Oregon's ALL IN: Regional Planning Template and Funding Request

Local Community/Continuum of Care (CoC) OR-504 (Salem/Marion, Polk Counties CoC)

Contents:

Overview

The purpose of Oregon's **All In initiative** is to increase state investments and strengthen the connection between state and local priorities in response to Oregon's long-growing unsheltered homelessness crisis. On January 10, 2023, Governor Tina Kotek declared a state of emergency in response to a 63% rise in homelessness since 2016. Oregon's Departments of Emergency Management (OEM) and Housing and Community Services (OHCS) have partnered to lead this work with the Office of the Governor.

The initial priority in this crisis is to target funding in a coordinated, three-prong effort to 1) **prevent homelessness** for at least 8,750 households statewide, 2) **increase shelter capacity** in emergency areas by 600 units, and 3) **rehouse** at least 1,200 **households** statewide this year.

The Oregon Housing and Community Services Department will deliver $130,000,000 in funding to seven of Oregon's Continuums of Care (CoCs) deemed emergency areas. OEM and OHCS will lead this work and coordinate state agency support for local implementation. Over the course of the year, state partners will support regional and community partners in the emergency areas to:

Phase 1: January-February
- Determine additional state funding opportunities for unsheltered homeless services
- Establish and begin managing MAC (multi-agency coordination) teams

Phase 2: February-March
- Determine regional impact and needs
- Gather community priorities
- Project this year's progress and possibility
- Set goals and milestones
- Confirm draft regional plan

Phase 3: March-April
- Determine local capacity for approved plan
- Identify outstanding support and resource needs
- Develop local implementation plans

Phase 4: April-December
- Monitor systems improvement
- Iterate on regional plan and strategies
- Support continuous quality improvement

Phase 5: August-December
- Document lessons learned
- Determine regional impact for 2023 and 2024 needs
- Celebrate and build on successes for 2024 planning

This **Regional Planning Template and Funding Request** is the framework for Phase 2 and is designed to support regional planning and streamline the state's funding process for homeless services under EO-23-02.

Process

In February 2023, OHCS and OEM will convene regional and local leaders to provide an overview of Phase 2: Regional Planning and Funding Requests. This document covers the three steps of Phase 2:

1) Data Collection 2) Community Analysis 3) Goal Setting

This document can be used as a guide throughout Phase 2 and as a repository for qualitative data and community decisions and plans. State partners have attached an editable spreadsheet to this document, which will serve to collect data and automate calculations and projections necessary to the planning and funding process. Phase 2 is outlined below with items captured in the spreadsheet noted with an *.

Data Collection
- Partners*
- Population*
- Services*

Community Analysis
- Stakeholder Engagement
- Data Review
- Impact Analysis
- Community Priorities
- Unmet Needs

Goal Setting
- Priority Strategies
- Projections*
- Confirm Goals
- Milestones

Data Collection

Early in this phase of work, MAC teams and CoCs are encouraged and can be supported in seeking input from people with lived expertise and/or experience of homelessness (people who have or who are currently experienced of homelessness). This input should be prioritized in discussion and decision-making. State agencies and technical assistance providers are available to support this coordination as needed upon request through MAC teams. The region's spreadsheet* should be used to capture a comprehensive list of partners and expertise engaged in Phase 2.

The data collection work outlined below requires the accompanying spreadsheet where MAC teams will collect the data necessary to inform local projections, analysis, and priorities. Use of the spreadsheet is noted with an asterisk (*) throughout this template.

Partners

MAC teams will work with Continuums of Care to identify key partners in regional and local strategic planning for unsheltered homeless services to inform stakeholder engagement from the beginning of the regional process. Given the critical systems operations and service provision already underway, communities may elect to have representatives to this process to share information for and with multiple stakeholders and coalitions.

The initial data and impact analysis* offered by state partners should inform whether and which additional partners should be invited to the table, particularly those representing communities and subpopulations who are disproportionately impacted by unsheltered homelessness in each region.

