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Clackamas County
www.clackamas.us

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-507 - Clackamas County CoC

1A-2. Collaborative Applicant Name: Clackamas County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Clackamas County

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:

- 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

1B-1.	Accountable Structure and Participation.	
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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	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	2
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	3
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	3
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	3
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	3
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	0
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	4
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	2
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	3
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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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 issues an open, public invitation to join at least annually and accepts new members year-round. The invitation is posted on the CoC's website via a standing "Join the CoC" page and a prominently dated annual news post that explains how to join, member roles and voting eligibility, the meeting calendar, bylaws and code of conduct, and a staff contact. The page links to a simple enrollment form and the email subscription sign-up. Information is available year-round and is refreshed when meeting schedules or policies change. To ensure broad reach, the invitation is amplified through the weekly CoC Digest, emailed to approximately 400 subscribers, through County social media, and via announcements at Monthly Housing Services Community meetings, which typically draw 40-70 attendees. The CoC Lead and staff also extend personal invitations to newly funded housing and supportive service providers, healthcare and behavioral health partners, recovery support entities, faith communities, school districts and McKinney-Vento liaisons, veteran and youth-serving providers, victim service providers, and people with lived experience.

Access and accommodations are integral to the process. All notices and materials are posted on the County's ADA-accessible website, and alternative formats, interpretation, captioning, and translation are available upon request and are advertised on invitation and meeting pages. All CoC meetings include Zoom access and dial-in options to reduce transportation and geographic barriers. A named staff contact offers one-on-one assistance with enrollment and clarifies roles, voting eligibility, and conflict-of-interest standards.

Individuals and organizations may join at any time via the web form, by email, or in person at a public meeting; the annual invitation sets a minimum standard for outreach but does not limit enrollment to a single period. Transparency is reinforced through online posting of agendas, minutes, bylaws, project selection policies, and a membership roster that is updated quarterly to reflect new members. The invitation language and join links appear regularly in the weekly Digest, on social posts before each public meeting, and in NOFO communications, ensuring a clear, public, and recurring invitation at least annually, with year-round pathways that broaden participation and strengthen comprehensive, recovery-oriented system planning and performance.

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

Clackamas County CoC maintains a transparent, year-round process to solicit and act on input from a broad stakeholder base, including people with lived experience (PWLE). Opportunities are publicized via the CoC website (meeting notices, materials, and a standing feedback link), a CoC Digest to ~400 subscribers, and social media. Monthly CoC and community meetings are open and hybrid (Zoom). Regular participants include PWLE, public health, housing and healthcare providers, youth and behavioral health partners, landlords, and other system stakeholders.

Input is gathered through open public comment, structured discussions and votes on policies and procedures, targeted field outreach by Service Planners (outreach, safety, navigation, case management, youth), and an always-on homepage survey assessing communication timeliness/clarity, access to information, service satisfaction, cultural respect, and open-text feedback. For major decisions—such as competition timelines and ranking/prioritization—the ADA-accessible county website posts materials in advance with highlighted comment windows in the digest. Interpretation and alternative formats are available on request, and accommodations are provided for all meetings and documents.

Feedback from meetings, emails, and web forms is logged, reviewed in planning and status meetings, elevated to decision-making bodies as needed, and documented with disposition (adopted, modified, deferred, or not adopted with rationale). Conflicts of interest are managed per policy, including recusals; notes and outcomes are posted.

This feedback loop drives improvements. Recent examples include a Coordinated Entry evaluation, guided by stakeholder input, that engaged a CE expert to strengthen CE integration and align with regional, trauma-informed, person-centered practices, and a rural housing needs assessment and strategic plan developed with consultants and partners (civic and faith groups, public safety, PWLE) to identify interim and permanent housing needs and capacity gaps. Ongoing engagement informs adjustments to access points, hours, prioritization, and resource allocation, ensuring stakeholders with local knowledge shape performance management, strategy, and funding priorities.

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

The CoC uses an open, year-round, public process to solicit, accept, and consider proposals, including from first-time applicants and faith-based organizations (FBOs). Each cycle, a formal Notice of Local Competition is posted on the CoC website and county social media explicitly inviting first-time and FBO applicants, with links to timelines, deadlines, scorecards/rubric, threshold criteria, e-snaps guidance, and CoC priorities. The CoC Digest (~400 subscribers), Community Connect and monthly CoC meetings, plus targeted outreach to non-funded and rural providers, further promote participation.

TA is available to all applicants, with emphasis on first-time and smaller orgs. Supports include open Q&A sessions (recorded/posted), office hours, 1:1 eligibility and e-snaps coaching, sample narratives, and connections to potential fiscal sponsors or partnerships to build capacity. Materials and meetings are ADA-accessible; translation/interpretation and alternative formats are provided on request. FBOs are expressly encouraged and evaluated on identical criteria. This year, the CoC received four applications from orgs. new to CoC Program funding; two advanced to HUD submission. Non-advanced applicants received written debriefs, technical feedback, and invitations to continued TA and partnership development.

Transparency and fairness are embedded. The CoC publishes application instructions, threshold criteria, and detailed scoring tools before opening; a clear timeline for submission, review, appeals, and final ranking; and post-review summaries, including the final Priority Listing with rationale. Applications are evaluated by non-conflicted Housing Services Steering Committee members. All members complete COI disclosures and recuse as required. The committee applies the published scorecards/rubric, verifies threshold compliance, and recommends rankings aligned with HUD and local priorities. After final decisions, the CoC issues debriefs and invites continuous-improvement support so new and smaller providers- including FBOs and rural orgs.-can strengthen future submissions.

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

Our CoC has made strong progress using evidence-based practices and Community Solutions. Implementation of the Built for Zero 2026 Workplan helped us achieve quality data as of August 2026 and contributed to a 17 percent decrease in first-time homelessness among individuals and families. These achievements support our North Star goal to reduce unsheltered family homelessness by 20 percent by December 2027. Analysis of system inflow/outflow and stakeholder feedback identified a gap: outreach coverage, provider participation, and data consistency vary across the system, limiting timely identification and prioritization of families and other vulnerable households. This gap limits full implementation of proven strategies under 42 U.S.C. 11386b(d), including permanent supportive housing and rapid rehousing for families with barriers. To close this gap, our CoC will advance two goals supported by six drivers. Goal one strengthens outreach coverage and participation by: (1) mapping outreach zones and aligning them with providers; (2) updating HMIS and By Name List workflows and training providers on timely, complete data entry; and (3) establishing outreach, inactivity, and exit policies with monthly data quality reviews. Goal two builds reliable data and consistent prioritization by: (4) defining unique ID protocols and standardizing active, inactive, and homeless status rules; (5) reinforcing accurate race and ethnicity self-identification and tracking monthly inflow, outflow, and returns; and (6) developing a rapid rehousing prioritization band using assessment scores, barriers, safety needs, and system rules to match eligible households within three case conferencing cycles. Measures: sustain 95 percent HMIS data accuracy, reduce unsheltered family homelessness by 20 percent, maintain monthly inflow/outflow, and match all rapid rehousing-eligible households within three cycles. Timelines: outreach policies in Q1-Q2 2026, provider training in Q3, rapid rehousing prioritization by September 2026, and monthly audits. Funding: Metro Supportive Housing Services, CoC resources, rapid rehousing and permanent supportive housing allocations through the Housing Authority of Clackamas County, and Medicaid-aligned Health Related Social Needs support. Oversight: Data Team, Outreach Leadership, Coordinated Entry Workgroup, and case conferencing facilitators. These drivers strengthen identification, prioritization, and service links and advance our North Star goal.

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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- Frequently Asked Questions

	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?	15%

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)

N/A- OR-507 is not designated as a rural CoC.

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)

The CoC is committed to aligning health and behavioral health (BH) services based on a growing recognition that health and housing are deeply intertwined. Across the community engagement sessions that shaped Clackamas County's policies and priorities, lack of behavioral health services was consistently identified as the most common gap in homeless services. The CoC has invested more than \$6M over multiple years in health and housing system integration through the BH Retention Team, Medical Respite, Housing Liaisons, Health-Related Social Needs benefit navigation and administration, BH Case Managers, and a Community Paramedic program.

Clackamas Co. funds BH Case Managers that support homeless or housing unstable individuals who need elevated behavioral and mental health support to obtain and maintain permanent housing. Embedded in the county's Health Centers, the case managers work alongside employment and education support and have access to therapists, peer support specialists, generalist case managers, and psychiatric providers for med. management. BH Case Managers serve participants across multiple teams at four clinic locations in the county—Oregon City, Milwaukie, Sandy, and Happy Valley—providing housing navigation, eviction prevention, lease and landlord support, help securing income and employment, life skills training, and suicide prevention. BH Case managers currently support 63 households, with thirteen additional clients awaiting assignment. They work with a range of clients, from those experiencing chronic and unsheltered homelessness to clients needing to escape abusive situations, gain income, and restart careers.

A Community Paramedic Program provided field care and cross-system navigation to 380 people in FY 25-26, functioning as a field-based healthcare bridge that identifies unmet needs, stabilizes immediate risks, and connects resources. Highlights of the fiscal year include 220 transportation supports, 26 emergency transports avoiding costlier ambulance use, dedicating over 100 hours to seven pregnant and post-natal participants with substance use needs, resulting in five sustained prenatal connections and healthy hospital deliveries. The program supported 18 participants entering substance use treatment. The Community Paramedic played a significant role in field response, prevention, and co-response work, including 10 co-responses with Adult Protective Services, more than 20 BH co-responses, and 30 court-related engagements

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)

The CoC believes strongly in the value of peer recovery specialists, and works hard to integrate them into programs and ensure access to peers is readily available to program participants, so people have the support they need to be successful in their recovery, whether it's for mental health or substance use. In FY2026, Clackamas County launched the Behavioral Health Retention Team (BHRT), a \$1.3M investment over 2 years, which fortifies housing stabilization support for individuals with behavioral health needs living in permanent supportive housing. BHRT comprises two Mental Health Services Coordinators and one Peer Support Specialist. They conduct in-person and phone visits, providing intensive supports and connecting participants to appropriate resources. The team also builds relationships with providers of mental health and substance use services, supports de-escalation in the moment and connects with the county's Crisis and Support Line as needed, participates in health-housing case conferencing to coordinate care for participants with behavioral health needs, and provides technical support to providers on behavioral health care navigation and coordination. The peer support specialist augments the team with emotional support, proactive outreach and engagement, and system navigation.

In 2025, the county celebrated the grand opening of Clackamas Village, a new transitional housing facility. Following the successful "pod" model of Veterans Village next door, Clackamas Village accommodates 24 guests in private sleeping spaces and shared community amenities, including a community kitchen, outdoor space, six individual restroom/shower accommodations, and private office meeting space for residents to engage with service provision. With construction now complete, Do Good Multnomah is providing 24/7 operational and case management services to Clackamas Village guests. Their staffing includes on-site security, case managers for individualized care and skill plans, a behavioral health specialist and a peer support specialist to engage residents needing specialized care, and a navigation specialist to assist in permanent housing search and placement. Wraparound services offered include obtaining legal documents, applying for jobs, coaching, motivational interviewing, and building participants' sense of self-efficacy in the unique ways each participant needs.

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)

The CoC has a robust system to connect people experiencing Severe and Persistent Mental Illness (SPMI) to services to stabilize. A key way we do this is through our Health-Housing Case Conferencing program, which helps people experiencing and at risk of homelessness to meet their health needs, increase referrals to primary care, treatment and recovery care, and other programs and services, and coordinate care to help case managers and participants to navigate health systems. The forum brings together health system partners, including Health Share, CareOregon, Providence, Kaiser Permanente, Oregon Health and Science University (OHSU), Trillium, Oregon Department of Human Services (ODHS) Aging and People with Disabilities, Veterans Affairs, Clackamas Behavioral Health, and a peer representative from Mental Health & Addiction Association of Oregon, alongside housing providers who bring cases of people needing health services.

Sometimes multiple systems and programs must collaborate to help someone reach stability in their mental health, substance use, physical health, and housing. This is an all-hands-on deck approach that has seen great success. To habituate increased care and attention to these households, Clackamas County implemented a follow-along policy for all participants receiving Health-Housing Case Conferencing, engaging health care partners and housing managers, and ensuring equitable outcomes. In practice the Health-Housing Integration Team follows up with case managers to track past-conferenced participant outcomes and needs. Through Q3, 99% of all Health-Housing Case Conferencing households reported their needs were fully or partially met. The implementation of the follow-along policy marks the achievement of our annual work plan goal, and the results speak to the improvement of health and housing outcomes for some of our most vulnerable community members, while advancing equity and building lasting capacity across the provider network.

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)

The CoC's Homelessness Response System partners closely with cities, law-enforcement, and court partners to help individuals with mental and substance use disorder to reach stability. There are many specialty courts within the CoC, including Community, DUII, DV deferred sentencing, and Impact Court. Earlier in 2026, the CoC launched its first Caring Court, which illustrates an effective partnership." I see you already took what was there, but please feel free to change if appropriate.

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)

Caring Court is a problem-solving court combining judicial oversight with coordinated supportive services to reduce low-level reoffending and stabilize participants. The model is non-criminalizing and recovery-oriented: participants work with a multidisciplinary team, a judge, court staff, prosecutor, defense, outreach specialists, and treatment providers, on individualized plans that may include counseling, substance use or medication-assisted treatment, mental health care, benefits support, ID/document readiness, job training, housing navigation, and community service. Participants meet regularly, build accountability and pro-social skills, and receive up to one year of follow-up support after completion.

Outcomes reflect national evidence that problem-solving courts reduce recidivism. Since launch, Caring Court has served 45 people (30 current, 15 graduates), with an 85% attendance rate and an average engagement of 12 weeks. The program reports a 0.03% recidivism rate, reducing demand on law enforcement and emergency services. Participants complete structured, ability-matched service projects (244 hours), such as assembling naloxone kits, preparing cards for Meals on Wheels, organizing a clothing closet, and supporting a community garden.

Caring Court operates as an open-door resource hub with at least one provider present each session. Regular partners include LoveOne, Parrott Creek, NAMI, DHS, and 4D Recovery. Walk-in access is available for benefit checks, treatment linkages, hygiene supplies, and lunches; 21 community members have accessed services since launch. Partners help meet basic needs, reduce barriers, and support stabilization.

Participant outcomes include completion of treatment and sustained sobriety, family reunification, ID/document acquisition, employment, and access to shelter or short-term housing, with several graduates securing or maintaining housing and joining rental assistance waitlists.

To enter the program, the defense attorney obtains the participant's signature on the agreement and release forms. The defense, participant, and prosecutor appear before the Judge to enter a plea of "Guilty" or "No-contest," held in abeyance during the program. Either the participant or prosecutor may object. Upon successful completion, the case is dismissed; if revoked, the plea is entered and sentencing follows.

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)

The CoC's Homelessness response system coordinates with the Mobile Crisis Response Team and Clackamas County COAST, a case conferencing group for older adults who need behavioral health services. CE also engages behavioral health case managers and Clackamas County primary care staff.

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.	52

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)

The CoC has an inter-agency agreement with the county Behavioral Health Division, a CMHC, for the Behavioral Health Retention Team (BHRT). BHRT supports housing retention for PSH participants who experience symptoms of mental health and/or substance use disorder. This program includes two BH care coordinators and a peer support specialist. This team supports PSH participants who are at risk of eviction or losing their PSH voucher due to their mental health or substance use disorder.

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)

Two new TH projects included in the 2026 CoC Priority Listing will operate sober housing per 24 CFR 578.93(b)(5): Parrott Creek's Monarch House (6 units, adults) and 4D Recovery's TAY Transitional Recovery Housing (15 units, ages 18-24). Both serve people experiencing homelessness with substance use disorders, require an occupancy agreement prohibiting possessing, using, or being under the influence of illegal substances or alcohol on the premises, and require SUD treatment participation.

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)

The CoC's Homelessness Response System ensures people exiting treatment, crisis, justice, or hospital settings move directly to housing with needed services. Partners include behavioral health and substance use providers, crisis and mobile response teams, peer support, hospitals and primary care, specialty courts, VA and ODHS, and housing providers.

Core practices include early identification through Coordinated Entry, shared ROIs, and weekly health-housing case conferencing to flag housing needs at admission and set next steps. Warm handoffs are standard: sending and receiving staff schedule a joint introduction, the receiving worker is confirmed, and follow-up continues until contact and the first appointment occur. Discharge readiness is verified before exit, including IDs and benefits, income verification, housing applications, transportation, medication coordination, and next appointments. Tracking and accountability are maintained by the Health-Housing Integration Team, which monitors conferenced households, removes barriers, and reports conversion of referrals to services and housing.

Key program touchpoints include the Crisis Stabilization Center, which provides short-term stabilization with on-site housing assessment, Coordinated Entry referral, and transitional beds that enable permanent housing planning during the stay. Behavioral Health Retention and Peer Teams provide field-based engagement, recovery navigation, de-escalation, and tenancy supports for permanent supportive housing and high-acuity rapid rehousing households to prevent returns to homelessness. Specialty courts, such as Caring Court, coordinate court, treatment, outreach, and housing partners to create individualized plans covering treatment, identification, benefits, employment, and housing, enabling participants to transition directly from court or treatment into appropriate housing whenever possible.

Outcomes management relies on weekly case conferences to resolve barriers for high-need cases. Metrics include time from referral to first contact, the percent of discharges with a confirmed receiving provider, the percent with completed document readiness, and exits to permanent housing. Continuous quality improvement is applied when thresholds are missed, with adjustments to staffing, workflows, and housing navigation capacity.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$6,724,991
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.	\$4,056,221
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	60%
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.	\$1,806,500
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).	87%

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)?
	100.00%

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)

The CoC consults directly with the local ESG recipient- Clackamas County Community Development (ESG/CDBG/HOME administrator)- and, when applicable, with the State ESG recipient, Oregon Housing and Community Services (OHCS), to align ESG planning, written standards, and allocations with CoC goals. Consultation is embedded in the Annual Consolidated Plan/Action Plan cycle. The CoC Lead and Performance/Data staff co-develop ESG needs analyses using HMIS, PIT/HIC, SPM, Coordinated Entry metrics, and equity dashboards. Draft ESG priorities, written standards, and allocation options are vetted through CoC committees (Performance & Data, Coordinated Entry, Housing Services Steering) before public posting and County hearings; the CoC submits formal comments and presents at hearings. Coordination continues quarterly as ESG and CoC leads review system performance, CE flow, shelter utilization, RRH and prevention exits, and geographic gaps; mid-year the group recommends reprogramming when targets lag (e.g., shifting prevention to RRH or expanding low-barrier shelter for winter surge).

