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 Priority populations 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 Priority population 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.

Priority population 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?

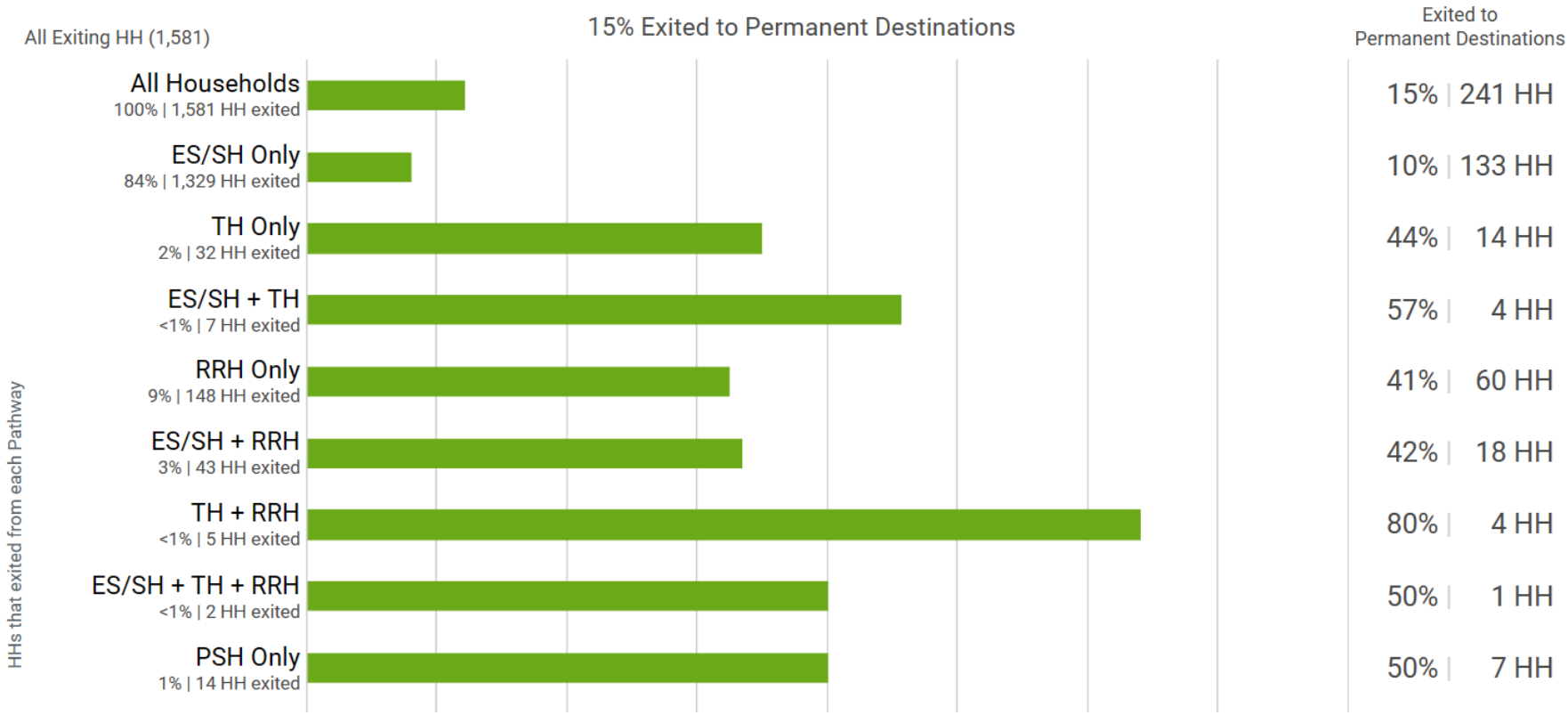
- Exits from Street Outreach to Permanent Housing totaled 17 people
- Exits from Emergency Shelter to Permanent Housing totaled 35 people
- Exits from Transitional Housing to Permanent Housing totaled 100 people

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%).**

Exits by Pathway

Percent and number of households that used each pathway, and percent and number of households in each pathway group that exited to permanent, temporary and unknown destinations.

All Households | Permanent



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

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

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 Priority populations 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. Priority population 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. Priority population 2: People with Disabilities and Medical Fragility

- 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. Priority population 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. Priority population 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. Priority population 5: Hispanic/Latinx persons

- Culturally responsive programs serving Hispanic/Latinx persons experiencing unsheltered homelessness include Active Effortz, A Ray of Hope Today!, Be Bold Street Ministries, 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. Priority population 6: 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.

g. Priority population 7: People Fleeing Domestic Violence

- Culturally responsive organizations serving individuals and families fleeing domestic violence in the Marion-Polk region include Center for Hope & Safety, SABLE House, and Canyon Crisis Center, as well as Safety Compass, which focuses on human trafficking. These organizations are well connected to other services providers, such as Be Bold Street Ministries, ARCHES, Union Gospel Mission, law enforcement, public housing authorities, and many others, providing them with training and facilitation of "warm hand offs," based on client choice.