During the data collection process in Phase 2, MAC teams and CoCs should prioritize community engagement efforts identify preexisting connections or plan for outreach to culturally specific service providers, identity- and interest-based community groups, community organizers, and other formal and informal representatives of disproportionately impacted groups across the region.

This engagement and partnership should be prioritized over the quantitative data outlined below in early in Phase 2 because their specific perspectives will significantly improve the efficacy of the community's strategies given the disparate impact of the crisis on their communities and their resulting expertise.

Population

State partners have documented* each CoC's 2022 Point-in-Time data as well as each CoC's census data to better understand the impact of unsheltered homelessness at the subpopulation level in each region. Through the contracting process, MAC teams will be asked to coordinate HDX 2.0 access for state agencies to establish more accurate baselines and projections using annual rather than point-in-time data.

Subpopulation data is captured here based on the following publicly available demographic data for the general population as well as data specific to those experiencing homelessness: household makeup (individual/family), age or service (youth and veterans), and race and ethnicity. This initial data analysis* is intended to highlight which subgroups in the region are at a disproportionately high risk of experiencing unsheltered homelessness. During Phase 2, there is no additional data input or quantitative data analysis required.

- OR-504 has included additional quantitative data related to disproportionality in the workbook:
  - CE Assessments – Homelessness
  - CE Assessments – Prevention
  - Service Participation – ES Beds
  - Service Participation – RRH
  - Service Participation – PSH
  - Service Participation – OPH
  - Service Participation – Prevention .

The region's data and impact analysis should be shared with partners engaged in the regional planning and funding request process. As information is gathered about the specific challenges, opportunities, and efforts already underway, MAC teams will document and build on that information to inform the region's priority strategies and goals.

Services

All In is focused on three core components of our statewide response to unsheltered homelessness: rehousing people experiencing unsheltered homelessness, preventing unsheltered homelessness, and shelter.

MAC teams will gather and input data* to capture the relevant types of services, units, availability, and costs across the region. This will include all federal, state, local, and philanthropic contributions and funding for shelter, rehousing, and targeted homelessness prevention.

As communities identify priority strategies for each of these three areas, partners will refer to this data to identify capacity restraints and opportunities to invest in additional capacity. State agencies will also use this data to better understand and support communities in navigating unstable funding streams during and preceding the COVID-19 pandemic.

Community Analysis

Part 1: Community Engagement and Data Review

1) Please summarize your community engagement processes and the efforts made to ensure that the perspectives of people experiencing homelessness, frontline service providers, and groups at a high risk of experiencing homelessness inform regional priorities throughout Phase 2. Please list decision making processes and track community engagement efforts here as well.

Since forming in 2019, the Mid-Willamette Valley Homeless Alliance, OR-504 (Alliance) has worked with people with lived experience to identify local needs and shape regional priorities. As an example, in the fall of 2022, the Alliance formed a workgroup to create a plan to serve individuals and families experiencing unsheltered homelessness with severe service needs. A half dozen people with lived experience participated in the

workgroup's four meetings, providing critical insights and expert advice. As another example, the Alliance board formed a Youth Action Board comprised of 12-20 youth and young adults with lived experience in homelessness, who, among other things, were the leading voice in creating the region's Coordinated Community Plan (CCP) to End Youth Homelessness. The qualitative and quantitative data from the Unsheltered Homelessness Comprehensive Plan and the Youth CCP also help inform the OR-504's ALL IN Plan.

In forming the local MAC group, the Alliance board authorized its executive committee to provide leadership and engage a range of regional stakeholders to join the MAC group. The MAC group consists of organizations and providers that provide services to the wide range of people that experience unsheltered homelessness, including representation from regional county and city governments, housing authorities, health officials, county and non-profit behavioral health organizations, DV survivor services, non-profit service providers, and a variety of street level outreach organizations, as well as others who have come along in the process. Current representation on the MAC group can be found here.

In addition to engaging more than two dozen MAC group members, the Alliance held focus groups and surveyed 50 local providers to help identify the top "local needs that are immediate and major barriers to our Continuum of Care's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability."