Written standards are co-developed consistent with 24 CFR 576 and aligned with CoC standards. For allocation planning, the CoC provides data-driven recommendations across emergency shelter, RRH, and prevention, with targeted priorities for families and youth RRH, unsheltered single adults, and survivors of DV/SA via confidential pathways; equity impacts and culturally specific access inform subrecipient selection.

Draft priorities and standards are posted on the CoC “Participate in CoC Planning” page and circulated via the CoC Digest; feedback from public meetings, focus groups, and lived experience advisors is logged, synthesized with data, and addressed in final materials. The CoC and ESG staff coordinate joint technical assistance and monitoring to reinforce CE compliance, and data quality, with corrective actions and training plans as needed. Conflict-of-interest safeguards are maintained: although the Collaborative Applicant is the local ESG recipient, ESG allocations follow the CoC’s entitlement processes, while CoC project ranking is conducted by a non-conflicted Scoring Committee with documented recusals. When State ESG intersects our geography, the CoC consults OHCS on priorities and standards to prevent duplication, align with CE, and target high-need urban and rural areas. This structure ensures ESG investments advance CoC performance, and HUD priorities.

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)

Within the CoC, people are connected to shelter services primarily through CE. family shelters receive referrals for families through CE live calls. In practice, a family calls a widely publicized CE phone number and speaks directly to a County employed individual about what resources they may be needing. When shelter is their identified need, the operator refers the household to a family shelter with an opening. The shelter provider then reaches out to the family to discuss their needs and schedule intake.

For shelter providers offering shelter services to chronically homeless individuals, they pull referrals through our By Name List in order to prioritize folks with the greatest medical and housing vulnerabilities. Some shelter providers also utilize a number of placements in their shelter for people coming from our medical system or jail reentry programs.

Once in Shelter services, providers meet with enrolled participants on a regular basis, typically multiple times a week, to assess eligibility for housing programs and set goals for the participant to become self sufficient as quickly as possible. Shelter providers assist eligible participants in connecting with and navigating needed paperwork and orientations Rapid Rehousing services or subsidized housing programs. When possible, shelter providers encourage and support individuals to become self-sufficient by assisting participants with basic barriers to employment, such as identification, and identifying ways participants can increase their income. Through the housing navigation process, shelter providers coordinate with our Housing Authority along with Workforce and benefit navigators.

The CoC's housing system regularly includes shelter providers in planning conversations around new or opening housing opportunities to continue moving people through the housing system and prevent a system clog in shelter services.

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)

Clackamas County's Continuum of Care (CoC) shares Point-in-Time (PIT), Housing Inventory Count (HIC), Homeless Management Information System (HMIS), and System Performance data with state and local government, including Metro, by making these datasets publicly accessible on the county's website and through regular reporting to regional funders. HMIS resources, HIC data, and performance documentation are published on the county's Community Development HMIS page, ensuring transparency and compliance with all legal data-sharing requirements. PIT count results and local reports are posted on the CoC's website, allowing government partners and community stakeholders to access core homelessness system data used for planning and resource decisions. In addition, the CoC provides Metro with detailed quarterly and annual Supportive Housing Services (SHS) reports, which Metro then publishes on its website. Through public posting, formal reporting, and adherence to privacy and data-sharing laws, the CoC ensures that PIT, HIC, HMIS, and System Performance data effectively inform state and local government decision-making and strengthen the regional 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)

Clackamas County's Continuum of Care (CoC) uses several data sources alongside HMIS to strengthen care coordination and improve outcomes for people experiencing homelessness. Through the Clackamas County Housing Data Sharing Agreement with Health Share of Oregon, the CoC incorporates health care utilization data, claims data, electronic health record information, inpatient and behavioral health admission and visit counts, emergency department usage, disability indicators, cost data such as PMPM cost, and high-risk member flags. These data elements are matched with HMIS data on a quarterly basis to create a comprehensive cross-system dataset that supports case conferencing, care coordination, and identification of individuals who frequently interact with both health and homelessness systems. The shared data also includes member language, care provider assignments, upcoming appointment information, and indicators that help prioritize Members for supportive services. This partnership enables collaborative work on Medical Respite referrals, discharge planning, behavioral health retention efforts, and coordination of Health Related Social Needs services. The CoC also uses aggregated analysis produced through this agreement to understand patterns of frequent use across housing, healthcare, and justice systems. This helps identify gaps and opportunities for better coordination with law enforcement and corrections when individuals cycle repeatedly through those systems. The quarterly Data Governance Workgroup ensures privacy protections, authorized data use, and accuracy in cross-system reporting. By integrating these additional data sources with HMIS, the CoC builds a more complete understanding of client needs, improves care transitions, strengthens preventative interventions, and enhances stability and housing outcomes for people with complex health and social needs

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)

The CoC has a direct partnership with the Clackamas Workforce Partnership (CWP). CWP operates Clackamas Worksource, which is a “one-stop shop” for free training, education, and employment services for Clackamas County residents age 14 or older, who can legally work in the United States.

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)

Within the CoC, outreach providers are integrated with law enforcement, first responders, behavioral health systems, and the broader housing system to ensure that people experiencing homelessness receive timely, coordinated support and connection to housing resources.

Multiple city police departments have embedded Behavioral Health Units that provide behavioral health support and connect individuals to housing outreach services. The Happy Valley Police Department also has a dedicated Homelessness Liaison who works closely with outreach teams to connect people to Coordinated Entry and other resources matched to their needs. These partners regularly coordinate with outreach and housing-system providers so participants remain connected to available opportunities.

The CoC also coordinates with the Mobile Crisis Response Team, Clackamas County COAST, the Youth Justice Center, and the Sheriff's Office. The CoC funds a Homeless Liaison Officer and uses CE orientations to strengthen cross-system education, clarify referral pathways, and improve coordination among first responders, law enforcement, and housing providers.

Through its Deflection Program, law enforcement connects individuals found in possession of drugs to treatment and supportive services. The Community Caring Court connects people to social services that address the underlying causes of criminal-legal-system involvement. Outreach teams support both initiatives through housing navigation, service coordination, and assistance with stabilization, helping reduce future criminal-legal-system involvement.

Outreach teams also participate in city-specific meetings attended by law enforcement and code-enforcement representatives to discuss encampments, share information, and identify appropriate connections to CoC resources. In addition, the CoC's Community Paramedic works with Coordinated Entry, law enforcement, health care providers, and other first responders serving people experiencing homelessness who need medical care, including wound care. The Community Paramedic attends housing-system coordination meetings and helps connect participants to health and housing resources.

By embedding outreach and housing-navigation functions within first-responder and law-enforcement partnerships, the CoC reduces gaps between systems, improves referrals, and promotes coordinated, person-centered pathways from crisis response to behavioral health care, housing, and long-term stability.

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)

Clackamas County CoC supports family and support-network reunification through Resource Navigation, youth housing programs, and CoC-funded provider services.

Resource Navigation is a program which uses housing problem-solving conversations to identify safe, individualized alternatives to the formal homeless response system. Participants and case managers explore existing family and natural supports, contact supportive hosts, and develop solutions based on participant choice. Flexible assistance may address barriers to reunification, including support for a host, transportation or travel to a participant's preferred service area to join family or other supports, and other costs necessary to make a safe housing plan viable.

Family engagement and reunification are also foundational principles of the CoC's youth homelessness response. Clackamas County's Coordinated Community Plan to End Youth Homelessness, developed with the Youth Action Board and CoC Strategic Planning Group, identifies greater investment in mediation and family reunification as a community need. The Plan requires YHDP-funded projects to support family reunification, when appropriate, with "family" defined by the youth. It also emphasizes positive permanent connections to family, peers, caring adults, and other support systems as protective factors for housing stability. Family engagement is youth-driven: youth determine whether reunification is desired and develop individualized case plans.

CoC recipient Parrott Creek provides an additional example of this approach. Its Recovery Homes program explicitly supports young mothers and their children toward self-sufficiency and family reunification through case management, goal-setting, and coordination with Oregon Department of Human Services (ODHS) Child Welfare 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)

The CoC maintains long-standing, collaborative relationships with local law enforcement and first responders to connect people experiencing homelessness with services while supporting local public-safety responsibilities. These partnerships are built on regular communication, clear roles, joint training, and trust developed over time.

Law enforcement officers, including homeless liaison officers, routinely contact outreach providers when they encounter individuals who may benefit from services. Officers ask whether individuals are willing to engage with outreach, and outreach staff contact law enforcement partners when safety concerns require their assistance. This creates a two-way system of coordination with clear roles and points of contact.

Outreach tracking from June 2025–June 2026 documents referrals and coordinated contacts involving Oregon City Police Dept. (OCPD), Clack Co. Sheriff's office (CCSO)/Behavioral Health Unit (BHU), Code Enforcement, Parole and Probation, the Deflection Team, Mobile Crisis, and other first responders. These contacts resulted in CE updates, housing navigation, treatment referrals, medical case conferencing, transportation assistance, and connections to temporary and permanent housing.

The CoC maintains a clear distinction between outreach and enforcement. Outreach workers do not participate in encampment clearings or other enforcement actions and generally are not present during clearings. This preserves outreach workers' ability to build trust while allowing law enforcement and land-management agencies to carry out their lawful responsibilities without interference from the CoC.

Outreach also helps divert situations from unnecessary law enforcement, jail, or emergency department involvement by responding to individuals who can be better served through outreach and services. Law enforcement and outreach personnel participate in joint trauma-informed training and scenario-based exercises, creating shared understanding before responding together in the field.

Following a law enforcement referral, outreach can assess immediate needs, determine whether a CE assessment has been completed, and connect individuals to CE, shelter, behavioral health, treatment, diversion, housing, and other resources. This partnership enables first responders to address public-safety needs while creating pathways to services and housing.

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)

The CoC coordinates with local jurisdictions, law enforcement, public land managers, and outreach providers to connect people living in encampments with services while maintaining a clear distinction between outreach and enforcement activities.

Clackamas County Code Chapter 6.10 establishes a process for removal of unlawful campsites from public property. The County generally provides five days' notice before removal and requires notification to Clackamas County Social Services when a notice is posted. This creates an opportunity for outreach and service engagement before displacement occurs. Local jurisdictions, also maintain camping ordinances and campsite-removal procedures.

The CoC leverages these notification periods by supporting outreach engagement before a campsite is cleared. Outreach workers focus on building trust, connecting individuals to CE, shelter, behavioral health and other services, and identifying housing options. Outreach providers do not participate in enforcement or physically clearing camps, which helps preserve their role as trusted service partners.

A significant challenge is repeated displacement. Outreach providers report that people are frequently moved between public, private, corporate, and natural-resource properties, particularly in rural areas where outreach access and communication with property owners may be limited. Camping restrictions can result in individuals repeatedly relocating rather than resolving their homelessness. Individuals may lose phones or become disconnected from outreach workers and services; in some cases, providers are unable to locate them again. Citations or court involvement associated with camping can create additional barriers.

The CoC's plan is to strengthen coordination so that notice of planned removals creates a meaningful window for outreach, while maintaining outreach's independence from enforcement. The CoC will use outreach and law-enforcement contact information, Coordinated Entry/HMIS data, and provider feedback to identify frequently displaced individuals and reconnect them to services following camp removals.

In FY25-26, the CoC's Resource Navigation program placed 84 households experiencing homelessness into Rapid Re-Housing, demonstrating that sustained engagement can translate into permanent housing. Qualitatively, outreach providers consistently identify relationship continuity and the ability to locate people over time as critical to successful engagement.

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)

No permanent or long-standing encampments of people experiencing homelessness exist within the region served by the CoC. When a camp is identified on public land by a public land-managing or law enforcement agency, we have a cooperative practice whereby the latter agencies notify the CoC by way of a dedicated communications channel, providing mapping/location information, descriptions (when available) of the number and needs of the people camping, and timeframes for when the public agency will post the camp and then remove the camp. Prior to posting or removal, our CoC directs street outreach teams to engage with the people experiencing homelessness, ensure they are assessed through coordinated entry, make referrals where possible to shelter and housing resources, facilitate connections to mainstream resources, and engage in creative problem-solving conversations with the people experiencing homelessness.

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)

The CoC uses public-safety and service pathways to reduce public drug use & connect people to appropriate services. Clackamas County Code 6.08, Chronic Nuisance, identifies unlawful use, possession, manufacture, or delivery of controlled substances as a nuisance activity, including offenses involving personal-use quantities. This provides a property-based tool for addressing repeated drug-related nuisance activity.

Oregon HB 4002 established a framework beginning September 1, 2024, under which certain unlawful possession of controlled substances constitutes a drug enforcement misdemeanor while creating pathways for behavioral-health (BH) deflection. Clackamas County's deflection program allows law enforcement to refer eligible individuals rather than relying solely on prosecution. The District Attorney reviews eligibility, and a navigator connects eligible participants to services.

This framework is used to strengthen connections among deflection, Mobile Crisis, the Stabilization Center, BH Resource Network, Project Hope, housing programs, and treatment & recovery resources. Project Hope provides a bridge from EMS, law enforcement, jail, health care, and other community contacts to treatment, peer support, harm reduction, medications for opioid use disorder, housing assistance, and other recovery support.

Local data demonstrate both need and system capacity. Clackamas County recorded 103 drug-overdose deaths in 2024, with deaths subsequently beginning to decline. In 2025, the Clackamas County partners distributed more than 6,500 naloxone kits, connected 240 people at risk of overdose to peer support, case management, treatment, and housing, and provided medication-assisted treatment to more than 485 people with opioid use disorder.

The Recovery Campus, which broke ground in 7/2026, will add 76 beds for withdrawal management, residential treatment, and transitional housing, along with outpatient treatment, medication-assisted treatment, care coordination, and peer support. Referrals will include law enforcement, first responders, hospitals, and community partners, creating an additional pathway from public-system contact to treatment and long-term recovery.

The CoC will continue to strengthen coordination among law enforcement, BH, emergency services, treatment, peer recovery, and housing providers so public drug-use encounters can lead to timely treatment, recovery supports, and housing rather than relying solely on enforcement.

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)

Clackamas County, like communities across Oregon, continues to address the effects of illicit drug use and overdoses. These concerns are present in the CoC, but they vary across urban, suburban, rural, and outlying areas. Providers report that methamphetamine, opioids, and fentanyl continue to affect some people experiencing homelessness. Because the drug supply can be unpredictable and drugs may be mixed with other substances, the risk of overdose remains a concern.

The CoC has not seen widespread or increasing visible drug use in public spaces across the County. In some areas, providers report seeing less open drug use and fewer discarded needles than in prior years. Drug-related debris and paraphernalia are still found in some public places, however, and staff continue to watch for health concerns related to injection drug use.

The CoC responds by helping people stay safe and connect to care. A County community paramedic provides free, low-barrier overdose-prevention education and one-on-one naloxone training for people experiencing homelessness, providers, businesses, and community members. The paramedic also gives out sharps containers and teaches people how to safely dispose of syringes. This helps prevent accidental needle exposure and gives people tools to respond quickly if someone overdoses.

CoC providers also connect people to substance-use treatment, behavioral-health care, medical care, crisis services, shelter, and housing. The goal is to address immediate safety concerns while helping people get the longer-term support they need.

The CoC will continue to work with County public health, behavioral health, emergency responders, and community providers to watch local trends; expand naloxone, sharps containers, and training; and connect people to treatment, care, and housing.

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)

The CoC uses a prevention- and care-focused approach when a person experiencing homelessness may be at risk of harming themselves or others. Oregon's civil commitment law, ORS Chapter 426, provides a pathway for evaluation and treatment when a person meets statutory criteria for danger to self, danger to others, or inability to meet basic personal needs due to mental illness. However, some people in crisis may not meet commitment criteria while still needing immediate support.

The CoC leverages local practices that provide earlier, voluntary intervention. Clackamas County Behavioral Health operates a 24/7 Crisis and Support Line, Mobile Crisis Response Team (MCRT), Urgent Mental Health Walk-In Center, and Stabilization Center. MCRT provides crisis intervention, de-escalation, safety planning, and referrals, offering community-based support when hospitalization or law enforcement is not necessary. The Stabilization Center provides voluntary, short-term behavioral health support as an alternative to emergency departments or jail.

The CoC also leverages Clackamas County Public Health suicide-prevention training for community partners and frontline staff. In a recent 12-month period, approximately 1,820 community members, partners, and CBOs and 500 County/H3S staff received mental-health awareness and suicide-prevention training. Since 2023, County teams, hospitals, law enforcement, community paramedics, and partners have distributed approximately 6,468 secure-storage items, including medication lock boxes, handgun vaults, and long-gun cases, supporting means-safety practices.

Provider feedback indicates that training, mobile crisis response, and accessible stabilization options improve the ability to recognize risk, engage people earlier, and respond collaboratively in housing settings rather than relying solely on emergency departments or law enforcement.

Going forward, the CoC will: (1) continue training homeless-service partners in suicide prevention, crisis recognition, de-escalation, and safety planning; (2) strengthen warm handoffs among outreach, shelters, housing providers, MCRT, and behavioral health; (3) track crisis referrals, dispositions, and outcomes; and (4) identify service gaps for people who do not meet civil-commitment criteria but need urgent behavioral-health support. This approach preserves involuntary intervention for situations meeting legal criteria while expanding alternatives that can prevent escalation.

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)

OR law requires individuals who must register as sex offenders to report specified information & changes in circumstances to law enforcement. Clackamas County Sheriff's Office (CCSO) supervises adults on parole & probation & provides assessment, supervision, transitional, treatment, & residential services. The CoC coordinates w/these public-safety partners, ensuring homeless-service providers disclose participant info only when permitted or required by law.

