2023

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE

MOVING TO END AND PREVENT HOMELESSNESS

Regional Needs Assessment

Annual Analysis of Gaps in the
Housing and Homeless Services System

This report was prepared by LisaMostly Consulting, LLC for the Mid-Willamette Valley Homeless Alliance. Conclusions and insights are based upon data compiled by LisaMostly Consulting, LLC in collaboration with MWVHA staff, contractors, and partners.

This report is divided into the three sections defined below. Each section provides information that tells the story of the Alliance and its relationship with its partners. The report outlines the regional need for a comprehensive housing services system.

- Section One: About the Mid-Willamette Valley Homeless Alliance
- Section Two: Homeless Alliance Infrastructure
- Section Three: Homeless Services Delivery System

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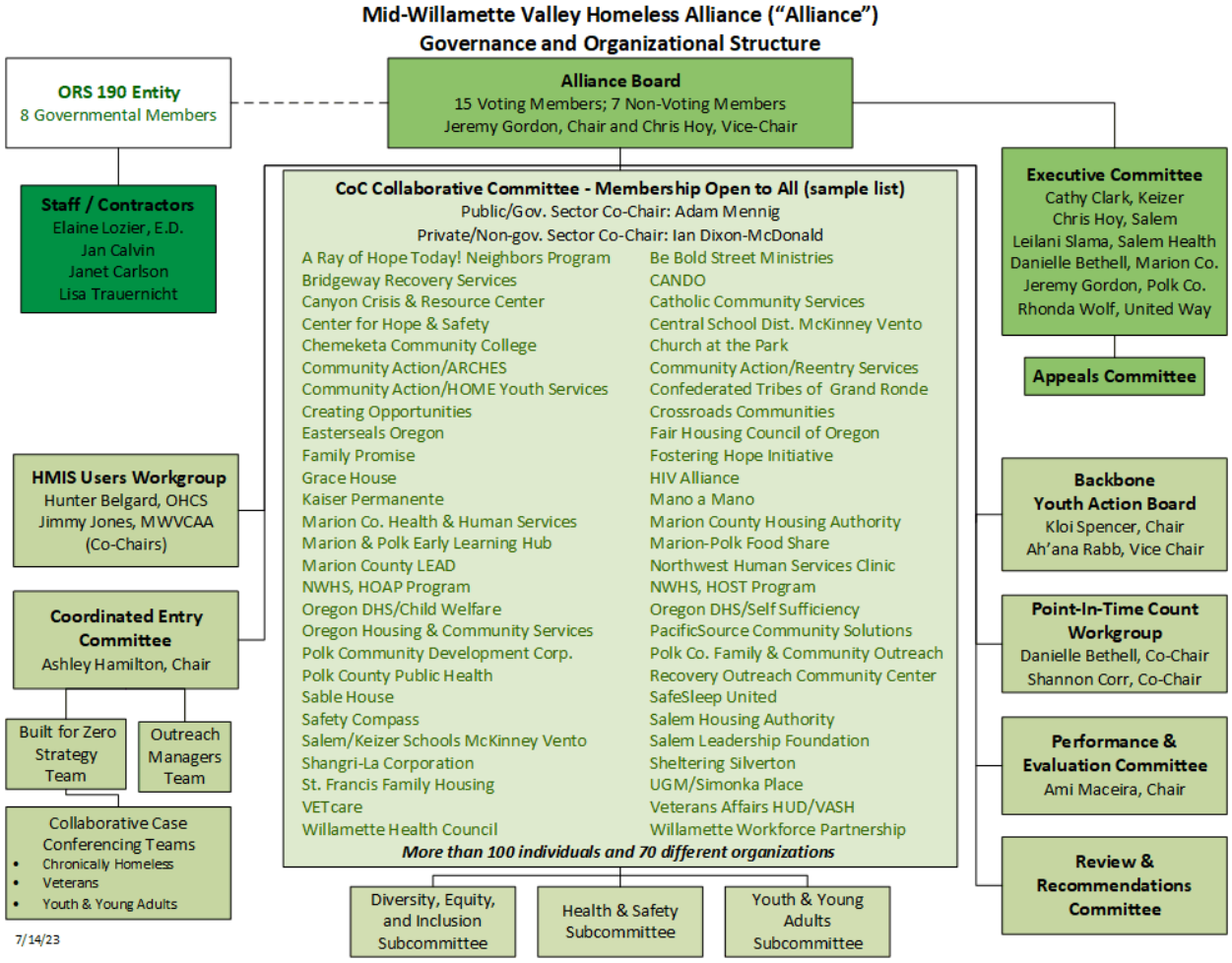
1. Section One: About the Mid-Willamette Valley Homeless Alliance

1.1. Introduction

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 of Oregon.

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



1.2. Purpose for Conducting a Needs Assessment

The CoC is responsible for conducting an annual gaps analysis of the homeless needs and services available in the Continuum.[1] The purpose of the gaps analysis is to evaluate the current regional housing and homeless services system, including prevention, street outreach, shelter and housing programs, and to identify existing system gaps to inform local planning and decision-making for the 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 County and Polk County.

1.3. Data Sources

a. **Community Health Assessment (CHA)** – Every five years, Marion County and Polk County, 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.

b. Homeless Management Information System (HMIS) is Alliance's shared database that captures assessment and client services data, information on the performance of specific programs, and information on the regional homeless services system (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).

> HMIS 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 people who participate in a Coordinated Entry assessment for homelessness. Coordinated Entry data is interpreted to be representative of all persons experiencing homelessness when using the data for planning purposes.

c. **Point-In-Time (PIT) Count** is a census of sheltered and unsheltered people experiencing homelessness on a single night in January. HUD requires that Continuums of Care conduct an annual sheltered count of people experiencing homelessness in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered people experiencing homelessness every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.[2]

The number of unsheltered people counted is dependent on many factors including, locations of the unhoused, the number of volunteers engaged in the Count, the weather, and as experienced in the 2023 Count, the willingness of homeless individuals to participate in the survey. PIT counts are widely understood to under-count the number of people experiencing homelessness by a significant margin—some experts say by half or more.

[1] HUD Continuum of Care Duties: Planning and System Operations Responsibilities.
[2] HUD Exchange Point-in-Time Count and Housing Inventory Count website https://www.hudexchange.info/programs/hdx/pit-hic/

HUD requires that any community that wishes to receive federal funding for homelessness programs must conduct an unsheltered PIT count every two years. And, while the sheer number of people experiencing homelessness in a place has bearing on this funding, this relationship is a little more complicated at the federal level. They also award bonus money based on progress. That is, if communities are determined to have done a good job with the funding they have received in the past, there is the potential to win additional HUD dollars.[3]

d. **Housing Inventory Count (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.

e. **Oregon's ALL IN: Regional Planning Template and Funding Request Local Community/Continuum of Care (CoC) OR-504 (Salem/Marion, Polk Counties CoC)** is the framework designed to support regional planning and streamline for the state's funding process for homeless services under the governor's Executive Order No.23-02.

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

g. **Comprehensive CoC plan** for serving individuals and families with severe service needs who are experiencing unsheltered homelessness.

h. **Performance & Evaluation Committee Annual Report** to the Mid-Willamette Valley Homeless Alliance Board of Directors January 12, 2023

i. **Collaborative Committee Survey Results**, February 15, 2023

j. **The Alliance: Diversity, Equity, and Inclusion Report** written and Compiled by Jullian Schrup May 13, 2021

k. **U.S. Department of Housing and Urban Development Community Planning and Development Notice of Funding Opportunity (NOFO)** for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants FR-6700-N-25 09/28/2023

l. **The Gap 2023: A Shortage of Affordable Homes**, National Low Income Housing Coalition, March 16, 2023

[3] Is There a Better Way to Count the Homeless? Bloomberg, March 2019 https://www.bloomberg.com/news/articles/2019-03-04/the-problem-with-hud-s-point-in-time-homeless-count

m. **Home for Good: Strategies to Prevent Eviction and Promote Housing Stability**, September 2022

n. **Community partner interviews (organizations):** Center for Hope and Safety, Northwest Human Services, Willamette Health Council, Sheltering Silverton, Safe Sleep, Polk County School Based Mental Health, Uniting Efforts, and Silverton School District McKinney Vento program.

1.4. Aligning Data with Regional Goals

The Alliance's Strategic Plan identifies nine regional goals to end and prevent homelessness. This report has been aligned to identify the gaps related to each of those 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 County and Polk County.
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 and 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.

While the above goals serve as guideposts for the work of the Alliance, the Alliance's Performance & Evaluation Committee's January 2023 Annual Report[4] recommended that the board establish local performance targets.

[4] Performance & Evaluation Committee Annual Report to the Mid-Willamette Valley Homeless Alliance Board of Directors, Jan. 2023

1.5. Demographic Snapshot of the Marion County and Polk County Region

The following demographic data is highlighted in the Marion-Polk Community Health Assessment, 2023 Update.[5] (The term "community" refers to the Marion-Polk region.)

1.5.1. A greater percentage of the community population is younger, under the age of 25, than Oregon.

1.5.2. In 2022, 17.6% of the population of Polk County was living with severe housing problems.[6] From 2014 to 2022, the indicator declined 0.701%. During that same time, 19.1% of the population of Marion County was living with severe housing problems. From 2014 to 2022, the indicator declined 0.579%.[7]

1.5.3. The community has a larger percentage of members that identified as Hispanic or Latinx than Oregon. About 27% identified as Hispanic/Latinx in Marion, compared to 14% in Polk and 13% in Oregon.

1.5.4. The community has a higher percentage of members that speak a language other than English at home than Oregon. The most common languages spoken after English were Spanish, various Asian or Pacific Islander languages, and Russian.

Marion County	Polk County	Oregon
25% speak a language other than English	14% speak a language other than English	15% speak a language other than English

1.5.5. About 15% of community members are living with a disability, which has been decreasing over time. The most common types of disabilities in the community were difficulties walking, living alone, or cognitive. The proportion of community members living with a disability differed by race and ethnicity.

1.5.6. Those who live outside of the major population areas may experience greater difficulty accessing resources like health care services and healthy foods. Given the limited public transportation in these rural areas, access to a vehicle is likely required to live a healthy lifestyle.

One third (33%) of Marion County community members lived outside of the five largest cities in Marion County.