Decisions made throughout this intense 5-week process since the February 1 unveiling of the ALL IN initiative have ranged from the leadership of the local process (decided by the CoC) and invitations to participate in the MAC group (initially decided by the CoC Executive Committee, then opened up to all other MAC group members to identify who was missing), to the priority populations (decided by MAC group consensus, informed by HMIS data and other qualitative data) and the priority needs and strategies to meet those needs (decided by MAC group consensus, informed by focus groups, surveys, and recent planning processes), to the final approval of the workbook and planning template submitted to the State (decided by MAC group consensus).

2) MAC teams and CoCs will seek input from disproportionately impacted groups and communities in an ongoing effort to develop a shared understanding of individual and regional challenges facing people experiencing unsheltered homelessness. Please add any additional qualitative or quantitative data or information that was shared to better understand the impact of unsheltered homelessness on their communities.

The Alliance went beyond the basic PIT Count data to analyze racial and ethnic disproportionality both in the number of people known to be experiencing homelessness and those at risk of homelessness, as well as the racial and ethnic disproportionality in the number of people served by homeless and homelessness prevention services. These data are included in the workbook.

In addition to racial and ethnic disparities, the MAC group used the Regional Homeless Services Gaps Analysis (August 2022), the Alliance Strategic Plan, and qualitative and quantitative data in the CCP to End Youth Homelessness to identify other priority populations most likely to experience unsheltered homelessness.

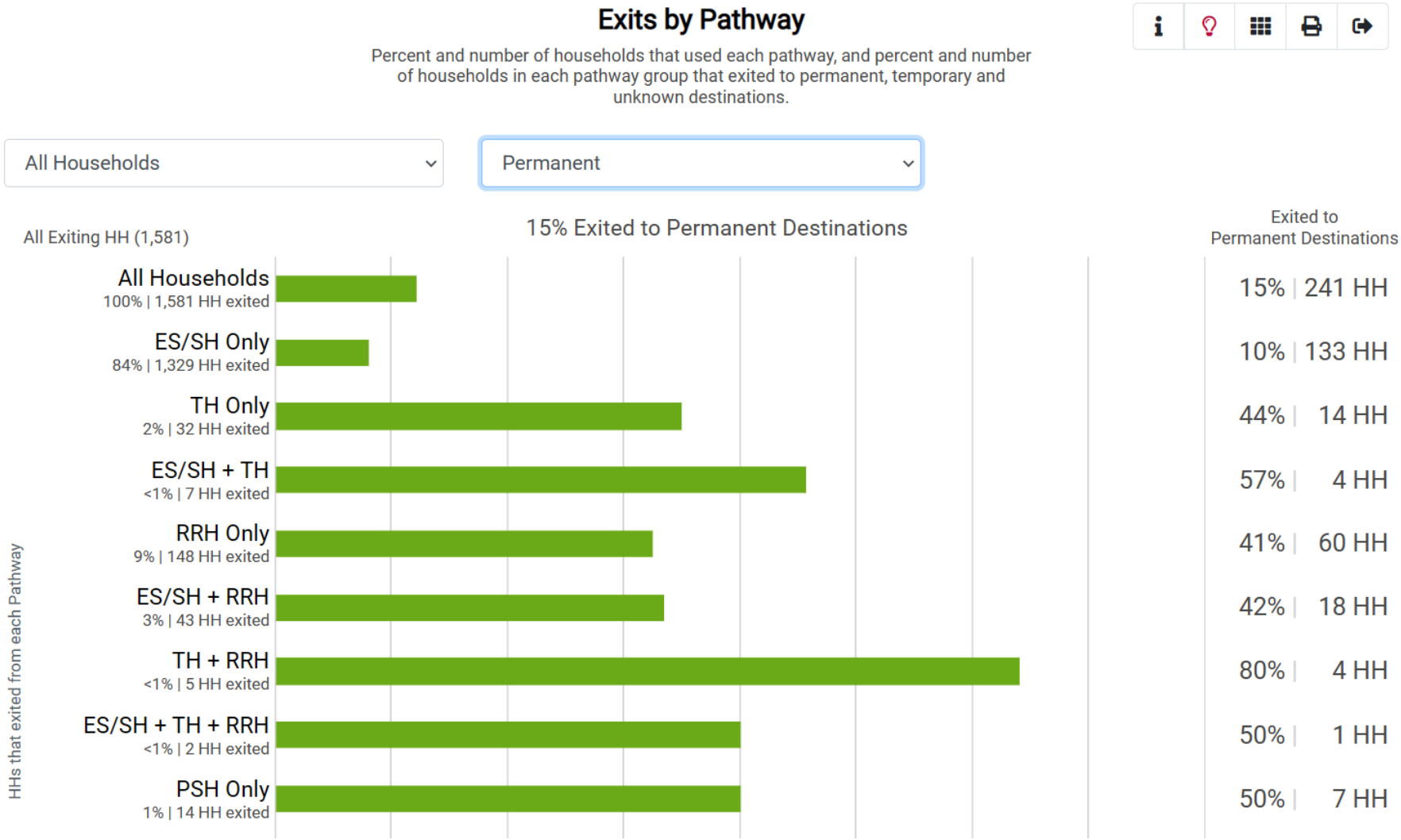
As the process evolves, the MAC group will continue to develop relationships, engage, and solicit input and feedback from disproportionately impacted groups and communities experiencing unsheltered homelessness, as well as culturally specific organizations with expertise in serving the priority populations.