A key local challenge is housing people subject to sex-offender registration & supervision requirements. People experiencing homelessness may lack a fixed address & move frequently, complicating registration compliance & housing. For those under supervision, placement may be affected by supervision conditions & jurisdictional requirements; out-of-county residences may require approval & coordination w/the receiving jurisdiction before relocation.

The CoC partners w/CCSO & specialized community resources to address these barriers. Free on the Outside is a key housing resource for this population, w/~30-40 beds. Capacity is constrained: generally no more than 3 people subject to sex-offender restrictions may share a house, though one Oregon City location can house up to 20, & more capacity is available through County Community Corrections residential programming. Providers coordinate w/CCSO when registration, supervision, or residence requirements create placement barriers & connect participants to reentry, recovery, & housing resources, so partners can identify a legally permissible placement rather than letting these issues prolong homelessness.

The CoC will strengthen coordination by giving outreach, shelter, CE, & housing providers guidance on who to contact when issues arise, & will work w/CCSO to identify available data on the # of individuals moving from homelessness into transitional or other housing, housing referrals, & recurring barriers.

Local supervision staff identify limited specialized housing capacity, limits on the # of registrants per residence, & cross-county placement requirements as significant barriers. The CoC will use these findings & available quantitative data to strengthen referral pathways, provider guidance, & public-safety coordination while maintaining HMIS privacy protections.

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)

The CoC deploys multiple mobile outreach teams to cover urban and rural areas within the county. These teams spend much of their time on the streets seeing and connecting with people staying outside, whether that be in a car, tent or without any shelter. The CoC works with a Community Paramedic and outreach providers embedded in our Community Court system to connect with people whose first point of contact is a first responder.

The CoC's geographical area has at least 6 stationary drop in centers for people experiencing homelessness to connect with CoC resources and supportive services. Outreach teams host shower and laundry events with access to staff who can connect people with our Coordinated Entry system and CoC resources.

The Coordinated Entry (CE) phone line is staffed as a live line with extended hours to ensure that people can connect with services. Staff complete housing assessments for each person experiencing homelessness and add eligible individuals to the community's By-Name List. During monthly case-conferencing meetings, housing system partners review the list and work to connect individuals with available shelter or housing resources. When someone is not connected to a provider, a request is sent to an outreach team to initiate or strengthen engagement. CE phone-line operators may also refer individuals directly to outreach services.

The CoC Outreach coordinator accepts referrals from Law Enforcement and Parks and Recreation staff who may encounter new encampments. The coordinator then sends the request with map information to outreach teams for further connection.

The CoC has mapped the geographic locations where each of our teams is most regularly active. Within these areas, our outreach providers engage in regular street outreach as well as connect with other organizations, such as homeless school liaisons and the Department of Human Services, and spaces where unhoused individuals are likely to access, such as food banks and libraries, in order to create connection to the housing system.

If an individual declines services, outreach teams remain available and consistently engaged in the community to build trust and assist with resource navigation when the person is ready.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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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	Yes
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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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)	No

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)

The COC and ESG Policy Manual includes guidance for all COC programs. The policy on the Education of Children states:

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

The policy reinforces and references 24 CFR 578.23(C)(7).

Participant choice and self-determination are codified in the written CoC and ESG Policy Manual Principles, which permeate system-wide. Informing families of their educational rights and resources is central to ensuring each family has all the information needed to make the best educational choices for them.

Procedures:

The CoC procedures include monthly and ongoing coordination with YEP, SEA, LEA, and school districts regarding educational services program eligibility. These monthly meetings create an avenue to share the most updated information with CoC providers, and updates are provided at CoC-wide monthly meetings.

Information about eligibility for educational services is available via a variety of methods, including the weekly email digest, sharing in monthly housing services community meetings, during discussions related to contract status check-ins, and in case conferencing meetings.

Information is also made available in languages in addition to English to ensure access and to meet legal requirements.

This way, CoC providers can follow the formal policy to inform individuals and families who become homeless of the eligibility for educational services with the most up-to-date information, supporting overall stability for households and families with children.

The CoC's Youth Housing Planner facilitates Youth Housing Strategic Planning Group meetings with McKinney-Vento Liaisons, where written policies and procedures informing individuals and families who become homeless of their eligibility for educational services are reviewed and updated as necessary.

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)

Clackamas County CoC coordinates with the Oregon Department of Human Services (ODHS) and contracted youth housing provider Northwest Family Services (NWFS) to support current and former foster youth transitioning from public systems of care.

NWFS implements the Foster Youth to Independence (FYI) program in Clackamas County. Eligible youth are identified through ODHS, receive an FYI housing voucher through the Housing Authority of Clackamas County, and are connected to NWFS for ongoing case management and housing stabilization services. NWFS Housing Specialists provide individualized support to help participants maintain stable housing, access community resources and supportive services, pursue education and employment goals, address barriers to stability, and build skills for long-term independence.

The CoC also coordinates with ODHS at the system level. ODHS representatives participate in Youth By-Name List case conferencing, the Youth Housing Strategic Planning Group, and Housing Services Community meetings. These forums allow child welfare and homeless-services partners to coordinate around youth needs, identify housing and service barriers, and improve connections between systems. The CoC's Youth Housing Program Planner is currently working with ODHS representatives to incorporate a foster-youth-specific section into Youth By-Name List case conferencing, strengthening the CoC's ability to identify and coordinate housing responses for young people transitioning from foster care.

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)

In Oregon, Runaway and Homeless Youth (RHY) funding is administered through the Oregon Department of Human Services (ODHS) Youth Experiencing Homelessness Program (YEHP). In Clackamas County, YEHP providers include AntFarm Youth Services, Parrott Creek Child and Family Services, and DevNW.

The Clackamas County CoC coordinates directly with all three organizations through housing and homeless-services partnerships. AntFarm receives Supportive Housing Services funding for youth outreach and shelter services. Parrott Creek has received CoC funding through Clackamas County, and DevNW has received CoC and Youth Homelessness Demonstration Program (YHDP) funding.

CoC planners regularly meet with staff from these RHY-funded providers to coordinate services, identify system needs, and strengthen connections between youth homelessness programs. Staff from AntFarm, Parrott Creek, and DevNW also participate in Housing Services Community Meetings, Youth Housing Strategic Planning Group meetings, and Youth By-Name List case conferencing. These forums support cross-agency coordination around individual youth, service gaps, housing resources, and broader system planning.

Although RHY funding is not awarded through the Clackamas County CoC itself, these organizations bring their RHY-funded programs into CoC planning and coordination activities, helping connect youth served through RHY programs with the broader homeless response system.

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)

Housing Our Families and Annie Ross Housing Services are both CoC funded Rapid Re-Housing programs for families with children experiencing homelessness, providing housing placement support, short-term rental assistance, and supportive services to help families quickly move into and maintain permanent housing.

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)

Clackamas County Social Services Division (CCSSD) Housing Our Families RRH Program assists families experiencing literal homelessness or fleeing domestic violence by helping them quickly obtain and maintain permanent housing. The scattered-site program provides rental assistance for up to 24 months, individualized case management, and housing stabilization services tailored to each family's circumstances. Families participate in a tiered rent-responsibility structure designed to support long-term housing sustainability as income increases.

Each household is assigned a Case Manager who works with the family, landlords, property managers, shelter staff, and community partners to identify safe, affordable housing, address barriers, and support successful tenancy. The Case Manager assesses needs related to employment, income, benefits, childcare, transportation, education, physical and behavioral health, substance use, and family safety.

Families are supported in increasing their income and achieving self-sufficiency by being connected with employment and income-development programs, job training opportunities, educational pathways, and vocational resources. This includes services available through Child and Family Community Connections (CFCC) and WorkSource Oregon. Case management also provides budgeting support, benefits navigation, childcare referrals, transportation coordination, and connections to additional community resources, all integrated into a personalized housing stability plan. Rental assistance offers families the time and stability needed to strengthen their earnings, build financial management skills, and reduce reliance on ongoing assistance.

Housing Our Families is integrated with Clackamas County's Coordinated Entry System and partners with emergency and faith-based transitional shelters, including the Lake Oswego Transitional Shelter Ministry and Aurora Family Shelter. Families entering these shelters are assessed through Coordinated Entry and, when eligible, referred to RRH. Shelter staff and the Case Manager coordinate closely to support the transition from shelter to permanent housing.

Through this coordinated model, combining rental assistance, tiered rent responsibility, case management, income-development services, and community referrals. Housing Our Families reduces the length of homelessness, supports permanent housing stability, increases household income, and strengthens long-term self-sufficiency.

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)

Clackamas County Social Services Division (CCSSD) Housing Our Families leverages multiple mainstream family-service systems to support families with children and strengthen long-term housing stability. The program coordinates housing assistance with a wide range of community-based resources, including Temporary Assistance for Needy Families (TANF), SNAP, Oregon Health Plan, employment and training programs, childcare supports, early learning services, and other benefits administered through the Oregon Department of Human Services and local community organizations.

Families are screened for eligibility and connected to TANF when appropriate for cash assistance, employment, and training opportunities, childcare, transportation, and crisis-stabilization supports. Housing Our Families also partners with DHS family-services staff, child welfare, behavioral-health providers, early learning hubs, domestic-violence programs, and workforce-development agencies to coordinate services that improve stability and reduce barriers to maintaining permanent housing.

With participant consent, the Case Manager communicates with TANF caseworkers and other mainstream providers to align service plans, coordinate basic-needs support, and ensure families can meet employment, training, or caregiving requirements while progressing on their housing stability plan. When mainstream resources can resolve short-term financial gaps, support employment, or address transportation and child-care needs, CoC-funded services can focus on rental assistance, landlord engagement, housing navigation, and stabilization.

Families may receive CoC-funded rapid re-housing while TANF or other supports help increase income, maintain employment, or provide childcare, transportation, food assistance, and health coverage. These partnerships reduce duplication, strengthen family-service coordination, and extend CoC resources to create a more sustainable path to long-term housing success.

Through participant-centered case management, releases of information, and warm referrals, Housing Our Families tracks benefit access, employment progress, income changes, and unmet needs to ensure services remain responsive. By integrating TANF and other family-service systems with CoC-funded housing assistance, the project helps families achieve immediate housing stability, increase economic security, and build the foundation needed for long-term self-sufficiency.

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)

The Clackamas County Social Services Division (CCSSD) Housing Our Families Rapid Rehousing (RRH) Program combines time-limited rental assistance with individualized case management and referrals to services that support family stability and child well-being. Families receive rental assistance for up to 24 months while the Case Manager develops a housing stability plan tailored to each household's needs, including childcare, parenting support, pregnancy-related and child healthcare, and education.

The Case Manager assesses each family's barriers and connects parents to childcare resources that support employment, education, and participation in housing-related appointments. Families may also be referred to parenting education, family-support programs, and community resources that strengthen parenting skills and promote safe, stable households. When pregnancy-related or child-health needs are identified, the Case Manager coordinates referrals to medical, behavioral health, substance use, and other specialized providers. The Case Manager also helps families access transportation and public benefits when needed for appointments or household stability.

The program supports children's educational needs by connecting families with schools, educational resources, and community-based support. The Case Manager works with parents to identify and reduce barriers such as transportation, childcare, financial hardship, health concerns, or housing instability that may interfere with school attendance or academic progress.

Housing Our Families is integrated with the CoC's CE System and collaborates with emergency and transitional shelter providers, including the local faith-based Lake Oswego Transitional Shelter Ministry and Aurora Family Shelter. Families are assessed through Coordinated Entry and, when eligible, referred to RRH. Shelter staff, the Case Manager, landlords, and community partners coordinate the transition from shelter to permanent housing and continue to support the family after placement.

Through this coordinated approach, Housing Our Families pairs rental assistance with ongoing case management and connections to childcare, parenting support, healthcare, education, transportation, public benefits, and other mainstream resources. This helps parents secure and maintain housing while addressing the broader needs of their children and strengthening long-term self-sufficiency.

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)

Clackamas County's Homelessness Response System partners with the U.S. Department of Veterans Affairs through Health-Housing Case Conferencing. VA representatives collaborate with Clackamas County, health plans, behavioral health providers, housing providers, and peer partners to coordinate referrals, treatment, benefits, and housing supports for Veterans experiencing or at risk of homelessness.

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)

Clackamas Women's Services (CWS), the primary DV partner, has been an active partner in Clackamas County's CoC since its inception. CWS helped craft CoC's structure, policies, and procedures through a trauma-informed and survivor-centered lens. CoC structure includes a domestic violence (DV) "door" whereby survivors of DV can be transferred to CWS at any time during the process to ensure that survivors have access to housing along with services tailored to the unique needs of survivors

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)

The CoC partners with Clackamas County Community Corrections and the Sheriff's Office Jail Reentry team to identify people pre-release who are at risk of homelessness, complete CE assessments, and connect them to RRH/PSH, diversion, and benefits. Coordination includes Oregon DOC release planners and Treatment Court case managers, with NW Legal Aid support for IDs/records relief and warm handoffs to outreach and housing navigators to prevent homelessness at exit.

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)

The CoC has a formal partnership with Clackamas County Behavioral Health to provide services for PSH residents. Health and Housing Integration Team coordinates across homeless services, health systems, behavioral health, Health Share, Aging and People with Disabilities, and community providers to connect people experiencing homelessness to primary care, specialty care, behavioral health treatment, long-term care, insurance, and other needed supports.

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)

The CoC's Health and Housing Integration work also includes coordination with Aging and People with Disabilities and other health and housing partners for households with complex needs. H4S provides training and technical assistance focused on the needs of older adults and adapts communication approaches to better meet participant needs.

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)

The Housing Authority of Clackamas County's Shelter + Care Program, which is a CoC-funded Permanent Supportive Housing (PSH) project, prioritizes chronically homeless individuals and families. As the recipient, HACC provides rents and the subrecipient, Impact NW (INW), provides supportive services (including case management).

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)

The Shelter+Care(S+C) PSH program serves chronically homeless individuals and families through a scattered-site, tenant-based rental assistance model. Impact NW meets the participant's need to access mental health treatment and substance use services through a partnership with Providence Health & Services and participant-specific insurance benefits.

This approach brings behavioral healthcare access into each participant's individualized housing plan without requiring travel to a shared clinic: this partnership meets participants within their own units and community context, reducing barriers to engagement for a population for whom consistency of care, trust, and mobility are often significant challenges. Case managers continue coordinating with Providence and the identified providers throughout the participant's tenancy, incorporating behavioral health goals into the participant's housing stability plan and revisiting referrals as needs change.

S+C can also connect participants to the Behavioral Health Retention Team (BHRT), which is a partnership between our CoC and Clackamas County Behavioral Health Division, a CMHC in our area. Available to all PSH programs in our CoC, BHRT will assign a care coordinator and peer support specialist to provide both in-home and phone-based behavioral health care coordination, connecting participants to mental health providers, detox, treatment, and other behavioral health programs in the community.

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)

The Shelter + Care (S+C) program assesses participant need for a higher level of care (e.g., assisted living, residential treatment) through twice monthly Health and Housing Case Conferencing hosted by Clackamas County. In these case conferences, S+C case managers present participant circumstances (changes in health status, cognitive or functional decline, safety concerns, or increased care needs) for review, and partners from Behavioral Health and Oregon Aging and People With Disabilities attend and give guidance.

This regular and collaborative process allows Impact NW, HACC, the CoC, and representatives of higher levels of care programs to evaluate together whether a participant's needs have progressed beyond what can be safely supported in independent, community-based housing, and whether referral to a higher level of care is needed and justified. Case managers draw on information from ongoing home/office/community visits, participant self-report, and coordination with behavioral health and medical providers to inform these case conferencing discussions. Multi-agency Release of Information are used to allow system partners to share updates, for example on applications for Long Term Services and Supports from Aging and People With Disabilities for residential care programs. The CoC's Behavioral Health Retention Team can also help to identify when higher levels of care are needed.

When a higher level of care is indicated, the case manager works with the participant, their support network where possible, and the relevant providers to plan a safe transition. The funder is being continuously informed of the progress through the case conferencing process, and follows up regularly for more urgent cases to make sure that the needed connections are made. This collaborative review ensures that participants whose needs exceed what S+C can offer are identified early and connected to appropriate care. In a recent example, S+C helped a participant apply for attendant care through Aging and People With Disabilities, and the participant was approved for, and is now receiving, attendant care 6 days per week to help them with their activities of daily living.

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)

Shelter + Care (S+C) participants are asked to complete an annual needs assessment to determine their readiness for moving on to unsubsidized or other permanent housing. The assessment reviews the participant's housing stability, ongoing service needs, and progress toward the goals set out in their individualized service plan. The individualized service plan and goals are reviewed and discussed monthly, usually during home visits.

Based on the results, the case manager and participant discuss whether the participant is positioned to transition. It is taken into consideration whether their needs have decreased, income increased, they themselves expressed readiness to graduate, etc. Readiness to move on is also discussed with the funder, Clackamas County, during regular case conferencing sessions, providing an additional layer of review before a transition plan moves forward.

Where the annual assessment indicates readiness to move on, the case manager begins move-on planning with the participant, such as identifying alternative housing options, assisting with the search and application process, and coordinating any needed handoff of supportive services so the participant continues to have access to behavioral health and other supports established through the S+C tenancy.

Participants who are not yet ready continue to be reassessed at each annual cycle, keeping the determination current with their changing needs.

The CoC has recently strengthened workforce partnerships, including through the Housing 4 Success (H4S) program. Recognizing the need to support participants in moving on from subsidies as they are able, PSH programs such as S+C can tap into these workforce services for those who are able to work even part time. Exploration of work possibilities is done through collaborative case management and through utilization of various support networks.

