.

To address the high-need profile of Open Door participants on-site and in the field, behavioral healthcare is offered through a multi-faceted approach. Behavioral health services are integrated through partner collaborations by coordinating with licensed behavioral health and SUD providers to conduct both on-site visits at Open Door properties and off-site appointments when necessary. Participants receive direct access to mental health counseling, substance use treatment, crisis intervention services, and personalized home visits. YCAP Case Managers work with behavioral health and SUD agencies to develop participant-driven stability plans. Case managers provide intensive on-site navigation and transportation assistance to ensure participants can reliably attend off-site specialized medical care and specialized treatment programs. To reinforce long-term behavioral health stability, Open Door facilitates on-site peer support networks, recovery groups, and tenant associations. These networks empower participants to engage in mentorship and peer-led activities, fostering mutual accountability and personal stability. For participants requiring ongoing care, YCAP staff facilitate warm handoffs and warm transitions to establish long-term community-based mental health care, ensuring continuous health and housing stability over time.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

YCAP's Open Door project maintains a policy assessing, identifying, and transitioning chronically homeless participants whose needs exceed supportive housing, such as those requiring residential treatment or assisted living facilities. Because Open Door serves individuals with complex physical, mental, and behavioral health challenges, staff conduct assessments during regular case management sessions and conduct case conferencing with behavioral health partners.

Case managers observe and formally document changes in a participant's cognitive function, memory, or ability to independently perform Activities of Daily Living (ADLs), such as personal hygiene, mobility, medication management, and basic self-care. When concerns emerge, YCAP leverages regional partnerships through case conferencing with clinical partners to review documented needs and determine if residential treatment or long-term care is required.

When a participant's physical or cognitive impairments require 24/7 care, YCAP case managers coordinate resource navigation, eligibility verification, and warm handoffs to ensure a safe, seamless transition into assisted living, memory care, or residential treatment without risking a return to unsheltered homelessness.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

YCAP's Open Door project utilizes a structured, participant-centered assessment process to evaluate readiness for transitioning into unsubsidized housing or long-term permanent housing. Case managers monitor participant progress continuously during regular goal-setting meetings and Housing Stability Plan reviews.

Case managers review program participant readiness by assessing concerns such as having a government-issued photo identification, assistance animal documentation, rental/criminal history, and strategies to address past housing debts or legal barriers. Case managers assess individual financial stability by evaluating progress toward earned income, workforce development through vocational partners, financial literacy skills, and connections to mainstream benefits (e.g., SNAP, TANF, SSI/SSDI via SOAR) while also measuring a participant's ability to maintain lease compliance, complete life skills training, and independently manage daily household responsibilities.

To ensure stability after exiting Open Door, case managers ensure participants have established connections to community-based resources, such as behavioral health agencies, medical providers, peer support groups, legal assistance, and education options. Once a participant demonstrates stability across these areas, staff assist Open Door participants in creating a transition plan to ensure a successful transition into self-sufficiency.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)OR-505 evaluates and assesses CoC projects and community needs and gaps throughout the year. During the annual meeting, the CoC Sr. Program Manager presents their evaluations to the Governing Board and makes recommendations regarding lower performing projects. This recommendation is based on HMIS data regarding spend downs and cost effectiveness, project scope, population served, service gaps in the specific community, and funding diversity across the CoC. Recommendations also reflect shifting priorities and funding availability.

2)Due to shifting priorities, the CoC reallocated more than half of its ARD this funding cycle to increase Transitional Housing and Supportive Service projects. All together the Coc eliminated 14 Rapid Rehousing and joint projects in this cycle to allow for 12 new transitional Housing, Supportive Service and HMIS expansion projects
.
3)OR-505 reallocated over $2 million of CoC funding this cycle to support shifting priorities and create opportunities for 12 new Transitional Housing, Supportive Service and HMIS expansion projects.

4)N/A

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky

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

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

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

Between 2025 and 2026, OR-505 strengthened its unsheltered PIT count through improved provider guidance, youth engagement, and data-quality practices. The CoC worked with domestic violence providers to provide clearer guidance on asking the DV question and supported providers in administering surveys, with the goal of improving identification of people experiencing or fleeing domestic violence.

OR-505 also increased coordination with youth-serving providers and schools to improve youth engagement and accurate survey collection. The Oregon Department of Education provided technical assistance and outreach, and OR-505 engaged Superintendent groups to expand school-based participation, which was particularly effective in Eastern Oregon.

To further improve the accuracy of youth data, the CoC changed how youth surveys were collected in Counting Us. Youth surveys were separated into a distinct Counting Us activity so that McKinney-Vento education surveys could be distinguished from surveys that met PIT count requirements. This allowed the CoC to more accurately determine which youth records should be included in the official PIT count and reduced the risk of including records that were collected for other purposes.

OR-505 also strengthened its deduplication and data-quality processes. Records collected through Counting Us were compared with HMIS records to identify and remove duplicate client records. Volunteer information was also reviewed to confirm that surveys for non-HMIS projects were assigned to the correct project based on the volunteer's agency or project affiliation. These processes helped reduce duplicate counting and improve the accuracy of project-level data.