- The five largest Marion County cities in order of population: Salem, Keizer, Woodburn, Silverton, and Stayton.

About 16% of Polk County community members lived outside of its largest cities.

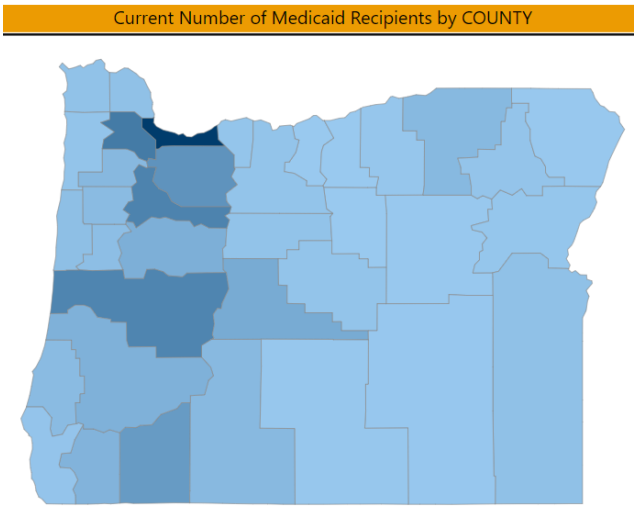
- The largest cities in Polk County in order of population are: (West) Salem, Dallas, Monmouth, Independence, and Falls City.

1.5.7. The Community Health Assessment notes that the community is growing, aging, and becoming more diverse, a trend that is predicted to continue. Population projections estimate that there

[5] Marion-Polk 2019 Community Health Assessment, 2023 Update
[6] Data USA: Polk County, OR
[7] Data USA: Marion County, OR

will be 500,000 community members by 2035. Older adults will represent a greater proportion of the overall population in the future than they do currently.

1.5.8. Oregon Health Authority's *Medicaid Monthly Population Report for Oregon*[8] indicates that for October 2023, 145,651 Marion County residents and 28,445 Polk County residents are Medicaid recipients. There are 1,518,169 Medicaid recipients in Oregon. Follow this link for a by-county comparison. The counties with the higher Medicaid participation rates are darker blue.

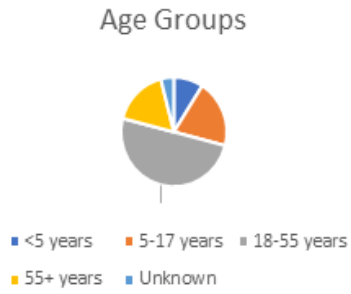


County	Medicaid Recipients
Marion	145,651
Polk	28,445
Total	**174,096**

1.6. Homeless Population Overview by The Numbers

1.6.1 More than 4,400 Marion-Polk residents were assessed as homeless in need of housing July 1, 2022, through June 30, 2023: 67% were adults, 29% were children (under 18), and 4% were ages unknown. While this is not a full count of all persons experiencing homelessness, certain characteristics are considered representative for the purpose of planning.

<5 yrs.	5-17 yrs.	18-55 yrs.	+55 yrs.	Unknown
385	874	2235	750	180
9%	20%	50%	17%	4%



[8] Oregon Health Authority's Medicaid Monthly Population Report for Oregon, October 2023

1.6.2 Genders of all people assessed

Male	Female	Transgender or gender other than singularly female/male	Unknown or client refused
2129	2203	38	54
48.12%	49.8%	0.86%	1.22%

1.6.3 Genders of all children (<18 yrs.) assessed

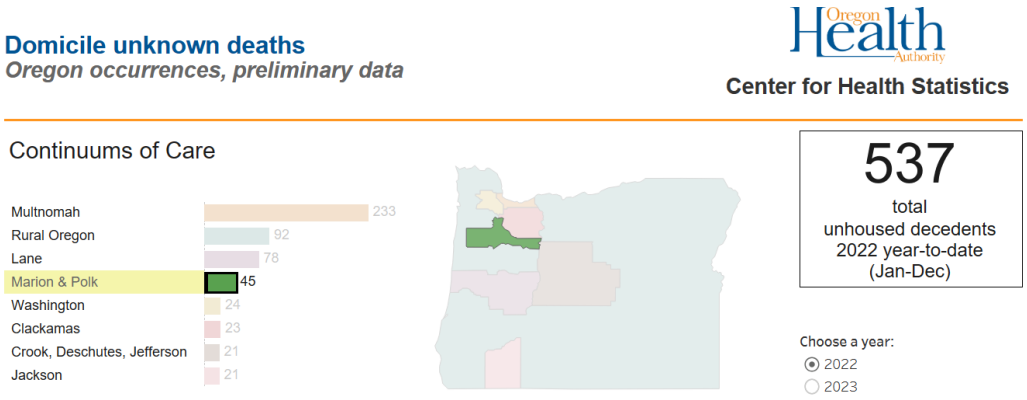
Male	Female
650	590
50%	46%

1.6.5 Of the 3,100 adults (18+ yrs.) assessed, 1,404 (45%) were fleeing domestic violence at the time of their assessment. Of the children (<18 yrs.) assessed, 129 were fleeing domestic violence.

1.6.7 Health insurance information was gathered on 4,231 people

No Insurance	Medicaid	Medicare	Employment Insurance	Unknown or client refused
391	3380	366	77	17
9%	80%	9%	2%	0.4%

1.6.8 In 2022, there were 45 people who died while experiencing homelessness in Marion County and Polk County region.[9]



Partial year data (January – August 2023) shows 26 unhoused decedents in the Marion County and Polk County region (8 months).

NOTE: As of August 14, 2023, there are 4,778 people in Coordinated Entry (CE).
967 of those were identified as chronically homeless at the time of the most recent assessment.

20.24% of people in CE are chronically homeless, which is a change from last year when 37% of people in CE were reported as chronically homeless.

[9] Oregon Health Authority Center for Health Statistics

2. Section Two: Homeless Alliance Infrastructure

This section provides an overview of the organizational infrastructure in place for creating a robust system of homeless services, as it aligns with Goal 1, Goal 7 (Systems Alignment), and Goal 9 of the Alliance's strategic plan.

2.1. 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.

2.1.1 Coordinated Entry System

Coordinated Entry (CE) 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.

Several agencies throughout the region serve as CE Assessment Sites. Some have their own staff trained to conduct assessments, while others partner with staff from the Mid-Willamette Valley Community Action Agency's ARCHES Program to conduct assessments.

2022 CE System Evaluation Summary

System Component	Meets or Exceeds Standards	Recommendations for 2023
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 written policies and procedures concerning protection of all data collected in CE process.	Partner with culturally specific organizations to reduce barriers for specific populations.
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, gather, and use client feedback, explore how to develop "housing navigation" functions, and increase the number of ES and TH programs using HMIS.

2.1.2 Homeless Management Information System (HMIS)

From 2020 to 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 rose from 43% in 2020 to 72% in 2022. The following chart shows how many of the region's inventoried beds were represented in HMIS as of the January 2023 report date to HUD.

To protect confidentiality, domestic violence (DV) service providers are prohibited by law from using HMIS but use a comparable database that delivers similar reports to 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 72% of its beds meeting that goal.

January 2023			
Year-around Bed Type	**Total Beds**	**Beds in HMIS or DV Database**	**Database Coverage Rate**
Emergency Shelter beds	599	294	45%
Safe Haven beds	19	19	100%
Transitional Housing beds	215	148	69%
Rapid Rehousing beds	264	264	100%
Permanent Supportive Housing beds	217	196	90%
Other Permanent Housing beds	91	91	100%
Totals	**1,405**	**1,012**	**72%**

2.1.3 Data and Data Analysis

Quality data is used 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 programs using HMIS or a comparable DV database that can be used to monitor program outcomes and overall CoC performance, and to help identify gaps in system-wide program delivery. The Alliance's Performance and Evaluation Committee is responsible for reviewing and evaluating HUD-funded projects, and overall system performance to make recommendations based on HUD's requirements.

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 expanded its capacity in 2022 to assist CoCs with data collection, reporting, and analysis – to address this need. As an example, an OHCS data analyst is a member of the Alliance Performance and Evaluation Committee and presents System Performance Measure data to that group quarterly.

2.2. Goal 7: Systems Alignment

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

2.2.1 Committees

The Alliance's committees work to ensure that the organizational and programmatic components of the CoC work in conjunction with the regional 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, 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 Alliance has the following committees:

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

As of July 2023, more than 70 agencies in the Marion County and Polk County region actively participate in the Alliance's 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 subcommittees are chartered by the Collaborative Committee:

- Diversity, Equity, and Inclusion
- Health and Safety
- Youth and Young Adults

2.2.2 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 (MOU) with the Marion-Polk Early Learning Hub, Chemeketa Community College, and Willamette Workforce Partnership, and is in the process of working on an MOU with the Oregon Department of Education McKinney Vento program.

2.3. 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 2022-2023 Alliance contracted staff and community partners increased outreach and community engagement efforts through

- The Point-in-Time Count
- Strategic communication
- Polk County's Partners Aligned Toward Housing Solutions (PATHS)
- A multi-agency coordination team (MAC)
- An affordable housing conference
- Increasing collaboration with people of lived experience

Point-in-Time Count: During the PIT Count planning process, the CoC convened a workgroup of stakeholders who serve homeless youth through street outreach, drop-in centers, schools, healthcare, and law enforcement, that developed strategies to engage youth in the 2023 PIT Count.

The workgroup consulted with young people with lived experience of homelessness to refine and implement outreach and engagement strategies. These strategies included hosting welcoming events at locations the youth frequent, offering food and other incentives, and using a youth-friendly version of the survey questions. Youth experiencing homelessness helped spread the word to encourage peers to participate in the PIT Count and showed them how to use their phones to complete the survey they helped design. This survey mirrored the PIT Count questions and included a self-reported location, which was an automatic feature of the Counting Us app. Seven youth also volunteered at two special events, with food and give-away items, to encourage their peers to participate in the PIT Count. Stakeholders in the 2023 PIT Count youth engagement workgroup (staff from street outreach, drop-in

centers, schools, etc.) and Backbone (the CoC's Youth Action Board) pinpointed locations throughout the two-county region where youth experiencing homelessness would be most likely to be identified.[10]

Communication: The Alliance expanded communications through social media, the MWVHA website, press releases, production of a promotional video, and presentations to civic organizations, business, local governments, and other community connections.