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.	
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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.	
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	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
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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
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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
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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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.	08/10/2026
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.	
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	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.	08/10/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	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. The CoC publicly posted the competition, held a technical assistance session, and invited new, renewal, expansion, transition, and YHDP replacement/reallocation proposals. Each renewal completed a scorecard using APR, HMIS, and LOCCS data: HUD monitoring findings, on-time APR, spending (90%+), quarterly draws, HMIS data quality, utilization, exits to or retention in permanent housing, returns to homelessness within 6 months, and increased earned income, plus HUD priorities (required service participation, on-site substance use treatment, supportive services funding, self-sufficiency strategies). CE is reviewed on system need, compliance, and spending. New projects are scored on capacity, HUD thresholds, performance targets, community need (reducing homelessness, encampments, first-time homelessness, and length of time homeless), experience, services, and budget. The CoC Steering Committee ranks all projects by score. A renewal is a reallocation candidate if it scores low, is underutilized or underspent, or is less needed because a new proposal would better meet local need and HUD priorities. Applicants are notified in writing of ranking, reductions, and reallocations, and results are posted publicly.
2. Yes. The CoC identified five renewal projects as less aligned with current priorities relative to new proposals.
3. Yes. The CoC reallocated \$2,020,612 from five projects to create new projects scoring 82-98%. The CoC also reduced a CE project and a RRH project.
4. The CoC did reallocate this year. Remaining renewals scored 80-92% and were retained because they met performance thresholds and continue to meet a demonstrated local need.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	PIT Count—Methodology Change.	
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	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)

Not Applicable - The CoC did not conduct a 2026 unsheltered PIT Count.

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)

During the evaluation period, the CoC used a coordinated encampment response focused on outreach, housing connections, behavioral health services, and safe resolution of encampments. Multidisciplinary partners—including CE, County Behavioral Health (BH), peer support, housing providers, law enforcement, and Community Corrections—engaged people living in encampments, assessed needs, and connected individuals to appropriate services.

BH and recovery services are integrated into the response. Individuals can be connected to mental health and substance use disorder assessment, naloxone, medication-assisted treatment, outpatient or residential treatment, crisis services, and the County Stabilization Center. Housing pathways include emergency and transitional shelter, recovery-supportive housing, Rapid Re-Housing, and Permanent Supportive Housing, depending on individual needs and eligibility. Partners coordinate housing, treatment, peer support, benefits, and other services to support longer-term stability.

Encampment responses follow applicable Oregon law and County requirements, including advance notice. Outreach and service partners engage individuals before and during encampment resolution efforts, provide information about available resources, and help address barriers to shelter and housing. Law enforcement partners support safety and de-escalation while outreach and service providers lead connections to housing and services. Community Corrections also helps connect justice-involved individuals to appropriate housing and behavioral health resources.

The CoC uses specialized pathways for populations with distinct needs. Survivors of domestic and sexual violence can access confidential services, while youth and Veterans are connected to specialized providers and resources, including Veteran-specific housing programs.

The CoC also strengthens coordination through case conferencing and cross-system partnerships. Outreach, Coordinated Entry, BH, housing providers, and public-safety partners share appropriate information to identify barriers, coordinate services, and support movement from unsheltered homelessness toward shelter and permanent housing.

Through this approach, the CoC works to reduce both the number of people residing in encampments and the likelihood that individuals return to unsheltered homelessness by pairing encampment response with coordinated access to housing, behavioral health care, recovery supports, & ongoing stabilization services.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	6
2. Enter the reduction in the number of encampments during your evaluation period.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	20
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2. Enter the reduction in the number of people in encampments during your evaluation period.	16
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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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)

N/A, there have been reductions.

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)

The CoC's plan to reduce first-time homelessness is centered on intervening as early as possible when households experience housing instability and creating multiple opportunities to resolve a housing crisis before homelessness occurs. The strategy combines targeted prevention, diversion, resource navigation, landlord engagement, financial assistance, and rapid housing interventions.

Early access to prevention services: The CoC maintains a coordinated access system that connects households at risk of homelessness to prevention resources before they enter the homeless response system. Households seeking rental assistance or facing eviction can access specialized prevention services focused on identifying the cause of the housing crisis and determining the most appropriate intervention.

Diversion and problem-solving: Coordinated Entry and Resource Navigation use strengths-based problem-solving to explore safe alternatives to homelessness. Staff help households identify existing resources and support networks, resolve barriers, connect to community resources, and use mediation or negotiation when appropriate. This creates opportunities to preserve existing housing or identify another safe housing option without entering homelessness.

Eviction prevention and housing stabilization: The CoC supports landlord-tenant mediation and short-term financial assistance for households experiencing temporary housing instability. These interventions address immediate threats to housing while helping households develop a plan for longer-term stability. Partnerships with community organizations expand access to rental assistance and other resources that can prevent eviction and housing loss.

Rapid intervention when prevention is unsuccessful: When homelessness cannot be prevented, the CoC prioritizes quickly reconnecting households to housing through shelter diversion, housing navigation, Rapid Re-Housing, and other available housing resources. Reducing the time households remain homeless also decreases the likelihood that a housing crisis becomes prolonged or recurring homelessness.

The CoC will use HMIS, Coordinated Entry, and program performance data to monitor first-time homelessness, prevention outcomes, and housing stability. Data will be used to identify gaps, strengthen successful interventions, and target resources toward households most at risk of entering homelessness for the first time.

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)

The CoC's plan to reduce the length of time individuals and families remain homeless focuses on identifying people quickly, prioritizing households with the longest histories of homelessness, beginning housing planning early, and removing barriers that delay placement into permanent housing.

Early identification and planning: Housing planning begins early, including when households enter shelter or temporary housing. Resource Navigation providers identify housing needs, eligibility, documentation, income, benefits, and other barriers early issues can be addressed while households await housing.

Prioritization & By-Name List (BNL) management: The CoC uses CE, HMIS, and its BNL to identify households experiencing literal homelessness and prioritize those with the longest histories and greatest housing barriers. This directs resources to those most likely to experience prolonged homelessness.

Active case conferencing: The CoC has multiple monthly case conference meetings that include reviewing individuals on the By-Name List (BNL) and addressing ongoing community needs. The BNL is divided into various sub populations (chronically homeless single adults, families with minor children, youth age 14-24, and veterans). Each meeting focuses on a population and reviews individuals w/ high vulnerability and varying length of time seeking services. Discussions address housing progress, barriers, and service connections. Other activities in case conference meetings include identifying referrals for available housing/shelter programs, program and system updates, training sessions such as Housing Problem Solving (HPS), and community announcements. Meetings involve resource coordination and services for individuals entering CE. Attendance of case conference meetings consist of members of the CoC, community staff working with individuals on the BNL, housing and resource navigators, outreach staff, school liaisons, mental health providers, ODHS, parole/probation, and county support staff.

Continuous performance improvement: The CoC monitors HMIS and system performance data to identify delays from engagement through housing referral and move-in. These insights support workflow improvements, stronger provider coordination, and targeted system changes.

Together, early housing planning, data-driven prioritization, active case conferencing, and rapid barrier resolution shorten time to permanent housing and support the goal of making homelessness rare, brief, & nonrecurring.

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?	44.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Based on HMIS data, 44% of program participants who exited TH/RRH/PSH collectively exited to unsubsidized housing during the reporting period of January 1, 2025 through December 31, 2025.

The universe included all TH, RRH, and PSH projects in the CoC. An HMIS APR report was used to identify 681 total exits from these projects.

The numerator included exits recorded in HMIS Data Element 3.12 (Exit Destination) as:

Staying or living with family, permanent tenure, Staying or living with friends, permanent tenure, Rental by client, no ongoing housing subsidy, Owned by client, no ongoing housing subsidy

There were 302 exits to these four destinations. The percentage was calculated as $302 \div 681 = 44\%$.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	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
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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
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	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.	
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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	164	47	211	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	32	0	32	100.00%
4. Rapid Re-Housing (RRH) beds	314	99	413	100.00%
5. Permanent Supportive Housing (PSH) beds	1,693	133	1,826	100.00%
6. Other Permanent Housing (OPH) beds	180	68	248	100.00%

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

N/A- Bed coverage rate is 100%

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?	Yes
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

4A. Attachments Screen For All Application Questions

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

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of Proj...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f List of Pro...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Language fro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10 Letter from...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1 Local Compet...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c Local Compe...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. CoC's Poli...	09/30/2026
11. Other	No		

Attachment Details

Document Description: 1C-1 List of Projects ad Treatment Providers with On-Cite SU Treatment

Attachment Details

Document Description: 1C-1f List of Projects and number that require SU Treatment

Attachment Details

Document Description: 1C-3 Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10 Letter from Gladstone Police Chief

Attachment Details

Document Description: 1D-1 Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c Local Competition Scoring Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

1C-1. Attachment – List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

2 out of 13 eligible projects will provide on-site substance use treatment.

Project Name	Provider	Will the project provide on-site substance use treatment?
Tay Transitional Recovery Housing	4D Recovery	Yes
HOPE Leasing	CCSS	No
Housing the People	CCSS	No
HOPE II	CCSS	No
Housing our Families	CCSS	No
Housing our Heroes	CCSS	No
PSH Renewal	CWS	No
RRH-DV Bonus: Housing for Survivors	CWS	No
Shelter + Care	HACC	No
Annie Ross Housing Services	NHA	No
Monarch House Transitional Housing	Parrott Creek Child and Family Services	Yes
CWS TH	CCSS	No
NWFS TH	CCSS	No

1C-1f. Attachment – List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

A total of 52 units have been indicated as planning to require substance abuse treatment.

Project Name	Provider	Will the project require substance abuse treatment?	Number of Units that will require substance abuse treatment
TAY Transitional Recovery Housing	4D Recovery	Yes	15
Monarch House Transitional Housing	Parrott Creek	Yes	6
CWS TH	CCSS	Yes	19
NWFS TH	CCSS	Yes	12

1C-3. Attachment – Language from Project Supportive Service Agreements

This document includes the following supportive service agreements:

1. 4D Recovery – TAY Transitional Housing – pages 2-6
2. CCSS – All Programs – pages 7-11
3. CWS – All Programs – pages 12-17
4. HACC/Impact NW – Shelter Plus Care – pages 18-26
5. Parrott Creek – Monarch House – pages 27-29

4D RECOVERY

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YHDP TRANSITIONAL HOUSING & SUPPORTIVE SERVICES PARTICIPATION AGREEMENT

Transition-Age Youth (Ages 18-24)

Welcome to 4D Recovery. This Transitional Recovery Housing Program provides a safe, recovery-oriented environment for transition-age youth experiencing homelessness. The program combines stable transitional housing with individualized supportive services, peer support, recovery services, housing navigation, and connections to treatment and community resources. Our goal is to support each participant in building stability, strengthening recovery and wellness, increasing self-sufficiency, and transitioning to permanent housing.

This agreement explains the supportive services participation expectations and housing guidelines for the YHDP Transitional Housing Program. Services are individualized and youth-centered. Participants will have an active role in identifying goals, selecting appropriate services and providers, and adjusting their service plan as needs and circumstances change.

1. Program Length and Housing Planning

Participants may remain in YHDP Transitional Housing for up to 24 months based on individual need, progress, continued eligibility, and program requirements. Length of participation is individualized and is not based on a predetermined phase-completion date.

Permanent housing planning begins at enrollment. Participants will work with their Peer Case Manager and other members of the support team to identify housing preferences and barriers, develop a housing plan, and take steps toward a safe and sustainable permanent housing destination throughout participation.

2. Your Support Team

Residential Assistants / Residential Support Staff

- Provide on-site residential support and help maintain a safe, stable household environment.
- Support house operations, community expectations, chores, safety, accountability, and communication.
- Conduct house meetings, check-ins, and other housing-related activities.
- May conduct or coordinate alcohol and drug screening consistent with program policy.

Peer Case Managers / Peer Mentors

- Meet with participants regularly to develop and review individualized goals and service plans.
- Provide peer recovery support, resource navigation, benefits assistance, transportation coordination, and connections to community resources.
- Assist with identification and documentation, employment and education goals, housing barriers, tenancy preparation, landlord communication, applications, and move-in planning.
- Help participants develop and update a permanent housing exit plan beginning at enrollment.

Clinical and Community Providers

Substance use disorder treatment is not provided on-site at the YHDP housing locations. When clinically indicated, participants may receive outpatient or intensive outpatient substance use disorder treatment through 4D Recovery or another appropriate community provider. Participants may also be connected to mental health, physical health, medication management, education, employment, legal, benefits, and other services based on individual need and preference.

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3. Supportive Services Participation

By enrolling in the program, participants agree to actively engage in an individualized combination of supportive services and activities designed to promote housing stability, recovery, wellness, self-sufficiency, and progress toward permanent housing.

Unless an approved exception or exemption applies, participants will engage in at least 20 hours per week of individualized activities. The specific combination of activities will be based on the participant's needs, goals, preferences, abilities, and service plan. Qualifying activities may include:

- Case management and peer support;
- Housing search, housing counseling, tenancy preparation, and permanent housing activities;
- Employment, job readiness, vocational services, or paid employment;
- Education, training, or skill-building activities;
- Clinically appropriate substance use disorder or mental health treatment;
- Recovery support meetings and recovery-oriented activities;
- Life-skills development, budgeting, household management, and independent-living activities;
- Healthcare, benefits, legal, transportation, and other activities necessary to address barriers to housing;
- Volunteer, community engagement, or other approved activities that support the participant's individualized goals.

Participation requirements are intended to provide structure and support, not a one-size-fits-all schedule. The type, frequency, and intensity of services may increase or decrease as needs change. Participants should communicate with their support team when barriers interfere with participation so the team can help adjust the plan or connect the participant to appropriate resources.

4. Individualized Service and Housing Plan

Each participant will collaborate with their Peer Case Manager and support team to develop and regularly review an individualized service and housing plan. Goals may address:

- Permanent housing and tenancy readiness
- Recovery and substance use disorder treatment, when clinically indicated
- Mental and physical health and wellness
- Employment, vocational development, and earned income
- Education and training
- Income, benefits, identification, and documentation
- Transportation
- Family, natural supports, and healthy relationships
- Independent-living and life skills
- Other participant-identified goals

Participants will meet with their assigned Peer Case Manager or mentor at least weekly unless the individualized plan establishes a different frequency based on need. Participants are expected to attend scheduled meetings with housing and supportive services staff and to communicate when they cannot attend.

5. Youth Choice and Provider Choice

4D Recovery uses a youth-centered approach that supports participant voice, choice, self-determination, and increasing independence. Staff will provide information about available options and help participants make informed decisions about services and interventions.

Participants are not limited to services provided directly by 4D Recovery. When appropriate and available, participants may choose 4D services, community-based providers, or other resources that fit their needs and preferences. Staff can assist with referrals, coordination, transportation, and connections to reduce

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barriers to accessing chosen services. Service plans may be changed as a participant's needs, preferences, and goals change.

6. Recovery-Oriented Environment and Substance Use Expectations

YHDP housing is an alcohol- and drug-free recovery environment. Participants are expected to support the safety and recovery of the household and refrain from possessing, using, or distributing alcohol, illegal drugs, unauthorized controlled substances, marijuana/cannabinoid products, kratom, kava, or other intoxicating substances prohibited by program policy.

Drug and alcohol screening may be requested randomly, for reasonable cause, or to establish a baseline. Screening may include urinalysis or breath alcohol testing and may be conducted by trained 4D staff or a contracted drug-testing provider. Participants should notify staff of prescribed medications before testing when appropriate.

A positive screen, return to use, or difficulty meeting recovery expectations will be addressed through engagement, assessment, safety planning, and behavioral intervention whenever appropriate. Staff will work with the participant to identify needed supports, treatment, or a higher level of care. Immediate safety concerns may require a different response.

7. Community Expectations

Everyone in the program is expected to contribute to a community based on safety, mutual respect, compassion, acceptance, and non-judgment. Participants agree to:

- Resolve conflict in a compassionate and non-violent manner.
- Maintain the confidentiality and privacy of other participants.
- Respect cultural, spiritual, gender, sexual orientation, ability, and other differences.
- Respect personal boundaries and obtain consent before physical contact.
- Use respectful, non-derogatory language and refrain from harassment, bullying, threats, or hate speech.
- Keep bedrooms and common areas reasonably clean and complete assigned household chores.
- Follow reasonable staff directions related to safety and program operations.
- Practice honesty and communicate concerns that may affect household safety.
- Be considerate of neighbors, including noise, parking, smoking areas, and property upkeep.

8. Safety and Prohibited Conduct

The following conduct may result in a behavioral intervention, safety response, or conclusion of program participation depending on severity and circumstances:

- Violence, physical aggression, serious threats, sexual misconduct, harassment, stalking, bullying, or other conduct that creates an immediate safety risk;
- Possession or distribution of alcohol, illegal drugs, unauthorized controlled substances, or prohibited intoxicating substances;
- Weapons or dangerous objects prohibited by 4D policy;
- Theft, intentional property damage, vandalism, or tampering with fire or safety equipment;
- Unauthorized guests or serious/repeated violations of visitor requirements;
- Repeated disruptive behavior or sustained refusal to follow reasonable safety-related staff directions;
- Repeated or sustained non-participation in the program after efforts to identify barriers and re-engage the participant;
- Fraudulent or criminal conduct that substantially jeopardizes safety or 4D's ability to administer the program.

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9. Housing Guidelines

Housekeeping and Fire Safety

Participants are expected to maintain a reasonably clean, sanitary, and fire-safe bedroom and shared living space. Staff may conduct scheduled room or safety inspections consistent with program policy. Damage or safety concerns should be reported promptly. Candles, incense, open flames, unsafe electrical use, and other identified fire hazards are not permitted.

Curfew and Overnight Expectations

Standard curfew is 10:00 p.m. to 6:00 a.m. unless an individualized or program-approved exception applies. Employment, education, treatment, recovery activities, and other approved obligations may support an exception. Participants must communicate approved schedule changes with residential staff.

Visitors

Visitors are permitted only during approved visitation times and in approved common areas. Participants are responsible for ensuring that their visitors follow program safety and community expectations. Visitors may not be left unattended.

Smoking and Burning

Smoking and vaping are not permitted inside the residence. Smoking is permitted only in designated outdoor areas. Burning candles, incense, or other materials inside the residence is prohibited.

Medications

Participants must use medications only as prescribed and may not share, distribute, or use another person's prescription medication. Medications should be stored securely. Participants should inform appropriate staff of medication-related safety needs or changes when required by program policy.

Property and Access

Participants will receive the appropriate key, code, or other access method for the residence and may not share access information with unauthorized persons. Personal property left after departure will be handled according to 4D Recovery's abandoned-property policy and applicable requirements.

