MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

MOVING TO END AND PREVENT HOMELESSNESS

The Homeless Services Delivery System for the Marion-Polk Region

GAPS ANALYSIS

AUGUST 2022

Prepared by MWVHA Staff Consultants Jan Calvin and Lisa Trauernicht

MWVHomelessAlliance.org

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I. SUMMARY

The Mid-Willamette Valley Homeless Alliance serves as the Continuum of Care (CoC) for the Marion-Polk region of Oregon and produces this annual Homeless and Housing Gaps Analysis to aid in community planning to end and prevent homelessness.

POPULATION OVERVIEW BY THE NUMBERS

More than 4,300 Marion-Polk residents were assessed for homelessness in 2021-22. While this is not a full count of all persons experiencing homelessness, certain characteristics are considered representative for the purpose of planning.

- 73% were adults, 26% were children (under 18), and 1% were ages unknown.
    - 350 of the children were under the age of five (8% of the total).
    - 774 of the adults were over the age of 55 (18% of the total).
- Overall, 49% were male, 49% were female, less than 1% no single gender, and less than 1% unknown.
    - The genders of the adults were 49% male, 50% female, less than 1% no single gender, and less than 1% unknown.
    - The genders of the children were 52% male, 47% female, less than 1% no single gender, and less than 1% unknown.
- 44% of persons reported having a mental health disorder. This rate Is calculated on the total number of individuals, regardless of age, but when eliminating the 350 children under age five, the rate rises to 47%.
- 44% of adults reported a history of domestic violence, and 30% of those were fleeing domestic violence at the time of their assessment. While domestic violence is not exclusive to females or adults, applying the numbers to only the adult females results in a calculation of 85% of the adult females experiencing homelessness having a history of domestic violence.
- Nearly the same number of adults assessed for homelessness had no income as those who had one or more sources of income. 48% had no income, and 47% had earned and/or other income. 76% of those with income had only other income (most commonly Supplemental Security Income or Social Security Disability Income).
- 72% were covered by Medicaid and 11% had no health insurance.

- An estimated 37% of Marion-Polk adults experiencing homelessness are chronically homeless. Of the adults without children, 62% experience chronic homelessness in the region, versus 34% in Oregon and 27% nationwide.

GAPS IN HOUSING AND HOMELESS SERVICES

AFFORDABLE HOUSING GAPS
1. There is limited land available for housing development.
2. There is not an adequate supply of affordable housing.
3. Preparations need to be made for the growing needs of an aging population.
4. More outreach, advocacy, and incentives for landlords to rent to low-income individuals and families are needed to support renters with assistance (public housing vouchers and Rapid Rehousing funding) to secure housing.

EMERGENCY SHELTER AND TRANSITIONAL HOUSING GAPS
1. More than 1,500 people remain unsheltered on any given night. More low barrier shelter beds and transitional housing are needed to assure safety and temporary stability for people to be able to access other resources.
2. Polk County and the rural areas of Marion County do not have any designated youth shelter, which remains a gap in service for this population.
3. ESG-CV-funded projects increased shelter capacity. Sustaining the capacity long term is an issue.
4. A lack of low-barrier seasonal warming shelters continues, particularly in rural areas.

PERMANENT HOUSING GAPS
1. More than 2,000 rental units are needed to fill the gap for households in need of Rapid Rehousing.
2. More than 900 new units – with accompanying supportive services – are needed to fill the gap in Permanent Supportive Housing.

HEALTH & SAFETY GAPS
1. Lack of discharge planning to ensure that persons leaving hospitals and care facilities do not end up homeless.
2. Limited wrap-around services that are needed to promote health and housing stability. This includes extremely limited integration of health and housing services.
3. Limited street outreach and diversion services that connect unsheltered homeless individuals with mental and behavioral health services they need.
4. Unsheltered homelessness presents barriers to accessing health services, including no place to secure belongings or pets while seeking services, lack of shower and laundry facilities to prepare for accessing services, and limited transportation resources.

HOMELESS PREVENTION GAPS

1. Maximize the use of mainstream services. According to the National Alliance to End Homelessness, mainstream assistance programs are intended to be the backbone of every community. Creating duplicate services for a sub-population such as people at risk of homelessness allows mainstream agencies to continue to bypass or ineffectively serve people who have a right to better quality and access.
2. Black and Hispanic adults are much more likely than White or Asian adults to face difficulty paying bills. Culturally specific outreach and interventions are needed to ensure equity in homeless prevention services.
3. Homeless preventions services are intended to be brief. However, in recent years, the length of time an individual household requires prevention services has grown longer, straining limited resources and meaning that some people are turned away.

GAPS IN HOMELESS ALLIANCE INFRASTRUCTURE

1. **Coordinated Entry (CE) System** – Recommendations from the 2021 CE System Evaluation:
   - Develop CoC standards for language testing for new access sites and tools for persons who are visually impaired.
   - Update training curricula, include DV and cultural and linguistic training components, and partner with culturally specific organizations to reduce barriers for specific populations.
   - Improve coordinated referral process
   - Gather and use client feedback for system improvements
   - Explore how to further develop "housing navigation" functions to improve client housing stability more quickly
   - Develop a CE Agency Participation Agreement

2. **Coordinated Entry System for Youth and Young Adults** – Currently, the CoC does not have youth and young adult (YYA) specific Coordinated Entry System. However, pending HUD approval of grant funding for Youth Homelessness Demonstration Program funding, the CoC will add a YYA-specific Coordinated Entry System.

3. **HMIS Coverage** - Not all providers in the CoC's homeless services system participate in HMIS or a comparable database. This creates a large gap in the HMIS/database bed coverage numbers that are recorded for the CoC and reported to HUD, thus diminishing the CoC's overall rating by HUD.

4. **HMIS Data Analysis** - The CoC does not currently have a data analyst to analyze and package data in a meaningful format for review. Without a data

analyst, the necessary statistical analysis to find trends and gaps in the system is missing.

5. **Systems Alignment – Committees** – Not all CoC committees are provided staff/consultant support, which places a greater burden on committee members to coordinate logistics, develop plans, and advance committee work.

6. **Systems Alignment – Communication** - The CoC's committees work independent from one another, so, while good work is occurring, reporting and information sharing between the groups is limited, which can lead to inefficiency and redundancy in committee and staff/consultant work.

7. **Community Engagement – Rural Areas** - The experience from rural providers of homeless services is that NIMBYism (not in my backyard) limits the availability of housing and other resources available for homeless and underhoused people living in rural areas.

8. **Community Engagement – Lived Experience** - HUD's *"How to Govern Geographically Diverse CoCs?"* states that promoting consumer engagement takes capacity and resources to ensure the engagement is meaningful for both the consumer and the system's other stakeholders. Resources will need to be identified if the Alliance is to ensure meaningful engagement.

I.   PURPOSE

The purpose of this gaps analysis is to provide regional data to inform local planning and decision-making for the Mid-Willamette Valley Homeless Alliance and its partners. It serves as a reference point to focus resources and improve service delivery for those experiencing housing instability and homelessness in Marion and Polk counties.

Divided into three sections, this report provides an overview of the Alliance's goals and information and data that highlight system gaps.

- Section 1 – Homeless Alliance Infrastructure
- Section 2 – Homeless Services Delivery System
- Section 3 – System Gaps

II.   THE MARION-POLK REGION

Marion and Polk counties are located in the Willamette Valley and are the 5th and 13th most populous counties in Oregon respectively. This community spans about 1,950 square miles, of which 1,200 are in Marion and 750 are in Polk. In Marion, the five largest cities are Keizer, Salem, Silverton, Stayton, and Woodburn, which are home to 66% of the county's total population. The remaining 34% live in one of the smaller 15 cities or on unincorporated land. In Polk, the largest cities are Dallas, Falls City, Independence, Monmouth, (West) Salem, and Willamina, of which about 84% of Polk's population resides.

As of 2020 there were 432,925 people living in the Marion-Polk region, which is about 10% of the total state population. Of those, 349,120 people lived in Marion and 83,805 lived in Polk. Since 2010, the population has increased by 10.5% in Marion and 11% in Polk, which is similar to the increase in the state as a whole (10.6%). There was also a larger number of people living per square mile in this area compared to the state, and this was especially true for Marion County.[1]

III.   THE MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

The Mid-Willamette Valley Homeless Alliance, or "Alliance," is a collaborative organization engaging in a communitywide commitment to coordinate, leverage, and align efforts and resources to prevent and end homelessness in the Marion-Polk region.

Recognized by the U.S. Department of Housing and Urban Development in December 2019 as the Marion-Polk region's Continuum of Care (CoC), the Alliance does not provide direct services. Rather, it focuses on communitywide planning and coordination, e.g., aligning services, implementing a strategic plan, collecting and analyzing data, expanding agency participation in Coordinated Entry (CE), and bringing chronic and Veteran homelessness to functional zero through the Built for

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[1] Oregon Secretary of State's Office State of Oregon: Blue Book - County Populations

Zero system improvement methodology. The Alliance is also responsible for annually compiling a single community application for federal Continuum of Care dollars.

The Alliance is supported by the ORS 190 Entity, Mid-Willamette Valley Homeless Alliance, an intergovernmental organization which serves as the Collaborative Applicant for HUD funding applications and is responsible for financial, legal, and other administrative functions.

2016-2017	2018	2019	2020	2021	2022
The Mid-Willamette Homeless Initiative Task Force transitioned to the Mid-Willamette Homeless Initiative Steering Committee which developed the 2017 strategic plan.	Homeless services inventory project conducted.	Marion-Polk Community Health Needs Assessment conducted. MWVHA was granted CoC status by HUD.	The homeless services inventory was updated, and the first regional gaps analysis written.	Updated gaps analysis aligned with regional priorities outlined in the MWVHA strategic plan.	Increased the number of persons with lived experience on the MWVHA board of directors. Developed a coordinated community plan for youth and young adult services.

IV. ALLIGNING DATA WITH REGIONAL GOALS

MWVHA's Strategic Plan identifies nine regional goals for local efforts to end and prevent homelessness. Data has been aligned to identify the gaps related to each of these goals:

GOAL 1	**HOMELESS SERVICES SYSTEM.** Develop a robust, responsive, coordinated, and client-focused system of services to engage and support individuals and families experiencing homelessness to achieve housing stability.
GOAL 2	**AFFORDABLE HOUSING.** Increase access and expand affordable housing units to help fill the gap in housing supply across Marion and Polk counties.
GOAL 3	**SHELTERS.** Address gaps in shelter beds, including the need for low-barrier shelters.
GOAL 4	**TRANSITIONAL HOUSING.** Address gaps in transitional housing, including capacity for transitional case management.
GOAL 5	**PERMANENT HOUSING.** Utilize the resources of Rapid Rehousing and expand Permanent Supportive Housing to address the needs of the high percentage of chronically homeless individuals concentrated in the Salem-Keizer area.
GOAL 6	**HEALTH & SAFETY.** Address physical and mental health and safety issues relating to homelessness.
GOAL 7	**PREVENTION SERVICES & SYSTEMS ALIGNMENT.** Align systems and expand strategies that mitigate risks of becoming homeless or returning to homelessness.
GOAL 8	**SPECIFIC POPULATIONS.** Address the unique needs and characteristics of specific populations (chronically homeless, youth, families, seniors, LBGTQ populations, farmworkers, Veterans, survivors of domestic violence, survivors of human trafficking, and persons with disabilities, including those who are medically fragile).
GOAL 9	**COMMUNITY ENGAGEMENT.** Increase leadership, communication, collaboration, and community engagement in preventing and reducing homelessness.