PATHS: Polk County's Partners Aligned Toward Housing Solutions is an advisory board that was established in rural Polk County in 2022 to coordinate and strengthen the local homeless response. Partners include Polk County, the Cities of Dallas, Falls City, Independence, Monmouth, Willamina, the Confederated Tribes of Grand Ronde, and the Mid-Willamette Valley Community Action Agency.

MAC: A multi-agency coordination team formed to work with the Alliance to identify key partners in regional and local strategic planning for unsheltered homeless services, to inform stakeholder engagement. 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 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 nonprofit 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 of 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 the Alliance's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.

Affordable Housing Conference: May 2023 - The purpose of this conference was to bring together private, public, and nonprofit experts in affordable housing development, financing, and management to explore opportunities for increasing housing stock. There were 140 attendees.

Lived experience: The alliance board added two voting board members with lived experience, and half of the members of the review and recommendations committee for granting $10M to emergency shelter and rapid rehousing projects in response to the governor's executive order were people with lived experience.

[10] Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition.

HUD's "How to Govern Geographically Diverse CoCs?"[11] 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. The tables below outline HUD's knowledge and resource considerations when developing a consumer engagement strategy alongside an overview of local work and considerations.

	HUD Knowledge & Resource Considerations	Local Work & Considerations
1. Biases	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.	The purpose of the Diversity, Equity, and Inclusion (DEI) Subcommittee is to advance strategies and actions to the Board, committees, and workgroups that create opportunities for people from diverse backgrounds, including those with lived experience in homelessness to participate throughout the CoC structure. The expertise of the DEI Subcommittee should be applied to assist the CoC in addressing biases.
2. Social and Cultural Barriers	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.	Additional communication between meetings and frequent encouragement during meetings have helped to support active participation of people less familiar with the group norms.
3. Compensation	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.	The CoC changed its charter to allow stipend payments to youth board members with lived experience. The current funding source will expire withing the next year, and plans are being made for sustaining this practice.

[11] 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

4. Staff & Mentor Time	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 process for appointing board members with lived experience states that individuals will be offered the following support: a) A mentor with skills to help the board member review information and navigate board operations, b) Assistance accessing board meetings (e.g., electronic access to Zoom meetings; transportation assistance to in-person meetings), and c) Other assistance and support, as necessary.

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. Considerations offered in this document should be part of a larger consumer engagement plan.

	HUD Knowledge and Resource Considerations	**Local Work and Considerations**
1. Board Seats	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.	The CoC has three board seats designated and filled by people with lived experience, providing mentors and support, as needed.
2. Consumer Advisory Councils & Committees	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 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.	Backbone (the CoC's Youth Action Board) serves in an advisory role in planning and implementing services for youth and young adults experiencing homelessness, particularly the four projects funded with Youth Homelessness Demonstration Project (YHDP) funds. As outlined in Section 2.2.1 above, the alliance has several committees that provide opportunities for promoting the voice of the consumer, supporting diversity, equity, and inclusion initiatives throughout the region, and valuing the voice of lived experience with homelessness in local program planning.

3. Strategies to Gather Feedback	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.	In 2023, Backbone (the CoC's Youth Action Board) will be facilitating focus groups to inform updates to the Coordinated Community Plan to End Youth Homelessness. The Coordinated Entry (CE) Committee is also planning focus groups to gather consumer feedback on the CE System.
4. People with Lived Experience on Youth Action Boards	Youth Action Boards may be set up.	The Alliance's Youth Action Board engages youth with lived experience throughout the region to meet regularly in-person or remotely via video.

2.4. System Infrastructure Gaps – Areas for Improvement

Research for this needs assessment included interviews with community partners to get input on experience in the community that the data may not reflect. Tables A, B, and C below provide input from partners actively engaged with the Alliance. Table D highlights system infrastructure gaps identified through data, MWVHA reports, and consultation with the Alliance.

A. System infrastructure gaps from the perspective of partners with lived experience
• Shelters needed outside of Salem. (This was noted in several interviews.) • Permanent affordable housing is needed. (This was noted in several interviews.) • Prevention services are lacking. Sometimes people don't know what resources are available and sometimes there are not resources to help keep people from losing their housing. People need support and resources to break the generational patterns of homelessness. • Community unity is needed so everyone has a sense of belonging. • Pro bono legal services are needed, and legal guidance and advocacy. • Need to focus on wellness. Using a tool like the Wellness Wheel, the Alliance can look at its programs/services, to determine how it is doing in serving the community, and it can help others understand where they are in their journey and what they need for moving forward.

B. System infrastructure gaps from the perspective of a health and safety subcommittee members

- More intentional links between health and housing are needed to increase the level of supportive services that promote housing stability. There is a big disconnect between health and housing partners who could work smarter together.
- Better hospital discharge planning for housing insecure people is needed. There are significant gaps in coordination between the hospital and community-based service providers which establishes an opportunity for collaboration and better service for medically fragile people experiencing homelessness.
- There is an increased need for "one-stop shops" for health and social care needs.
- The system can empower people with lived experience through involvement in designing solutions.
- Too much of the CoC's funding is bureaucratic with strings attached. Seek flexible funds that can quickly make a difference in the community. Plan strategically for scaling up and identify the capacity of the Alliance and the community.
- Housing is an important determinant of health. Only two of the 22 MWVHA board members represent healthcare. Having a board that better represents the healthcare needs in the community may lead to better understanding and breaking down of silos. Mental health representation is needed on the board.
- To elevate the critical crosswalk between mental/physical health and housing, the Health and Safety Subcommittee should be a committee of the board with support for promoting a holistic approach to housing.
- When the new Medicaid 1115 Waiver health-related social needs benefit for housing becomes available, coordination and partnership will need to happen locally. This is a big opportunity for health and housing partners to collaborate.
- There is an opportunity for the Alliance to coordinate process mapping across the community – some organizations are working on this, and having a comprehensive view of how resources are connected/aligned would be beneficial.
- Continued funding for wrap around supports will be needed when the governor's executive order ends, so planning for that gap is important.
- There is a gap in connecting the Community Health Improvement Plan (CHIP) with the work of the Alliance. The next community health improvement cycle launches in 2024 with a new CHIP coming in 2025. This is a good opportunity to coordinate behavioral health and housing. The Health & Safety Subcommittee should be the place for bringing this together. More attention to and support of this committee is necessary for this work to advance.

C. System infrastructure gaps experienced by the Performance & Evaluation Committee
(From the Performance & Evaluation Committee Annual Report, January 12, 2023)

- Use of HMIS matters
- Data quality matters
- Funded and unfunded projects - Opportunity to share SPM data with funded projects for them to be able to:
  - See "the forest from the trees"
  - Understand how they compare and the impact they have on the system overall
- Opportunity to tie evaluation of system performance to CoC strategic planning/board direction
- Limited data analytics capabilities
- Need to identify the system performance improvements we are striving toward
  - Annual trends vs. improvement targets vs. comparison to other CoCs
- Committees are siloed (e.g., Collaborative Committee and HMIS Users Workgroup)

D. General system infrastructure gaps

- **Coordinated Entry System**
  - Develop standards for language testing for new access sites and tools for persons who are visually impaired.
  - 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.
- **Coordinated Entry System for Youth and Young Adults**
  Monitor implementation to ensure that the YYA CE objectives outlined in Goal 3 of the CoC's Coordinated Plan to End Youth Homelessness are met.
- **HMIS Coverage**
  The CoC continues to be missing more than 50% of emergency shelter beds in its HMIS. This large gap in the HMIS/database bed coverage rate undermines the region's ability to conduct system analysis and planning and diminishes the CoC's overall rating by HUD.
- **HMIS Data Analysis**
  The Alliance does not 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. The Performance and Evaluation Committee mentioned this as a limitation in its January 2023 report to the board. Currently working with OHCS to address this gap and considering other avenues to address the issue.
- **Systems Alignment**
  - Committees
    Participation on committees is voluntary, with members offering their professional expertise to support the work of the Alliance. Not all committees are provided staff/consultant support, which places a greater burden on committee members to coordinate logistics, develop plans, and advance committee work. Considering avenues to address this issue.
  - Communication
    Committees are independent with little cross-over, so, while good work is occurring, reporting and information sharing, originally intended to occur at Collaborative Committee meetings, has fallen by the wayside.
  - System Performance Measures
    HUD's 2023 NOFO indicates that CoCs should be using system performance measures (e.g., average length of homeless episodes, rates of return to homelessness, rates of exit to permanent housing destinations) to determine how effectively they are serving people experiencing homelessness. In a January 2023 report to the Alliance board, the Performance & Evaluation Committee indicated that the CoC is beginning to have enough baseline information to identify targets for each system performance measure and year-to-year improvements, as well as trends over time.[12]
- **Youth and adults with lived experience serving the Alliance**
  The people who know best what solutions will effectively end homelessness are those who are experiencing homelessness. HUD expects CoCs to include people with lived homeless expertise and experience in their local planning and decision-making process. People with lived experience should

[12] Performance & Evaluation Committee Annual Report to the Mid-Willamette Valley Homeless Alliance Board of Directors, January 12, 2023

determine how local policies may need to be revised and updated to improve the effectiveness of homelessness assistance programs, including participating in planning and oversight activities, and developing local competition processes. CoC leaders and stakeholders should prioritize hiring people who have experienced homelessness in areas where their expertise is needed.[13]

System Infrastructure Recommendations

1. Explore how to further develop housing navigation functions to improve client housing stability more quickly.
2. Consider a regional and/or population-based approach, such as representatives from Veteran, women's, men's, youth, or family programs, in a consumer engagement plan.
3. Consider including stipend payments to adults filling the "lived experience" seats on the board, as is done with youth.
4. The CoC formed a Youth Action Board (Backbone) in 2021 and should consider gathering feedback from its members about their level of engagement, support, and recommendations. Backbone will be facilitating youth focus groups to gather a broader array of youth input on the Coordinated Community Plan to End Youth Homelessness.
5. Improve access to a data analyst who can do the necessary statistical analysis to find trends and gaps in the system.
6. Increase opportunities for people with lived experience of homelessness in planning and program design.
7. Strategic planning – Identify which system performance improvements are a priority for the Alliance and establish targets. Add metrics to
8. Look for opportunities to implement continuous quality improvement and other process improvement strategies.
9. Community partner expertise and perspective has been offered as an addition to core data to highlight needs that are experienced in the community. Consider the input and suggestions from the community partner subject matter experts when engaging in strategic planning.