10. Behavioral Intervention and Problem Solving

When behavior conflicts with community expectations, housing guidelines, supportive services participation, or household safety, 4D will generally use a progressive behavioral intervention process when appropriate. The purpose is to identify barriers, increase support, practice replacement behaviors, and help the participant remain successfully engaged in housing and services.

Interventions may include a meeting with the participant, an updated service or safety plan, increased staff contact, additional recovery or supportive activities, restorative practices, referrals to additional services, or other individualized supports. Participants will be involved in developing the response whenever possible. Severe or immediate safety concerns may require action outside the normal progressive process.

11. Program Conclusion and Transition Planning

Program participation may conclude at the participant's request, when the participant reaches the maximum allowable length of stay, when the participant no longer meets program eligibility requirements, or when serious or sustained circumstances make continued participation impossible after appropriate efforts to address barriers and support continued engagement.

Participation in a specific 4D clinical treatment program is not, by itself, required for continued YHDP housing when the participant remains otherwise eligible and is appropriately engaged in an individualized

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service plan. When treatment is clinically indicated, staff will work with the participant to identify an appropriate provider and support continuity of care.

Whenever possible, 4D will work with participants on a transition plan focused on housing stability, continuity of services, recovery and wellness supports, and connection to community resources. Follow-up or stabilization support may be provided or coordinated after transition to permanent housing when available and appropriate.

12. Participant Rights and Feedback

Participants have the right to be treated with dignity and respect, participate in decisions about their services, ask questions, provide feedback, and raise concerns without retaliation. Participants are encouraged to tell their Peer Case Manager, Residential Assistant, supervisor, or other appropriate staff member when services are not meeting their needs or when they have concerns about safety, housing, or program practices.

Participant feedback may be used, consistent with privacy requirements, to improve program practices and services. 4D Recovery will also engage the Clackamas County CoC Youth Action Board as part of ongoing program evaluation and continuous quality improvement.

13. Emergency Contact and Participant Information

Participant Legal Name	
Preferred Name	
Phone / Email	
Emergency Contact Name	
Emergency Contact Phone	

14. Acknowledgment and Agreement

By signing below, I acknowledge that I have received access to this agreement, have had an opportunity to review it and ask questions, and understand the housing and supportive services expectations of the 4D Recovery YHDP Transitional Housing Program. I understand that my service plan will be individualized and may change as my needs and goals change. I agree to participate in the program and follow the community and safety expectations described above.

Participant Signature

Date

Participant Printed Name

Preferred Name

Staff Signature

Date

Staff Printed Name / Title

Clackamas County Social Services Division

Housing Programs

Supportive Services Participation Agreement

This Supportive Services Participation Agreement will apply to the following FY2026 Continuum of Care (CoC) Program projects administered by Clackamas County Social Services (CCSS):

Renewal Projects

- HOPE Leasing
- Housing the People
- HOPE II
- Housing Our Families
- Housing Our Heroes

New Projects

- Veteran Street Outreach
- Clackamas County Social Services-Clackamas Women's Services TH
- Clackamas County Social Services- Northwest Family Services TH

The attached Supportive Services Participation Agreement will be used for participants enrolled in the CoC Program projects listed above.

Clackamas County Social Services Division

Housing Programs

Participant Services and Participation Agreement

The mission of the Clackamas County Social Services Division (CCSSD) Housing Programs is to assist individuals and families experiencing or at risk of homelessness in obtaining and maintaining safe, stable, and permanent housing through housing assistance and individualized supportive services.

Supportive services are a required component of participation in all CCSSD Housing Programs. These services are intended to promote housing stability, address barriers to maintaining permanent housing, and connect participants with community resources based on their individual needs.

By signing this agreement, I acknowledge that I understand and agree to the following program requirements.

1. Required Participation in Supportive Services

I understand that participation in supportive services is a requirement of this housing program.

I agree to actively participate in required supportive services, including ongoing case management and housing stabilization activities.

Supportive services are individualized and may include, but are not limited to:

- Individualized Service Planning
- Case Management
- Housing Stabilization Services
- Employment and Workforce Development
- Education and Vocational Training
- Income and Benefits Assistance
- Budgeting and Financial Literacy
- Physical and Behavioral Health Referrals
- Transportation Assistance
- Childcare Resource Referrals
- Legal Advocacy
- Community Resource Referrals
- Life Skills Development
- Other supportive services identified by CCSSD

The frequency and type of services will be determined jointly by the participant and Case Manager based on program requirements and the participant's individual needs.

Participant Initials: _____

Clackamas County Social Services Division

Housing Programs

2. Participant Responsibilities

I agree to:

- Participate in scheduled case management meetings and required supportive services.
- Notify my Case Manager if I cannot attend a scheduled appointment and reschedule promptly.
- Work with my Case Manager to develop and periodically review my Individualized Service Plan.
- Maintain regular communication with my Case Manager.
- Report changes to my address, phone number, email address, household composition, and income, as required.
- Obtain approval before adding household members.
- Follow all lease requirements.
- Properly use program-funded assistance and resources.
- Respect the privacy and confidentiality of other program participants.
- Inform my Case Manager if I need a reasonable accommodation.

Participant Initials: _____

3. Program Participation Requirements

I understand that participation in required supportive services is a condition of participation in this housing program.

I understand that repeated failure to participate in required services, maintain communication with my Case Manager, or comply with required program activities may affect my continued eligibility for program assistance, unless an approved reasonable accommodation or other documented circumstance applies.

Before any action affecting my participation is taken, CCSSD will review my individual circumstances, make reasonable efforts to re-engage me in services, and consider any requested reasonable accommodations.

Participant Initials: _____

Clackamas County Social Services Division

Housing Programs

4. Housing Assistance Requirements

If I receive rental assistance, I agree to:

- Complete all required eligibility and income reviews.
- Participate in annual recertifications.
- Cooperate with required NSPIRE or other inspections.
- Report changes in income and household composition.
- Notify my Case Manager before permanently vacating my unit.

I understand that unauthorized subleasing, assignment of my lease, abandonment of my unit, or permanent vacancy without notification may result in termination of rental assistance in accordance with program requirements.

Temporary stays in hospitals, treatment facilities, or other institutions that do not exceed applicable HUD requirements are not considered abandonment.

Participant Initials: _____

5. Participant Rights

I acknowledge receiving information regarding:

- Grievance Procedures
- Client Nondiscrimination Policy
- Violence Against Women Act (VAWA) protections, when applicable
- Program termination procedures
- Lead-Based Paint information, when applicable
- Fair Housing rights
- Reasonable Accommodation procedures

I understand that if I have a qualifying disability, I may request a reasonable accommodation at any time to assist me in participating in the program or maintaining housing.

Participant Initials: _____

Clackamas County Social Services Division

Housing Programs

6. Participant Acknowledgment

By signing below, I acknowledge that this Participation Agreement has been reviewed with me. I understand the requirements of the program, have had an opportunity to ask questions, and agree to participate in the required supportive services provided through the Clackamas County Social Services Housing Program.

Participant Name: _____

Participant Signature: _____ Date: _____

Case Manager: _____

Case Manager Signature: _____ Date: _____



This Supportive Services Participation Agreement will apply to the following FY2026 Continuum of Care (CoC) Program projects administered by Clackamas Women's Services (CWS):

Renewal Projects

- PSH Renewal FY26
- RRH Renewal Housing for Survivors FY26

The attached Supportive Services Participation Agreement will be used for participants enrolled in the CoC Program projects listed above.

HUD [insert program] Program Participation Agreement

Participant(s): _____

Agency: Clackamas Women's Services (CWS)

Case Manager: _____
Name Phone Number

Project Description

The HUD [insert program] Program is designed to provide housing and supportive services for persons that are fleeing domestic violence. The project includes case management and/or counseling or other supportive services that address self sufficiency and domestic violence for the person participating in the program so that they can maintain housing independently at program end.

You have the right to be treated without discrimination.

Our community is made up of a diverse group of people of all races and ethnicities, people with or without children, people with different abilities, and people of all genders, sexual orientations, religions, and belief systems. We all bring our own values, standards, and lifestyles to our shared experience here. You deserve to be treated without discrimination and your culture, communities and identities are welcome here.

You have the right to clear and open communication

All participants have the right to transparent and honest interactions with staff and we believe strongly in direct and open communication.

We care deeply about your experience in this program and want to hear your feedback of all kinds and are very interested in talking with you about any grievances or concerns you may have any time. *Please see the attached Grievance Form.* You have the right to ask for flexibility from the program and we hope you will feel comfortable to ask for what you need. CWS is interested in learning more about the effectiveness of the program and will ask participants to complete surveys or provide feedback about the services they have received.

You have the right to self-determination

We understand that participation in the [insert program] Program may look different for each individual based on needs, skills and barriers. A case management plan will be developed based upon the unique needs of the participants and agreed upon by both the participant and agency staff as to the implementation of the plan. We trust that all participants are experts on their own situation and have come to this place in their lives with a great deal of skill and expertise. We will support the choices that you make and understand that all participants in our program face many complex and complicated choices. We are here to offer options and brainstorming but leave the final decisions to you.

You have the right to be supported.

CWS will provide case management services which include (but are not limited to) emotional support, advocacy, and support in identifying and achieving goals related to securing housing or maintaining stable housing. CWS will provide referrals to other mainstream support agencies in the community. CWS will provide referrals for emergency services when these may be available and participants may be eligible. Case

management meetings are focused on the participant's strengths and resources. This time can be used to brainstorm goals and action steps, access resources and referrals, and talk to a Case Manager about any housing related issues.

If assistance is needed in order to participate or receive the services of this program, program participants have a right to submit a request for Reasonable Accommodation. *Please see the attached Reasonable Accommodation Form.* CWS will work with each program participant to determine the most appropriate accommodation given the participant's needs and the available resources of the program.

You have the right to keep your presence in our programs confidential

We will not speak about any individual participant to any person(s) outside of CWS. We will not share any information with anyone outside of CWS unless we have a signed release specifying the person we are to speak with and the information we are to share. *Please see the attached Release of Information Form.* By law, the sole exceptions to confidentiality are threats of imminent harm to self or others or court-ordered disclosure. You have the right to choose how staff contacts you during your participation in the program and after you leave the program. *Please see the attached Participant Contact Information.*

Rental Assistance

Prior to the first allocation of rental assistance, a copy of the lease or rental agreement is required. This must confirm that the participant is a party to the lease and indicate the cost of the unit and allocation of responsibilities for utilities.

Rental assistance is provided directly to the landlord or property management agent. It is the participant's responsibility to deliver their portion of the rental payment to the property manager on date rent is due in accordance with the lease.

Rental assistance will be determined according to the fair market rent standards published by HUD and the utility allowances published by the HACC with an expectation that the participant will be responsible for a portion of their housing expenses. In general, the level of assistance is based on the participant using 30% of household income toward rent.

Rent and utilities will be recalculated each time using the Rent Contribution and Utility Reimbursement Worksheet. Participant gross income must be verified by agency staff. Third party documentation of income may be required. Participants agree to notify their Case Manager of any changes in income. If income decreases the Case Manager will follow up with a home visit and an updated participation agreement. The agreement will state the change or new assistance that CWS will be providing.

Participant may be responsible for all of the application fees, deposits, late fees and utility costs.

Apartment Name:

Address:

Apartment Type:

Monthly Rent Amount:

Rental assistance will begin on DATE, and will end on DATE.

CWS Monthly Rental Subsidy Amount:
Utility reimbursement:

Participant Rental Responsibility: 30% of income
Participant Monthly Rental Payment Amount:
Participant Monthly Utility Payment Amount:
Total:

Your first rent payment will be made on

It is important for participants to understand that agents/staff appointed by the Portland Office of the U.S. Department of Housing and Urban Development (HUD) will conduct periodic housing inspections. The purpose of these inspections serves to ensure that CWS is following funder guidelines on housing habitability standards. CWS and its staff are required to comply with these inspections as a condition of receiving funds for this program. These site visits/inspections are part of an overall monitoring process to ensure CWS is in compliance with funder requirements and may take place for as long as the participant's housing is funded by this project.

Termination of Services Policy

It is important to be aware that the following actions will result in you being terminated from the program:

1. Abuse, aggression or threats of violence towards any agency staff.
2. Allowing anyone other than those on the lease to reside in the unit.
3. If the program participant or anyone residing in the housing unit engages in any behaviors that violates the conditions of the lease.
4. If the program participant is refusing all contact from agency staff.

Agency staff will make attempts orally and in writing to provide the participant the opportunity to take the steps to avoid termination of services. Agency staff will examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases. In all cases, a notice of termination will be provided both orally and in writing, containing a clear statement of the reasons for termination.

Terminating Rental Assistance

1. If a participant is non-compliant as outlined above, the housing team and program manager will discuss strategies to give added support to the participant and the program participant will have the opportunity to request a reasonable accommodation in order to meet the program requirements.
2. If a program participant continues to be non-compliant after coaching and any additional support from the housing case manager, written notice will be given that contains a clear statement of the reasons for termination.
3. The program participant will have an opportunity to present written and/or oral objections before a person other than those who approved the termination decision.
4. If the decision to terminate remains after the participant has had a chance to present written and/or oral objections, a prompt final termination letter that addresses the participant's objections will be sent.
5. If a program participant has received a notice of termination, their rental assistance will terminate at the end of that month.
6. Program participants are responsible for giving 30-day written notice to property managers when vacating units.
7. Rental assistance will also terminate automatically at the end of the month upon the Case Manager receiving knowledge that a participant had abandoned or was otherwise no longer residing at the unit.
8. If the Case Manager receives knowledge that a participant has abandoned a unit, the information will be shared with the property manager.

Disclaimer of Liability

CWS and participating Agencies accept no liability or responsibility for participant/tenant actions. Participant will hold the CWS harmless for any loss or damages to the premises wherein rental assistance is provided, and agrees to indemnify CWS for any losses incurred by, or inflicted upon, any third person and of the person's use of the premises. Participant will assume responsibility for any and all damage to the dwelling whether or not caused by the participants, during the term of this agreement. Neither the participant nor the property managers become agents of the CWS by nature of this or any other agreement.



A Bridge to Hope for Survivors of Domestic and Sexual Violence

HUD [insert program] Program Participation Agreement

I, ____, understand the information provided in the CWS [insert program] Participation Agreement and agree to adhere to these guidelines while a participant in the program.

I received a copy of the VAWA Protections information (initial) ____

I received a copy of the Reasonable Accommodations form (initial) ____

I received a copy of the Grievance Form (initial) ____

(If applicable) I received a copy of the Lead in your Home Brochure, Lead Hazard Information Before Rental or Sale brochure and the EPA's Renovate Right brochure (initial) ____

Participant Signature

Date

Staff Signature

Date

SHELTER PLUS CARE PROGRAM AGREEMENT

The monthly rental assistance which you receive as a participant in the Shelter+ Care (S+C) Program requires that you meet the S+C eligibility requirements. You must comply with all Housing Authority of Clackamas County (HACC) requirements, including the terms and conditions of this agreement.

1. You are required to complete the HACC Application Packet for S+C and sign the Release of Confidential Information forms. These forms are necessary for establishing and maintaining program eligibility and maintaining a lease agreement.
2. You are required to reside in Clackamas County.
3. You are required to maintain contact with the Occupancy Specialist assigned to you by HACC. You are required to participate in supportive services, if not connected with a Service Provider, maintain contact with the Clackamas County Housing Coordinator for S+C.
4. You are required to abide by the tenant certifications listed in the S+C Tenant Based Housing
 - a. Provide information that HACC determines to be necessary to establish eligibility for rental assistance.
 - b. Provide information as requested by HACC for the yearly S+C recertification for rental assistance, or for interim re-examinations of family income and composition.
 - c. Disclose and verify Social Security numbers for all household members. Sign and submit consent forms for obtaining financial information.
 - d. Promptly notify HACC of any change in your household composition. (Birth, adoption, or court awarded custody of a child, if a household member moves out of the unit.
 - e. Request written approval from HACC to add any other person as an occupant of the unit.
 - f. Promptly notify HACC of any change in your household income.
 - g. Allow HACC to inspect the unit at reasonable times, and after reasonable notice. If you cannot be present for the inspection, you are required to make arrangements for someone over the age of 18 to be present on your behalf for the inspection.
 - h. Live in the unit for a minimum of 12 months.

- i. Give written notification to the landlord, HACC, and to your service provider (if available), at the start of any absence from your unit which may last longer than 21 days. If a household member is expected to be absent from the unit longer than 60 days, a Request for a Reasonable Accommodation must be submitted to and approved by HACC in order for Rental Assistance to continue.
 - j. Give written notification to the landlord, HACC and your service provider (if available) if you plan to make changes in you housing (i.e. move out of the unit). (Written notification should be a minimum of 30 days prior to making any changes).
 - k. Abide by the terms of the rental agreement made and signed with the property manager/owner of the unit for which you are receiving rental assistance.
 - l. Agree to move to a new location if HACC terminates its agreement with a property owner, This will be required for you to continue to receive S+C rental assistance.
5. Termination of tenant based rental assistance:
- a. HACC may initiate termination of tenant based rental assistance under the S+C Program:
 - i. If your name has come to the top of the Housing Choice Voucher (HCV) List (Section 8), and you decide that the added benefits of the S+C Program are no longer needed for housing stability.
 - ii. If you violate the program requirements or any of the terms and conditions of this agreement.
 - b. HACC and your service provider (if available) will exercise sound judgement and examine all extenuating circumstances in determining when violations are serious enough to warrant termination. If a S+C participant's rental assistance is terminated, the participant will be responsible for the full rent, if they choose to remain in the unit.
 - c. The S+C participant will be afforded due process of law consisting of:
 - i. Written notice to the S+C participant with a clear statement for the reason for the proposed termination
 - ii. A review of the decision, in which the participant is given the opportunity to appeal (present written or oral objections) to a

proposed decision to terminate from the program, The appeal (oral or written) will be made to a neutral person other than the person that made the decision to terminate rental assistance.

iii. Prompt written notice of the final decision will be provided to the participant.

d. HACC will follow the review and hearing process described in its Procedure for Termination in the S+C Program,

I have read the above information. I understand and agree to comply with the terms and conditions required of me to participate in the S+C Program. I have had the opportunity to ask questions that I may have regarding the S+C program. I have received a copy of this agreement.