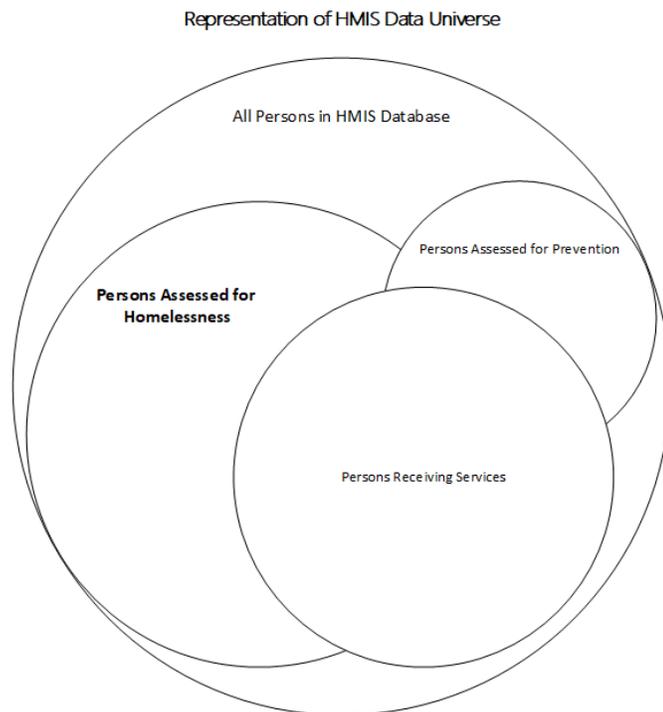Some of the key data sources informing this gaps analysis are described below:

Community Health Assessment (CHA) – Every five years, Marion and Polk Counties, in partnership with local health professionals and community organizations, come together to describe the health of the community by conducting a Community Health Assessment (CHA). The CHA gathers data from various reliable sources to identify local strengths and the most pressing health challenges using an evidence-based framework. This information is then used to create a Community Health Improvement Plan (CHIP), which focuses efforts on key priority areas, turning data into action.

Homeless Management Information System (HMIS) – The Mid-Willamette Valley Homeless Alliance shared database, which captures assessment and client services data, as well as information on the performance of specific programs and the homeless services system, as a whole (e.g., length of time homeless, moves from homelessness to shelter and permanent housing, returns to homelessness). Regular reports provide data for local review and reporting to the U.S. Department of Housing and Urban Development (HUD).

Data is gathered at various points in the homeless services system, and different data subsets are used for different purposes. For example, measuring the growth in personal income is only collected for people in HUD-funded programs. The number of people experiencing chronic homelessness is confined to persons who participate in a Coordinated Entry assessment for homelessness. That data is interpreted to be representative of all persons experiencing homelessness when using the data for planning purposes.

The vast majority of HMIS data used in this report is based on the subset of 4,326 persons who participated in a Coordinated Entry assessment for homelessness during the 12 months of 7/1/21-6/30/22.

The Alliance also conducts CE assessments for homeless prevention and has data on persons who have not participated in any assessment.

Representation of HMIS Data Universe

All Persons in HMIS Database

Persons Assessed for Prevention

Persons Assessed for Homelessness

Persons Receiving Services

Point-In-Time (PIT) Count – The PIT Count is conducted during the last week in January across the nation. HUD requires CoCs to conduct the count every other year, but the Marion-Polk region does so annually. The PIT Count is a census count of individuals who were, on a given night, staying in 1) a sheltered location (emergency shelters or transitional housing) or 2) an unsheltered location not suitable for human habitation, to identify how many individuals and households are homeless in the community and to determine some of their key characteristics. The number of people counted is dependent on how many can be located and are willing to participate. Most people are more than willing to answer questions and interact positively with the staff and volunteers conducting the count. From year to year, however, variable such as the number of volunteers, the weather, and recently, the pandemic, impact how many people get counted. While the outcome of the count does not directly affect HUD funding levels, conducting the tally helps ensure our communities remain eligible for federal funding for housing and homelessness services. Therefore, PIT Count numbers are used primarily on a national basis. HMIS data is much more helpful locally.

The 2021 Annual Homeless Assessment Report (AHAR) to Congress gives an overview of homelessness on national and individual state levels, based on PIT Count data. The region's 2022 Point-In-Time Count involved volunteers, shelter staff, and outreach workers who connected with 879 unsheltered individuals and 926 temporarily sheltered individuals for a total of 1,805 people. This is approximately 15 percent more than the 1,554 people contacted during the 2021 PIT Count.

Housing Inventory Count (HIC) – The HIC is an annual count of beds available and in-use on the night of the PIT Count. While facility-based beds are typically available year-round, the number of market-based beds fluctuates throughout the year.

Oregon Health Authority (OHA) – OHA began documenting deaths of persons experiencing homelessness in January 2022. Local providers opine this is an undercount.

Domicile unknown
Oregon occurrences, preliminary data

Oregon Health Authority
Center for Health Statistics

Continuums of Care

Multnomah	73
Rural Oregon	46
Lane	31
Marion & Polk	23
Crook, Deschutes, Jefferson	11
Jackson	9
Washington	9
Clackamas	5
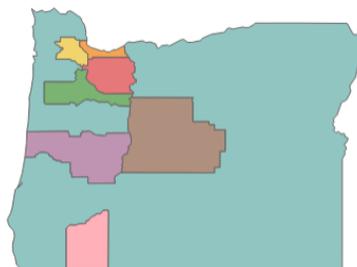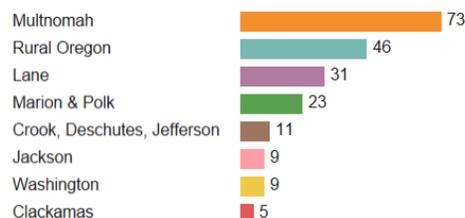
207
total unhoused decedents 2022 year-to-date (Jan-Jun)

Choose a year:
◉ 2022

V.   SECTION I – HOMELESS ALLIANCE INFRASTRUCTURE

Section I encompasses the organizational infrastructure in place for creating a robust system of homeless services. Alliance goals reviewed in this section are

- Goal 1: Homeless Services System (Coordinated Entry, HMIS, Data Analysis)
- Goal 7: Systems Alignment (Committees and Related Systems)
- Goal 9: Community Engagement

GOAL 1: HOMELESS SERVICES SYSTEM

Develop a robust, responsive, coordinated, and client-focused system of services to engage and support individuals and families experiencing homelessness to achieve housing stability.

A.   COORDINATED ENTRY SYSTEM

The Coordinated Entry (CE) System helps prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated Entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.[2]

https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf

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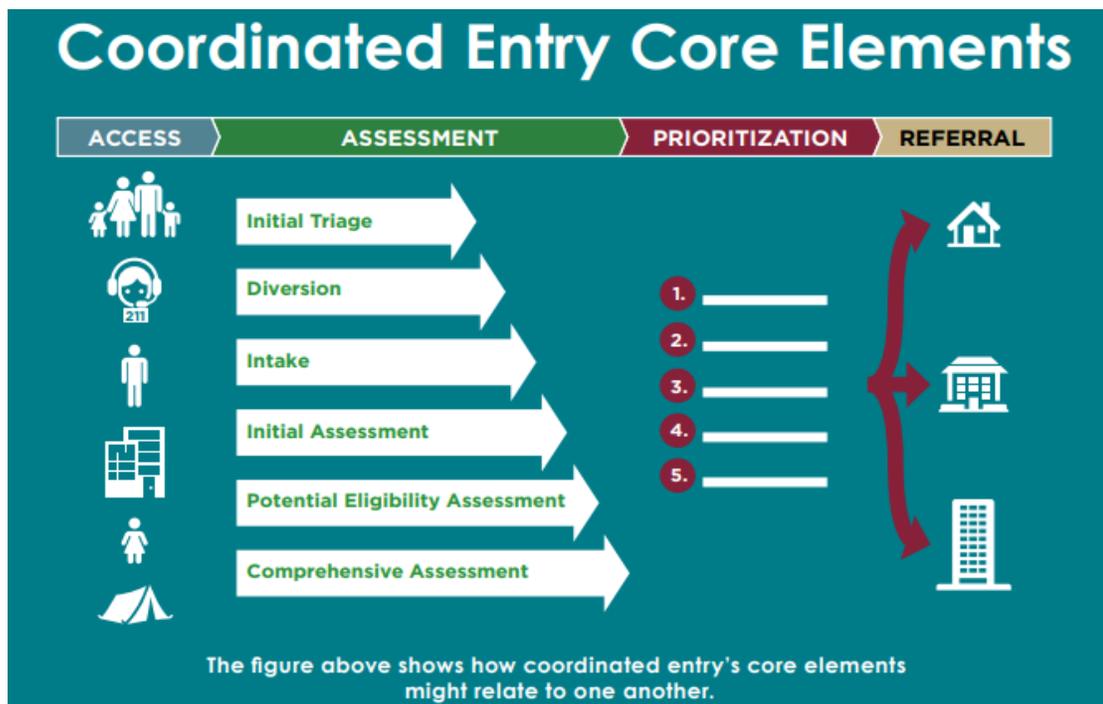
[2] HUD Exchange Coordinated Entry Policy Brief https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

Access, the engagement point for persons experiencing a housing crisis, looks and functions differently depending on the environment and available services. Persons (families, single adults, youth) might initially access the homeless response system by calling an information and referral service, walking into an access point facility, entering emergency shelter, or being engaged through outreach efforts. The Alliance has more than a half dozen access points, as well as phone and mobile assessment services.

Upon initial access, CoC providers associated with Coordinated Entry likely will begin assessing the person's housing needs, preferences, and vulnerability. This Coordinated Entry element is referred to as **_assessment_**. A common, validated assessment tool is used. Data collected through the CE assessment is centralized in the Homeless Management Information System (HMIS) and can be edited and/or added to by different agencies within the CoC, as needed.

During assessment, the person's needs and level of vulnerability are documented for purposes of determining **_prioritization_**. Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the most intensive supports, and persons with fewer needs and lower levels of vulnerability also receive the supports they need to resolve their housing crisis.

The final element is **_referral_**. Persons are referred to available housing resources and services in accordance with the CoC's documented prioritization guidelines.[3]

A December 2021 assessment of the Alliance's Coordinated Entry System (CES) used HUD's Self-Assessment Tool to evaluate of the four components, as well as CES planning, data management, and evaluation. Findings were used to identify system gaps and develop action plans to address these gaps. A summary of the access, assessment, prioritization, and referral findings and recommendations is provided on the next page.

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[3] U.S. Department of Housing and Urban Development Coordinated Entry Core Elements
https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf

2021 CE System Evaluation Summary		
System Component	Meets or Exceeds Standards	Recommendations
Access	CE process ensures all households can be served at all access points; participants may not be denied access due to DV status; and reasonable steps are taken to meet the needs of minority, ethnic, and groups with limited English proficiency.	Develop CoC standards for language testing for new access sites and tools for persons who are visually impaired.
Assessment	Consistently applies standardized assessment process, participants are freely allowed to decide what information they provide during the assessment and informed of ability to file a discrimination complaint, and CoC has established written policies and procedures concerning protection of all data collected in CE process.	Update training curricula, include DV and cultural and linguistic training components, and partner with culturally specific organizations to reduce barriers for specific populations.
Prioritization	CE process allows for immediate crisis response, does not discriminate, and uses a combination of factors for prioritization. CoC has a CE management entity and a community-wide list of all <u>known</u> homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis.	Outline prioritization based on a specific and definable set of criteria and identify when and how supplemental information can be used in prioritization. *NOTE: This was completed in 2022.*
Referral	CE partners do not screen-out potential project participants seeking assistance based on perceived barriers related to housing or services, CoC- and ESG-funded projects use CE exclusively, referral process is informed by federal, state, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any resource based on protected classes.	Improve coordinated referral process, develop a CE Agency Participation Agreement, standardized criteria by which a participating project may justify referral rejection, gather, and use client feedback, explore how to develop "housing navigation" functions, and increase the number of ES and TH programs using HMIS.

B.   HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

From early 2020 to July 2022, the Alliance expanded the number of housing providers using HMIS from 25% to nearly 80%.