[13] FR-6700-N-25 Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants Department of Housing and Urban Development

3. Section Three: Homeless Services Delivery System

This section encompasses direct client services for individuals and families in the Marion-Polk region as they align with Goals 2 through 8 of the Alliance's strategic plan. This section emphasizes the local affordable housing need in general and for specific populations.

An October 9, 2023, Oregon Public Broadcasting report highlighted how homelessness in Oregon became a statewide crisis, pointing out that the housing supply shortage, high rental rates, and the lack of affordable rental housing are all long-term factors that created the crisis.

> According to 2022 U.S. Census data, Oregon has the nation's highest rate of chronic homelessness – a term for people who've been homeless for more than one year or multiple times over several years.
>
> Oregon is home to an estimated 3,373 homeless people who are in families with children – a population that surged by 27% between 2020 and 2022. And Oregon has the nation's highest percentage of homeless families that are living completely unsheltered – meaning they aren't sleeping in a shelter, hotel or other temporary housing while experiencing homelessness.
>
> "It's not rocket science," said Marisa Zapata, an urban planning professor at Portland State University. Zapata is also the director of PSU's Homelessness Research & Action Collaborative, which studies the factors that lead to homelessness. "It doesn't really matter what lens you look at it through," she said. "Escalation of housing values and rising rents is what causes homelessness."
>
> According to state analysts, Oregon's current housing supply is short roughly 140,000 homes to meet the demands of its population size. This places the state fourth in the country in terms of under-producing housing. This shortage has taken a toll on low-income Oregonian renters. Because of the limited housing inventory, landlords are able to keep rents high. This has allowed Oregon to become one of the states with the lowest supply of rentals affordable to people at or below poverty levels.[14]

3.1. Goal 2: Affordable Housing

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

3.1.1. 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 2023 update of the Community Health Assessment (CHA) notes the population in Marion County and Polk County is growing, aging, and becoming more diverse – a trend predicted to continue well into the future.

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.

[14] Oregon Public Broadcasting, How homelessness in Oregon started, grew and became a statewide issue, Oct. 9, 2023

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.

The CHA notes that preparations must be made to expand and prepare for the growing needs of an ageing population, especially for those whose income will largely be dependent on social security income.

3.1.2. In January 2023 the Salem Reporter surveyed local leaders to gauge the year ahead for the local economy. Housing availability and affordability were mentioned as concerns for a thriving local economy. [15]

- Jimmy Jones, executive director, Mid-Willamette Valley Community Action Agency commented that for people in poverty, 2023 looks to be a tough year. Rising cost of living, increasing rental burden, limited access to childcare, public health, and medical services, especially mental health services, remain considerable barriers for people in poverty.
- Kim Parker-Leiranas, executive director, Willamette Workforce Partnership, commented that housing continues to be a huge struggle, whether it's no housing, affordable housing, or access to housing. The market is softening, and that may lead to more availability, but housing (just like childcare) has a direct impact on the workforce. If people can't afford a place to live, they have a tough time working regular jobs.
- Tony Schacher, general manager, Salem Electric, said that housing affordability and homelessness will go hand in hand. The market is still very tight and with interest rates increasing or even flattening the monthly mortgage payment is quickly getting out of reach for an average household if it wasn't already.

3.1.3. A January 2023 survey of the Alliance's Collaborative Committee members indicates that affordable housing is one of the top three (third) concerns that creates an immediate and major barrier to the Alliance's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.[16] Mental health care and services, and emergency shelter shortage were the number one and number two concerns respectively. See the survey for a full list of local needs that are immediate and major barriers to the Alliance's efforts to support people experiencing unsheltered homelessness in regaining housing, safety, and stability.

3.1.4. The National Low Income Housing Coalition's 2023 Oregon Housing Profile[17] below is a snapshot of the state's housing affordability crisis.

[15] Salem's economy will be driven by housing choice, local leaders say, January 18, 2023
[16] Mid-Willamette Valley Homeless Alliance, Collaborative Committee Survey, January 2023
[17] 2023 Oregon Housing Profile, National Low Income Housing Coalition.

2023 OREGON HOUSING PROFILE

NATIONAL LOW INCOME HOUSING COALITION

Across Oregon, there is a shortage of rental homes affordable and available to extremely low income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.

SENATORS: Ron Wyden and Jeff Merkley

KEY FACTS

141,795
OR
23%
Renter Households that are extremely low income

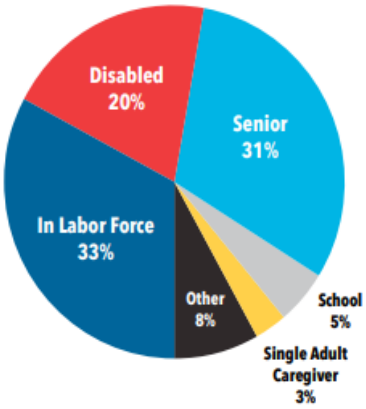
-109,682
Shortage of rental homes affordable and available for extremely low income renters

$26,500
Maximum income of 4-person extremely low income households (state level)

$61,818
Annual household income needed to afford a two-bedroom rental home at HUD's Fair Market Rent.

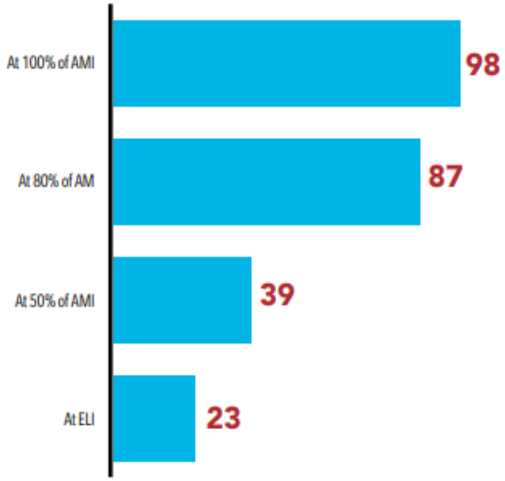
80%
Percent of extremely low income renter households with severe cost burden

EXTREMELY LOW INCOME RENTER HOUSEHOLDS



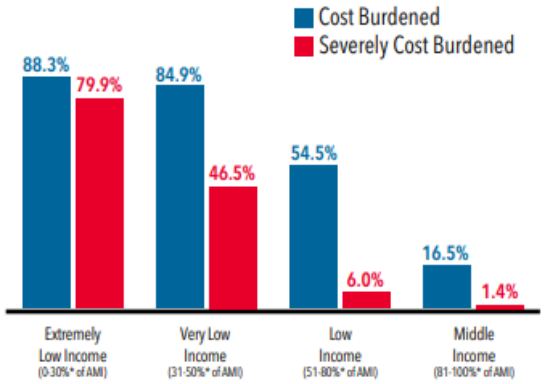
Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or of a household member with a disability, and other. Nationally, 15% of extremely low-income renter households are single adult caregivers, 55% of whom usually work more than 20 hours per week. Source: 2021 ACS PUMS.

AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS



Source: 2021 ACS PUMS.

HOUSING COST BURDEN BY INCOME GROUP



Note: Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.
Source: 2021 ACS PUMS.

1000 Vermont Avenue, NW, Suite 500, Washington, DC 20005

WWW.NLIHC.ORG

Extremely Low Income = 0-30%* of AMI
Very Low Income = 31%*-50% of AMI
Low Income = 51-80% of AMI
Middle Income = 81%-100% of AMI
Note: *Or poverty guideline, if higher.

3.1.5 Housing Shortage

The housing shortage in the United States is a complex issue that has been building up for decades. There are several reasons behind the shortage, ranging from demographic shifts to regulatory barriers. In summary:

- The lack of new construction, which has failed to keep pace with population growth and demand for housing.
- The rising cost of construction materials, including lumber, steel, and concrete contribute to high housing costs.
- Regulatory barriers also play a role in the housing shortage.[18]

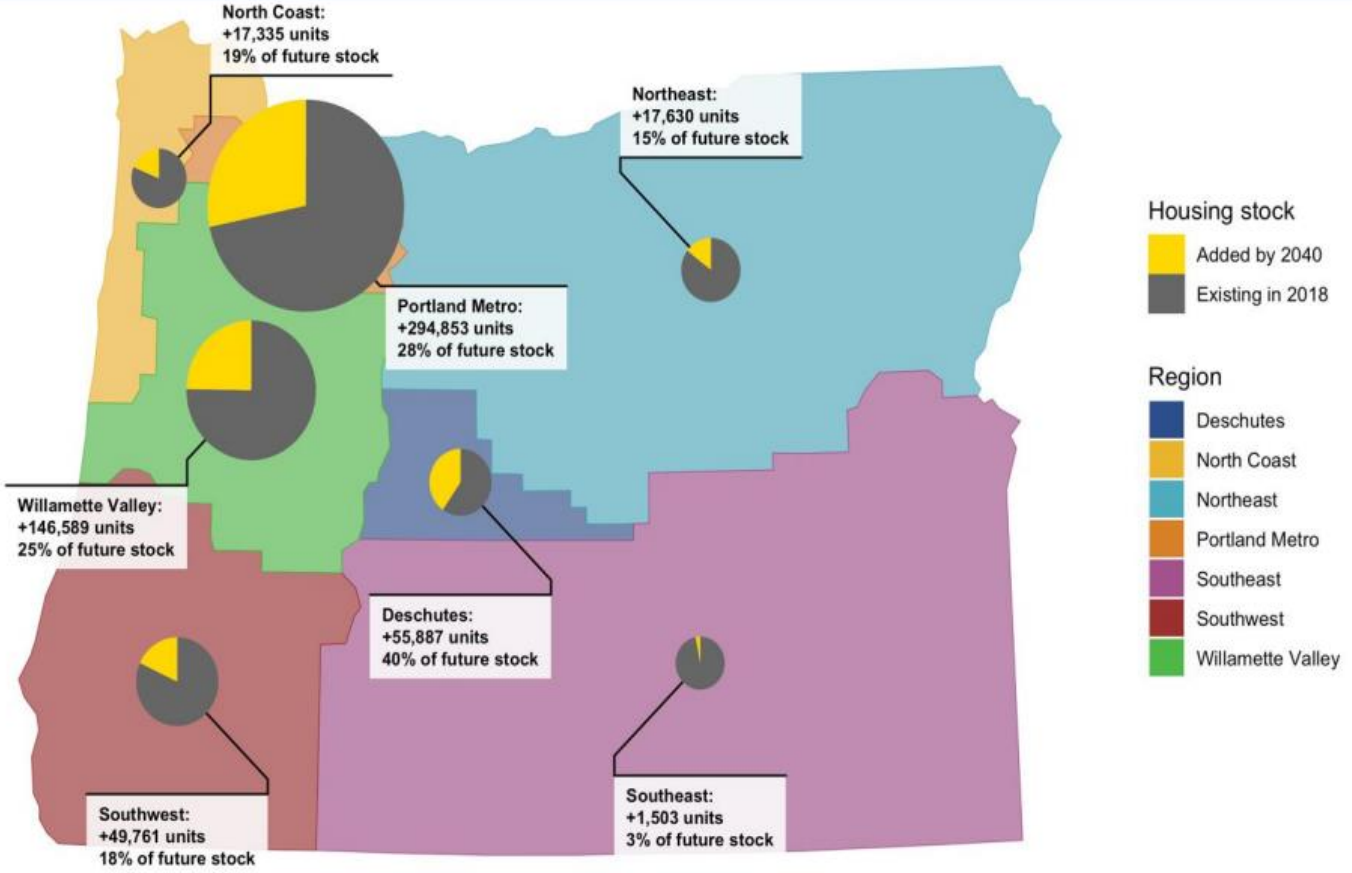
Oregon's HB 2003: Regional Housing Needs Analysis (RHNA) Final Reports[19] highlights the number of new units needed throughout the state by 2040. A total of 146,589 housing units are needed in the Willamette Valley, this includes 8,972 housing units for the homeless.