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 pages)

11) For each of the priority populations 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 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. Additional input on priorities was provided during a MAC session:

- Align funding allocated for substance abuse and mental illness with efforts to shelter individuals experiencing homelessness. These strategies must be intertwined, or we are only addressing the problem temporarily.
- Engage those that need housing in a discussion of what they want and need in terms of support.
- A theme that continues to arise is the need to coordinate the care coordination across the region. Care coordination and case management services occur at the sector level, not in an integrated fashion. We also need to increase the availability of behavioral health services (of all types) across the region. Competition, billing barriers, and an outdated regulatory structure are getting in the way of providing BH services (prevention, treatment, and crisis).
- Put funding in the strategies that have been shown to work. For example, during the pandemic the flexible funding we received helped us quickly respond to those that were homeless, or at imminent risk of homelessness. Being able to respond to each person and family's specific situation made a huge impact. During that time, more than 50% of the people we served were from BIPOC and other underserved populations. The other strategy demonstrated to work is Housing Navigators - staff that can work through barriers and challenges to housing work with landlords and provide support to maintain long-term housing. Consider the high number of victims of interpersonal violence in our region. This population intersects with all the other populations mentioned.
- The only way to make sure that BIPOC communities are served is to stick to data-driven models of housing placement (which avoids discriminatory cherry-picking practices) AND engaging BIPOC communities and Culturally Specific Organizations serving those communities with targeted outreach to

make sure that everyone eligible in those communities has been enrolled. In some cases it may be necessary to directly sub-contract with Culturally Specific Organizations for work with those populations, because the trust that people of color have for those CSO's is generally greater than it is for white-led organizations, and geometrically more so than for local governments.

- There is a lack of long-term care options for individuals in need of Medicaid Assisted living.
- Capitalize on existing resources and provide operating dollars - leveraging the capital that has been expended to activate and operate beds. Overall: assistance needed for people who cannot complete their activities of daily living, and for unaccompanied minors. A mobile unit and a "club house" for people in need of activities and attention, akin to programming on the east coast, which provides good attention and wellness activities for those who become housed - our experience now is that people seek this support and attention from landlords which is not the landlords role or expertise. This is a retention strategy.
- There needs to be systems in place to ensure that there is different levels of housing for all - including, but not limited to mental health PSH units, sober living PSH, youth and young adult PSH, family reunification PSH (Keeping Families Together model) and resident service models for all affordable housing to ensure families can receive assistance in the moment to avoid evictions. This area could benefit from a model that provides med assistance while housed and Mental Health Clubhouse programs to provide outlets from mindfulness for those suffering from trauma while housed. These resources will help individuals to remain housed and not return to being unsheltered. There needs to be as much attention once individuals are housed as provided prior to placement into permanent housing. I would also increase the number of Navigation Centers to include multiple areas within our region. This transition makes for better outcomes once placed into permanent supportive housing and allows for case managers to connect and find individuals.

- There needs to be a section related to employee job fairs and retention. This work has a high burn out rate and funding needs to adequately address the capacity needed to fill the roles to manage the programs.
- Fund community resources to assist these individuals in both populations to engage. We need more behavioral health resources, and we need to sync local level policies to work together. i.e., all communities on the same page, to prevent a movement of individuals from one city to the other. Work towards policies that guide these populations into treatment or other services that need funding to increase capacity. Since no question on this survey targets the unaccompanied population of our region, I have to point out that this is a significant area of concern that we must wrap ourselves around and address. We have to stop ignoring youth.
- In our rural community (east of Salem) is home to 10% of the Marion/Polk population. We need funding to increase staffing and facilities to shelter diverse populations. We need a home for teens so that they are not forced to leave their entire support system to have safe shelter. We need to develop safe and appropriate emergency housing for families with children. We need to hire a full time case manager and expand day shelter to relieve the strain on other community spaces that occur when there is nowhere for people to be during the day. All of these capacity expansions on top of our existing programs would help us meet our goal of ending unsheltered homelessness in our community. A low housing inventory and a small staff make increased staffing and facilities expansion our top priorities.
- Continue to expand capacity for levels of housing through our continuum. Our gaps right now are for more micro shelter communities (highly successful for low barrier, safe, and sanitary housing), transitional housing (opens shelter beds as people leave that level to (gain more stability) before permanent supported or unsupported housing), youth and young adult shelter and housing, and shelter and housing for the aging population and people with disabilities.