The coverage rate for year-around beds reported in HMIS was 43% in 2020, which rose to 68% in 2021 and to 69% in 2022. The following chart shows how many of the region's inventoried beds are represented in HMIS.

Bed Type Inventoried	Inventory w/o DV Beds	Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES)	535	345	65%
Transitional Housing (TH)	285	145	51%
Rapid Rehousing (RRH)	153	153	100%
Permanent Supportive Housing (PSH)	115	90	78%
Other Permanent Housing (OPH)	62	62	100%
YEAR-AROUND SUBTOTAL	**1,150**	**795**	**69%**
Seasonal/Warming Shelter	176	173	98%
TOTAL	**1,326**	**968**	**73%**

Domestic violence (DV) service providers do not use HMIS but use a similar system that provides federally required client level confidentiality for the population served. The systems used by DV providers deliver similar reports as HMIS. This data is reported to HUD, along with HMIS data, as part of the CoC's annual reporting requirements. All DV beds (100%) are included in a comparable database.

HUD's annual review of the CoC's HMIS and comparable DV Database Bed Utilization Rates impacts the level of funding the CoC receives. At least 85% of the CoC's beds must be included in HMIS or a comparable database to receive full credit. The CoC has just 76% of its beds meeting that goal.

Bed Type	Total Beds	Beds in HMIS or DV Database	HMIS/ Database Coverage Rate
Emergency Shelter (ES)	754	561	74.4%
Transitional Housing (TH)	285	145	50.9%
Permanent Housing (PH)	473	448	94.7%
Total	1,512	1,154	76.3%

NOTE: Permanent Housing (PH) includes Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing.

There were 358 beds not included in HMIS as of January 2022:

# Beds not in HMIS or DV Database	Bed Type	Agency - Program
3	ES	Polk County - Warming Network
150	ES	UGM - Men's Mission
40	ES	UGM - New Life Fellowship
6	TH	River of Life - Men's 1
6	TH	River of Life - Men's 2
6	TH	River of Life - Women's
53	TH	The Salvation Army - Lighthouse
5	TH	UGM - Charlie's House
17	TH	UGM - Greer Street
47	TH	UGM - Restoration House
22	PH	VA - HUD/VASH Marion County
3	PH	VA - HUD/VASH West Valley
358		

C.   DATA and DATA ANALYSIS

Quality data is needed to identify local needs and priorities, including how many people are experiencing homelessness, who they are, the barriers they face, and system performance trends. HUD has specific metrics, known as System Performance Measures, that it uses to evaluate the work of the CoC.

The CoC collects a considerable amount of data from its programs that can be used for monitoring program outcomes and overall CoC performance, and to help identify gaps in system-wide program delivery.

While aggregate data is available at any time, the CoC does not have a data analyst who can analyze and package the data in a meaningful way to present for evaluation. The Alliance is working with Oregon Housing and Community Services (OHCS) – which has recently expanded its capacity to assist CoCs with data collection, reporting, and analysis – to address this need.

GOAL 7: SYSTEMS ALIGNMENT

Align systems and expand strategies that mitigate risks of becoming homeless or returning to homelessness.

Committees. The CoC's committees work to ensure that the organizational and programmatic components of the CoC work in conjunction with CoC goals and priorities to facilitate a comprehensive system of homeless services. Each committee is comprised of subject matter experts that elevate issues and highlight achievements in their respective areas of work. The committees are an invaluable resource to the work of the CoC, not only providing knowledge and proficiency in certain subject areas, but also carrying out vital functions that are required of the CoC. In addition to the Executive Committee, the CoC Committees include:

- Youth Action Board
- Coordinated Entry
- Homeless Management Information System (HMIS)
- Point in Time (PIT) Count
- Performance and Evaluation
- Collaborative Committee

As of July 2022, more than 70 agencies in Marion and Polk counties actively participate in the CoC Collaborative Committee, which serves the community through facilitated discussions, education, alignment, and partnership. Agencies connect resources and opportunities and have begun to integrate homeless services with healthcare and other social services. The Collaborative Committee forms subcommittees and work groups, as needed. Currently, the following groups are chartered by the Collaborative Committee:

- Diversity, Equity, and Inclusion
- Health and Safety
- Emergency Response Shelters
- Youth and Young Adults

As teams with defined roles, each of these ten (10) committees has its own charter and develops a corresponding work plan.

The Alliance governance and organizational structure is presented on the next page.

**Mid-Willamette Valley Homeless Alliance ("Alliance")
Governance and Organizational Structure**

ORS 190 Entity
8 Governmental Members

Alliance Board
17 Voting Members; 7 Non-Voting Members

Executive Committee
Cathy Clark, Keizer
Chris Hoy, Salem
Leilani Slama, Salem Health
Danielle Bethell, Marion Co.
Jeremy Gordon, Polk Co.
Rhonda Wolf, United Way

Appeals Committee

Staff / Contractors
Jan Calvin
Janet Carlson
Lisa Trauernicht
Marianne Bradshaw

CoC Collaborative Committee - Membership Open to All (sample list)
Public/Gov. Sector Co-Chair: Adam Mennig
Private/Non-gov. Sector Co-Chair: Ian Dixon-McDonald

A Ray of Hope Today! Neighbors Program	Be Bold Street Ministries
Bridgeway Recovery Services	CANDO
Canyon Resource Center	Catholic Community Services
Center for Hope & Safety	Central School Dist. McKinney Vento
Chemeketa Community College	Children's Public Private Partnership
Church at the Park	Community Action/ARCHES
Community Action/Reentry Services	Comm. Action/HOME Youth Services
Confederated Tribes of Grand Ronde	DevNW
Easterseals Oregon	Fair Housing Council of Oregon
Family Promise	First Christian Church of Dallas
Fostering Hope Initiative	Habitat & Hope Village
Kaiser Permanente	Mano a Mano
Marion Co. Health & Human Services	Marion County Housing Authority
Marion Co. Juvenile Department	Marion & Polk Early Learning Hub
Marion-Polk Food Share	Northwest Human Services
Oregon DHS/Oregon Health Authority	Oregon Housing & Community Services
PacificSource Community Solutions	Polk Community Development Corp.
Polk County Public Health	Recovery Outreach Community Center
Sable House	SafeSleep United
Safety Compass	Salem Housing Authority
Salem/Keizer Schools McKinney Vento	Salem Leadership Foundation
Shangri-La Corporation	Sheltering Silverton
St. Francis Family Housing	UGM/Simonka Place
VETcare	Veterans Affairs HUD/VASH
Willamette Health Council	Willamette Workforce Partnership

More than 100 individuals and 70 different organizations

Youth Action Board
Kloi Spencer, Chair
Isaiah Miller, Vice Chair

HMIS Users Workgroup
Hunter Belgard, OHCS
Jimmy Jones, MWVCAA
(Co-Chairs)

Coordinated Entry Committee
Ashley Hamilton, Chair

Built for Zero Strategy Team

Outreach Managers Team

Collaborative Case Conferencing Teams

7/10/22

Point-In-Time Count Workgroup
Robert Marshall, Co-Chair
Angie Wilson, Co-Chair

Performance & Evaluation Committee
Josie Silverman-Mendez, Chair

Review & Ranking Subcommittee

Diversity, Equity, and Inclusion Subcommittee

Health & Safety Subcommittee

Emergency Response Shelters Network

Youth & Young Adults Subcommittee

Each committee reporting to the board has dedicated staff consultants to support its work. Currently, only the Youth and Young Adults Subcommittee of the Collaborative Committee has the same dedicated support. By midyear of 2022-23 the Alliance plans to make adjustments to allow staff consultant support to be extended to the Diversity, Equity, and Inclusion Subcommittee, as well. The Emergency Response Shelters Network meets quarterly, with group members handling meeting logistics and documentation. The Health & Safety Subcommittee is the newest group and one of the most active, aligning its charter and work plan with health and safety priorities of the CoC's Strategic Plan. Loaned staff time from PacificSource supports the agenda-planning, meeting logistics, and documentation for this group.

During the first two years since becoming a CoC, committees have focused on their respective work plans, with limited information-sharing and collaboration between committees working on related items. For example, the Performance and Evaluation Committee is tasked with reviewing program and system performance data, and an HMIS Users Workgroup comprised of representatives of the agencies that use HMIS

is charged with developing policies and procedures related to inputting data into the system. Currently, consultants are the only link between these two groups.

Related Systems. One of the primary roles as a HUD-approved Continuum of Care is to stimulate community planning and coordination of programs for people experiencing homelessness. HUD encourages CoCs to coordinate, not only with agencies and organizations focused on serving people experiencing homelessness, but also with related systems, including health/health care; adult and juvenile justice; early childhood, K-12, and higher education; workforce and employment; public safety; and Child Welfare.

Representatives of each of these sectors participate in the Alliance. To support system coordination, the Alliance has formal memorandums of understanding with the Marion-Polk Early Learning Hub, Chemeketa Community College, and Willamette Workforce Partnership.

GOAL 9: COMMUNITY ENGAGEMENT

Increase leadership, communication, collaboration, and community engagement in preventing and reducing homelessness.

Community engagement includes raising awareness and sharing opportunities to act. In 2022 CoC contracted staff and community partners increased outreach and community engagement efforts through the following activities:

- Point-in-Time Count participation
- Expanded communications through social media, the CoC's website, press releases, and video interview opportunities
- Presentations to civic organizations, business, local governments, and other community connections
- Polk County's state pilot program that required extensive community outreach and engagement
- A rural Marion County workgroup
- The addition of two more people with lived experience to the CoC board
- Development of the Youth Homelessness Demonstration Program Coordinated Community Plan
- Development of the Youth Action Board, comprised of members with lived experience of homelessness

HUD's *"How to Govern Geographically Diverse CoCs?"*[4] states that promoting consumer engagement takes capacity and resources to ensure the engagement is meaningful for both the consumer and the system's other stakeholders. This document provides the following knowledge and resource considerations when developing a consumer engagement strategy:

- <u>Biases</u>: CoCs need to be aware of and identify biases against including consumers, whether overt or subtle, and work through explicit discussion and facilitation to make the non-consumers aware of these potential biases.
- <u>Social and Cultural Barriers</u>: CoCs must recognize that consumers may face key barriers to full participation. Many may not have experience attending meetings, following rules of order, or other things the non-consumers in the group may take for granted. By proactively addressing these challenges the CoC will help to build trust and achieve more meaningful input and participation.
- <u>Compensation</u>: Paying consumers for their time to serve on the CoC board or local planning group, attend committee meetings, or participate in focus groups is essential to recognizing the value of each person's time commitment, and may help with recruitment. In addition to compensation, incentives such as childcare or covering transportation costs or providing rides may be critical to fostering consumer engagement.

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[4] How to Govern Geographically Diverse CoCs? Leading By Providing a Regional Voice
Https://files.hudexchange.info/resources/documents/How-to-Govern-Geographically-Diverse-CoCs-Leading-by-Providing-a-Regional-Voice.pdf

- <u>Staff & Mentor Time</u>: Staff, volunteer or mentor time is necessary to any effort to organize outreach strategies, engage consumers, and encourage their participation. For example, consumers who join planning bodies may be paired with mentors (e.g., staff, other consumers experienced in CoC planning) to provide an orientation to the system so new members may more fully participate in the process.

The CoC should employ multiple engagement strategies to promote robust consumer input, as consumer engagement is an ongoing process. To achieve a higher degree of consumer voice, it is necessary to employ multiple strategies simultaneously so that the CoC is gaining input from a diverse variety of consumers.