	New units for each of the following...				
Region	Projected Need	Underproduction	Housing for the Homeless	Total Units	% of Units
Portland Metro	224,683	59,488	10,683	294,853	51%
North Coast	14,731	295	2,309	17,335	3%
Willamette Valley	101,704	35,913	8,972	146,589	25%
Southwest	34,896	10,287	4,579	49,761	9%
Deschutes	49,856	4,837	1,194	55,887	10%
Northeast	16,731	-	899	17,630	3%
Southeast	965	-	538	1,503	0%
Oregon	443,566	110,819	29,174	583,559	100%
% of Units	76%	19%	5%	100%	

Source(s): ECONorthwest analysis; PSU, 2020-2070 Coordinated Population Forecasts; U.S. Census Bureau, 2018 ACS 1-year PUMS estimates; HUD, 2019 PIT count; ODE, SY 2018-2019 McKinney Vento data

[18] Housing Shortage in the US: Challenges and Solutions, Norada Real Estate Investments, July 7, 2023
[19] HB 2003: Regional Housing Needs Analysis (RHNA) Final Reports, March 8, 2021

Current (2018) Housing Stock Plus 20 years of Housing Need



Source(s): ECONorthwest analysis; PSU, 2020-2070 Coordinated Population Forecasts; U.S. Census Bureau, 2018 ACS 1-year PUMS estimates; HUD, 2019 PIT count; ODE, SY 2018-2019 McKinney Vento data

31

In January 2023 the Salem Reporter surveyed local leaders about the need for housing in the region.[20]

- Mike Erdmann, chief executive office of the Home Builders Association of Marion and Polk counties said, the market for new residential construction in Salem is likely to trend downward in 2023, the construction of new homes dropped 36% in 2022 compared to the year prior, but most of that decline was in the latter half of the year when mortgage interest rates rose above 6%. With interest rates showing no signs of dropping substantially in the coming months, builders will continue to be more cautious about starting new construction projects without a buyer already lined up.
- Jose Gonzalez, owner, Tu Casa Real Estate; past president of the Latino Business Alliance, commented that housing related costs, home sale prices are not really dropping, and neither are rents. More people keep moving to Salem and we are in a housing deficit. I am not sure where we will have the supply we need.

3.1.6 Renters

The tables on the next page summarize renter data collected by the National Low Income Housing Coalition's *Out of Reach* report[21], with a comparison of 2021 and 2023 data. A two-bedroom fair market rate rental in Marion County and Polk County costs about $1,245/month, which requires a renter to earn $23.94/hour (or $49,800/year) to afford.

A renter earning minimum wage would have to work 1.7 full-time jobs to afford a local two-bedroom apartment at fair market rate (FMR).

In the Salem metropolitan statistical area (MSA), Marion County and Polk County renters must earn at least $23.94/hour to afford a two-bedroom apartment at the FMR.

Affordable rental housing is that which was originally funded or put into the affordable housing stock with the support of tax funding (tax credits, grants, and 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 affordable and available rental housing for extremely low-income households. The National Low Income Housing Coalition reports that in Oregon there are only 23 affordable and available rental homes for every 100 extremely low-income renter households.[22]

[20] Salem's economy will be driven by housing choices, local leaders say, Salem Reporter, January 18, 2023
[21] National Low Income Housing Coalition, Oregon, 2023.
[22] The Gap, A Shortage of Affordable Rental Homes, National Low Income Housing Coalition

National Low Income Housing Coalition Report Data, 2023

Renting in Oregon – Fair Market Rent (FMR)	Oregon		Salem MSA		Marion County		Polk County	
	2021	2023	2021	2023	2021	2023	2021	2023
Hourly wage needed to afford a 2-bedroom FMR	$ 25.14	$ 29.72	$ 21.02	$ 23.94	$ 21.02	$ 23.94	$ 21.02	$ 23.94
2 BR FMR	$ 1,307	$ 1,545	$ 1,093	$ 1,245	$ 1,093	$ 1,245	$ 1,093	$ 1,245
Annual income needed to afford a 2-bedroom FMR	$ 52,296	$ 61,818	$ 43,720	$ 49,800	$ 43,720	$ 49,800	$ 43,720	$ 49,800
Full-time jobs needed at minimum wage to afford 2-bedroom FMR This calculation uses the higher of the county, state, or federal minimum wage, where applicable.	2	2.1	1.6	1.7	1.6	1.7	1.6	1.7

Renting in Oregon – Area Median Income (AMI)	Oregon		Salem MSA		Marion County		Polk County	
	2021	2023	2021	2023	2021	2023	2021	2023
Annual AMI	$ 82,412	$ 99,322	$ 70,700	$ 89,000	$ 70,700	$ 89,000	$ 70,700	$ 89,000
Monthly rent affordable at AMI	$ 2,060	$ 2,483	$ 1,768	$ 2,225	$ 1,768	$ 2,225	$ 1,768	$ 2,225
30% AMI	$ 24,724	$ 29,797	$ 21,210	$ 26,700	$ 21,210	$ 26,700	$ 21,210	$ 26,700
Monthly rent affordable at 30% AMI	$ 618	$ 745	$ 530	$ 668	$ 530	$ 668	$ 530	$ 668

Renting in Oregon	Oregon		Salem MSA		Marion County		Polk County	
	2021	2023	2021	2023	2021	2023	2021	2023
# of renter households (2017-2021)	606,086	610,926	57,161	58,027	46,937.00	47,012.00	10,224.00	11,015.00
% of total households (2017-2021)	38%	37%	39%	38%	40%	39%	34%	35%
Estimated hourly mean renter wage (2023)	$ 17.30	$ 22.47	$ 13.57	$ 17.30	$ 14.06	$ 17.87	$ 9.82	$ 12.98
Monthly rent affordable at mean renter wage	$ 900	$ 1,168	$ 706	$ 900	$ 731	$ 929	$ 511	$ 675
Full-time jobs at mean renter wage needed to afford 2-bedroom FMR	1.5	1.3	1.5	1.4	1.5	1.3	2.1	1.8

3.1.7 Rent Burden

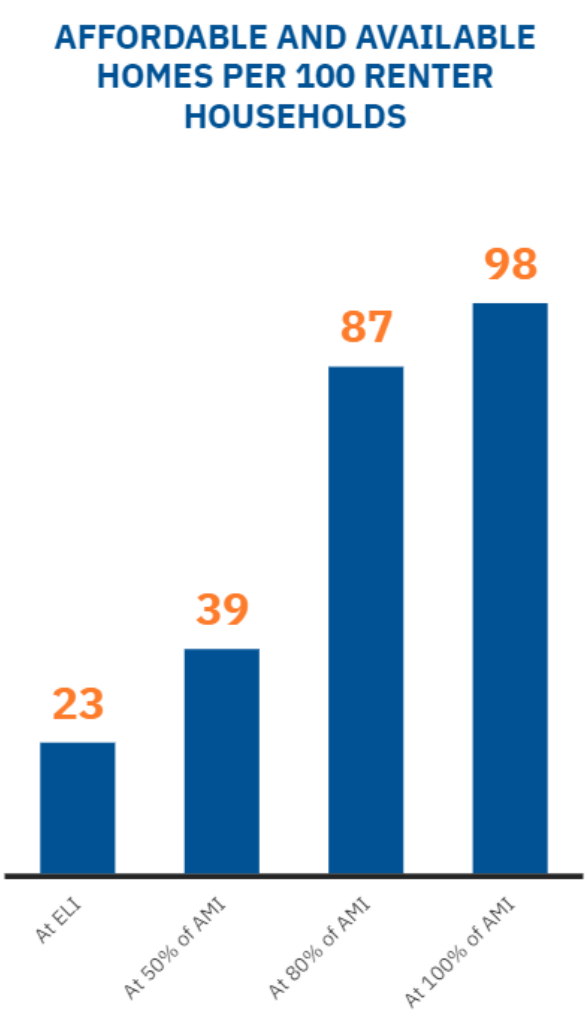
The federal standard is that no more than 30% of a household's gross income should be spent on rent and utilities. Households paying more than 30% of their income are considered *rent burdened*. Households paying more than 50% of their income are considered *severely rent burdened*.