S+C Applicant Printed Name:

Date:

S+C Applicant Signature:

Date:

Housing Authority of Clackamas County
Representative Printed Name:

Date:

Housing Authority of Clackamas County
Representative Signature:

Date:



IMPACT NW

PARTICIPANT AGREEMENT

The purpose of this form is to establish how Impact NW program participants and staff will work together to achieve goals. This form is intended to explain your client rights, explain any possible risks in participation, and liability waivers.

Purpose of Services

Impact NW strives to prevent homelessness by partnering with people as they navigate their journey to stability and opportunity. We offer a variety of support programs that aim to strengthen home and job security, and further develop parenting and relationship skills. We do this through external referrals, workshops, groups, home visits and individual case management.

Safety and Conduct

I will comply with Impact NW's safety rules, conduct expectations, and other directions. I understand that Impact NW does not tolerate bullying, harassment, discriminatory behavior, or violence of any kind. All Impact NW staff are held to the same expectations of conduct towards clients.

I acknowledge that participating in program services has mental and emotional risks for myself and/or my child. I can bring these concerns to Impact NW staff at any time.

Programming during COVID-19

To reduce potential exposure to COVID-19, Impact NW will offer remote programming to clients whenever possible. This may include virtual home or office visits via Zoom, Google, or another platform. Impact NW staff will take precautions to protect client's privacy.

Mandatory Reporting Policy

All Impact NW staff are considered Mandatory Reporters and are required by law to report alleged abuse of:

- children
- adults age 65 and over
- adults with developmental disabilities
- adults with mental illness, and
- residents in nursing facilities

Program Termination

The services provided through Impact NW are voluntary and all participants are free to terminate services at any time. Impact NW does not terminate services without cause or prior notification. Impact NW makes every reasonable attempt to resolve conflicts or problems before a termination decision is made. The Program Manager is responsible for termination decisions. When the decision has been made to terminate, the program staff will make attempts to contact participant via the safe phone number or email given. Contact may not be made if it seems unsafe to participant or staff.

Reasons for program termination include but are not limited to:

- Participant has reached their stated goals and agrees with their provider that it is time to transition out of the program.
- An extended pattern of no contact between provider and participant, indicating that participant is no longer interested or able to engage in services at this time.
- Participant has become involved with an actively abusive partner since intake rendering in-home therapeutic services unsafe for participant, their children, and program staff.
- Change in living situation that would render the participant ineligible.
- Violent, discriminatory or harassing behavior that is potentially harmful to participant, staff, co-participants, or other community partners.

Donation Policy

The most important donation a participant can provide Impact NW is feedback via the Client Satisfaction Survey. This can be obtained from your case worker at any time.

At no time will any other Impact NW staff members accept cash donations from any program participants, as it conflicts with service delivery ethics.

Grievance Policy

Impact NW respects your right to an orderly process whereby problems, complaints, and disagreements with agency actions and decisions can be considered fairly and quickly. If you have a grievance with Impact NW, you should proceed using the following steps:

- 1. Discuss the grievance with the Impact NW staff from which you are requesting/receiving services.
- 2. If you are dissatisfied, ask to speak with the supervisor of your program. The supervisor must meet with you within two (2) working days of your request.
- 3. If you and the supervisor cannot reach an agreement, ask him or her to provide you with a **Client Grievance Form**. You may also request this form from any Impact NW Employee. If you need help filling out the form, ask any staff with whom you feel comfortable for assistance. The completed **Client Grievance Form** should be submitted directly to the Program Director within five (5) working days of your meeting with the supervisor.
- 4. The Program Director will respond in writing to your written grievance within five (5) working days of their receipt of the grievance.
- 5. If you are dissatisfied with the Program Director’s response to your grievance, you may submit a written or oral appeal within ten (10) working days to the Deputy Director. The Deputy Director will respond in writing to the written grievance within five (5) working days of their receipt of the grievance.
- 6. If you are dissatisfied with the Deputy Director’s response to your grievance, you may submit a written or oral appeal within ten (10) working days to the Executive Director.
- 7. The Executive Director will review your appeal within the next ten (10) working days from the time you let them know of you concern. The Executive Director’s decision is Impact NW’s final step in the grievance process.
- 8. If you do not take your concern to the next step in the grievance process within the designated time limits, the agency will consider the grievance settled based on the last reply or action. If Impact NW fails to comply with the grievance procedures and prescribed timelines, the client’s grievance will automatically advance to the Executive Director. Impact NW will not withhold services, or take any other form of recrimination based on your filing a grievance.

I assume and accept any and all risks that may arise from my presence and participation in Impact NW services.

_____ Client's Legal First & Last Name Printed	_____ Signature of Client	_____ Date
_____ Signature of Impact NW Staff	_____ Date	



This Participation Agreement is entered into by:

Participant(s): _____

Case Manager: _____
name phone number

Northwest Housing Alternatives
Annie Ross Housing Stabilization Program (HSP)
Working together, you can achieve housing stability.

What HSP Offers You:

- A case manager who's on your side
- A career coach to help you achieve your employment goals
- A benefits coach to assist you in obtaining all your benefits
- Financial assistance while you work to obtain financial independence

HSP is about helping you succeed, not just for today, but for the long haul. Over the course of our partnership with you, we will support you in growing your income, building stability, and reaching your goals, so that when your rental assistance ends, you're ready!

We're on this journey alongside you, together.

What you must do:

- 1) Meet with your case manager as outlined in your Individualized Housing Plan (IHP).
- 2) Work your IHP. We will work on completing our assigned tasks, and we need you to complete yours.
- 3) Follow the HSP financial assistance procedures.

Responsibility of Agency and Agency Staff

Right to be Respected

NHA participants and staff are a diverse group of people of various genders, races and ethnicities, families with children, people with different abilities, and people with various sexual orientations or gender identities as well as people with different spiritual practices and belief systems. All program participants have the right to be treated with respect and without discrimination.

Reasonable Accommodation

NHA does not discriminate on the basis of physical or mental disability. If assistance is needed in order to participate or receive the services of this program, program participants have a right to submit a request for Reasonable Accommodation. NHA will work with each program participant to determine the most appropriate accommodation given the participant's needs and the available resources of the program.

Program Confidentiality Policy

- No information will be shared with anyone outside of NHA unless we have a signed release of information specifying the person we are to speak with and the information we are to share.
- By law, exceptions to confidentiality include reports of child or elder abuse, threats of imminent harm to self or others, or court-ordered disclosure.

Program Support Services

Throughout the time assistance is received through ARHS, participants are expected to actively participate in case management services. An Individualized Housing & Services Plan will be developed based upon the unique needs of the

participants and agreed upon by both the participant and agency staff as to the implementation of the plan.

The Individualized Housing & Service Plan includes the participant's goals and steps to be taken to achieve housing stability. Frequency of contact with the case manager is determined by the diverse needs of the participants and will be established at time of intake.

Program participants are expected to engage in direct communication with agency staff at a minimum of one time per month (see Program Termination).

Participants can expect the following from NHA staff:

- NHA, through ARHS will provide case management services which include (but are not limited to) emotional support, advocacy, and support in identifying and achieving goals related to securing housing or maintaining stable housing.
- NHA, through ARHS will provide referrals to other mainstream support agencies in the community.
- NHA, through ARHS will provide referrals for emergency services when these may be available and participants may be eligible.

While receiving program support services:

- All program participants have the right to transparent and honest interactions with staff.
- All participants have the right to open communication.
- Case management meetings are focused on the participant's strengths and resources. This time can be used to brainstorm goals and action steps, access resources and referrals, talk to a Case Manager about specific information regarding issues that may have contributed to homelessness or housing instability.

Financial Assistance

NHA may be able to provide financial assistance to help secure or retain permanent housing. Funding for financial assistance is limited and different funding sources that provide this assistance may have varying rules that govern the assistance.

These procedures must be followed if we (Northwest Housing Alternatives) are providing you, or will provide you, with any financial assistance¹. This includes but is not limited to: rental assistance, utility assistance, household flexible funds, and crisis support.

- You must meet with your case manager as detailed in your HSP Individualized Housing Plan (IHP).
- Be proactive! Bring us into a situation before a crisis occurs. The sooner you let us know about a need, the easier it is for your case manager to assist you. If you wait until something is in arrears (until there is a late payment), your case manager needs to follow a company process that can take upwards of three weeks to get you financial assistance if approved. Be proactive!

Example: It is March 11th and you are aware that you will not be able to pay the entirety of your portion of your utility bill, which is due April 1st. Bring this situation to your case manager before you are late with your payment, and late fees have been accrued. At this point, your case manager has the greatest flexibility in providing support. If you wait until after the payment due date, your case manager can choose to present your request to the NHA Payment Arrears Committee. This committee only meets twice a month, and all paperwork must be submitted 5-working days before any meeting.

- Work your IHP. We will work on completing our assigned tasks, and we need you to complete yours.

¹ NOTE: If you are receiving rental and/or utility assistance through another entity, including but not limited to a Section 8 voucher, you must follow the procedures set by that entity to continue to receive that support. These procedures apply only if Northwest Housing Alternatives is paying for the assistance. Your case manager will ensure that you know if NHA is providing you with any assistance.

Verification of Housing Status and Costs

Prior to the first allocation of financial assistance, a copy of the lease or rental agreement is required. This must confirm that the participant is a party to the lease and indicate the cost of the unit and allocation of responsibilities for utilities.

Copies of utility bills, shut-off notices and/or documentation of past due utility bills may also be required. Rental

Assistance

Rental assistance is provided directly to the landlord or property management agent. It is the participant's responsibility to deliver their portion of the rental payment to the property manager on date rent is due in accordance with the lease.

Rental assistance will be determined based upon an assessment of the unique needs of the household with an expectation that the participant will be responsible for a portion of their housing expenses. In general, the level of assistance is based on the participant using 30-50% of household income toward housing related expenses (rent, utilities, moving expenses, etc.).

Participants may be responsible for all or some of the application fees, deposits, late fees and utility costs. Participant gross income must be verified by Agency Staff. Three months of third party documentation of income will be required. Participants agree to notify their Case Manager of any changes in income.

Persons Authorized to Benefit from Rental Assistance:

Subleasing of units receiving rental assistance from this project is not permitted and will result in termination of rental assistance through NHA. Any change in household composition must be reported to the Case Manager and may result in a reevaluation of your financial assistance.

Post Participation Responsibilities

NHA will provide supportive services to help ensure housing stability for three months following the final installment of rental assistance. For other program participants, follow up services are available as needed. This may include services such as information and referral to mainstream community services.

NHA is interested in learning more about the effectiveness of the ARHS Program and may ask participants to complete surveys or provide feedback about the services they have received.

Termination of Services Policy

NHA staff may issue notices to participants found in breach of the Participation Agreement and terminate services. The following are some reasons that would lead to termination of services:

1. Allowing anyone other than those on the lease to reside in the unit.
2. If the program participant or anyone residing in the housing unit engages in prostitution, drug use, manufacture or distribution of drugs, the abuse or neglect of children or elders, or other threats of, or physical harm to, household members.
3. If the program participant threatens or commits a crime against any Agency Staff.
4. If program participant discontinues to work on the agreed upon Individualized Housing & Service Plan.

If any change occurs affecting the agreed upon case plan, it is the participant's responsibility to communicate with Agency Staff in order to modify the agreement. Agency staff may make attempts orally or in writing to provide the participant the opportunity to take the steps to avoid termination of services.

In all cases, a notice of termination will be provided both orally and in writing, stating the cause and the end date of services. Participants have a right to appeal a decision to terminate services. *Please see the attached Grievance Policy.*

Terminating Rental Assistance

1. If a program participant has received a notice of termination, their rental assistance will terminate at the end of that month.
2. Program participants are responsible for giving 30-day written notice to property managers when vacating units.
3. Rental assistance will also terminate automatically at the end of the month upon the Case Manager receiving knowledge that a participant had abandoned or was otherwise no longer residing at the unit.
4. If the Case Manager receives knowledge that a participant has abandoned a unit, the information will be shared with the property manager.

Resolving Grievances

NHA values open communication and are very interested in talking about any grievances or concerns that arise. If there is a particular concern regarding NHA services, or a participant feels they have not been treated fairly, or if there is a conflict with a staff person or volunteer:

- We encourage the program participant to attempt to resolve concerns with the staff person, volunteer, or program director directly. We are always available to meet with you to discuss any concerns or feedback.
- If addressing the conflict with the person directly is not comfortable, there is the option of speaking with that person's supervisor.
- There is also the option of filing a written grievance. *Please see the attached Grievance Policy.*

Upon receiving a grievance, a supervisor will discuss with the participant the concerns and any action steps that might be taken. Please understand that due to confidentiality rights of staff and other participants, outcomes of the grievance may not be discussed.

Acknowledgement of Document Review

Participant acknowledges that they have carefully read and understand the terms and conditions in this agreement and agrees to abide by any terms and conditions contained in other documents incorporated herein.

I, _____, understand the Participation Agreement and agree to participate in accordance with these guidelines.

Participant(s) Signature(s)

Date

Participant(s) Signature(s)

Date

Case Manager (or NHA Designee) Signature

Date



Monarch House Transitional Housing Client Agreement

Recovery is a continuous process and a commitment made by you. We are here to support you at all times during your engagement with any and all barriers that may arise to navigate through them with skills and maintaining sobriety. Reach out and speak up to obtain support. If you follow the suggestions and program we are sure you will create skills to prevent relapse, create new and healthy relationships, personal growth development, the beginning of self sufficiency, and lasting sobriety.

Program expectations and Supportive Services participation rules:

- I will actively participate in a minimum of 20 hours of Supportive Services offered to me each week.
- I will not possess any alcohol, drugs, or mood altering substances.
- I will give a copy of any prescription medications to my case manager and keep locked in a lockbox in a locked room at all times.
- I understand that in order to have a vehicle on Parrott Creek property I need to provide valid vehicle insurance, registration that is in my name, and a valid driver's license.
- I understand that taking and/or sharing medications at any time is not allowed.
- I agree to take random and scheduled urine drug screen analysis as requested. If positive or I refuse this can result in dismissal and discharge from the program. (1 hour window to provide and stay in staff sight at all times).
- I will address any disagreements or issues as they arise with respect and will be solution focused, seeking support, guidance and mediation from staff as needed.
- I will address program issues in house meetings.
- I understand there is a zero tolerance for aggressive, threats, or disruptive behavior. These types of behavior will result in immediate termination.
- I understand that negative talk about staff or peers is not tolerated and can result in disciplinary action and or termination.
- I agree to participate in the program fully.
- I agree that I will not enable other participants by participating in their disease. This means by holding others accountable to unhealthy behaviors, not keeping secrets that are harmful such as using substances, rule violations, or aggressive behaviors.
- I agree to attend house meetings and engage with my individual check ins with my case manager
- I agree to attend recovery supported meetings, 3 times weekly and turn in my meeting slips at my one on one to my case manager.

- I understand that curfew is 10pm and I will be at the house unless otherwise approved.
- I will not bring weapons into the community, this includes anything designed or used for inflicting bodily harm or physical damage.
- I understand that I will be assigned a laundry day and can do laundry on open days also.
- I understand that Parrott Creek staff reserves the right to do room inspections at any time and at random once a month or more if needed.
- I understand that guests are not allowed on property. Only service providers.
- I understand that there is a designated smoking area and I will not smoke inside the program including my room.
- I will respect my peers in the program in regards to noise, cleaning up after myself, personal space, common areas, and eating. There will be assigned cupboards and fridge space.
- I understand that I will be participating in doing chores on the chore days.
- I understand that I am expected to prepare my own meals and there is no eating in my room. Assistance with food stamps and food boxes will be provided.
- I understand Parrott Creek will not store belongings if I leave or are terminated.
- I will be properly and fully dressed in all common areas
- I understand that there are security cameras in the common outside spaces.
- I understand Parrott Creek is not responsible for any lost or stolen items
- I understand that no other participants are allowed in my room.
- I understand that nicotine use is only allowed in designated areas
- I understand that I am in a program that requires confidentiality. This means I will not divulge information about my peers and I will keep anonymous who my peers are.
- I understand that I am responsible for any broken or lost Parrott Creek property.

Non-compliance with terms of program can result in the following actions:

- Accountability agreement
- Behavioral contract
- Termination

Termination: Parrott Creek reserves the right to terminate participants for non-compliance and this will require residents to leave the program. There may be a 24 hour notice or immediate requirement to leave depending on the cause of termination.

Review and amendments: Parrott Creek holds the right to amend this agreement at any time as it is a live document to ensure its effectiveness for participants and staff.

Acknowledgement: I acknowledge that these agreements meet the certification standards set by **National Alliance for Recovery Residences (NARR)** for sober living homes, and meet strict national standards for safety, ethics, and quality of care.

By signing below I consent to all expectations, rules and guidelines of the Parrott Creek program. If at any time I do not follow them then I am subjected to termination and cannot engage again until being staffed after 30 days of dismissal. I have been given the opportunity to ask clarifying questions and understand what i have read:

Please print name

Signature

Date

Primary counselor signature

Date

Mentor signature

Date



Date: September 25, 2026

To: To Whom It May Concern

From: Eric Macnab, Chief of Police

Subject: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

I am writing on behalf of the Gladstone Police Department in support of LoveOne and The Father's Heart Street Ministry and their efforts to secure Continuum of Care (CoC) funding. This letter is intended to document their coordination with local public safety efforts and confirm that their activities complement, rather than interfere with, the work of local law enforcement and other community partners working to protect public safety.

LoveOne and The Father's Heart have established themselves as valuable community partners serving individuals and families experiencing homelessness, housing instability, and poverty throughout Gladstone and Clackamas County. Together, these organizations provide outreach, basic-needs services, relationship-based engagement, and connections to housing, behavioral health, treatment, and other supportive services.

The Gladstone Police Department recognizes that homelessness, behavioral health needs, and public safety can intersect in complex ways. Effective responses require coordination among law enforcement, outreach teams, behavioral health professionals, housing providers, local governments, and other community-based organizations. LoveOne and The Father's Heart play an important role within this coordinated response by engaging individuals, building trust, addressing immediate needs, and helping connect people to appropriate services and longer-term solutions.