Part 2: Impact Analysis

3) How many people experiencing unsheltered homelessness did your Continuum of Care region house in 2022?

- Exits from Street Outreach to Permanent Housing totaled 17 people
- Exits from Emergency Shelter to Permanent Housing totaled 35 people
- Exits from Transitional Housing to Permanent Housing totaled 100 people

OR-504 Longitudinal System Analysis (LSA): HUD's visualization of LSA data does not include exits from Street Outreach (unsheltered homelessness). ES/SH data includes day center populations. **The highest percent of exits to permanent housing involve TH – either TH Only (44%), ES/SH+TH (57%), or TH+RRH (80%).**



4) Based on quantitative data and qualitative community input, these seven groups have a disproportionately high risk of experiencing unsheltered homelessness:

a. Subpopulation 1: Black, African American, or African persons
b. Subpopulation 2: People with Disabilities
c. Subpopulation 3: Youth & Young Adults
d. Subpopulation 4: LGBTQ+ persons
e. Subpopulation 5: Hispanic/Latinx persons
f. Subpopulation 6: Currently Unsheltered Populations
g. Subpopulation 7: Populations in Rural Areas

5) What percentage of people experiencing unsheltered homelessness who exit to permanent housing, return to homelessness within 6 months?

- Exits from Street Outreach to Permanent Housing in the first half of the year totaled 8; none of them returned to homelessness within 6 months.
- Exits from Emergency Shelter in the first half of the year totaled 20; 1 of them returned to homelessness within 6 months.
- Exits from Transitional Housing totaled 47; 2 returned to homelessness within 6 months.

6) What percentage of people experiencing unsheltered homelessness who exit to permanent housing, return to homelessness within 6-12 months?

- Exits from Street Outreach to Permanent Housing the year prior totaled 3 people; and none returned to homelessness within 6-12 months.
- Exits from Emergency Shelter to Permanent Housing the year prior totaled 35 people; and 2 returned to homelessness within 6-12 months.

- Exits from Transitional Housing to Permanent Housing totaled 100 people, and 2 returned to homelessness within 6-12 months.

7) On average, how many people experiencing unsheltered homelessness does your Continuum of Care region exit to permanent housing each month?

- Exits from Street Outreach to Permanent Housing totaled 17. Divided by 12, for a monthly average of 1.4
- Exits from Emergency Shelter to Permanent Housing totaled 35, for a monthly average of 2.9.
- Exits from Transition Housing to Permanent Housing totaled 100, for a monthly average of 12

8) What culturally specific services are available and accessible to each of the seven groups of people experiencing unsheltered homelessness in your Continuum of Care region?