Across Oregon, there is a shortage of rental homes affordable and available to extremely low-income households (ELI), whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened, spending more than half of their income on housing. Severely cost burdened poor households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.[23]

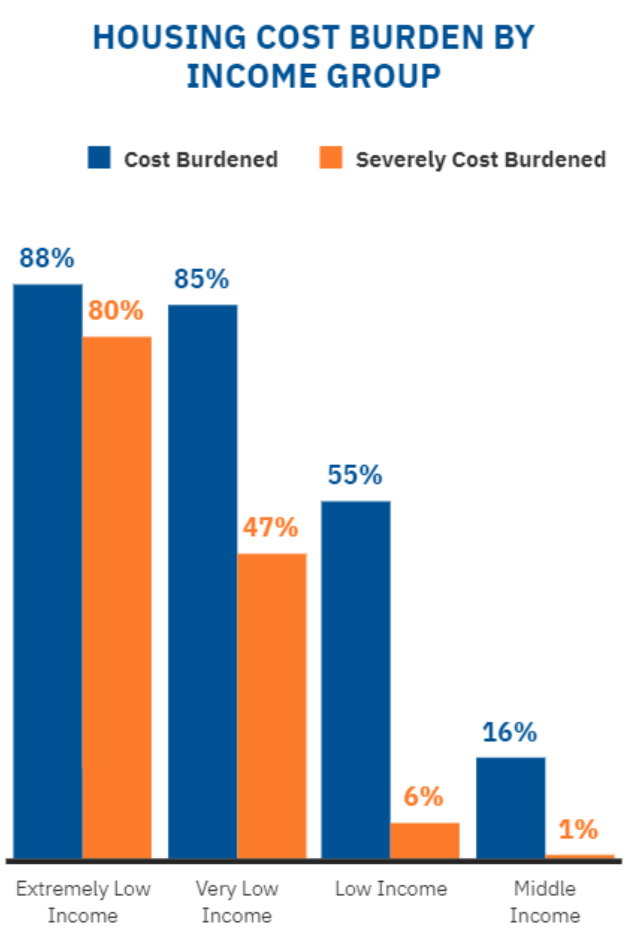
Families earning minimum wage must choose to work more than full time to afford any size of housing unit, doubly impacting families with young children having to choose between long hours away from parenting their children and long childcare hours. Working multiple full-time jobs to afford a stable place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

Oregon has a deficit of 109,682 affordable and available rental homes, according to the National Low Income Housing Coalition, resulting in 80% of extremely low-income renter households being severely cost burdened. The charts below highlight the availability of affordable housing in Oregon at different income levels.

[23] National Low Income Housing Coalition State Data Overview



Source: NLIHC tabulations of 2021 ACS PUMS



Note: Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.
Source: NLIHC tabulations of 2021 ACS PUMS

3.1.8 Evictions

The Eviction Research Network collects, analyzes, & maps eviction data. They specialize in using social and data science to analyze racial and gender disparities in eviction and urban theory to help explain our findings. Their goal is to expand public and scholarly knowledge on the prevalence and drivers of evictions in under-studied regions, highlight work from scholars in the field, and provide evidence-based research that legislatures, practitioners, & advocates can use to inform policy.[24] The Eviction Research Network website has interactive maps that offer census tract eviction information.

[24] Eviction Resource Network

Evicted in Oregon is a resource and a research project. It aims to reframe issues of displacement and support tenant organizing by using a research justice approach to studying eviction.

In focus groups conducted by Evicted in Oregon, tenants reported that the threat of eviction caused them an incredible amount of stress.

> The threat of being forced from their home and finding a new place to live often compounded other pre-existing stressors like unemployment or health problems. Tenants who attempted to fight their eviction in court had to scramble to find resources like legal or rental assistance, which were often difficult to access. Most tenants were unable to secure legal aid, and some had to navigate the court system on their own. Ultimately, many tenants reported that the stress they endured resulted in adverse mental and physical health impacts. Some of the health impacts tenants reported included anxiety, depression, insomnia, and high blood pressure.
>
> These findings are consistent with the wider literature on the health impacts of eviction. Research shows that even the threat of eviction can increase negative health outcomes for tenants, affecting both mental health, depression, anxiety, psychological distress, and suicides, and physical health, high blood pressure and child maltreatment.
>
> Even if an eviction case ends without a judgment of eviction, being named as a defendant in an eviction case can be a barrier to finding housing in the future. Eviction cases are public record and can be searched by individuals or more often scraped by data mining companies that store them in databases that they sell access to landlords and management companies.
>
> Although landlords are only supposed to consider judgements of eviction as a basis for denying prospective renters, research shows that tenants who have been named in an eviction case face barriers to securing housing.[25]

Eviction filings in Oregon by County

As of October 16, 2023

Year filed: 2023 | Location: (Multiple values)

Location	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Oregon	16,255	2,323	1,741	1,997	1,080	1,592	1,628	1,768	2,197	1,929
Marion*	1,100	142	117	123	80	92	136	140	158	112
Polk	308	46	30	38	24	29	27	31	45	38

Note: * indicates counties where multiple court-systems process eviction cases.
This data only reports on cases filed in circuit courts, and therefore is only a partial representation of the eviction cases in those counties.
Chart: Evicted in Oregon | Source: Oregon Judicial Department's Court Records

Notices of Termination submitted to the court by landlords in eviction case filings state the reasons the tenants are being evicted. These notices are reviewed by the Oregon Law Center Eviction Defense Project. This data only includes eviction filings filed at a circuit court in Oregon. It does not capture Notices of Termination served to tenants that don't result in a court case, or

[25] Eviction Filings Harm Tenants, Even Without an Judgment of Eviction October 16, 2023

eviction court cases filed at a municipal or justice court in the state. These numbers represent the lower bound metrics of evictions in Oregon. [Evicted in Oregon]

Polk County files evictions at the Circuit Court and Marion County uses multiple court-systems for processing eviction cases, so Marion County data represents an undercount of evictions.

By county: Reason for eviction, as stated on the notices of termination
As of October 16, 2023

Year filed: 2023 | Location: (Multiple values)

Location	Nonpayment	For-cause	No-cause	Landlord-based	Tenant notice	Others
Oregon	80%	10%	3%	1%	1%	5%
Marion*	81%	8%	3%	1%	1%	6%
Polk	80%	11%	3%	1%	1%	4%

Note: * indicates counties where multiple court-systems process eviction cases. This data only reports on cases filed in circuit courts, and therefore is only a partial representation of the eviction cases in those counties.
Chart: Evicted in Oregon | Source: Oregon Judicial Department's Court Records. Oregon Judicial Department's Court Records

Because eviction cases are civil cases, as opposed to criminal cases, neither side is provided a lawyer in court. However, a growing number of cities and states are implementing programs to increase legal representation for tenants or codifying “right to counsel” ordinances that guarantee legal representation for tenants in court. Reporting from those jurisdictions and the research literature both support the conclusion that providing tenants has an impact on reducing eviction and displacement. Expanding access to legal representation for tenants can reduce default judgments, support tenants’ ability to negotiate better stipulated agreements, ensure tenants are able to fully participate in their hearings and trials, mount counterclaims, and defend a tenant at trial. [Evicted in Oregon]

Disparity in legal representation between tenants and landlords in eviction courts by county
As of October 16, 2023

Year filed: 2023 | Location: (Multiple values)

Location	Filings	Tenants represented by a lawyer	Landlords represented by a lawyer	Landlords represented by a lawyer or an agent
Oregon	16,255	6%	43%	57%
Marion*	1,100	5%	21%	23%
Polk	308	5%	22%	34%

Note: * indicates counties where multiple court-systems process eviction cases. This data only reports on cases filed in circuit courts, and therefore is only a partial representation of the eviction cases in those counties.
Chart: Evicted in Oregon | Source: Oregon Judicial Department's Court Records

The lack of affordable housing causes a host of social problems, from poverty and homelessness to educational disparities. It also places immense burdens on people's physical and mental health and in turn, the public health care system.

Home for Good: Strategies to Prevent Eviction and Promote Housing Stability outlines Key Characteristics of Successful Eviction Prevention Programs.[26]

Key characteristics of successful upstream eviction prevention programs:

- Have clearly defined goals, alignment, and coordination between all the actors, agencies, and organizations involved
- Promote early interventions and solutions, specially before an eviction case is filed
- Maintain active case management from pre-filing to post-judgment
- Build and support holistic eviction diversion interventions that address parties' human needs, financial needs, and legal needs in the eviction process
- Be aware of technological, access, and linguistic barriers that people may experience as a participant in the program
- Provide housing stability services to ensure tenants are stably housed after their arrears are paid
- Put energy into opening channels of communication between renters and property owners/managers to establish trust in that relationship
- Be flexible enough to adapt quickly, e.g., when demographics shift, or emergencies arise
- Track outcomes qualitatively and quantitatively
- Center the design and implementation of the program in its users, when gathering feedback to make improvements and evaluate the success of the program, always consult with the users – the tenants and the landlords – first and foremost
- Use technology and data transparency to help reduce the burdens of access to benefits, information and support for renters and landlords

[26] Home for Good: Strategies to Prevent Eviction and Promote Housing Stability, Enterprise, September 2022.

3.2. 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 people experiencing homelessness in general, or for specific populations therein, 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. CoC-funded TH projects can cover housing costs and accompanying supportive services for program participants for up to 24 months.

The Alliance's 2023 Housing Inventory Count (HIC) indicates the region has 1,405 year-round beds, a slight increase (6%) from the 1,330 beds in 2022.

Housing Inventory Count (HIC)	2022	2023
	Year-round beds	
Emergency Shelter	572	599
Transitional Housing (+SH)	285	234
Permanent Housing	473	572
Totals	1330	1405

3.2.1 Emergency Shelter (ES)

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

Mid 2023 emergency shelter bed report.

NOTE: The HIC did not include the Navigation Center or ARCHES Inn at full capacity. Thre were more beds by mide-2023.

- 41% or 326 of the region's 792 year around ES beds were non-congregate
- 59% or 466 were in a congregate or dorm style setting)

Early 2024 expected emergency shelter bed count after adding 201 non-congregate beds and 31 congregate beds to the inventory, for a total of 1,024 year around ES beds.

- 51% or 527 of the region's year around ES beds will be non-congregate
- 49% or 497 will be in a congregate or dorm style setting

In 2018, culturally specific and low-barrier emergency shelters were identified to be an urgent need, specifically for women, youth, families, and non-sobriety required eligibility.