- <u>Board Seats</u>: Ideally, the CoC Board will have multiple consumer seats and may match consumers with mentors. Regions may rotate filling seats for board terms, providing a range of consumer perspectives by region in the CoC leadership body.
- <u>Consumer Advisory Councils & Committees</u>: Recruiting consumers for committees, at the CoC regional planning level, can be another way to engage diverse consumer perspectives. Some CoCs design specific consumer advisory councils that are integrated into the larger CoC governance structure as a way to continually receive and incorporate consumer voice into system design. Promoting consumer voice includes giving those with lived experience of homelessness roles in the planning process, as their time allows.
- <u>Strategies to Gather Feedback</u>: CoCs may use focus groups and listening sessions within their regions to get feedback. Regions may implement these strategies, for example, onsite at agencies administering housing projects or via existing consumer gatherings such as a youth action board meeting. Using social media to host a consumer page is a way to get consumer input about homeless services and policies and to foster discussion. In sparsely populated regions where gathering people in-person is difficult, using social media and surveys may ensure the voices of consumers are heard and factored into regional planning.
- <u>People with Lived Experience on Youth Action Boards</u>: The CoC recruits youth from throughout the region to meet in-person or remotely via video, with open membership that may vary from meeting-to meeting. Youth may serve as regional ambassadors, recruiting more youth from their areas and running listening sessions to gather a broader array of youth input.

Section 1 - System Infrastructure Gaps

1. **Coordinated Entry (CE) System** – Recommendations from the 2021 CE System Evaluation need to be implemented:
   - Develop CoC standards for language testing for new access sites and tools for persons who are visually impaired.
   - Update training curricula, include DV and cultural and linguistic training components, and partner with culturally specific organizations to reduce barriers for specific populations.
   - Improve coordinated referral process
   - Gather and use client feedback for system improvements
   - Explore how to further develop "housing navigation" functions to improve client housing stability more quickly
   - Develop a CE Agency Participation Agreement

2. **Coordinated Entry System for Youth and Young Adults** – Currently, the CoC does not have youth and young adult (YYA) specific Coordinated Entry System. However, pending HUD approval of grant funding for Youth Homelessness Demonstration Program funding, the CoC will add a YYA-specific Coordinated Entry System. Goal 3 of the CoC's Coordinated Plan to End Youth Homelessness outlines the YYA CE objectives.[5]

3. **HMIS Coverage** - Not all providers in the CoC's homeless services system participate in HMIS or a comparable database. This creates a large gap in the HMIS/database bed coverage numbers that are recorded for the CoC and reported to HUD, thus diminishing the CoC's overall rating by HUD.

4. **HMIS Data Analysis** - The CoC does not currently have a data analyst to accurately analyze and package the data in a meaningful format to be presented for review. Without a data analyst, the necessary statistical analysis to find trends and gaps in the system is missing. Currently working with OHCS to address this gap.

5. **Systems Alignment – Committees** – Not all CoC committees are provided staff/consultant support, which places a greater burden on committee members to coordinate logistics, develop plans, and advance committee work.

6. **Systems Alignment – Communication** - The CoC's committees work independent from one another, so, while good work is occurring, reporting

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[5] The Mid-Willamette Valley Coordinated Plan to End Youth Homelessness, March 2022. https://mwvhomelessalliance.org/wp-content/uploads/2022/03/Mid-Willamette-Valley-Coordinated-Community-Plan-to-End-Youth-Homelessness-FINAL-3.15.22.pdf

and information sharing between the groups is limited, which can lead to inefficiency and redundancy in committee and staff/consultant work.

7. **Community Engagement – Rural Areas** - The Rural Marion County Workgroup recommended creating an "awareness" marketing campaign to promote understanding and community buy-in for services for those experiencing homelessness in rural areas. The experience from rural providers of homeless services is that NIMBYism (not in my backyard) limits the availability of housing and other resources available for homeless and underhoused people living in rural areas. An awareness campaign could help rural communities understand that homelessness is not exclusively an urban issue.

8. **Community Engagement – Lived Experience** - HUD's *How to Govern Geographically Diverse CoCs?"* states that promoting consumer engagement takes capacity and resources to ensure the engagement is meaningful for both the consumer and the system's other stakeholders. Resources will need to be identified if the Alliance is to ensure meaningful engagement.

VI.   SECTION II - HOMELESS SERVICES DELIVERY SYSTEM

Section II encompasses the direct client services for individuals and families in the Marion-Polk region. CoC goals reviewed in this section are

- Goal 2: Affordable Housing
- Goal 3: Emergency Shelters
- Goal 4: Transitional Housing
- Goal 5: Permanent Housing
- Goal 6: Health and Safety
- Goal 7: Homeless Prevention
- Goal 8: Services for Specific Populations

GOAL 2: AFFORDABLE HOUSING

Increase access and expand affordable housing units to help fill the gap in housing supply across Marion and Polk counties.

Forecasting future demographics provides insight into future community needs, from health and social service needs, to upgrades and expansions of existing infrastructure. Data from the 2021 Community Health Assessment (CHA) notes the population in Marion and Polk counties is growing, aging, and becoming more diverse – a trend predicted to continue well into the future. [6]

- The population is forecasted to continue to grow over the next 50 years, not only due to more births than deaths thanks to medical and public health advances expanding lifespans, but also due to the increased migration of people into this community.
- The community is estimated to exceed 500,000 members by 2035, with Polk County growing at a faster rate than Marion County.
- Shifts in age groups are forecasted to occur over the next 50-year period, with a greater proportion of members falling into older age groups. Preparations must be made to expand and prepare for the growing needs of an aging population, especially for those whose income will largely be dependent on social security income.

A. HOUSING SHORTAGE

A July 2022 National Public Radio report states that America has fallen 3.8 million homes short of meeting housing needs, and that's both rental housing and ownership. Home prices are up more than 30% over the past couple of years, making homeownership unaffordable for millions of Americans. Rents are rising sharply too. The biggest culprit is this historic housing shortage. Strong demand

and low supply mean higher prices. Part of the problem goes back to the last housing crash, which happened around 2008. After that, many homebuilders went out of business, and economists say we didn't build enough for a decade.[7]

Up for Growth, a national, cross-sector member network committed to solving the housing shortage and affordability crisis through data-driven research and evidence-based policy did a study [8] that analyzed housing production in 800 cities and towns across the country. As noted in the chart below, Salem ranked 9th out of 800 for housing underproduction.

How severe are housing shortages in your area?

Housing shortages have remained problematic or worsened in hundreds of metro areas around the U.S. in the past decade, according to nonprofit research group Up for Growth.

	RANK	METRO AREA	2012-2014 STATUS	2017-2019 STATUS	ESTIMATED AVAILABLE UNITS	<% SHORTAGE	% SURPLUS>
	9	Salem, OR	Shortage	Shortage got worse	9,484 units short	–8%	

Notes

— Available units and housing supply percentages are based on a three-year average from 2017 through 2019.

— Percentages refer to under- or over-production compared with the total housing units in a metro area.

Source: Up for Growth
Credit: Haidee Chu/NPR

The Home Builders Association of Marion & Polk reported that over the past 18 months (as of February 2022), local home builders have struggled to keep pace with increased demand due to a lack of building lots, material shortages resulting from broken supply chains, and rapidly increasing material costs. While new single-family and duplex starts in Marion & Polk counties during the last 12 months remain essentially unchanged from the year prior (688 permits in 2021 compared to 691 in 2020), Salem's permits dropped 20% (418 in 2021 vs. 523 in 2020) primarily due to a lack of available building lots. While construction cost increases and material shortages plague builders nationwide, Salem's housing affordability has continued to decrease compared to other housing markets around the country.

When taking into account both average home sale prices and average incomes, Salem ranks 213th of 238 housing markets nationally, worse than Portland's ranking of 189th, though slightly better than Bend (223rd) and Corvallis (238th). Ten years ago, the Salem area was in the top third of affordable housing markets in the country.

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[7] There's a massive housing shortage across the U.S. Here's how bad it is where you live, NPR/OPB, July 14, 2022. https://www.npr.org/2022/07/14/1109345201/theres-a-massive-housing-shortage-across-the-u-s-heres-how-bad-it-is-where-you-l

[8] Technical Memorandum to Up for Growth's Housing Underproduction in the U.S. report, Michael Wilkerson, Ph.D. and Madeline Baron, MPP, ECONorthwest https://www.upforgrowth.org/sites/default/files/2022-07/2022_HousingUnderproduction_UpForGrowth_Technical_Supplement_UnderproductionAnalysis.pdf

Salem's affordability challenges are largely driven by the lack of housing production, with Oregon having the worst housing shortage in the nation. The shortage of available subdivision land and the increasing costs of development on difficult, hilly sites primarily in South and West Salem have pushed lot prices to $150,000 - $175,000 in many cases, making it difficult for builders to build more affordable homes.

With subdivision land and building lots being scarce in Salem, many developers and builders have increasingly looked outside of Salem to surrounding communities. Dallas, Independence, Turner, Sublimity, and Stayton have all seen significant development activity recently, as home buyers show an increased willingness to accept a commute into Salem in exchange for more affordable home prices.[9]

B. RENTERS

The table below outlines renter data collected by the National Low-income Housing Coalition's Out of Reach report[10]. A two-bedroom fair market rate apartment/home in Marion and Polk counties is about $1,093, which requires a renter to earn $21.02hr (or $43,720/year) to afford the rental.

A renter earning minimum wage would have to work 1.6 full-time jobs to afford a market rate apartment in the region.

	FY 21 Housing Wage	Housing Costs			Area Median Income (AMI)				Renters				
	Hourly wage needed to afford 2 BR[1] FMR	2 BR FMR[2]	Annual income needed to afford 2 BDR FMR	Full-time jobs at min. wage to afford 2 BR FMR[3]	Annual AMI[4]	Monthly rent afford-able at AMI	30% of AMI	Monthly rent afford-able at 30% AMI[5]	Renter house-holds (2015-2019)	% of total house-holds (2015-2019)	Estimated hourly mean renter wage (2021)	Monthly rent afford-able at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
Salem MSA	$21.02	$1,093	$43,720	1.6	$70,700	$1,768	$21,210	$530	57,161	39%	$13.57	$706	1.5
Marion County	$21.02	$1,093	$43,720	1.6	$70,700	$1,768	$21,210	$530	46,937	40%	$14.06	$731	1.5
Polk County	$21.02	$1,093	$43,720	1.6	$70,700	$1,768	$21,210	$530	10,224	34%	$9.82	$511	2.1

1: BR = Bedroom
2: FMR = Fiscal Year 2021 Fair Market Rent
3: This calculation used the higher of the county, state, or federal minimum wage, where applicable.
4: AMI = Fiscal Year 2021 Area Median Income
5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

i. AFFORDABLE RENTAL HOUSING

"Affordable housing" is that which was originally funded or put into the affordable housing stock with the support of tax funding (tax credits, grants, and

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[9] EconomicForum22, SVN Commercial Advisors, LLC, February 9, 2022. https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:76784bea-35a5-39c5-bf52-6e8dc456e1b8#pageNum=16

[10] 2021 Out of Reach, the High Cost of Housing, National Low-Income Housing Coalition. https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf

other public dollars), and, in turn, is required to provide rental housing at a "reduced rate" to low-income households for an established period of time (dependent on funding stream).

No state has an adequate supply of rental housing affordable and available for extremely low-income households. The National Low Income Housing Coalition reports that in Oregon there are only 25 affordable and available rental homes for every 100 extremely low-income renter households.

ii.   RENT BURDENED

The federal standard is that no more than 30% of a household's gross income should be spent on rent and utilities. Households paying more than 30% of their income are considered rent burdened. Households paying more than 50% of their income are considered severely rent burdened.

According to the Out of Reach study, in Marion and Polk counties, the estimated hourly mean renter wage is $14.06 in Marion County and $9.82 in Polk County, putting the monthly rent affordable at these wages at $731 and $511 respectively. A renter in Marion County will have to work 1.5 full-time jobs at that rate to afford a two-bedroom FMR apartment. A Polk County renter will have to work 2.1 full-time jobs to afford the same apartment.