The Marion/Polk MAC recognizes the intersectionality of the subpopulations disproportionally experiencing homelessness. Similarly, there is a recognition that reaching our goals will require resourcing culturally specific organizations, as well as expanding culturally responsive work in the field and throughout the system.

a. **Subpopulation 1: Black, African American, or African persons**
    - Seed of Faith Ministries is the region's primary culturally specific organization serving the unsheltered Black, African American, or African population and offering street outreach, emergency shelter, and transitional housing. Other providers are culturally responsive to this population, as well.

b. Subpopulation 2: People with Disabilities

- Shangri-la specializes in serving homeless people with disabilities in their permanent supportive housing program. Other culturally responsive programs serving people with disabilities experiencing unsheltered homelessness include Senior and Disabilities Services, and the array of more than a dozen street outreach programs throughout the region, among others.

c. Subpopulation 3: Youth & Young Adults

- Culturally responsive programs specializing in serving youth and young adults experiencing unsheltered homelessness include McKinney Vento Liaisons, Mid-Willamette Valley Community Action Agency HOME Youth Services, Northwest Human Services HOST Program, Church @the Park, and Youth ERA.

d. Subpopulation 4: LGBTQ+ persons

- Culturally responsive programs serving LGBTQ+ youth and young adults experiencing unsheltered homelessness include McKinney Vento Liaisons, Rainbow Youth, Mid-Willamette Valley Community Action Agency HOME Youth Services, Northwest Human Services HOST Program, Church @the Park, and Youth ERA, among others.
- Culturally responsive programs serving adult LGBTQ+ persons experiencing unsheltered homelessness include Center for Hope & Safety, Mid-Willamette Valley Community Action Agency ARCHES Program, Northwest Human Services HOAP Program, and Church @the Park, among others.

e. Subpopulation 5: Hispanic/Latinx persons

- Culturally responsive programs serving Hispanic/Latinx persons experiencing unsheltered homelessness include Active Effortz, A Ray of Hope Today!, Center for Hope & Safety, Church at the

Park, Marion-Polk Food Share, Mid-Willamette Valley Community Action Agency (ARCHES Program, De Muniz Resource Center, HOME Youth Services), and SABLE House, among others.

f. Subpopulation 6: Currently Unsheltered Populations

- Culturally responsive programs serving unsheltered populations include, among others:
  - Active Effortz
  - A Ray of Hope Today!
  - Be Bold Street Ministries
  - Bridgeway Recovery Services
  - Canyon Crisis & Resource Center
  - Center for Hope & Safety
  - Church at the Park
  - Confederated Tribes of Grand Ronde
  - Crossroads Communities
  - Easterseals Oregon
  - Family Promise of the Mid-Willamette Valley
  - HIV Alliance
  - Ideal Options
  - Iron Tribe
  - J.D. Health & Wellness
  - Lucille's Home
  - Marion County Health & Human Services
  - Marion County Housing Authority
  - Marion County LEAD Program
  - Marion-Polk Food Share

- McKinney Vento Homeless Liaisons in every school district
- Mid-Willamette Valley Community Action Agency
    - ARCHES
    - De Muniz Resource Center
    - Head Start
    - HOME Youth Services
- Northwest Human Services
    - HOAP
    - HOST Program
    - West Salem Medical Clinic
- Oregon DHS, Child Welfare
- Oregon DHS, Self Sufficiency
- PacificSource
- Polk County Family & Community Outreach
    - Gale's Lodge
    - Housing Navigation
    - Resource Assistance
    - Service Integration
    - Warming Network
- Polk County Public Health
- Recovery Outreach Community Center
- River of Life House
- SABLE House
- Safety Compass
- Salem Housing Authority

- Santiam Outreach Community Center
- Seed of Faith Ministries
- Sheltering Silverton
- St. Francis Family Housing
- The Salvation Army Lighthouse
- United Way, SafeSleep UNITED
- Union Gospel Mission of Salem
    - Men's Mission
    - New Life Fellowship
    - Chuck's Place
    - Greer Street
    - Restoration House
    - Simonka Place
- VETcare
- Veterans' Health Administration
- West Valley Housing Authority
- Women at the Well, Grace House

g. Subpopulation 7: Populations in Rural Areas

- More than 200 organizations participate in rural Service Integration Teams throughout the Marion/Polk region. More information at Polk Count SIT and Santiam SIT.