- 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 County and Polk County. Many experiencing unsheltered living prefer to remain unsheltered than abandoning their pets. In response, organizations are distributing pet food among their other tangible goods and services offered to those experiencing various levels of homelessness and housing insecurity. Some shelter providers do allow for sheltering with pets although there is limited capacity in the community for this option.
- Church of the Park (C@P) opened the first managed micro-shelter community in April 2021. In the first two months of operation at Catholic Community Services C@P served 65 individuals (38 adults and 27 children). In that time, 67% of the households that exited the project moved to more permanent destinations and 60% of adults were able to obtain or maintain income.[27]
- The new Salem Navigation center is the first of its kind in the two-county CoC region. It serves unsheltered people, operating 24 hours a day, seven days a week, as a low-barrier shelter. It is operated by Mid-Willamette Valley Community Action Agency and features 75 beds and intensive case management to connect people to public benefits, health services and permanent housing.

3.2.2 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.

In September 2023 Church at the Park opened a new micro shelter village on Turner Road in South Salem to house up to 38 people , ages 18 to 24. As of October 2, 2023, there were 38 people housed at the village.[28]

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

3.2.3 Seasonal Shelters

On October 27, 2023, the Statesman Journal reported that "a drastic cut in funding has left the Salem Warming Network for homeless people scrambling" and has decreased the supply of warming shelter beds from about 150 to about 30 emergency warming shelter beds.

[27] Church at the Park Micro Shelter Communities FAQ
[28] City of Salem, Responding to Our Sheltering Crisis: Managing and Ending Homelessness in Salem

The network is not a city-run program. It is managed by community organizations like the Mid-Willamette Valley Community Action Agency and relies on some city funds and state funds. The city [of Salem] continues to contribute $150,000 a year to the warming network. With American Rescue Plan Act funds gone and the state cutting the funding like the $10 million "Out of the Cold" grant, local organizations are now tasked with providing the same level of care with a fraction of the funds. Officials with Oregon Housing and Community Services said $20 million was once made available to Community Action Agencies statewide for winter shelter investments.

"At OHCS, we know the need to shelter people during extremely cold weather is great," agency officials said in a statement. "That's why when the state received one-time federal emergency funds during the pandemic, the agency directed some of those dollars to the Salem emergency warming network. That was one-time funding that we no longer have."[29]

Seasonal bed nights 2021-22 full year and 2022-23

	Salem Warming Network, 2021-22	Salem Warming Network, 2022-23
	Salem Warming Network operated on 104 nights, from late October to early March, hosting as few as five and as many as 141 people per night for a total of 7,233 bed nights. This robust schedule was made possible with the use of Covid relief funding that paid for staff and included van and bus transportation to and from the different warming shelters.	Salem Warming Network was temperature-activated on 40 nights, from early November to early March, hosting as few as five and as many as 156 people per night for a total of 2,836 bed nights. While the previous year's infusion of Covid relief funds were no longer available, warming shelters continued to use paid staff and include van and bus transportation to and from the different warming shelters.
October	2 nights = 12 bed nights	N/A
November	20 nights = 813 bed nights	7 nights = 315 bed nights
December	29 nights = 1,709 bed nights	12 nights = 850 bed nights
January	31 nights = 3,556 bed nights	7 nights = 525 bed nights
February	19 nights = 1,052 bed nights	12 nights = 1,071 bed nights
March	3 nights = 103 bed nights	2 nights = 75 bed nights

NOTE: How seasonal bed nights are determined: If certain beds are seasonal (e.g., only during the winter months) then multiply the total number of seasonal beds by the number of nights each bed was available during the reporting period (e.g., 61 days if the beds were only available during December and January of the reporting period). If a 25-bed shelter was a seasonal shelter, open November 1 through March 30 (151 nights), this shelter offers 3,775 bed-nights (25 x 151).[30]

NOTE: These numbers do not include Polk County Warming Network, as data was not entered into HMIS. That issue has since been addressed.

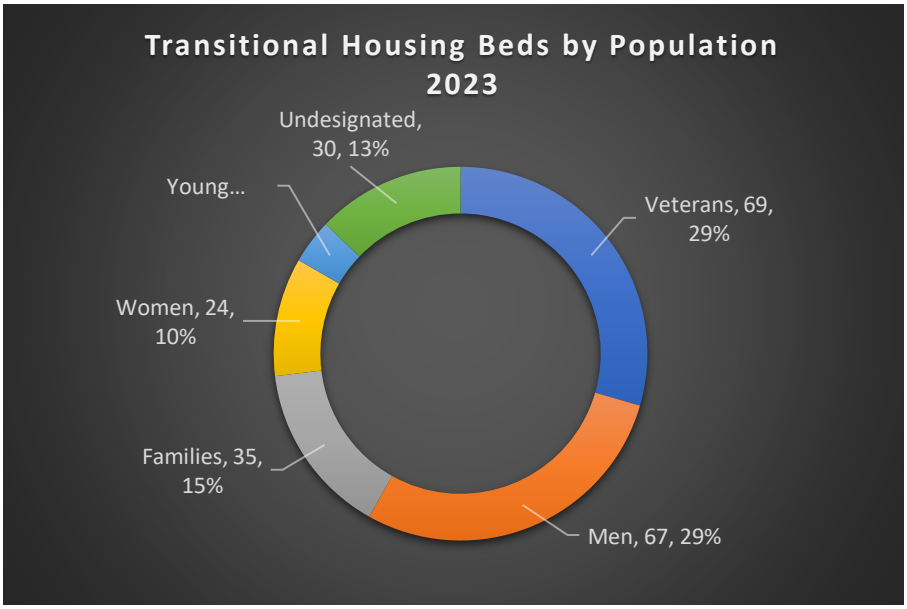
[29] Lack of funds hinders Salem Warming Network for homeless people ahead of forecasted freeze, Statesman Journal, October 27, 2023

[30] How do you report the "total number of shelter bed-nights available" and "total number of shelter bed-nights provided" on screen CR-70 of the ESG CAPER template in the eCon Planning Suite?, HUD Exchange

3.2.4 Transitional Housing

The number of transitional housing (TH) beds is down in 2023 from 285 beds in 2022 to 234 in 2023. The region's 234 transitional housing beds are operated by ten different organizations for the following populations:

TH Beds by Population	2022	2023	Difference
Veterans	79	69	-10
Men	69	67	-2
Families	35	35	0
Women	30	24	-6
Young Adults	7	9	+2
Undesignated	65	30	-35
Total	**285**	**234**	**-51**



Factors leading to the decrease in transitional housing beds

- River of Life closed a 6-bed house for women and a 6-bed house for men.
- There was a reduction in beds at the Salvation Army.
- There were some shifts in bed type/designation in the system.

Mid-Willamette Valley Community Action Agency's HOME Youth Services operates the only youth designated transitional housing/rapid rehousing program (RRH) in Polk County. The physical location of the TH is in Monmouth, but the RRH can happen anywhere. Youth and young adults may interact with this program in different locations. These are two services with one access point.

3.2.5 Facility-Based Beds

Year-around facility-based beds are comprised of emergency shelter, transitional housing, and some permanent housing beds. Other permanent housing beds are "market-based" and typically rentals. The 2023 HIC shows a total of 1,496 facility-based beds to meet the region's year-around needs.

Type of Shelter / Housing	Facility-based beds - 2023 HIC
Emergency Shelter	599
Transitional Housing	234
Permanent Housing*	572
Total	**1,405**

*Permanent Housing includes Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing

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 234 transitional housing beds, nearly all of which were filled at the time of the January 2023 HIC.

In response to the need for more transitional services, emergency shelter programs have emerged with increased the level of case management and supportive services, operating more like transitional housing, but for shorter duration. These programs include micro-shelter villages operated by Church at the Park, Project Turnkey facilities operated by Center for Hope & Safety and Mid-Willamette Valley Community Action Agency (MWVCAA), and the new Navigation Center, also operated by MWVCAA.

In response to Governor Kotek's executive order declaring a homeless emergency and outlining regional goals to establish new low barrier shelter beds and rapidly rehouse people experiencing unsheltered homelessness, the Alliance will increase low-barrier emergency shelter capacity by 79 new beds and rehouse at least 158 households in the Marion-Polk region this year.

3.3. 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.

"Across Oregon, there are thousands of people whose individual stories of housing instability are often invisible – even as the political discourse around homelessness takes center stage. The solutions to the state's homelessness crisis aren't uniform, as they need to be tailored to each person's specific needs. And any fixes will take collective action, public investment, and considerable time to achieve, making the work anything but simple.

Permanent supportive housing is a model that combines housing with any support services that someone who has been homeless for a long time may need to stay housed. That could include anything from job training programs to on-site substance abuse treatment to childcare."[31]

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

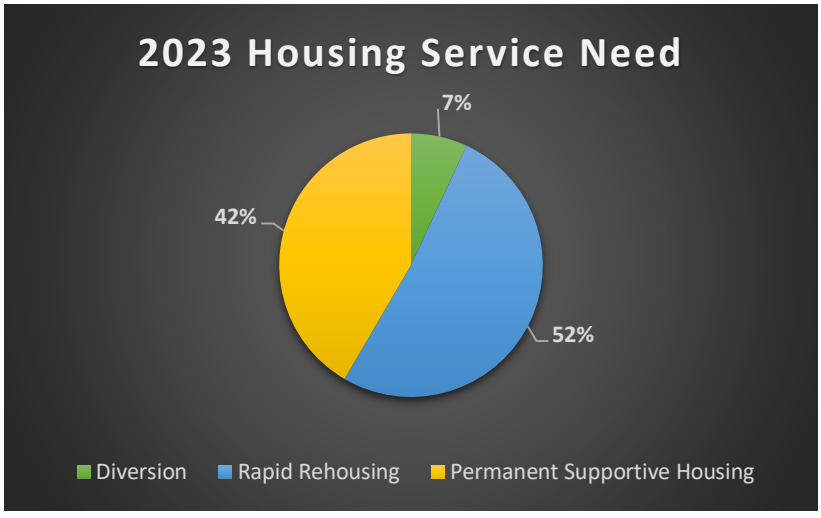
Housing Services do not include emergency shelter.

The charts below show the need for different types of housing services, based on Coordinated Entry assessments in 20223 and 2023.