Families earning minimum wage must choose to work more than full time to afford any size of housing unit, doubly impacting families with young children having to choose between long hours away from parenting their children and long childcare hours. Working 61 hours to 117 hours per week to afford a stable place to live further marginalizes those experiencing disparities and deepens the opportunity gap to end the prevalence of generational poverty.

The general housing shortage exacerbates conditions for low-income individuals. As new (and existing) homes become more expensive, fewer housing consumers are able to purchase a home so remain in rental housing for longer periods, limiting the rental unit availability.

A majority of extremely low-income renters are severely housing cost-burdened in every state. In Oregon, 77% of extremely low-income renter households have severe cost burdens.[11]

iii.   EVICTIONS

A June 2022 Statesman Journal article reported that in the previous 12 months, an increasing number of Oregonians were evicted for not paying their rent. Before the pandemic, there were about 1,500 eviction filings per month in

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[11] The Gap, A Shortage of Affordable Home, National Low Income Housing Coalition, pg. 9, March 2021
https://reports.nlihc.org/sites/default/files/gap/Gap-Report_2021.pdf

Oregon. The April 2021, moratorium on evictions for non-payment was extended to June 30, 2021, by state lawmakers.

In July 2021, there were 361 evictions in Oregon. By November that had gone up to 566. In May 2022, there were 1,267. The number of evictions is expected to continue to rise and exceed pre-pandemic levels by fall 2022. (Evictions for behavioral issues have been allowed throughout the pandemic.)

Between the increasing cost of rent — the average for a two-bedroom apartment in Salem is over $1,400 — and a low rate of available places to rent, there aren't many options to get someone back into a place once they are out.

A tenant usually has from a month to a month and a half after the first eviction notice before they are locked out. Advocates say that preventing evictions has become preventing homelessness. [12]

C. HOMELESS HOUSEHOLDS – ECONOMIC STATUS

HMIS Data show that 43% of all households assessed for homelessness in 2021-22 had an income of less than 30% the annual median income (AMI).

The New York Times reported that America's homelessness problem has the makings of an acute crisis. Shelters across the U.S. are reporting a surge in people looking for help, with wait lists doubling or tripling in recent months. The number of homeless people outside of shelters is also probably rising, experts say. Some of them live in encampments, which have popped up in parks and other public spaces in major cities from Washington, D.C., to Seattle since the pandemic began. And inflation is compounding the problem: Rent has increased at its fastest rate since 1986, putting houses and apartments out of reach for more Americans.

The crisis means more people do not know where they will sleep tonight. Living in the streets, people are exposed to more crime, violence, and bad weather, including extreme heat. They can lose their job in the chaos of homelessness, and they often struggle to find another one without access to the internet, a mailing address, or a place to secure their belongings while they search for a new job. No factor matters more to homelessness than access to housing. Poverty, mental illness, addiction, and other issues do play roles, but they are less significant.[13]

AFFORDABLE HOUSING GAPS

1. There is limited land available for housing development.
2. There is not an adequate supply of affordable housing.
3. Preparations need to be made for the growing needs of an aging population.

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[12] Evictions are rising in Oregon. Here's what to do if you get an eviction notice. Statesman Journal, June 21, 2022. https://www.statesmanjournal.com/story/news/2022/06/21/evictions-are-rising-in-oregon-but-an-eviction-notice-isnt-the-end/65360571007/

[13] Homeless in America, The New York Times Newsletter, July 15, 2022. https://www.nytimes.com/2022/07/15/briefing/homelessness-america-housing-crisis.html

4. More outreach, advocacy, and incentives for landlords to rent to low-income individuals and families are needed to support renters with assistance (public housing vouchers and Rapid Rehousing funding) to secure housing.

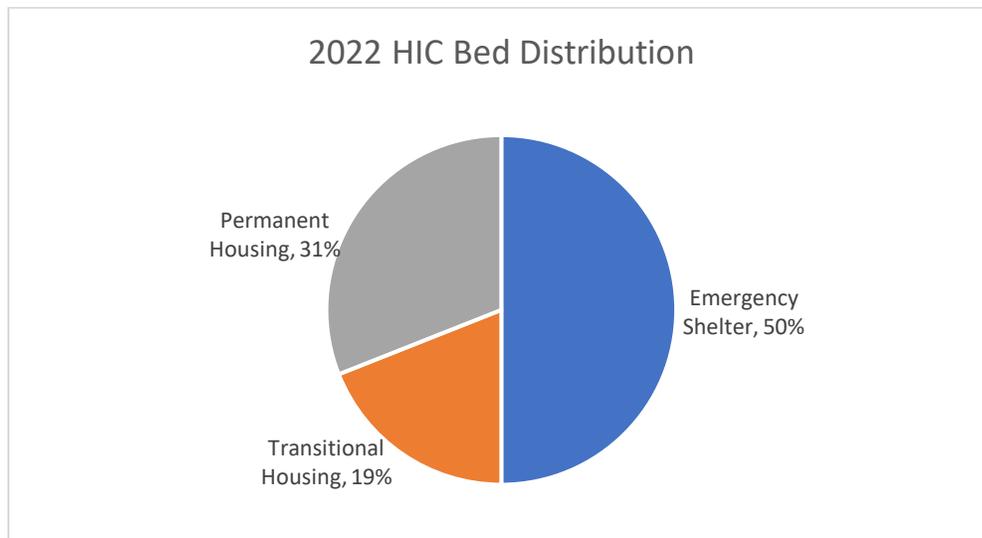## GOALS 3-4: EMERGENCY SHELTERS and TRANSITIONAL HOUSING

Address gaps in shelter beds, including the need for low-barrier shelters. Address gaps in transitional housing, including capacity for transitional case management.

Emergency Shelter (ES) is any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Transitional Housing (TH) provides temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing. TH projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.

The 2022 Housing Inventory Count (HIC) for Marion and Polk counties indicates the region has 1,330 year-round beds, a slight increase from the 1,186 beds in 2021. There were 176 seasonal beds, more than doubling the 85 beds available in 2021. With an additional 6 overflow beds, the region was using 1,512 beds to address homelessness, 1,039 of which (69%) were temporary ES and TH beds.[14]

2022 Housing Inventory Count (HIC)				
Type	Year-round Beds	Total Seasonal Beds	Overflow Beds	Total Beds
Emergency Shelter	572	176	6	754
Transitional Housing (+SH)	285	0	0	285
Permanent Housing	473	0	0	473
Totals	**1,330**	**176**	**6**	**1,512**

2022 HIC Bed Distribution

Emergency Shelter, 50%
Transitional Housing, 19%
Permanent Housing, 31%

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[14] Mid-Willamette Valley Homeless Alliance, OR-504 2022 Housing Inventory Count (HIC) https://mwvhomelessalliance.org/wp-content/uploads/2022/06/Summary-Report-for-website.pdf

EMERGENCY SHELTER

When permanent and transitional housing is not available, the homeless response system must look for even more temporary solutions for Emergency Shelter options.

In 2018, culturally specific and low-barrier emergency shelters were identified to be most urgent, specifically for women, youth, families, and non-sobriety required eligibility. While the number of Emergency Shelter beds has increased significantly, from fewer than 400 in 2021 to more than 570 in 2022, the lack of low barrier emergency sheltering options for individuals, couples, and parents with boys over 12 years old, to stay together in an emergency remains a need.

Sheltering with pets has also been a consistent need in Marion and Polk counties. Many experiencing unsheltered living prefer to remain unsheltered than abandoning their pets. In response, ARCHES, Church at the Park, and other providers began distributing pet food among their other tangible goods and services offered to those experiencing various levels of homelessness and housing insecurity. Shelters allowing pets, however, are still in high demand and a major gap.

Emergency Shelters (ES) provide short-term shelter, typically on a night-by-night basis, with some providing up to 60 days. The 2022 HIC inventoried 711 year-round emergency shelter beds, nearly 2.5 times the 277 ES beds available in 2021, which represented limitations due to the pandemic. The other reason for the large increase in 2022 was due to Emergency Solutions Grant-CV funds.

Church at the Park (CATP) operated a pilot project in early 2021 at the Oregon State Fairgrounds, demonstrating the effectiveness of a managed camp setting where guests were able to safely sleep indoors in tents. Building on the success of that project, CATP focused its efforts on opening managed micro-shelter communities, and currently operates two managed micro-shelter communities. In July 2022, there were more than 400 people on their waiting list.

Through partnership with the City of Salem, other service providers, and an outpouring of engaged citizens, CATP is collaboratively working to expand shelter sites, with the goal of operating shelter sites in all eight wards in Salem

> **Youth Shelter:** Community Action Agency operates the region's only youth emergency shelter, Taylor's House, offering safety, stability, structure, and success in moving forward. Taylor's House (10 beds) is located in Salem and provides year-around resources to at-risk, homeless, runaway, and street youth ages 11-18 years.

> Polk County and the rural areas of Marion County do not have any designated youth shelter, which remains a gap in service for this population.

Seasonal Shelters: Warming shelter beds and bed nights increased dramatically from 2017-2018 to 2020-2021. Data below show the expansion of warming shelter bed nights in response to growing needs and strategic efforts. However, capacity was limited in 2021-2022, resulting in fewer seasonal bed nights this past year.

A lack of seasonal warming shelters continues in rural areas.

Extreme Weather Bed Nights
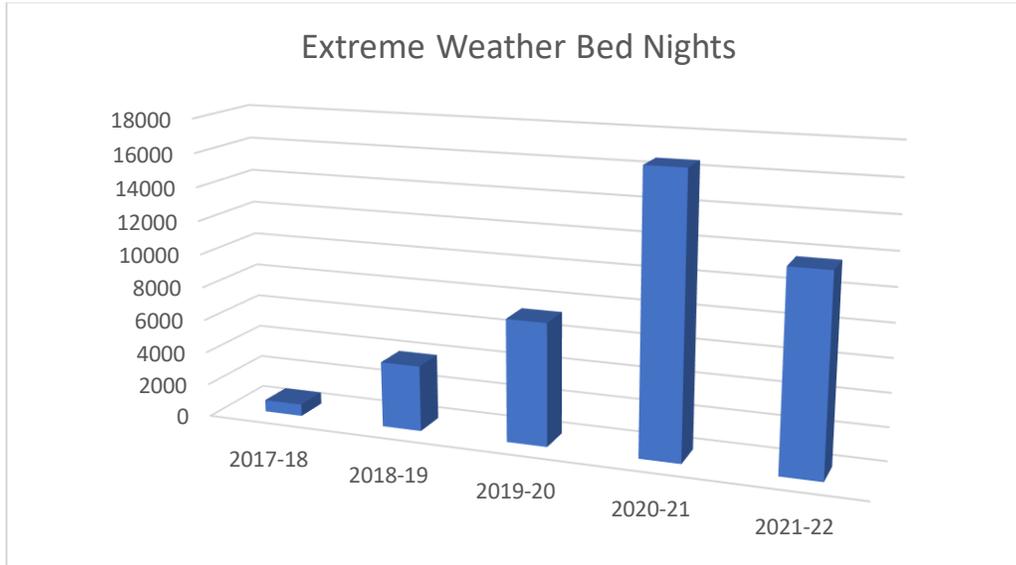
Year	Bed Nights
2017-2018	718
2018-2019	3,956
2019-2020	7,343
2020-2021	16,584
2021-2022*	11,704

*Covid-19 impacted ability to provide extreme weather shelter.