9) What specific services or supports are available for individuals in these groups to access and sustain mainstream (education, health care, Social Security, etc.) services and community connections once people are housed?

The Alliance utilizes the Mid-Valley Resources database, maintained by Northwest Human Services for resource referral to more than 300 homeless and mainstream services.

Part 3: Community Priorities

10) Please select **all** local needs that are immediate and major barriers to your Continuum of Care's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.

(See charts on following 3 pages)

11) For each of the subpopulations identified above as **disproportionately likely** to experience unsheltered homelessness in your region, please identify which of these needs most significantly and specifically impact their ability to regain and retain housing.

(See charts on following 3 pages)

Local needs that are immediate and major barriers to our Continuum of Care's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.	Needs most significantly and specifically impacting ability to regain and retain housing (cross-referenced with MAC survey and local plans, e.g., CCP, Unsheltered Plan, Strategic Plan)							Notes
	Unsheltered Populations	Black, African American	Hispanic /Latinx	People with Disabilities	Youth & Young Adults	LGBTQ+	Populations in Rural Areas	
Housing Affordability	1	1	1	1	1	1	1	
Manufactured Housing								
Housing Development								
Emergency Shelter Shortage	1	1	1	1	2	1	2	Non-congregate and congregate settings, based on client needs
Street Outreach Services	1	1	1	1	1	1	2	Increase capacity, housing focus, and access to medical care
Transportation assistance	1	1	1	1	1	1	2	
Medical Care	2	1	1	2	1	1	1	Including more respite beds and coordinated discharge planning
Mental Health Care and Services	1	1	1	1	1	1	1	
Substance Use Disorder Care and Services	1	1	1	1	1	1	1	
Skilled Nursing Facility Care				1				
Nursing Home Shortage				1				
Housing-focused Case Management	1	1	1	1	1	1	1	
Housing problem-solving assistance					1			
Housing Navigation Services								
Peer Support Services	1	2	2	1	2	2	1	Including culturally specific and culturally responsive
Conflict Mediation Services								
Cleaning/maintenance (e.g., hoarding prev.)								
Family reunification					1	1		May include conflict mediation

Local needs that are immediate and major barriers to our Continuum of Care's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.	Needs most significantly and specifically impacting ability to regain and retain housing (cross-referenced with MAC survey and local plans, e.g., CCP, Unsheltered Plan, Strategic Plan)							Notes
	Unsheltered Populations	Black, African American	Hispanic /Latinx	People with Disabilities	Youth & Young Adults	LGBTQ+	Populations in Rural Areas	
Tenant-based rental assistance								
Project-based rental assistance								
Housing Choice Vouchers								Extremely low vacancy. FMR gap; rules don't allow gap payments
Targeted subsidies								
Rent buy-down	1	1	1	1	1	1	1	With assurances that funds aren't considered client income
Rapid Rehousing Projects	1	1	1	1	1	1	1	Flexible for Host Homes and group/affinity/kinship housing
Security deposits	1	1	1	1	1	1	1	
Flexible emergency funding	1	1	1	1	1	1	1	Consider geographically distributed funds through SITs
Food security payments	1	1	1	1	1	1	1	
Room and board payments	1	1	1	1	1	1	1	
Other flexible forms of financial assistance	1	1	1	1	1	1	1	Flexible to include cash payment program for YYA population