Goal Setting

Part 1: Strategies to prevent unsheltered homelessness.

The MAC group recognizes the importance of homelessness prevention and mainstream services as part of the overall effort to end homelessness, and encourages additional investments to extend and replicate best practices to address the underlying causes of housing instability. The pandemic afforded many opportunities to learn more about the needs, the response system, and the dynamic nature of the housing market. It is imperative that lessons learned inform our pathway forward.

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

Goal: Add at least 80 New Emergency Shelter Beds				Priority Level for Unsheltered Populations, in General	Strategy Alignment with Specific Populations						
Strategies	**Components**	**Pros**	**Cons**		Black, African American, or African persons	People w/ Disabilities, Medical Fragility	Youth & Young Adults	LGBTQ+ persons	Hispanic/ Latinx persons	Pops in Rural Areas	Persons Fleeing DV
Expand non-congregate shelter - hard beds	Land acquisition for new shelter location	Permanence, selective in location, opportunity to use lump sum funding. If there were already a piece of land available, could move faster.	Will take too long, working within the time frame, cost of the land. Purchases can fall through (volatility). Could divert funding that could be used on other projects that are ready to go. Rules, possible environmental issues	**Non-Congregate Hard Beds: Most Urgent, but shovel-ready is important for timeline**							
	Property acquisition / new shelter location										
	Renovation or Rehab / existing shelter location										
	Conversion / non-shelter facility to shelter	Existing facility, has infrastructure, leverage additional funding, surrounging environment (neighbors and access to transportation)	ADA, fire marshall, retro fit costs, surrounding environment (neighbors and access to transportation)								
	Leasing existing facility	Less capital investment, quick and flexible	Lack of permanence, working within owner's expectations								
	Temporary structures	Quick, gets people out of dangerous or unhealthy circumstances, sense of ownership, requires less staffing	May have only portable toilets and shower truck access, small, maybe have roomate challenges, local juridictional code challenges, requires more staffing when there is a 24/7 need	**Non-Congregate Temporary Structures: Urgent/Critical**							
Expand non-congregate shelter	Hotel/motel nights	Flexibility (allows people to get closer to work/family which might be all needed to move to the next step). Works in areas that might not have access to other shelters. Beneficial for survivors of DV and human trafficking who are fleeingquick, individuals or	Temporary, cost, and no pets.	**Hotel/Motel: Urgent/Critical**							
	Host Homes	Good for youth and young adults, wrap around services, connection to families and adult mentors	Safety protocols would be needed immediately				Urgent/ Critical				
Expand congregate shelter - hard beds	Land acquisition for new shelter location	Permanence, selective in location, opportunity to use lump sum funding. If there were already a piece of land available, could move faster.	Number of people in one space, harder to make setting and services trauma-informed, spread of illness, harder to staff, safety and securiity, more challenging for people with severe and persistent mental illness and other complex needs, activities of daily living (ADL), and accommodating pets. Will take too long, working within the time frame, cost of the land. Purchases can fall through (volatility). Could divert funding that could be used on other projects that are ready to go. Rules, possible environmental issues	**Very Important. Viable, if shovel-ready and concerns for health, safety, trauma-informed services can be effectively addressed**						
	Property acquisition / new shelter location										
	Renovation or Rehab / existing shelter location										
	Conversion / non-shelter facility to shelter	Efficient use of resources, community building, serving higher numbers of people with less space, which can mean more availability	Will take too much time to develop, number of people in one space, harder to make setting and services trauma informed, spread of illness, harder to staff, safety and security, more challenging for people with severe and persistent mental illness and other complex needs, activities of daily living (ADL), and accommodating								
	Leasing existing facility	Good for projects that are already underway	Same health, safety, and trauma-informed concerns as noted above								