TRANSITIONAL HOUSING

The region's 285 Transitional Housing beds are operated by ten different organizations for the following populations:

Population	# TH Beds	% TH Beds
Veterans	79	28%
Men	69	24%
Families	35	12%
Women	30	11%
Young Adults	7	3%
Undesignated	65	23%
TOTAL	**285**	

Transitional Housing Beds by Population

- Undesignated, 23%
- Veterans, 28%
- Young Adults, 3%
- Women, 11%
- Families, 12%
- Men, 24%
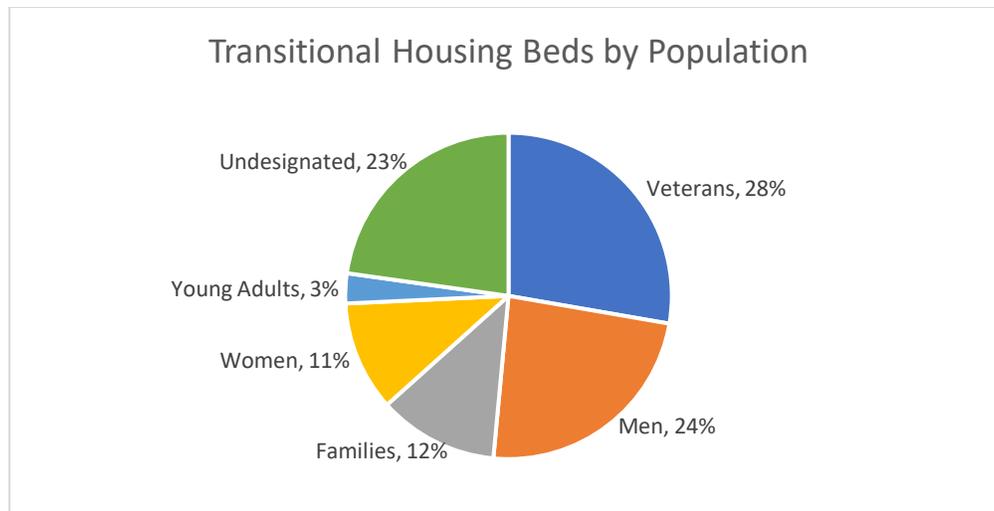
FACILITY-BASED BEDS

Year-around facility-based beds are comprised of Emergency Shelter, Transitional Housing, and some Permanent Housing. In 2022 there were 789 facility-based beds to meet the region's year-around needs.

Even with these year-around and temporary options, there remain more than 1,500 _unsheltered_ homeless individuals on a given night in Marion and Polk counties.

Transitional Housing can fill the need for Diversion and provide short-term housing and case management to address other barriers and develop capacity to become low-risk renters. The region has 285 Transitional Housing beds (2022 Housing Inventory Count (HIC)), nearly all of which were filled at the time of the January 2021 HIC.

The number of Emergency Shelter beds is anticipated to increase with investments in micro-shelter villages the Salem area yet may decrease without replacement of Emergency Solutions Grant-CV funding in both the urban and rural areas.

EMERGENCY SHELTER AND TRANSITIONAL HOUSING GAPS

1. More than 1,500 people remain unsheltered on any given night. More low barrier shelter beds and transitional housing are needed to assure safety and temporary stability for people to be able to access other resources.
2. Polk County and the rural areas of Marion County do not have any designated youth shelter, which remains a gap in service for this population.
3. ESG-CV-funded projects increased shelter capacity. Sustaining the capacity long term is an issue.
4. A lack of low-barrier seasonal warming shelters continues, particularly in rural areas.

GOAL 5: PERMANENT HOUSING (RRH and PSH)

Utilize the resources of Rapid Rehousing (RRH) and expand Permanent Supportive Housing (PSH) to address the needs of the high percentage of chronically homeless individuals concentrated in the Salem-Keizer area.

Rapid Rehousing (RRH) is short-term rental assistance to quickly help households obtain and retain housing, typically for 12-24 months.

Permanent Supportive Housing (PSH) is long-term rental assistance with supportive services.

The data below shows the need for different types of housing services, based on Coordinated Entry assessments.

- **Prevention:** Assistance to keep people in housing
- **Diversion:** Assistance to quickly address housing needs, typically without intensive case management
- **Rapid Rehousing (RRH):** Short-term rental assistance and case management to help households obtain and retain housing, typically for 12-24 months
- **Permanent Supportive Housing (PSH):** Long-term rental assistance with supportive services

More than half (54%) of the 7,452 households assessed during FY 2021-22 needed Prevention Services.

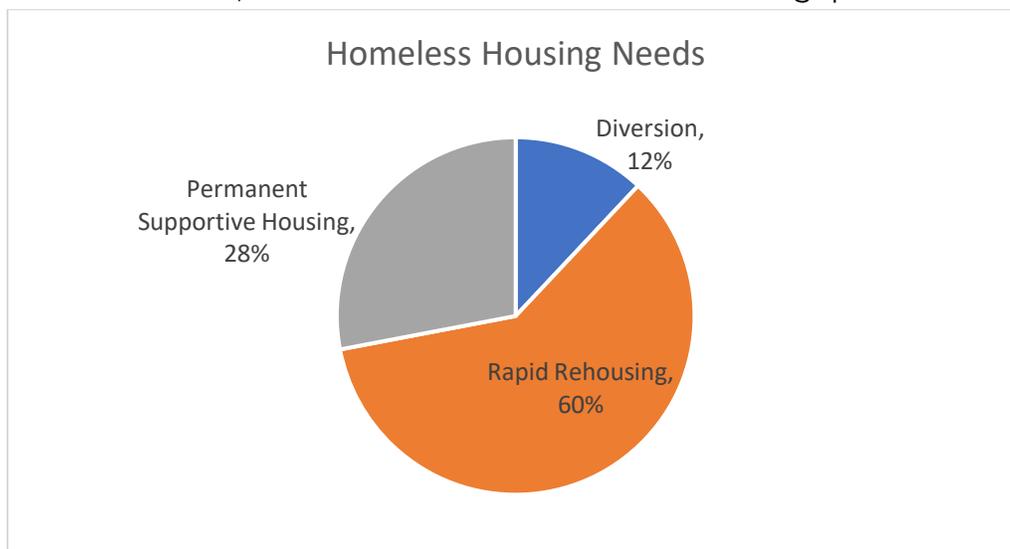| All Assessed Households Housing Service Needs 7/1/2021 to 6/30/2022								
	# HHs Assessed	% of total	HHs in Marion	% Marion		HHs in Polk	% Polk	Other or Unknown County
Prevention	4041	54%	3028	75%		542	13%	471
Diversion	402	6%	337	84%		61	15%	4
Rapid Rehousing	2047	27%	1596	78%		413	20%	38
Permanent Supportive Housing	962	13%	569	59%		372	39%	21
Total	**7452**	**100%**	**5530**	**72%**		**1388**	**19%**	**534**

*Housing Services do not include Emergency Shelter

Of the 3,411 households assessed for homelessness, the majority (60%) were in need of Rapid Rehousing, 28% were in need of Permanent Supportive Housing, and 12% needed Diversion (see chart below).

Homeless Households Assessed Housing Service Needs 7/1/2021 to 6/30/2022									
	# HHs Assessed	% of total	HHs in Marion	% Marion	% Total	HHs in Polk	% Polk	% Total	Other or Unknown County
Diversion	402	12%	337	13%	10%	61	7%	2%	4
Rapid Rehousing	2047	60%	1596	64%	47%	413	49%	12%	38
Permanent Supportive Housing	962	28%	569	23%	17%	372	44%	11%	21
Total	**3411**	**100%**	**2502**	**100%**	**73%**	**846**	**100%**	**25%**	**63**

Housing Services do not include Emergency Shelter

Use of Rapid Rehousing funding is severely restricted by lack of affordable rental properties. More than 2,000 units would be needed to fill this gap.

Twenty eight percent (28%) of homeless households assessed in 2021-22 required PSH. More than 900 new units with accompanying supportive services would be needed to fill this gap.

Salem Housing Authority has two properties slated to open in 2022-23. Yaquina Hall, a 52-unit affordable housing project with resident services. Sequoia Crossings, a 60-unit permanent supportive housing development. In addition, DevNW is planning to open a new PSH project for Veterans.

PERMANENT HOUSING GAPS
1. More than 2,000 rental units are needed to fill the gap for households in need of Rapid Rehousing.
2. More than 900 new units – with accompanying supportive services – are needed to fill the gap in Permanent Supportive Housing.

GOAL 6: HEALTH AND SAFETY
Address physical and mental health and safety issues relating to homelessness.

Social Determinants of Health. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social Determinants of Health

The U.S. Department of Health and Human Services Healthy People 2030 reports that SDOH have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.[15]

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[15] Healthy People 2030, U.S. Department of Health and Human Services https://health.gov/healthypeople/priority-areas/social-determinants-health

Mental Health. Millions of people in the U.S. are affected by mental illness each year. It is important to measure how common mental illness is, so we can understand its physical, social and financial impact — and so we can show that no one is alone. These numbers are also powerful tools for raising public awareness, stigma-busting and advocating for better health care.[16]

National Alliance on Mental Health Fast Facts
o   1 in 5 U.S. adults experience mental illness each year
o   1 in 20 U.S. adults experience serious mental illness each year
o   1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year
o   50% of all lifetime mental illness begins by age 14, and 75% by age 24
o   Suicide is the 2nd leading cause of death among people aged 10-34

The Willamette Health Council (WHC) is the governing body for the Coordinated Care Organization (CCO), PacificSource Community Solutions Marion-Polk. The WHC aims to improve the health of those living in the region by using integrated and coordinated care systems to increase quality, reliability, availability, and continuity of care, and to reduce the cost of care.

WHC's 2022 Community Health Improvement Plan Progress Report[17] outlines three strategic priority areas for the new community health plan (CHP).

- Behavioral health supports (primarily focused on mental health services)
- Substance use
- Housing

Formed in 2021, the CoC Collaborative Committee's Health and Safety Subcommittee serves as ongoing support of the CHP housing goals and strategies.

Oregon data shows the percent of adults with frequent mental health distress is correlated with income. Those living in poverty experience 200% more frequent mental health distress (CHA, 2021). Mental health and income are intrinsically linked for individual's whole-person journey to wellness and wellbeing.

As the field of mental health and the regulation surrounding it has evolved, so too have the services provided to patients. Through the course of these changes, Oregon has struggled to improve its fragmented mental health service delivery. The cost of ineffective mental health services is high and impacts not only individuals, but entire communities. In systems not created to equitably and effectively deliver services, some individuals and communities may continually receive ineffective mental

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[16] National Alliance on Mental Health https://www.nami.org/mhstats
[17] 2022 Community Health Improvement Plan Progress Report https://willamettehealthcouncil.org/wp-content/uploads/PCS_MP_2022-CHP-ProgressReport-Narrative.pdf

health care. A likely increased need for mental health services should be a critical consideration as the state works to address impacts resulting from the COVID-19 crisis.[18]

Health Disorders and Disabilities Among People Experiencing Homelessness. Of the 4,326 people assessed for homelessness in Marion and Polk counties during 2021-2022, 44% reported having a mental health disorder, more than one-third (36%) had a physical disability, one-third (34%) had a chronic health condition, more than one-in-four (27%) reported having one or both an alcohol use disorder or drug use disorder, and a full 25% had a developmental disability.

Condition	# People	% People
Mental Health Disorder	1,881	44%
Physical Disability	1,556	36%
Chronic Health Condition	1,474	34%
Alcohol Use Disorder, Drug Use Disorder, or Both A/D Use Disorder	1,157	27%
Developmental Disability	1.066	25%

In 2022 Oregon ranks as 49th nationally for the number of adults with a higher prevalence of mental illness and lower rates of access to care and 45th for youth with a higher prevalence of mental illness with lower access to care. Oregon ranks 51st for the prevalence of mental illness ranking 19th for access to care. These indicators combined rank Oregon 46th overall in the nation for mental health status. Oregon's Behavioral Health system offers quality programming but remains impeded by lack of acuity appropriate facility, sufficient staffing, supportive housing, and community-based coordination. https://www.mhanational.org/issues/2022/ranking-states

HEALTH & SAFETY GAPS

1. Lack of discharge planning to ensure that persons leaving hospitals and care facilities do not end up homeless.
2. Limited wrap-around services that are needed to promote health and housing stability. This includes extremely limited integration of health and housing services.
3. Limited street outreach and diversion services that connect unsheltered homeless individuals with mental and behavioral health services they need.
4. Unsheltered homelessness presents barriers to accessing health services, including no place to secure belongings or pets while seeking services, lack of shower and laundry facilities to prepare for accessing services, and limited transportation resources.