Their work can also provide an important alternative to relying on law enforcement to address situations where the primary need is related to homelessness, behavioral health, basic needs, or access to services. At the same time, both organizations recognize and respect the role of law enforcement when circumstances involve criminal activity, immediate threats to safety, emergencies, or other matters requiring a public safety response.

Based on our experience, the activities of LoveOne and The Father's Heart are conducted in a manner that supports coordination with community partners and does not interfere with the Gladstone Police Department's responsibility to protect public safety, enforce applicable laws, respond to emergencies, or address criminal activity. Their work is intended to complement these responsibilities by helping ensure that individuals can be connected with the right resource at the right time.

This type of partnership strengthens our broader community response. When outreach providers, service organizations, behavioral health professionals, and law enforcement understand their respective roles and



communicate effectively, our community is better positioned to address both immediate public safety concerns and the underlying circumstances that can contribute to repeated crisis contacts.

The Gladstone Police Department values partnerships with organizations committed to serving vulnerable members of our community while respecting the responsibilities of local public safety agencies. LoveOne and The Father's Heart have demonstrated a commitment to collaboration, communication, and a coordinated approach to serving people experiencing homelessness and housing instability.

For these reasons, I confirm that the proposed CoC-funded activities of LoveOne and The Father's Heart Street Ministry are compatible with and supportive of local efforts to advance public safety and, to our knowledge, do not interfere with the Gladstone Police Department's public safety responsibilities.

Please feel free to contact me if additional information or clarification is needed.

A handwritten signature in black ink, appearing to read "Eric Macnab".

Eric Macnab

Chief of Police

Gladstone Police Department

1D-1 – Attachment
Local Competition Scoring Tool

Renewal Project Criteria					
Criteria	Objective/ Subjective	SSO	TH	RRH	PSH
HUD Monitoring Findings	Objective	5	5	5	5
APR Submission	Objective	5	5	5	5
CoC-fund Expenditures	Objective	6	6	6	6
Quarterly drawdowns	Objective	6	6	6	6
HMIS Data Quality	Objective	5	5	5	5
Utilization	Objective	8	8	8	8
SPM - Retain or Exit to Permanent Housing	Objective	N/A	10	10	10
SPM - Returns to Homelessness	Objective	N/A	10	10	10
SPM - Increased or Maintained Income	Objective	10	10	10	10
Supportive Service Requirements	Objective	10	10	10	10
On-site Substance Use Treatment	Objective	5	5	5	5
Funding for Supportive Services	Objective	10	10	10	10
Strategies to Support Self-Sufficiency	Subjective	10	10	10	10
Local Project Priority	Objective	N/A	N/A	N/A	10
TOTAL Renewal Projects		80	100	100	110
% Objective (at least 50%)		88%	90%	90%	91%
% for SPMs (at least 25%)		13%	30%	30%	27%

New Project Criteria		
Criteria	Objective/Subjective	All Projects
Applicant Capacity: Data	Subjective	5
Applicant Capacity: Grant Management	Subjective	5
Currently Meets HUD Project Threshold	Objective	5
SPM: Exits, Returns, Employment	Subjective	10
SPM: Community Need; System Objectives	Subjective	10
Applicant Experience	Subjective	8
Supportive Services Description	Subjective	8
Requesting Supportive Services Funds	Objective	10
Supportive Services Leveraged Funds	Objective	12
Supportive Services Requirement	Objective	12
Project Budget Reasonable	Subjective	3
Required Match is Provided	Objective	10
TOTAL New Project		98
% Objective (at least 50%)		50%
% for SPMs (at least 25%)		20%

**Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026**

Scorecard Instructions: Complete the entire scorecard for your eligible CoC renewal project. Responses to narrative questions should focus on the specific project being proposed, **not** your organization, unless otherwise specified. Responders with a subrecipient(s) must also describe how the subrecipient(s) will meet the standards established in each question. Responders will have additional writing space to provide information regarding subrecipients. For first-year renewals, any section that cannot be scored or populated due to the lack of one full year of data will be marked N/A. **Transition, YHDP Replacement, and Expansion project** applicants will need to submit **both** new and renewal project applications.

Scorecards must be completed and submitted to rsmithroller@clackamas.us no later than 5 pm on July 20, 2026.

Important note: Renewal CE projects will be reviewed by the ranking committee with consideration for the important role they play in maintaining system performance. CE applicants must complete all questions marked with an asterisk (); CE projects will be evaluated based on system need, compliance performance, and expenditure performance.*

Project Name:		Organization Name:		Date:	
Project Type:		Target Population(s):			
Housing Type (site-based or scattered site):		Number of Units:		Number of Households Served:	

Check one of the boxes below if your renewal project is one of the following:

☐ DV Bonus Project Renewal
 ☐ Transition Project
 ☐ Expansion Project
 ☐ YHDP Renewal
 ☐ YHDP Replacement

Participant Demographics (pulled from APR):			
Age:		Domestic Violence Survivor:	
0-12		Yes	
13-17		No	
18-24		Don't know/refused/missing	
25-61		Number currently fleeing	
62 or older		Chronically Homeless	
Don't know/refused/missing		CH households listed on APR	
Veterans		Number who met CH definition before 1/15/16	

Current HUD CoC Budget Information (Based on 2025 Grant Award)*:	
Total Amount of HUD CoC Contract/ Award:	\$
CoC funding in the Supportive Services line (estimated based on the most recent available budget):	\$
CoC funding in the Admin line (no more than 10% of HUD budget):	\$
Total Program Budget (including match and other leverage):	\$

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026

1.	Project Description*	Unscored
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1. Describe your proposed project, including services provided, population served, and proposed number served. Please do not describe your organization, but rather the specific project you are proposing. Please describe any subrecipients and their role in this project. (See scorecard instructions for additional information related to subrecipient responses.) (Not Scored)
- For **YHDP Replacement** project applicants, please describe your current YHDP project here and indicate that you will be seeking a replacement for this project. Also, complete the new project application for the proposed Replacement project, including the new project type, service model, and any other changes to the project design. In the new project application, describe how this Replacement project will differ from your current YHDP project.
 - For any **Expansion** project applicants, describe your current renewal project here and indicate that you will be seeking expansion to this project. Complete the new project application for the expansion portion of your project, and clearly describe the additional beds/services that will be added to your renewal project in the new project application.
 - For **Transition** grant project applicants, describe your current project here and complete a new project application describing how project services and approach will transition over the transition period.

(no more than 2 pages total)

[enter response here]

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026

2.	Project Performance	Maximum points available: 65	Total Awarded Project Performance Points:
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The following data are based on HUD Performance Measurements and local need. Data sources are APRs for each project's most recently completed program year, the local HUD representative, and HMIS.

2a. Compliance – Current HUD Monitoring Findings: Does the project have current unresolved HUD monitoring findings? ☐ Yes ☐ No

- Project does not currently have, nor is in the process of resolving, unresolved HUD monitoring findings or is in the process of resolving = 5 points
- Project has unresolved, or is in the process of resolving, HUD monitoring findings = 0 pts

Criteria		Possible Points	Points Awarded
2b*	Compliance: Was the APR for the most recently completed program year submitted to HUD on time? On time = 5 points, Not on time = 0 points	5	
2c*	Expenditures: Project spent all CoC funds in the most recent contract year. Less than 90%=0 points, 90-94%=4, 95-100%=6	6	
2d*	Drawdowns: Project drew down funds from LOCCS at least quarterly. Attachment required: Please submit a screenshot of your LOCCS account for this project reflecting the last year's work of drawdowns. Quarterly or more frequently = 6 points, Less than quarterly = 0 points	6	
2e	HMIS Data Quality: Had 0% null/missing on all HMIS data elements on (Data Quality (Local 0260) v12.1.) More than 8%=0, 6-8%=1, 4-6%= 2, 2-4%= 3, more than 0-2%=4 , 0%=5 All individual elements listed must be less than 5% null.	5	
2f	Performance- Utilization: At the end of last operating year, did you serve the number of households indicated in your grant agreement? 70% or less= 0, 71-75%=1 76-80%=2, 81-85%=4, 86-90%=4, 91-95%=7, 96-100%=8	8	
2g	Ending Homelessness: (<i>N/A for YHDP Diversion Projects</i>) The PSH program met the local goal of at least 99% of clients remaining in permanent housing placement or exited to permanent housing. (APR Q5a8, Q23a & b) Less than 80%=0, 80-82%=3, 83-85%=4, 86-88%=5, 89-91%=6, 92-94%=7, 95-97%=8, 98-99%=9, more than 99%=10 OR The TH program met the local goal of at least 99% of clients exiting to permanent housing.	10	

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026

	Less than 80%=0, 80-82%=3, 83-85%=4, 86-88%=5, 89-91%=6, 92-94%=7, 95-97%=8, 98-99%=9, more than 99%=10 OR The RRH program or Joint Component TH-RRH met the local goal of at least 87% of clients who exited the program to permanent housing. Less than 67%=0, 67-69%=3, 70-72%=4, 73-75%=5, 76-78%=6, 79-81%=7, 82-84%=8, 85-87%=9, ≤87%=10 OR The YHDP Joint Component TH-RRH met the local goal of at least 80% of clients exiting to permanent housing. Less than 61%=0, 61-63%=3, 64-66%=4, 67-69%=5, 70-72%=6, 73-75%=7, 76-78%=8, 79-80%=9, more than 80%=10		
2h	Avoiding Returns to Homelessness: <i>(N/A for YHDP Diversion Projects)</i> Participants who exited the renewal project did not experience returns to homelessness in the six months after exit. PSH, RRH, and Joint TH-RRH Less than 15% returned to homelessness= 10 points, 15%-20% returned to homelessness= 5 points, 21% or more returned to homelessness = 0 points	10	
2i	Increased or Maintained Income: All homeless programs met the local goal of at least 50% of adult clients having increased or maintained <u>earned income</u> at the end of the operating year or at exit. Less than 15%=0, 16-20%=3, 21-25%=4, 26-30%=5, 31-35%=6, 36-40%=7, 41-45%=8, 46-50%=9, more than 50%=10 OR The YHDP Joint TH-RRH program met the local goal of at least 30% of clients having increased or maintained <u>earned income</u> at the end of the operating year or at exit. Less than 9%=0, 9-11%=3, 12-14%=4, 15-17%=5, 18-20%=6, 21-23%=7, 24-26%=8, 27-29%=9, more than 30%=10 OR The YHDP Diversion program met the local goal of at least 90% of clients navigated to 3 or more referrals/resources. This is an internally tracked measure and not in HMIS. Please submit internal documentation of this performance metric. Less than 69%=0, 69-71%=3, 72-74%=4, 75-77%=5, 78-80%=6, 81-83%=7, 84-86%=8, 87-89%=9, ≤90%= 10	10	

Please provide any explanations of project performance measures you would like the CoC Steering Committee to consider when ranking your project **(no more than 1 page total)**.

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026

3.	HUD Criteria	Maximum points: 35	Total Awarded HUD Criteria Points:
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To align with HUD's current criteria and priorities, please confirm the following:

3a. Supportive Services Requirements: ☐ Yes ☐ No

- Project requires or will require participation in services and provides a participation agreement to demonstrate the services are, or will be, required = 10 points
- Project does not and will not require participation in services = 0 pts

Attachment Required: *If you indicate "yes" to this question, please attach a current or draft participation agreement that the project uses or intends to use.*

3b. On-site Substance Use Treatment (For Housing Projects Only – other projects indicate N/A): ☐ Yes ☐ No ☐ N/A – Not a Housing Project

- Project provides or will provide on-site substance use treatment services = 5 pts
- Project does not and will not provide on-site substance use treatment services = 0 pts

Non-Housing Projects will not be scored on this metric.

3c. Funding for Supportive Services: ☐ Yes ☐ No

- The project's CoC budget and/or Match or other leverage includes funds in the supportive services line = 10 points
- The project's CoC budget does not include funds in the supportive services line = 0 points

Important note: *If you indicate "yes" to this question and the project budget does not have funds for supportive services, please indicate what resources are available for supportive services to the project through Match or other leveraged funding or resources.*

3d. Strategies to Support Self Sufficiency: _____ points

- Describe your organization's strategies to support participants' self-sufficiency in this CoC project. The project will receive up to 10 points for these questions, depending on the strength of the explanation and the strategies (**No more than 1 page total**).

[enter response here]

Scoring Instructions:

10 Points: *Application clearly describes specific, realistic, and comprehensive strategies to support participant self-sufficiency and explains how services will help participants achieve greater stability and independence.*

6–9 Points: *Application describes strategies to support self-sufficiency but lacks detail, specificity, or a clear implementation approach in one or more areas.*

3–5 Points: *Application identifies some self-sufficiency strategies but provides limited detail on how participants will achieve greater independence.*

Clackamas County Continuum of Care
Renewal Project Ranking Criteria – 2026

1–2 Points: Application provides minimal information on strategies to support participant self-sufficiency.

0 Points: Application does not adequately address the question.

4.	Local Project Priority	Maximum points: 10	Total Awarded Local Priority Points:
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The project will receive 10 points for aligning with local priorities, including serving chronically homeless households and providing permanent supportive housing.

4a. Permanent Supportive Housing: ☐ Yes ☐ No

- Project provides Permanent Supportive Housing = 10 points
- Project does not provide Permanent Supportive Housing = 0 points

Total Project Score: _____

Project applications will not be accepted after the CoC-imposed deadline.

Due to the nature of the current competition and HUD processes, the CoC will have all projects submit their eSnaps applications after the review and ranking process is complete. Once the applicant is notified of their award and ranking, they must then complete the eSnaps application. While preparing for this phase of the process, please ensure you are registered and have current access to all HUD-required systems, including eSnaps and Sam.gov.

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please follow the instructions on this tab and each relevant tab for your project type thereafter and submit your completed application and any supporting documents to rainasmithroller@calclackamas.us by **5 pm on July 20, 2026**

Instructions

This workbook serves as the application for a new, expansion, transition or YHDP replacement project from the Clackamas County CoC. Please complete all tabs in this workbook and send it, along with any supporting documents, to the appropriate contact (above) to submit your application for consideration.

All applicants must complete all tabs in this workbook. SSO-CE projects can skip questions that are marked as not applicable to CE projects.

New CE projects will be reviewed by the scoring panel, which has discretion to select and rank CE projects based on system need and the extent to which the project addresses a compelling gap or priority within the homeless response system.

Scoring Information

Scored items are indicated in **red text** on each tab. Here is a summary of the scoring and where these questions are on the application.

Location	Question Category	Points
Project and Applicant Capacity	Data Capacity	5 points
	Grant Management Capacity	5 points
	Meets HUD Project Thresholds	5 points
System Performance Measures	Exits, Returns, and Income	10 points
	Community Need and System Objectives	10 points
Applicant Experience	Applicant Experience with Similar Projects	8 points
Supportive Services	Supportive Services Description	8 points
	Requesting Supportive Services Funds from HUD	10 points
	Supportive Services Leveraged Funds	12 points
	Supportive Services Program Requirement	12 points
Budget	Project Budget is Reasonable and Cost Effective	3 points
	Required Match is Provided	10 points
Total Points Available		98 points

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the applicant and project. Please complete all applicable cells highlighted in orange.

Applicant Information

Agency Name	
Project Name	
Project Type (TH, SSO, SSO-SO, SSO-CE)	
DV Bonus Application	
Contact Information (Name, Email, Phone)	

HUD Required Certifications

In the 2026 NOFO, HUD has indicated that all recipients will be required to commit to the following agreements if awarded. Submission of this application in the local competition is considered agreement to comply with these commitments. Indicate yes in each box below to certify that you can meet the following HUD requirements. If the application does not say yes, the application will not be considered for funding.

The project applicant will not engage in illegal racial discrimination (consistent with 2 CFR 200.300(a)).

The project applicant will not operate drug injection sites or “safe consumption sites” (21 U.S.C. 856(a)(1)), knowingly permit the use or distribution of illicit drugs on property under their control or knowingly distribute drug paraphernalia (21 U.S.C. 856(a)(2) and 21 U.S.C. 863).

System Participation

Participation in these systems is required, if you indicate you will not commit, then you will not be eligible for funding.

Will you commit to participate in the CoC's Coordinated Housing Access (CHA) process?

Victim Service Providers: Will you commit to participate in an alternative Coordinated Entry process that meets HUD's minimum requirements?

Will you commit to using the CoC's HMIS System?

Victim Service Providers: Will you commit to using a comparable database that captures HUD's required data components?

Renewal Project Expansion	
Note: Expansion projects must also complete a local renewal project application in addition to this new project application.	
Is this application to expand a current eligible renewal project?	
If yes, please indicate whether this project will:	
	Increase the number of program participants
	Provide additional supportive services to program participants
	Bring existing facilities up to government health or safety standards

YHDP Replacement	
Note: YHDP Replacement projects must also complete a local renewal project application in addition to this new project application.	
Is this application to replace a current eligible YHDP renewal project from one component type to another?	
If yes, please indicate the following:	
	Renewal project component type
	Replacement project component type
If yes, do you understand and agree to replace the existing YHDP project with the replacement project, and must begin the new project type the day following the end of the existing project?	

Renewal Project Transition	
Note: Transition projects must also complete a local renewal project application in addition to this new project application.	
Is this application to transition a current eligible renewal project from one component type to another?	
If yes, please indicate the following:	
	renewal project component type
	new project component type
If yes, do you understand and agree to have transitioned the project to the new component type within 1 year of the renewal date? (i.e. if your project renews on 6/1/2027, then your transition would be complete by 5/31/2028)	

End of Applicant Info tab; Please continue to the Project and Applicant Capacity tab

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the project. Please complete all applicable cells highlighted in orange.