Together, these changes improved the CoC's ability to engage harder-to-reach populations, particularly youth and individuals connected to DV services, while improving the accuracy and reliability of the 2026 unsheltered PIT data.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

OR-505 is the Rural Balance of State for Oregon and covers 26 mostly rural and frontier counties, making up 87.6% of the total state geography, but only 26.4% of the state population, with nearly half of the population residing in only 6 of the 26 counties. This creates a unique environment where encampments exist in a multitude of unpopulated public spaces that are not easily accessible to service providers. Therefore, an accurate assessment of encampments in OR-505 geography does not exist. The data below reflects known encampments and estimated populations, but it is not a complete picture of the state of encampments in OR-505.

However, in populated areas where encampments can be assessed, agencies within the CoC have made great progress in assisting individuals and households in engaging with service providers and seeking housing assistance. Two encampments in Clatsop County received significant engagement resulting in those residents being moved to emergency shelter, safe camping locations or other housing services. this resulted in those encampments being removed. In Josephine County, the existing city managed encampments in Grants Pass were transitioned into a new 150 bed emergency shelter facility, and the creation of a 16-unit TH project just outside of Grant's Pass is having a visible effect on the city's encampments.

Similar successes are being seen across Oregon through the state's implementation of the Statewide Shelter Program (SSP) which provides $102 million to regional coordinators across the state to implement community specific solutions to shelter needs. The SSP provides funding and technical support for communities to strengthen existing shelter systems, which has a direct impact on those experiencing unsheltered homelessness and encampment populations. Both the CoC Sr. Program Manager and Data Systems Manager participated in the legislative workgroup which helped to create the SSP and set guidelines and expectations. OR-505 continues to have a strong formal partnership with Oregon Housing and Community Services, which manages the SSP and provides HMIS data as well as agency support in the implementation of the SSP.

These successes are reflected in OR-505's recent Point in Time Count, which shows a reduction in unsheltered homelessness of 17.6% between 2024 and 2025. These numbers continue to decline with unofficial data showing an additional 3.4% reduction in unsheltered homelessness between 2025 and 2026.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	21
2. Enter the reduction in the number of encampments during your evaluation period.	6

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	5,065

2. Enter the reduction in the number of people in encampments during your evaluation period.	894

2A-4c.	**Reduce Encampments—Plans to Reduce Encampments.**

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

OR-505 is the Rural Balance of State for Oregon and covers 26 mostly rural and frontier counties, making up 87.6% of the total state geography, but only 26.4% of the state population, with nearly half of the population residing in only 6 of the 26 counties. This creates a unique environment where encampments exist in a multitude of unpopulated public spaces that are not easily accessible to service providers. Therefore, an accurate assessment of encampments in OR-505 geography does not exist. The data submitted reflects known encampments and estimated populations, but it is not a complete picture of the state of encampments in OR-505.

However, OR-505's recent Point in Time Count shows a reduction in unsheltered homelessness of 17.6% between 2024 and 2025. These numbers continue to decline with unofficial data showing an additional 3.4% reduction in unsheltered homelessness between 2025 and 2026. It is reasonable to assume this number is reflected in the decreasing number of persons in known encampments

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

OR-505's strategy to reduce first-time homelessness is centered on a statewide prevention system that stabilizes households before they enter homelessness. During the 2025 federal year, prevention projects reported 9,680 exits, including 8,242 households (85.1%) that remained permanently housed. Only 121 households (1.3%) exited to a first episode of homelessness, demonstrating strong housing retention outcomes and effective diversion from homelessness.

OR-505's prevention capacity is driven primarily by state investments. State-funded programs accounted for 8,871 of 9,680 prevention exits (91.6%), far exceeding the scale of federally funded prevention assistance available through ESG, SSVF, RHY, and other programs. These results indicate that state resources are the primary driver of OR-505's efforts to prevent first-time homelessness and maintain housing stability.

OR-505 evaluates first-time homelessness trends alongside prevention outcomes, outreach engagement, shelter utilization, and data quality measures. OR-505 recognizes that increases in identified first-time homelessness may reflect both worsening housing instability and improved identification of previously uncounted households through expanded outreach and enhanced data collection. Expanded outreach and better data is attributed to additional state investments in emergency shelters and street outreach.

To further reduce first-time homelessness, OR-505 will sustain prevention investments, prioritize households at greatest risk of housing loss, monitor housing outcomes, and maintain robust outreach efforts. This data-driven approach strengthens homelessness prevention while ensuring timely access to assistance for households experiencing a housing crisis.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

From FY2024 to FY2025, the CoC shortened the time people experienced homelessness while serving more than 16% more people. Among people in Emergency Shelter (ES), the average stay fell from 98.5 to 84.8 days (-13.9%), while the median fell from 41 to 35 days. Including Transitional Housing (TH), the average declined from 115.5 to 102.4 days (-11.3%), and the median declined from 53 to 47 days.