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[18] Oregon Health Authority, Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis, Secretary of State Oregon Audits Division, September 2020 Report 2020-32 https://sos.oregon.gov/audits/Documents/2020-32.pdf

GOAL 7: HOMELESS PREVENTION SERVICES

Align systems and expand strategies that mitigate risks of becoming homeless or returning to homelessness.

Homeless prevention includes the following basic principles: [19]

1. **Crisis resolution** - Every situation that could result in homelessness is a crisis for the person experiencing it. Crisis resolution responses must include rapid assessment and triaging, based upon urgency; an instant focus on personal safety as the first priority; de-escalation of the person's emotional reaction; definite action steps the individual can successfully achieve; assistance with actions the individual is temporarily unable or unwilling to attempt; and returning the person to control over their own problem-solving.

2. **Client choice, respect, and empowerment** - People in crisis may feel paralyzed by the urgency and the potentially devastating consequences of their situation. Homelessness prevention services must help people in crisis regain a sense of control and feeling of empowerment to actively overcome obstacles. A constant emphasis on the client's goals, choices, and preferences, an unwavering respect for their strengths, and reinforcement of progress are essential for empowerment. This does not mean clients are protected from the natural consequences of their actions.

3. **Provide the minimum assistance necessary for the shortest time possible** - Respect includes "letting go" as soon as the person has the resources, knowledge, and tools to continue their lives–however they choose to live them. Providing "just enough" to prevent homelessness enables a program to help far more people in crisis. Often this means ensuring resources are used to help persons at-risk of losing housing of any kind—persons who would otherwise end up on the street or in an emergency shelter—before using resources to provide assistance for other needs. Providing non-essential assistance to a program client will cost someone else in the community their housing.

4. **Maximize community resources** - Mainstream assistance programs are intended to be the backbone of every community. Creating duplicate services for a sub-population such as people at risk of homelessness allows mainstream agencies to continue to bypass or ineffectively serve people who have a right to better quality and access. Duplication also wastes valuable, limited resources that could be spent to keep more households from becoming homeless.

5. **The right resources to the right people at the right time** - The earlier a program intervenes in a housing crisis, the lower the cost. The outcomes may look impressive, but research shows that most people who receive prevention assistance would not have become homeless even without assistance. The later the intervention, the more costly and the lower the success rate. But at the latest stages of an individual's housing crisis, it is virtually certain she or he would have become homeless without assistance. Good prevention programs strive to target people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance.

Financial preparedness is an important buffer for those who encounter unexpected events, such as medical expenses or disruptions from natural disasters. Relatively

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[19] Homelessness Prevention Guide, National Alliance to End Homelessness https://endhomelessness.org/resource/homelessness-prevention-creating-programs-that-work/

small, unexpected expenses, such as a car repair or a modest medical bill, can be a hardship for many families.

A 2021 survey conducted by the U.S. Federal Reserve indicates that when faced with a hypothetical emergency expense of $400, 32 percent of all adults in 2021 said they would have difficulty covering the expense. Eleven percent of those adults said they would be unable to pay the expense by any means. Lower-income adults were especially likely to face difficulty paying bills. Half of adults with a family income less than $25,000 had one or more bills that they were unable to pay in full in a given month or were one $400 financial setback away from being unable to pay them.

- o Black and Hispanic adults were much more likely than White or Asian adults to face difficulty paying bills, and these differences were present at all income levels. Forty percent of Black adults and 35 percent of Hispanic adults had, or were close to having, difficulty paying bills, compared with 19 percent of White adults and 11 percent of Asian adults.
- o Twenty percent of adults had major, unexpected medical expenses in the prior 12 months, with the median amount between $1,000 and $1,999.
- o Sixteen percent of adults experienced a financial disruption or hardship from a natural disaster or severe weather event in the prior year.[20]

The Mid-Willamette Valley Community Action Agency's ARCHES program as a primary provider of homeless prevention services in the Marion-Polk region. Homelessness prevention activities are designed to prevent an individual or family from having to move into temporary shelter or live in a public or private place not meant for human habitation.

In 2021 there was an influx of federal rental assistance support to the area in response to the COVID-19 pandemic. This rental assistance program is designed to help landlords recoup lost rental income from renters that lost jobs or were otherwise impacted by the pandemic. Emergency rental assistance programs can also be used to assist with housing related costs like utilities.

Local, ongoing homeless prevention assistance includes:

- • Utility Assistance
- • Rental Assistance
- • Assistance accessing benefits
- • Displaced worker programs
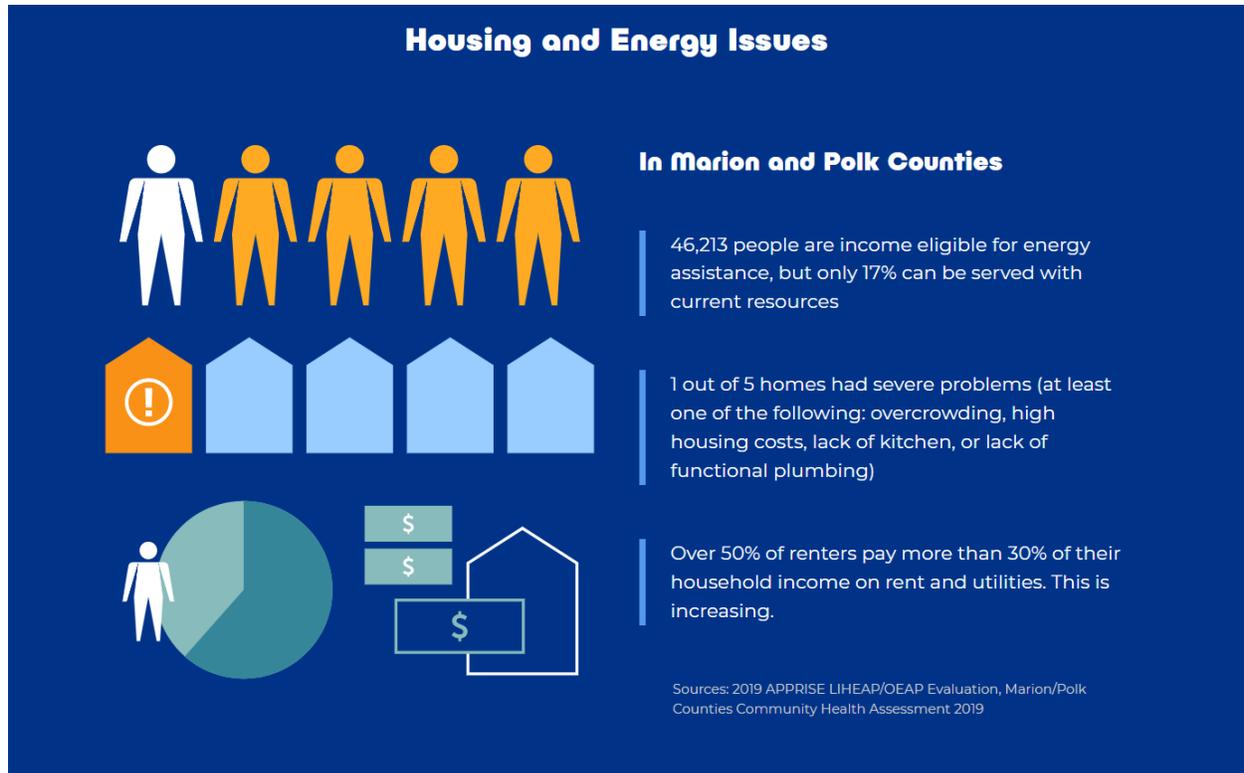- • Self-sufficiency programs
- • Childcare resources

Marion County has been able to assist 26% of the 2,762 households requesting Emergency Rental Assistance through their program, distributing more than $4.7M

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[20] Economic Well-Being of U.S. Households, Board of Governors of the Federal Reserve System
https://www.federalreserve.gov/publications/2022-economic-well-being-of-us-households-in-2021-dealing-with-unexpected-expenses.htm

to 720 households at risk of eviction, equating to an average of $6,570 per household.

In 2019, 37,908 households received energy assistance through the MWVCAA Energy Assistance Program, and 7,805 power disconnections were prevented.[21]

HOMELESS PREVENTION GAPS

1. Maximize the use of mainstream services. According to the National Alliance to End Homelessness, mainstream assistance programs are intended to be the backbone of every community. Creating duplicate services for a sub-population such as people at risk of homelessness allows mainstream agencies to continue to bypass or ineffectively serve people who have a right to better quality and access.
2. Black and Hispanic adults are much more likely than White or Asian adults to face difficulty paying bills. Culturally specific outreach and interventions are needed to ensure equity in homeless prevention services.
3. Homeless preventions services are intended to be brief. However, in recent years, the length of time an individual household requires prevention services has grown longer, straining limited resources and meaning that some people are turned away.

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[21] Mid-Willamette Valley Community Action Agency https://mwvcaa.org/about-us/impacts/

GOAL 8: SPECIFIC POPULATIONS

Address the unique needs and characteristics of specific populations (chronically homeless, youth, families, seniors, LBGTQ populations, farmworkers, Veterans, survivors of domestic violence, survivors of human trafficking, and persons with disabilities, including those who are medically fragile).

Addressing the unique needs and characteristics of specific populations is crucial to providing person-centered, appropriate care that will triage the unique needs of individuals experiencing homelessness. Service gaps are extensive, and the Alliance has not fully examined the needs of each population. Local services have focused primarily been on the following populations:

- Persons experiencing chronic homelessness
- Youth and young adults
- Families
- Veterans
- Persons fleeing domestic violence

1. **RACE AND ETHNICITY**
   The Marion-Polk region encompasses a culturally diverse population, with a particularly high Latinx population, but also significant Russian, Marshallese, and other diverse populations that experience or are at risk of experiencing homelessness. According to the 2019 [Community Health Needs Assessment](#), Marion and Polk counties have a greater percentage of the community population being younger, under the age of 25, than Oregon. The community has a larger percentage of members that identified as Hispanic or Latinx than Oregon. About 26% identified as Hispanic/Latinx in Marion County, compared to 13% in Polk County, and 12% in Oregon. Marion and Polk counties have a higher percentage of members that speak a language other than English at home than Oregon. Roughly 1 in 4 households (25%) in Marion County speak a language other than English, compared with 14% in Polk County, and 15% in Oregon. The most common languages spoken after English were Spanish, Asian or Pacific Islander languages, and Russian.

   The Alliance's race data is missing for 23.6% of clients in HMIS. The chart below outlines the Alliance's race data captured in HMIS.

White	63.66%	
Black, African American, or African	3.29%	
Asian or Asian American	0.34%	
American Indian, Alaska Native, or Indigenous	2.51%	
Native Hawaiian or Pacific Islander	2.71%	
Multiple Races	3.87%	
Client Doesn't Know/Refused	6.90%	23.62%
Data Not Collected	16.71%	

2. CHRONICALLY HOMELESS

The Marion-Polk region's homeless population experiences high rates of *chronic homelessness*, a HUD designation given when an individual is either (1) an unaccompanied homeless individual with a disabling condition and continuously homeless for a year+, or (2) an unaccompanied individual with a disabling condition with at least four episodes of homelessness in the past three years.