TH Only - Bed and Unit Capacity

Number of Beds in Project	
Number of Units in Project	
Location/Address of Units (for single-site TH)	

Households and Persons to be Served **Not applicable for SSO-CE projects.*

Total Number of Households to be Served	
Household types:	
	Number of Households expected to serve with at least one adult and one child
	Number of Adult Households expected to serve without children
	Number of Households expected to serve with only children
Total Number of Persons to be Served	
Expected age demographics:	
	Number of persons over age 24
	Number of persons ages 18-24
	Number of accompanied children under age 18
	Number of unaccompanied children under age 18

Subpopulation Focus

Indicate if this project will have specific subpopulation focus (select all that apply)	
	N/A - Project serves all populations with no specific focus
	Veterans
	Youth (under 25)
	Elderly Individuals (62+ years)
	Medically fragile/individuals with high level of medical needs
	Families with children
	Domestic violence survivors
	Substance abuse

	Mental illness
	HIV/AIDs
	Chronic homeless
	Other (please describe):

Project and Applicant Capacity (Scored)

1a) Please provide a brief narrative describing your agency’s administrative capacity (data-tracking, software/HMIS) to implement this program. If the application has a subrecipient, the proposal must also demonstrate the subrecipient's relevant capacity. **Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.**

(up to 5 points)

Scoring Instructions:

5 points : Application clearly demonstrates strong administrative capacity, including data-tracking/HMIS systems, reporting capability, qualified staff, and procedures to ensure data quality and compliance. If applicable, subrecipient capacity is clearly described.

3–4 points : Application demonstrates adequate administrative capacity but provides limited detail on systems, staffing, reporting processes, data quality, compliance, or subrecipient capacity.

1–2 points : Application provides minimal evidence of administrative capacity, with little detail on data systems, staffing, reporting capability, or subrecipient capacity.

0 points : Application does not adequately address the question.

Response Word Count: 0

1b) Please provide a brief narrative describing your agency’s experience and documented success working with complicated federal grants. Please include information about compliance with federal regulations, ability to draw down all funds, meet reporting requirements, and ability to keep all beds full while complying with federal and local regulations. If the application has a subrecipient, the proposal must also demonstrate the subrecipient's relevant capacity. **Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.**

(up to 5 points)

Scoring Instructions

5 points : Application clearly demonstrates extensive experience successfully managing federal grants, including strong compliance practices, timely and accurate reporting, full expenditure of funds, high program utilization, and, if applicable, strong subrecipient capacity and oversight.

3–4 points : Application demonstrates substantial experience and capacity but lacks detail or evidence in one or more areas.

2 points : Application demonstrates some relevant experience but provides limited evidence of success, compliance, reporting, utilization, or subrecipient oversight.

1 point : Application provides minimal evidence of federal grant management experience or capacity.

0 points : Application does not adequately address the question.

Response Word Count: 0

Objective Project Capacity Criteria: HUD Project Quality Threshold (Partially Scored)	
	Yes or No
1c) The applicant certifies that the applicant and proposed project will meet the minimum HUD Project Threshold Score required for its project type (pp. 63-69 of the 2026 HUD CoC NOFO) and will meet all applicable HUD Project Quality Threshold requirements before grant execution if awarded. Not scored - meeting all project quality threshold criteria is required by HUD. If you indicate your project cannot meet these criteria, then you will not be eligible for funding.	
1d) As of the application submission date, do the applicant and the proposed project currently meet all applicable HUD Project Quality Threshold requirements for new projects and the specific project type, as described in the FY 2026 CoC NOFO, Project Threshold Requirements (pp. 62–69)? <i>If the applicant indicates yes here, but there is information available to prove that the project or applicant does not in fact meet the threshold requirements, these points will not be awarded. (5 points)</i>	

End of Project and Applicant Capacity tab; Please continue to the System Performance Measures Tab

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the project. Please complete all applicable cells highlighted in orange.

Advancing System Performance Measures (Scored)

2a) Please describe your project's performance targets and the specific strategies that will be used to achieve them. Address the following outcomes: (1) successful exits to permanent housing, (2) reducing returns to homelessness, and (3) increasing employment income for participants. Include any measurable goals or benchmarks, if available. ***Please respond concisely. Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.***

(up to 10 points)

Scoring Instructions

10 points : Application identifies clear performance targets and specific, realistic strategies to achieve them for all three outcomes: (1) successful exits to permanent housing, (2) reducing returns to homelessness, and (3) increasing employment income.

6-9 points : Application addresses all three outcomes but performance targets or implementation strategies are not fully developed for one or more areas.

3-5 points : Application addresses some outcomes but provides limited detail on performance targets or how outcomes will be achieved.

1-2 points : Application provides minimal information on performance goals or strategies.

0 points : Application does not adequately address the question.

Response Word Count: 0

2b) Please describe the community need this project will address and how the project will advance one or more local homelessness system objectives. Identify which objectives are most relevant to the proposed project and describe how the project will contribute to the identified system objectives, including specific strategies the project will use to meet the objective. Objectives include: (1) reducing the number of people experiencing homelessness, (2) reducing encampments, (3) preventing first-time homelessness, and (4) reducing the length of time people remain homeless.

Please respond concisely. Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.

(up to 10 points)

Scoring Instructions

10 points : Application clearly identifies a community need and demonstrates how the project will meaningfully advance one or more relevant homelessness system objectives through specific strategies.

6–9 points : Application identifies a community need and relevant system objectives but provides limited detail on strategies.

3–5 points : Application provides a general description of community need and system objectives but lacks a clear connection between project activities and system objectives.

1–2 points : Application provides minimal information on community need or system impact.

0 points : Application does not adequately address the question.

Response Word Count: 0

End of System Performance Measures tab; Please continue to the Applicant Experience tab

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the project. Please complete all applicable cells highlighted in orange.

Applicant Experience (Scored)

3a) Please describe your agency's experience (and the experience of any subrecipient) providing housing and/or services to people experiencing homelessness. Respond to the section below that applies to your project type. ***Please respond concisely. Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.***

(up to 8 points)

Transitional Housing (TH) Projects:

Describe your experience operating transitional housing or similar programs that help people exit homelessness within 24 months. Include your experience or plan for ensuring participants exit within 24 months, achieve positive housing outcomes, and increase employment income.

Supportive Services Only – Street Outreach (SSO-SO) Projects:

Describe your experience providing street outreach services to people experiencing unsheltered homelessness. Include your experience or plan for coordinating with first responders and law enforcement, connecting people to housing and services, and helping people successfully exit unsheltered homelessness.

All Other Project Types:

Describe your experience implementing similar projects or providing the activities proposed in this application. Include relevant outcomes, accomplishments, and experience serving people experiencing homelessness.

Scoring Instructions

8 points: Application clearly demonstrates relevant experience implementing the proposed project type or activities and provides evidence of successful outcomes serving people experiencing homelessness.

6-7 points: Application demonstrates relevant experience but provides limited detail on outcomes, performance, or capacity.

4-5 points: Application demonstrates some relevant experience, but experience or outcomes are only partially described.

1-3 points: Application provides minimal evidence of relevant experience or capacity.

0 points: Application does not adequately address the question.

Reviewer Note: For TH projects, consider experience achieving timely exits, positive housing outcomes, and employment outcomes. For SSO-SO projects, consider experience conducting street outreach, coordinating with law enforcement and first responders, and helping people exit unsheltered homelessness. For all other project types, consider experience implementing similar activities and achieving relevant outcomes.

Response Word Count: 0

End of Applicant Experience tab; Please continue to the Supportive Services tab

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the project. Please complete all applicable cells highlighted in orange.

Supportive Services and Addressing Barriers (Scored)

4a) Describe the supportive services that will be provided through the project and explain how the type, scale, and location of services are designed to meet participant needs, reduce barriers, and support positive outcomes. To earn full points, TH programs must include on-site substance use treatment services. For SSO-CE projects, please describe how you will provide the required SSO-CE activities and incorporate your project into the local CE system. ***Please respond concisely. Response should be between 250-500 words for single applicants and 500-1000 for applicants with subrecipients.***

(Up to 8 points)

Scoring Instructions

Reviewer Note: For TH projects, automatically award 4 points for on-site substance use treatment services. The remaining 4 points should be awarded based on the strength of their answer generally.

8 points : Supportive services are clearly described and well-aligned with participant needs, are accessible to participants, reduce barriers to housing stability, and support positive outcomes.

4-7 points : Supportive services are generally appropriate but lack detail regarding accessibility, participant needs, barriers, or outcomes.

1-3 points : Supportive services are minimally described or only partially aligned with participant needs.

0 points : Supportive services are not described or do not appear responsive to participant needs.

Response Word Count: 0

Objective Supportive Services Criteria

Yes or No

4b) Is the project requesting CoC funding to provide supportive services to households? If yes, include a specific description of the supportive services to be funded in 4a. If yes, there should be funding requested in the supportive services line item in the budget tab.

(10 points)

4c) Does the project match or leverage any public or private non-CoC resources that will be used to provide supportive services to households? If yes, the applicant must also submit evidence of the non-CoC resources dedicated to supportive services to receive the appropriate points. If yes, also include a specific description of the supportive services that the non-CoC resources will provide in 4a. (up to 12 points) Scoring Instructions: <i>Points will be awarded based on the percentage of the total project budget supported by documented public or private non-CoC resources:</i> 12 points: Non-CoC resources dedicated to supportive services equal or exceed 25% of the total project budget. 9 points: Non-CoC resources dedicated to supportive services equal 15%–24.9% of the total project budget. 6 points: Non-CoC resources dedicated to supportive services equal 5%–14.9% of the total project budget. 3 points: Non-CoC resources dedicated to supportive services are less than 5% of the total project budget. 0 points: No documented non-CoC resources dedicated to supportive services are provided.	
4d) Will the project require participation in supportive services as a condition of receiving assistance? If yes, the applicant must also submit evidence of the supportive services agreement to receive the available points. (12 points)	
End of Supportive Services tab; Please continue to the Budget tab	

Clackamas County CoC
New Project Application - 2026 CoC NOFO

Please provide the following information about the budget for this project. Please complete all applicable cells highlighted in orange.
Cells in green will auto calculate.

Budget Request

Amount of HUD Assistance Requested \$ -

Summary Budget Table

Enter the line items total for the project for HUD expenses only.

Eligible Costs	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units	
1b. Leased Structures	
2. Rental Assistance	
3. Supportive Services	
4. Operating	
5. HMIS	
6. VAWA	
7. Subtotal of CoC Program Costs Requested	\$ -
8. Admin (Up to 10% of Subtotal in #7)	
9. HUD funded Subtotal + Admin. Requested	\$ -
10. Cash Match	
11. In-Kind Match	
12. Total Match (should match Total Value of Commitments in table below)	\$ -
13. Total Project Budget for this grant, including Match	\$ -

Sources of Match

Enter information about the match sources for the project. **Each project must secure a 25% match of the awarded grant amount, minus leasing funds.**
Cash or in-kind resources satisfy the match requirement.

Type	Source	Contributor	Value of Commitment
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Total Value of Commitments			\$ -

Project Subrecipients	
Enter information about project subrecipients, if any. Leave blank if the project has no subrecipients.	
Organization Name	Sub-Award Amount
Total Sub-Award Amount	\$ -

Total Project Budget		
Enter information about the total project budget:		
<i>Row A:</i> Indicate the total operating cost of your project. The total cost should include all anticipated operating costs including overhead and administration attributable to the particular project. Please include all project expenses, not just the costs to be paid by the HUD grant. <i>Rows B through G:</i> Please enter the amount of funding received (if any) under each applicable category to pay for the operating costs entered in Row A. <i>Row H:</i> Sum of rows B through G. Total costs (A) and total revenue (H) should be the same. If they are different, please provide a brief explanation in the box below.		
A	Total Annual Project Cost	
B	CoC funding amount	
C	ESG funding amount	
D	HSA funding amount	
E	Other local, state, or federal funding	
F	Private funding	
G	Other sources	

H	Total Project Revenue	\$	-
Please provide an explanation here if the project total costs and total revenue are different.			
End of Budget tab; If all other tabs are complete, the application can be submitted.			

**Clackamas County CoC
Local Competition Selection Results
As of August 10, 2026**

Rank	Agency Name	Project Name	Project	Application	Score	Status	Requested	Approved	Reallocated	Tier
1	Clackamas County H3S (HCDD)	HMIS	HMIS	Renewal	N/A	Accepted	\$ 81,190	\$ 81,190	\$ -	1
2	Clackamas County H3S (HCDD)	Coordinated Housing Access	SSO-CE	Renewal	N/A	Reduced	\$ 411,528	\$ 407,463	\$ (4,065)	1
3	Clackamas Women's Services (CWS)	DV Coordinated Entry	SSO-CE	Renewal	N/A	Accepted	\$ 385,229	\$ 385,229	\$ -	1
4	Clackamas County H3S (CCSS)	Housing the People	PSH	Renewal	89.8	Accepted	\$ 514,362	\$ 514,362	\$ -	1
5	Clackamas County H3S (CCSS)	HOPE II	PSH	Renewal	88.7	Accepted	\$ 102,295	\$ 102,295	\$ -	1
6	Clackamas Women's Services (CWS)	PSH Renewal	PSH	Renewal	85.71	Accepted	\$ 255,882	\$ 246,599	\$ (9,283)	1
7	Clackamas County H3S (CCSS)	Housing our Heroes	PSH	Renewal	84.16	Accepted	\$ 461,652	\$ 461,652	\$ -	1
8	Housing Authority of Clackamas County (HACC)	Shelter + Care	PSH	Renewal	82.6	Accepted	\$ 698,520	\$ 698,520	\$ -	1
9	Clackamas County H3S (CCSS)	HOPE Leasing	PSH	Renewal	82.34	Accepted	\$ 385,229	\$ 385,229	\$ -	1
10	Northwest Housing Alternatives (NHA)	Annie Ross Housing Services	RRH	Renewal	92.29	Accepted	\$ 210,230	\$ 210,230	\$ -	1
11	Clackamas Women's Services (CWS)	RRH-DV Bonus: Housing for Survivors	RRH	Renewal (DV)	83.9	Reduced	\$ 416,179	\$ 351,035	\$ (65,144)	1
12	Clackamas County H3S (CCSS)	Housing Our Families	RRH	Renewal	80.39	Reduced	\$ 230,798	\$ 201,524	\$ (29,274)	1
13	Clackamas County H3S (CCSS)	CWS TH	TH	New (DV)	97.64	Accepted	\$ 664,312	\$ 664,312	\$ 664,312	2
14	4D Recovery	Tay Transitional Recovery Housing	TH	New (YHDP)	96.89	Accepted	\$ 750,160	\$ 750,160	\$ 750,160	2
15	Parrott Creek Child and Family Services	Monarch House Transitional Housing	TH	New	95.31	Accepted	\$ 307,370	\$ 307,370	\$ 257,833	2
16	Clackamas County H3S (CCSS)	NWFS TH	TH	New	84.4	Accepted	\$ 465,277	\$ 465,277	\$ 390,929	2
17	Northwest Family Services (NWFS)	YHDP Renewal	SSO	Renewal	83.03	Accepted	\$ 285,364	\$ 285,364	\$ -	2
18	The Father's Heart	TFH & LO Supportive Service Hub	SSO	New	85.86	Accepted	\$ 1,000,000	\$ 851,622	\$ -	2
19	Clackamas County H3S (CCSS)	Veteran Street Outreach	SSO-SO	New	82.28	Accepted	\$ 374,640	\$ 374,640	\$ -	2
20	Clackamas Women's Services (CWS)	DV Coordinated Entry	SSO-CE	DV Bonus	96.48	Accepted	\$ 530,143	\$ 577,662	\$ -	2
N/A	Clackamas County H3S (HCDD)	CoC Planning	Planning	N/A	N/A	Accepted	N/A	\$ 336,250	\$ -	N/A
N/A	Clackamas County H3S (CCSS)	Rent Well	RRH	Renewal	N/A	Fully	\$ 154,987	\$ -	\$ (154,987)	N/A
N/A	Corvallis Neighborhood Housing Services	YHDP TH-RRH Renewal	TH/RRH	YHDP	N/A	Fully	\$ 750,160	\$ -	\$ (750,160)	N/A
N/A	Corvallis Neighborhood Housing Services	TH-RRH Renewal	TH/RRH	Renewal	N/A	Fully	\$ 193,320	\$ -	\$ (193,320)	N/A
N/A	Clackamas Women's Services (CWS)	RRH Renewal	RRH	Renewal (DV)	N/A	Fully	\$ 350,681	\$ -	\$ (350,681)	N/A
N/A	Clackamas Women's Services (CWS)	PH-RRH Renewal	RRH	Renewal (DV)	N/A	Fully	\$ 248,133	\$ -	\$ (248,133)	N/A
N/A	Parrott Creek Child and Family Services	HomeSafe Enhancement	TH/RRH	Renewal	N/A	Fully	\$ 257,833	\$ -	\$ (257,833)	
N/A	White Rabbit Project	Family TH and Workforce Program	TH	New	88.14	Rejected	\$ 632,500	\$ -	\$ -	N/A
N/A	Catholic Charities	Housing Transitions Program	SSO-SO	New	86.15	Rejected	\$ 287,430	\$ -	\$ -	N/A
N/A	4D Recovery	Street Outreach	SSO-SO	New	84.84	Rejected	\$ 305,598	\$ -	\$ -	N/A

Clackamas County CoC – OR-507

2026 Advancing Recovery and Prohibiting Illicit Drug Enablement Policy

All 2026 HUD Continuum of Care (CoC) project applicants and grantees are required to certify that any project submitted through the Clackamas County CoC local competition:

- Will not operate drug injection sites or "safe consumption sites";
- Will not knowingly distribute drug paraphernalia on or off property under the applicant's control;
- Will not knowingly permit the use or distribution of illicit drugs on property under the applicant's control; and
- Will not conduct, permit, encourage, or allow any of these activities under the pretext of harm reduction.

This policy does not require projects to require sobriety or treatment participation as a condition of housing assistance. Projects may operate their programs consistent with HUD regulations and program design, meaning they can operate low-barrier or recovery-oriented program models, and they may establish sobriety or treatment participation requirements.

The Clackamas County CoC encourages all CoC-funded projects to connect program participants to evidence-based substance use disorder treatment, recovery services, and recovery housing when appropriate and based on participant needs.

Projects determined by the CoC to be operating in violation of this policy may be subject to corrective action, including requirements to implement corrective measures, impacts on future participation in the local competition for funding, or other remedies consistent with HUD requirements and local CoC policies.

APPROVED September 26, 2026, by CoC Steering Committee (CoC Governing Board)

Sincerely,

Raina Smith-Roller, CoC Lead
On behalf of the CoC Steering Committee
Phone: 971-352-2684
Email: rsmithroller@clackamas.us