Despite this progress, SPM Measure 1, based on HMIS Data Element 3.917, shows that the average length of time homeless increased from 584.4 to 632.5 days between FY2024 and FY2025, highlighting the need to address prolonged homelessness. The CoC attributes the divergence between shorter shelter stays and longer overall homeless duration to growth in the chronically homeless population, expanded outreach that identifies people experiencing long-term homelessness, and improved Coordinated Entry (CE) prioritization of households with the highest needs. One strategy is to expand RRH projects and allow more flexible use of funds to increase housing opportunities.

The CoC operates 127 Rapid Rehousing (RRH) projects, including 88 funded by the state. The state added 16 projects in 2025 and 18 more in 2026 to date, increasing the CoC's capacity to connect households quickly with permanent housing. State-funded programs such as the Oregon Rehousing Initiative accelerate housing placements through landlord incentives, flexible move-in assistance, risk-mitigation strategies, mediation services, and resources that address housing barriers. These investments expand housing options, shorten lease-up times, and help people exit homelessness sooner.

To shorten the time households experience homelessness, the CoC reviews HMIS data quarterly, tracks referral-to-move-in timeframes, and uses Coordinated Entry to prioritize households with the longest histories of homelessness. The 34 state-funded RRH projects added since 2025 will strengthen landlord engagement, housing navigation, and efforts to reduce housing barriers. Together, these measures are expected to shorten shelter stays, speed transitions to permanent housing, and reduce the overall duration of homelessness.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	57.23%

Describe how you calculated the data for this response.

(limit 2,500 characters)

For the reporting period of 10/01/2024 through 09/30/2025, we reviewed all client entries into TH, RRH, and PSH projects. The analysis included only clients who exited a project during this period. We defined unsubsidized housing as one of four exit destinations: living permanently with family; living permanently with friends; renting without an ongoing housing subsidy; or owning a home without an ongoing housing subsidy. All other exit destinations were classified as outcomes other than unsubsidized housing. Of the 1,632 clients who exited during the reporting period, 934 moved to one of the four unsubsidized housing destinations. Therefore, 57.23% of all clients' exits during the reporting period resulted in unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,546	0	1,546	73.22%

2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	531	0	531	54.99%
4. Rapid Re-Housing (RRH) beds	812	0	812	100.00%
5. Permanent Supportive Housing (PSH) beds	124	0	124	100.00%
6. Other Permanent Housing (OPH) beds	28	0	28	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1) Over the next 12 months, the BOS will focus its HMIS outreach on ES and TH projects. In 2026, these projects had bed coverage rates of 73.2 percent and 55.0 percent, respectively. During the HIC and PIT, the CoC will identify providers that do not participate in HMIS and prioritize projects with the largest number of beds. The CoC director and staff will also continue traveling throughout the region to connect with providers in new areas.
This approach builds on the CoC's recent growth, including the addition of 34 agencies last year. The HMIS team will meet with leaders from newly identified agencies to explain how participation supports CoC goals and will reduce barriers by providing project setup, training, self-paced learning, direct data-entry assistance, and alternative reporting options for providers with limited administrative capacity. Through its agreement with Oregon Housing and Community Services, the CoC will also continue providing free user licenses to participating agencies.

2) The CoC will implement these steps through its existing two-person HMIS team, which currently supports 113 agencies, 1,262 active projects, 325 to 350 active users, and approximately 230 new-user trainings each year. Recent capacity-building efforts demonstrate the team's ability to expand participation: the CoC added 34 agencies and 224 projects and trained 479 users.

The CoC will use its current PIT and HIC outreach process to find ES and TH providers that do not participate in HMIS. Staff will create a contact plan for each agency. The CoC board will set quarterly goals, and staff will track outreach efforts and increases in participation. Every quarter, staff will measure progress toward HUD's 85 percent goal and focus on providers that can add the greatest number of beds to HMIS coverage.

After an agency is identified, HMIS staff will confirm its project setup and work processes, connect its users with online training and individual assistance, and determine whether direct data-entry support is needed. Because providers have rarely used direct data-entry assistance in the past, the CoC will actively offer it to smaller providers, adapting a method that has worked well during PIT data collection.

Through targeted outreach, no-cost participation, training, and implementation support, OR-505 expects to raise ES and TH HMIS bed coverage to at least 85 percent within the next 12 months.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	No
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

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

Attachment Details

Document Description: TH-RRH-PSH Projects and Treatment Providers - OR-505

Attachment Details

Document Description: OR-505 List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: OR-505 Combined Service Agreement Language

Attachment Details

Document Description: OR-505 Law Enforcement Coordination Examples

Attachment Details

Document Description: Rating and Ranking Tool - PH renewal 2026

Attachment Details

Document Description: OR-505 Priority Listing - Final 2026

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: OR-505 Substance Use Statement - Governing Board Approved

Attachment Details

Document Description: Board and Competition Documentation

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/26/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required