More than one quarter (27%) of individuals experiencing homelessness nationwide experience chronic homelessness (AHAR, 2021). In Marion-Polk (2021-2022):

- 31% of individuals identified as homeless were chronically homeless. Children less often meet the criteria for chronic homelessness, at 16%. And 37% of adults experiencing homeless are chronically homeless.
- Of the adults without children experiencing homelessness, 62% experience chronic homelessness in the region, versus 34% in Oregon and 27% nationwide.
- Of families experiencing homelessness in Marion and Polk counties, 15% are chronically homeless, whereas the national rate is 6%.

a) UNSHELTERED CHRONICALLY HOMELESS

Oregon ranks fourth highest in the nation for the percent of chronically homeless individuals who are _unsheltered_. More than two-thirds (77%) of chronically homeless individuals in Oregon were staying in unsheltered locations, a higher unsheltered rate than for all individuals (51%) (AHAR, 2021).

Chronically Homeless Individuals			
	# People Assessed 7/1/21-6/30/22	# People Chronic Homeless	% People Chronic in Marion-Polk
Total Homeless	4,326	1,349	31%
Youth	1,122	182	16%
Adults	3,135	1,167	37%
Adults w/o children	1,768	1,100	62%
Number of Families	578	85	15%
Number of Individuals in Families	2,558	249	10%

3. YOUTH

The U.S. Department of Education definition of homeless includes the HUD definition of homeless, as well as individuals and families who are temporarily doubled-up, living in motels, and couch-surfing. McKinney-Vento Program Homeless Liaisons assist schools with identification of eligible children and families, as well as provision of needed services.

According to the Mid-Willamette Valley Coordinated Community Plan to End Youth Homelessness,[22] an estimated 1,540 unaccompanied youth and young adults experienced homeless in the Marion-Polk region in 2021.

HMIS data shows 900 unaccompanied youth and young adults (ages 13-24) who experienced homelessness in 2021, up from 811 in 2020. Since most services offered are in Salem and Keizer, youth outside of the urban center would be unlikely to be included in the HMIS data. Data from the local McKinney-Vento liaisons[23] includes information outside of the Salem-Keizer urban center.

- 1,946 total K-12 students identified as experiencing homelessness in Marion-Polk counties by McKinney-Vento liaisons in the 2019-20 school year
- 16% unaccompanied (rate from districts where this break out is available)

HMIS data and McKinney-Vento data provide a useful baseline but not a complete count. HMIS data only includes those who interact with the system. Undoubtedly, there are youth who experienced homelessness in both urban and rural settings who did not receive services. There are also youth who are not in school and therefore would not interact with a McKinney-Vento liaison. COVID also decreased both youth interacting with the system and youth attending in-person school, which would further decrease the percent represented in these two data sources in 2020 and 2021. Local providers and experts were consulted about how much this count would need to be increased to give a reasonable estimate of the annualized number. Estimates varied from 30% to 50%. Therefore, this statement of need uses the average and increase the 1,100 by 40% to give an annualized number of 1,540.

Salem-Keizer is the urban hub at the center of the Marion-Polk region. 61% of K-12 students are in the in the Salem-Keizer school district. 39% attend school in more rural districts like North Santiam, Woodburn, and Falls City. The Falls City School District is both the smallest district (serving 190 students) and the district with the highest percent of students identified as experiencing homelessness at 23%. The next highest are St. Paul at 6% and Woodburn at 5%. Notably, the Woodburn School District reports the second highest number of students experiencing homelessness at 301, with Salem-Keizer reporting 1,117.

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[22] Mid-Willamette Valley Coordinated Community Plan to End Youth Homelessness, A strategic plan for the Marion-Polk region of Oregon, March 2022 https://mwvhomelessalliance.org/wp-content/uploads/2022/03/Mid-Willamette-Valley-Coordinated-Community-Plan-to-End-Youth-Homelessness-FINAL-3.15.22.pdf

[23] Salem-Keizer Public Schools McKinney-Vento Homeless Program https://salkeiz.k12.or.us/homeless/

A recap of service gaps for unaccompanied youth and young adults in rural areas of the region shows the following:

Population	Estimate of # Source	GAPS - Needs (in addition to Core Needs)		
		Stable Housing	Education	Well-being
Youth/young adults experiencing homelessness in rural areas	200 ~133 unaccompanied K-12 students experiencing homelessness in rural school districts (829 students, 16% unaccompanied) ~67 18-24 (applying same rate as K-12) Source: McKinney Vento Data for 2019-2020	• Outreach into rural areas • Crisis/short-term and long-term housing options in rural communities	Transportation (public transportation not always available in rural areas)	Virtual connection options for: • Positive peer groups • Mentors, caring adults • Behavioral health supports

Refer to the Mid-Willamette Valley Coordinated Community Plan to End Youth Homelessness for more in depth information on this demographic group.

4. FAMILIES

One in five children (20%) was living in poverty in Marion, which was greater than Polk (14%) and the state (17%). Relatedly, a higher proportion of children were living with a single parent in in Marion and these single parent households were about three times as likely to be headed by females than males.[24]
According to 2021-2022 data (see table on page 43), 15% of Marion-Polk homeless families (85 families) were chronically homeless.

Shelter options for families

The recent award of the Emergency Solutions Grant (ESG-CV) helped address the regional gap for families wishing to stay together in an emergency. ESG-CV projects from Center for Hope & Safety, Family Promise, Sable House, and Sheltering Silverton, focus on sheltering homeless families.

Church at the Park (CATP) also operates a managed micro-shelter community for families. Through partnership with the City of Salem, other service providers, and an outpouring of engaged citizens, CATP is collaboratively working to expand the number of micro-shelter communities, with the goal of operating in all eight wards in Salem. At this point, no other family micro-shelter communities are planned.

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[24] Marion-Polk Community Health Assessment 2021 Update
https://www.co.polk.or.us/sites/default/files/fileattachments/public_health/page/5955/marion_polk_cha_update_2021_final.pdf

5. **VETERANS**

According to the [Marion-Polk Community Health Needs Assessment](#), military personnel can experience higher rates of exposure to adverse environmental factors during service that can increase risk for chronic health conditions and/or disability.

The 2021 AHAR indicates that Oregon had the second highest rate of Veterans experiencing homelessness, 27 out of every 10,000 veterans. About 10% of community members were Veterans, and Polk County had a larger proportion of Veterans than Marion County and the state.

According to a July 2022 report there were 131 homeless Veterans within the Marion-Polk region. An inter-agency case conferencing team including Veteran Affairs, Marion County and Polk County Veteran Services, Easterseals Oregon, and VETcare works collaborative to engage and house local Veterans.

6. **SURVIVORS OF DOMESTIC VIOLENCE & HUMAN TRAFFICKING**

Local HMIS data from July 2022 indicated of the 4,326 people assessed for homelessness, 32% reported a history of domestic violence (1,377). Of those 1,377 individuals, 407 (9% of the total; 30% of reported DV) stated that they were currently fleeing from domestic violence.

7. **SENIORS**

Many older individuals are entitled to Social Security benefits. However, these benefits (currently maxed at $841/month for an individual) remain well below the poverty line and often fail to cover the cost of housing. A senior person relying on benefits cannot afford housing at the Free Market Rate anywhere in the country. The National Low Income Housing Coalition considers housing affordable if it costs no more than 30% of a person's income. Throughout the nation, there are at least 9 seniors waiting for every 1 occupied unit of affordable elderly housing. Furthermore, the waiting list for affordable senior housing is often three to five years. With less income for other necessities such as food, medicine, and health care, these populations are particularly vulnerable to homelessness.[25]

The Elder Index is a measure of the income that older adults who are living in the community, without public or private assistance and not in institutions, need to meet their basic needs and age in place with dignity. In Oregon, older adults receive, on average, $1,403 in Social Security benefits each month.

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[25] United Way of the Mid-Willamette Valley https://www.unitedwaymwv.org/cottages-united.html

The Elder Index[26] reports the monthly cost of living for seniors as:

o   Marion County: Single renters $1,756, Couples renters $2,534
o   Polk County: Single renters $1,615, Couples renters $2,492

8. PEOPLE LIVING WITH DISABILITY

About 15% of community members are living with a disability, which has been increasing over time (CHA, 2021).

The proportion of community members living with a disability differed by race and ethnicity. Those who identified as American Indian/Alaska Native, African America/Black, White/non-Hispanic, or Multiracial, had a higher proportion of people living with disabilities and higher rates of death than the general population of the region.

Of the 4,326 people assessed for homelessness in 2021-2022, the following reported specific conditions:

Condition	# People	% People
Mental Health Disorder	1,549	36%
Physical Disability	1,298	30%
Chronic Health Condition	1,210	28%
Alcohol Use Disorder, Drug Use Disorder, or Both A/D Use Disorder	997	23%
Developmental Disability	882	20%

9. LGBTQ+

Members of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community are more likely to become homeless, and once homeless, more likely to endure discrimination and harassment that extends their homelessness. LGBTQ youth experiencing homelessness are at particular risk. **Between 20 and 40 percent of all homeless youth identify as members of the LGBTQ community**, and for them, homelessness or the threat of homelessness frequently forces youth into survival behaviors that jeopardize their wellbeing and safety. https://www.hudexchange.info/homelessness-assistance/resources-for-lgbt-homelessness/#guide-to-support-equal-access-in-shelters-and-projects

In Oregon, a higher percentage of lesbian, gay, and bisexual 11th graders report symptoms of depression than straight 11th graders, and 11th graders who are gay or bisexual were more likely to attempt suicide in the past year.

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[26] Elder Index, Measuring the income older adults need to live independently https://elderindex.org/about

10. FARMWORKERS

In 2021, The ARCHES Project launched a farmworker outreach program and contacted 536 individuals in farmworker families experiencing homelessness, 53% of whom were female and 47% male.

11. RURAL COMMUNITIES

In addition to the nine populations identified in the Alliance Strategic Plan, rural communities present different strengths and needs related to homelessness.

A 2015 report by the PEW Charitable Trust stated that causes of homelessness in small towns are the same as in big cities: poverty, mental illness, inadequate housing, domestic violence, and the psychological wounds of war. But rural areas are more likely to be poor, with limited transportation, making it that much harder for the homeless to get to a center that can provide counseling, a housing voucher or medical care. There is limited access to meet basic health and hygiene needs in rural areas, including shower, laundry, and toilet facilities.

In 2021, Polk County began holding community meetings focused on rural homelessness and will be creating a 5-year strategic plan in 2022.

The availability of services is not as well known to potential clients in rural areas as it is in urban areas. Many low-income individuals and families in rural areas need housing assistance, utility assistance, and transportation assistance that is more readily available in urban areas.

Aside from the primary need for affordable housing options outside of urban areas, the CoC's Rural Marion County Workgroup identified the following priority needs for rural homeless individuals and families:

- Living in Vehicles
  - People living in vehicles need acceptable places to park and sleep so neighbors do not get law enforcement involved.
  - Of note, when people live in their vehicles, they use a disproportionate amount of their money on fuel for both heating/cooling and transportation.
  - There are employed people living in their cars that need access to shower and laundry facilities to go to work.
- Basic Health and Hygiene Facilities
  - Basic health and hygiene facilities (shower, laundry, toilet facilities) are limited in rural areas. The Santiam Canyon does not have shower/laundry/toilet facilities available for homeless individuals and families living in the area.
  - It is difficult to find partners willing to allow homeless people to access their buildings for showers, etc.
- Transportation

- o Better access to transportation and fuel cards or other assistance to help with high transportation costs of getting to work and appointments.
  - o There are limited transportation opportunities in the Santiam Canyon, especially out to Detroit and Idanha. Oregon Health Plan will pay for transportation to medical appointments for its clients and United Way provides bus passes.
- Cell Phone Charging
  - o Phone charging areas are limited in rural areas.
  - o People needing to access services and appointments are constrained when they can't keep their phones charged. They miss phone calls or cannot respond to them and have no way of following up on SNAP and other benefits without a phone/transportation.
- Resource Assistance
  - o Help with utility and housing costs is needed to keep people from entering homelessness.
  - o With limited program support in rural areas, there are also limited opportunities for educating people about the availability of the resources and for helping them get connected to assistance.