Strategies	Components	Comments	Concerns	Unsheltered Populations, in General	Black, African American, or African persons	People w/ Disabilities, Medical Fragility	Youth & Young Adults	LGBTQ+ persons	Hispanic/ Latinx persons	Pops in Rural Areas	Persons Fleeing DV
Emergency Shelter - Operations	Includes maintenance, rent, security, fuel, equipment, insurance, utilities, and supplies	Maintaining a place for a healthy environment, clean and sanitary, connections to housing-focused		Most Urgent							
Emergency Shelter - Essential Services	Housing-Focused Case Management		Staffing is a critical need, but limited duration funding makes it extremely difficult to recruit/hire	Most Urgent							
	Child Care	Urgent/critical for families									
	Employment Assistance and Trainin	stability		Very Important							
	Outpatient Health Services	On-site and connections to mainstream		Urgent/Critical							
	Legal Services	A less prevalent need, but important		Time Sensitive/Very Important							
	Mental Health Services	Staffing, expertise and partnership, particularlty for those that cannot complete ADLs. Staffed for 24/7 access	Limited number of professionals available	Most Urgent							
	Substance Abuse Treatment Service	Staffed for 24/7 access		Most Urgent							
	Transportation			Most Urgent							
Strategies	**Components**	**Comments**	**Concerns**	**Unsheltered Populations, in General**	**Black, African American, or African persons**	**People w/ Disabilities, Medical Fragility**	**Youth & Young Adults**	**LGBTQ+ persons**	**Hispanic/ Latinx persons**	**Pops in Rural Areas**	**Persons Fleeing DV**
Outreach - Essential Services	Engagement	Collaborative multi-agency outreach - gets providers out of their silos to		Most Urgent							
	Housing-Focused Case Managemen	Will require training and frequent communications, including a shared understanding of the pathway to	Staffing is a critical need, but limited duration funding makes it extremely difficult to recruit/hire	Urgent/Critical							
	Transportation			Most Urgent							
	Services for Special Populations	Connection from hospital / pcc / jail / other (trafficking / DV) to shelter and services 24/7, need outreach teams									
	Cell Phones or Tablets	Changing stations and hot spots, too		Most Urgent							
Outreach - Other	Handwashing Stations			Urgent/Critical							
	Portable Bathrooms			Urgent/Critical							
	Training			Time Sensitive/Very Important							
	Laundry Services			Urgent/Critical							

The MAC recognizes that the operations of shelters is 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.

Goal: Rapidly rehouse 150 households experiencing unsheltered homelessness				Priority Level for Unsheltered Populations, in General	Strategy Alignment with Specific Populations						
Strategies	**Components**	**Comments**	**Concerns**		Black, African American, or African persons	People w/ Disabilities, Medical Fragility	Youth & Young Adults	LGBTQ+ persons	Hispanic/ Latinx persons	Pops in Rural Areas	Persons Fleeing DV
Rapid Rehousing - Rental Assistance	Short Term Rental Assistance	System development to move funds from source to landlord and not bounce through client (more seamless and helpful to client)	Most landlords won't lease short term	Most Urgent			16 and older				
	Medium Term Rental Assistance		What about after that? Moving On Strategy?	Most Urgent							
Strategies	**Components**	**Comments**	**Concerns**	**Unsheltered Populations, in General**	**Black, African American, or African persons**	**People w/ Disabilities, Medical Fragility**	**Youth & Young Adults**	**LGBTQ+ persons**	**Hispanic/ Latinx persons**	**Pops in Rural Areas**	**Persons Fleeing DV**
RRH - Financial Assistance	Rental Application Fees			Urgent/Critical							
	Security Deposits or Hold Fees			Most Urgent							
	Damage Repair	Use a "handiman service" rather than cash.Have to do monitoring to ensure that damage was client-caused		Most Urgent							
	Flexible "barrier removal" Funds	Can be used for utility deposits, utility payments, arrears, moving costs, renter's insurance or other		Most Urgent							
Strategies	**Components**	**Comments**	**Concerns**	**Unsheltered Populations, in General**	**Black, African American, or African persons**	**People w/ Disabilities, Medical Fragility**	**Youth & Young Adults**	**LGBTQ+ persons**	**Hispanic/ Latinx persons**	**Pops in Rural Areas**	**Persons Fleeing DV**
RRH - Relocation & Stablization Services	Landlord Incentives	System development, not just an "incentive." Some sort of 24/7 rapid response line for landlords that is staffed appropriately	Financial incentives can drive up market costs.	Urgent/Critical							

(Continued on next page.)