Local needs that are immediate and major barriers to our Continuum of Care's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.	Provider/ Systems Priority	Notes
Service Providers - Organizational Capacity	2	Management and back office, as well as direct service
Service Providers - Staff/Salary	2	Need sustainable funding to add new/adequate staffing levels
Service Providers - Specific Expertise	2	Professional development and specialty contracts (health care)
Staffing	2	Workforce development, internships, other ways to expand the field
Signing bonuses		
Flexible System Funding/Costs	2	Tie to system improvements and organizational capacity/development
Marketing materials	1	Visual materials and translation
Operating costs	1	
Technology and I.T.	2	Could be part of "flexible system funding/costs"
Other renovations	1	Will need to determine parameters/criteria
Planning and development	1	Critical for systems changes and system development
Project management	2	Critical for fast pace of implementation and sustainability
Affordable Housing Landlord Engagement	2	Explore a coordinated system
Repairing damages	1	Related to both landlord engagement and facility-based programs
Service coordination and integration	2	Including integrated services and collaborative case conferencing

12) Please list the region's five most urgent and critical (important but not immediately time sensitive) unmet needs, choosing from the selected list above.

- **Most Urgent:** Mental Health Care and Services
- **Urgent and Critical:** Emergency Shelter Shortage
- **Time Sensitive and Very Important:** Substance Use Disorder Care and Services
- **Not Time Sensitive but Very Important:** Housing Affordability
- **Important:** Service Providers - Organizational Capacity, Staff/Salary, Housing-focused Case Management

The MAC recognizes that people's needs are co-occurring, and that integrated services will best meet the needs of the local populations experiencing unsheltered homelessness.

Goal Setting

Each region will determine priority strategies that will target its All In investments across its three goals. MAC teams and CoCs will rely on the data and community analysis above to inform which of these strategies to prioritize. MAC teams and CoCs may gather additional data to better understand what local capacity and limitations should guide these investments.

Based on the supports most needed and the services currently available in your region, please check **only** the boxes for the investment strategies that would **most benefit** your community's efforts to rehouse people experiencing unsheltered homelessness.

Part 1: Strategies to prevent unsheltered homelessness

Offering flexible housing-related funding for institution-involved families, youth, and single adults who formerly exited or are currently exiting apublicly funded child welfare and foster care, juvenile and adult corrections, long-term care, health, and mental health and substance use treatment facility byproviding flexible funding that to reduce housing instability. Eligible activities include:							
Housing-focused case management	Service coordination and integration	Targeted subsidies	Flexible emergency funding	Room and board payments	Transportation assistance	Food security payments	Other flexible forms of financial assistance
11	**14**	**3**	**9**	**6**	**3**	**1**	**6**

Offering flexible housing-related funding for older adults and people with disabilities – including people with mental health conditions and/or substanceuse disorders to reduce housing instability by providing access to housing-related home- and community-based services. Eligible activities include:							
Housing-focused case management	Service coordination and integration	Targeted subsidies	Flexible emergency funding	Room and board payments	Transportation assistance	Food security payments	Other flexible forms of financial assistance
16	**12**	**3**	**9**	**9**	**2**	**1**	**7**

Funding encampment-specific prevention and shelter diversion to permanent housing or family reunification (if safe and appropriate) to prevent people that have been placed into permanent housing from losing their housing and falling back into unsheltered homelessness. Eligible activities:				
Housing-focused outreach	Housing-focused case management	Family reunification transportation assistance	Housing problem-solving assistance	Flexible emergency funding
9	**13**	**3**	**8**	**8**

Expand or establish geographically robust street outreach efforts that provide access to the full menu of services available in your community. Eligible activies include:					
Service coordination and integration	Harm reduction training	Peer support	Housing problem-solving assistance	Conflict mediation	Family reunification transportation assistance
11	**1**	**11**	**7**	**1**	**3**

Part 2: Strategies to increase shelter capacity for individuals and families experiencing unsheltered homelessness

Expand non-congregate shelter through acquisition and development through the following eligible activities					
Acquisition of existing structure or vacant land	Demolition costs	Development hard costs	Site improvements	Related soft costs	replacement reserve
15	**5**	**9**	**14**	**11**	**6**

Expand emergency shelter bed capacity through the following eligible activities:		
Major Rehabilitation	Conversion	Other renovation
6	**8**	**6**

The MAC recognizes that the operations of shelters is also a high priority, along with effective engagement of unsheltered populations to access low-barrier emergency shelter. Within the efforts to expand emergency shelter beds, there exists great interest to integrate services in ongoing operations, including access to health care, inclusive of behavioral health care.