Strategies	Components	Comments	Concerns	Unsheltered Populations, in General	Black, African American, or African persons	People w/ Disabilities, Medical Fragility	Youth & Young Adults	LGBTQ+ persons	Hispanic/ Latinx persons	Pops in Rural Areas	Persons Fleeing DV
RRH - Essential Services	Housing-Focused Case Management	Staffing is a critical need	Staffing is a critical need, but limited duration funding makes it extremely difficult to recruit/hire	Urgent/Critical							
		System development - could create a dedicated landlord navigator to to more research across the system		Urgent/Critical							
	Employment Assistance and Training	(and SSI/SSDI) to support housing stability		Very Important							
	Outpatient Health Services	High acuity needs for unshelterd populations which require more services for effective RRH		Urgent/Critical							
	Legal Services	A less prevalent need, but important		Time Sensitive/Very Important							
	Mental Health Services	Need expertise and partnerships	Limited number of professionals available	Most Urgent							
	Substance Abuse Treatment Services	Need expertise and partnerships, with ability to retain housing if in-patient Tx services are needed		Most Urgent							
	Transportation	Medical appointments and after hours, and basic trasnportation before/after work		Urgent/Critical							
Strategies	**Components**	**Comments**	**Concerns**	**Unsheltered Populations, in General**	**Black, African American, or African persons**	**People w/ Disabilities, Medical Fragility**	**Youth & Young Adults**	**LGBTQ+ persons**	**Hispanic/ Latinx persons**	**Pops in Rural Areas**	**Persons Fleeing DV**
Outreach - Essential Services	Engagement	Collaborative multi-agency outreach - gets providers out of their silos to		Most Urgent							
	Housing-Focused Case Management	Will require training and frequent communications, including a shared understanding of the pathway to housing	Staffing is a critical need, but limited duration funding makes it extremely difficult to recruit/hire	Urgent/Critical							
	Transportation			Most Urgent							
	Services for Special Populations	Connection from hospital / pcc / jail / other (trafficking / DV) to shelter and services 24/7, need outreach teams									
	Cell Phones or Tablets	Changing stations and hot spots, too		Most Urgent							
Outreach - Other	Handwashing Stations			Urgent/Critical							
	Portable Bathrooms			Urgent/Critical							
	Training			Time Sensitive/Very Important							
	Laundry Services			Urgent/Critical							

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 667 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	System Improvement Actions
March 2023	• Update Housing Inventory Count.	• Complete data analysis on housing disproportionality. • Facilitate partnerships between homeless service providers, and with behavioral health, health services, and other mainstream providers to achieve regional goals. • Submit revised Workbook and Regional Plan.
April	• Open 20 new beds for persons with seriously persistent mentally illness at Yaquina Hall	• Sign contract with OHCS. • Refine strategies with specific service providers, clarifying responsibilities and accountability to outcomes. • Conduct Process Mapping for unsheltered individuals being discharged from Salem Health. • Set up new projects in HMIS. • Schedule HMIS training and technical assistance. • Identify outstanding support and resource needs.

Month	Progress Milestones	System Improvement Actions
May	• Open 75 new low-barrier shelter beds at Salem Navigation Center • Open 75 new low-barrier shelter beds at ARCHES Lodge • Open 10 new RRH beds for youth (under age 18) in Polk County • Open 20 new RRH beds for young adults (ages 18-24) in Polk County	• Execute contracts with service providers. • Conduct Coordinated Entry training with outreach staff, emergency shelter, and RRH programs. • Conduct HMIS training and provide ongoing technical assistance. • Conduct RRH standards training. • Host Affordable Housing Conference in Salem • Coordination meeting to ensure utilization of CE referral vouchers with Salem Housing Authority (impacts priority population of persons with disabilities).
June	• Open 20 new low-barrier shelter beds for young adults (ages 18-24) in SE Salem • RRH milestone: 40 households	• Review data quality, and provide technical assistance, as needed. • Document lessons learned in the quarter.
July	• Fill at least 70% of new shelter beds. • RRH milestone: 50 households	• Update in-the-field data gathering tools to inform system changes. • Conduct Youth-focused CE training with outreach staff, emergency shelter, and RRH programs.
August	• Fill at least 80% of new shelter beds. • RRH milestone: 60 households	• Update CoC Strategic Plan • Partner with culturally specific organizations to plan feedback/listening sessions with priority populations.

Month	Progress Milestones	System Improvement Actions
September	• RRH milestone: 75 households	• Conduct feedback/listening sessions with priority populations. • MAC Group progress review and revisions session.
October	• Open 26 new low-barrier shelter beds for women in Salem • RRH milestone: 95 households	• Document lessons learned in the quarter. • Host housing-focused Street Outreach Conference
November	• RRH milestone: 115 households	• Convene futures planning group, review data, develop framework for MAC Group meeting.
December	• RRH milestone: 135 households	• MAC Group progress review and lessons learned session.
January 2024	• Open 60 new PSH units at Sequoia Crossing in Salem • RRH milestone: 150 households	• Document lessons learned.

Organizations/projects named in this chart do not constitute a promise of funding from the EO 23-02 resources.