Part 3: Strategies to rapidly rehouse individuals and families experiencing unsheltered homelessness

Technical assistance and support to establish or strengthen your Continuum of Care region's relationship with Public Housing Authorities to coordinate on securing available voucher resources to rehouse individuals and families experiencing unsheltered homelessness.	Technical assistance and support to examine, revise or strengthen your Continuum of Care region's coordinated entry prioritization policies and practices to rapid rehouse individuals and families experiencing unsheltered homelessness.
4	2

Technical assistance and support to analyze your Continuum of Care region's funding portfolio to identify braided funding opportunities to increase its capability to rapidly rehouse individuals and families experiencing unsheltered homelessness.	Technical assistance and support to develop and implement an encampment strategy to focus rehousing efforts and reduce the number of encampments
7	6

Expand or develop a landlord incentive package to establish a pool of units with reduced or eliminated tenancy screening criteria to rehouse people experiencing unsheltered homelessness. Eligible activities include:							
Planning and development	Marketing Materials	Holding fees	Signing bonuses	Security deposits	Rent buy-down	Repairing damages	Cleaning or maintenance (e.g., hoarding prevention)
3	3	4	3	13	7	14	10

	Project management	Fiscal Agent	Tenant-based rental assistance	Housing-focused case management	Third-party inspection services
	3	2	9	14	5

Develop and implement a master leasing program. Eligible activities include:							
Staffing	Admin	Project Management	Fiscal Agent	Project-based rental assistance	Housing-focused case management	Third-party inspection services	Operating costs
6	3	4	2	5	6	2	6

Develop and implement a housing surge and/or housing fair.	
Staffing	Admin
3	3

Goals

Please identify what goals your Continuum of Care is prepared to set and work toward this year for each area, assuming financial support from the state for implementing some or all the strategies marked above, as well as technical assistance and collaboration.

Quantify your goal to contribute towards this statewide effort and identify the number of households, beds, and/or people you will be able to serve with additional resources.

Prevent homelessness
Our CoC Region will prevent homelessness for a minimum of 1,115 households by this date: 1/31/2024.

Increase shelter capacity
Our CoC Region will add a minimum of 80 emergency shelter beds by this date: 1/31/2024.

Rapidly rehouse
Our CoC Region will rapidly rehouse 150 households experiencing unsheltered homelessness by this date: 1/31/2024.

Milestones

Please provide a timeline of milestones your Continuum of Care region proposes to mark progress, evaluate strategies, and improve operations to achieve the goals identified above, contingent on funding, in partnership with OHCS and OEM.

Month	Progress Milestones	Systems Improvement Actions
March 2023	Convene a 20+ member MAC Group Complete Oregon's ALL IN Planning Template and Work Confirm start dates for allowable expenses Complete data analysis on housing disproportionality	
April	Gather additional input, further engage subpopulations refine objectives. Update Milestones Chart with refined details Establish criteria and fund distribution mechanisms. Solicit proposals and leverage partnerships to meet objectives	Identify additional system capacity needs to mar fund distribution and monitor project implementa
May	Confirm the capacity and technical assistance needs providers. Prepare/issue contracts.	Request technical assistance and other State sup for project implementation. Conduct HMIS training for providers new to the system. Set up projects in HMIS.

June	Support launching of newly funded projects. Update Milestones/Action Plan	Conduct Coordinated Entry training for providers to the system.
July	Conduct monthly progress reviews.	
August	Conduct monthly progress reviews.	
September	Conduct monthly progress reviews. Update Milestones/Action Plan	

October	Conduct monthly progress reviews.	
November	Conduct monthly progress reviews.	
December	Conduct monthly progress reviews.	