- **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

Fewer households were assessed for housing need in 2023. The data indicates that the level of service need shifted in 2023 to a higher need for Permanent Supportive Housing compared to the previous year.

	2021-2022	2021-202	2022-2023	2022-2023
Level of Service Need	**# Households Assessed**	**% of Total**	**# Households Assessed**	**% of Total**
Diversion	402	12%	217	6%
Rapid Rehousing (RRH)	2,047	60%	1,718	52%
Permanent Supportive Housing (PSH)	962	28%	1,393	42%
Total	**3,411**	**100%**	**3,328**	**100%**



[31] Oregon Public Broadcasting article Here are some solutions to homelessness in Oregon, October 10, 2023.

The use of Rapid Rehousing funding is severely restricted by lack of affordable rental properties. More than 1,700 units are necessary to fill this need. Forty-two percent (42%) of homeless households in 2022-23 required PSH. Close to 1,393 new units with accompanying supportive services are necessary to fill this need.

As of October 2, 2023, Salem Housing Authority's Yaquina Hall has leased almost all the 52 units on site. By transferring to these much-needed housing units, more temporary emergency shelter beds are available for those in need. Sequoia Crossings opens in January 2024 with 60 new units.[32]

3.4. Goal 6: Health and Safety

Address physical and mental health and safety issues relating to homelessness.

A report by Oregon Health Authority (OHA) shows health care costs have increased dramatically in recent years, with Oregonians spending 22% of their household budgets on insurance premiums, prescription drugs and over-the-counter health care items in 2021. Personal spending on health care is approaching $8,000 per person in Oregon, an increase of 40% since 2013.

Data show 16% of American Indian or Alaska Native people and 18% of Latinx people in Oregon report using all their savings on medical bills, compared to 9% of white people in the state.[33]

The CoC's Health & Safety Subcommittee was created in 2021 to facilitate conversations between health (including public health) and housing (including street outreach and shelter providers) around critical health issues including infectious disease prevention. Healthcare organizations work together with homeless services providers to address health and safety issues among people experiencing homelessness.

3.4.1 Social Determinants of Health

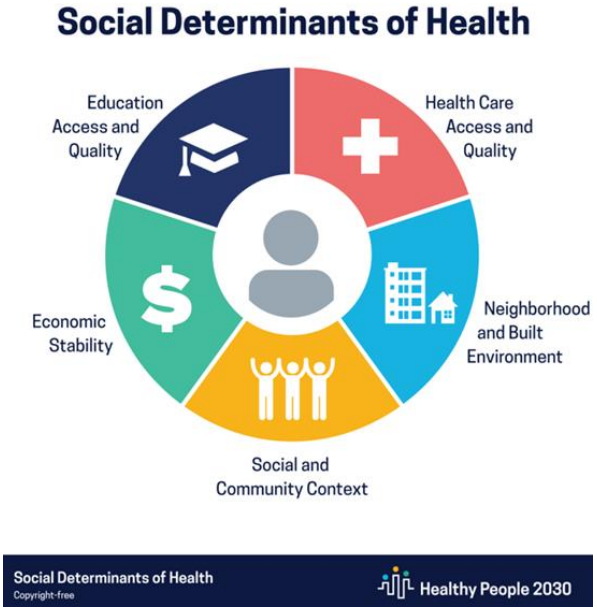
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

The U.S. Department of Health and Human Services *Healthy People 2030*[34] 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

[32] Responding to Our Sheltering Crisis: Managing and Ending Homelessness in Salem, City of Salem website
[33] Health-related spending dominates Oregon household budgets Oregon Health Authority news release, September 7, 2023
[34] U.S. Department of Health and Human Services Department of Disease Prevention and Promotion, Healthy People 2030

- 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.[35]

3.4.2 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.[36]

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

Oregon data shows the percentage 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.

[35] Healthy People 2030, U.S. Department of Health and Human Services
[36] National Alliance on Mental Health website

3.4.3 Health Disorders and Disabilities Among People Experiencing Homelessness.

Of the 4,424 people assessed as homeless in need of housing in the Marion County and Polk County region during 2022-2023, 49% reported having a mental health disorder, more than one-third (38%) had a physical disability, more than one-third (37%) 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 24% had a developmental disability.

Health Condition	**# People**	**% People**
Mental Health Disorder	2,165	49%
Physical Disability	1,663	38%
Chronic Health Condition	1,649	37%
Alcohol Use Disorder, Drug Use Disorder, or Both A/D Use Disorder	1,202	27%
Developmental Disability	1,045	24%
Number of Health Conditions Experienced	**# People**	**% People**
None	1,199	27%
1	735	17%
2	725	16%
3 or more	1,532	35%
Unknown	219	5%

3.5. Goal 7: Homeless Prevention Services

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

3.5.1. The National Alliance to End Homelessness Prevention Guide[37] outlines five basic homelessness prevention principles:

- **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 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.
- **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.

[37] Homelessness Prevention Guide, National Alliance to End Homelessness

- **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.
- **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.
- **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 the person 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.

3.5.2. Financial preparedness is an important buffer for those who encounter unexpected events, such as medical expenses or disruptions from natural disasters. Relatively small, unexpected expenses, such as a car repair or a modest medical bill, can be a hardship for many families.

A 2022 survey conducted by the U.S. Federal Reserve indicates a decline in people's financial well-being over the previous year. The 2022 survey found that self-reported financial well-being was among the lowest levels observed since 2016. It also shows that higher prices have negatively affected most households, though workers continued to experience a strong labor market.

As it relates to housing, survey results show that while some people chose to rent for convenience, the survey found that financial constraints were often a reason why people rent. Nearly two-thirds of renters said that their inability to afford a down payment to buy a home was a reason they rent. This is consistent with levels seen before the pandemic. Some renters indicated they had difficulty keeping up with their rent payments. Seventeen percent of renters were behind on their rent at some point in the prior year.

Consistent with declines in overall financial well-being,

- 63 percent (63%) of adults said they would cover a hypothetical $400 emergency expense exclusively using cash or its equivalent, down from a high of 68 percent in 2021.
- When asked for the largest expense they could cover using only savings, rather than how they would pay a small emergency expense, 18 percent (18%) said the largest expense they could cover with savings was under $100 .
- 14 percent (14%) said the largest expense they could cover was between $100 and $499.

Inflation affected people's spending and saving choices in several different ways.[38]

3.5.3. The Mid-Willamette Valley Community Action Agency's ARCHES program is a primary provider of homeless prevention services in the Marion-Polk region. Other resources include Northwest Human Services, Polk County Family and Community Outreach, faith-based organizations, and others. 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.

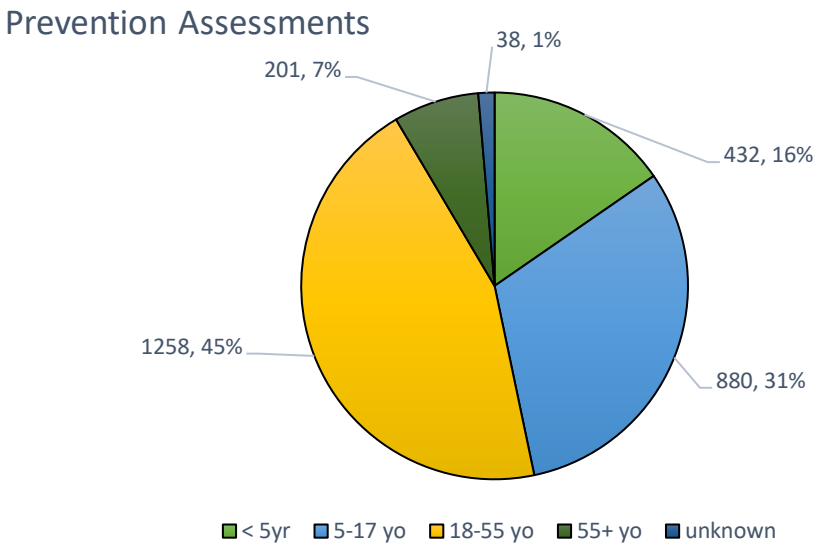
Local, ongoing homeless prevention assistance includes:

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

Prevention Assessments: From July 1, 2022 – June 30, 2023, 2,809 prevention assessments were conducted. Of those,

- 432 individuals were less than 5-years old
- 880 individuals were between 5-17 years old
- 1,258 individuals were 18-55 years old
- 201 individuals were 55+ years old
- There were 38 individuals whose ages are unknown.

[38] Economic Well-Being of U.S. Households in 2022, Fact Sheet, Federal Reserve website



3.6. 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 highlighted in this section. Local services have focused primarily on the following populations:

- Persons experiencing chronic homelessness
- Youth and young adults
- Families
- Veterans
- Persons fleeing domestic violence
- More recently, programs have begun to address the needs of people who are medically fragile, experiencing either chronic or temporary conditions.

3.6.1. Race and Ethnicity

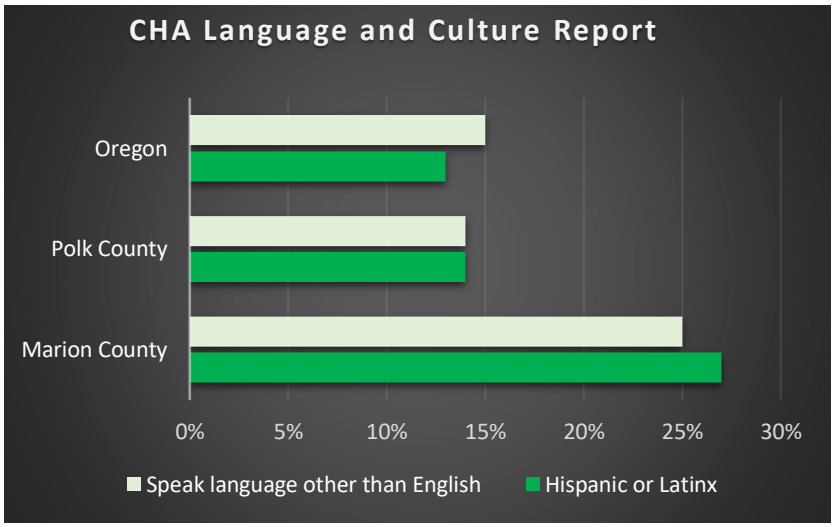
Racial discrimination has been embedded in housing policy for over a century and is one of the main drivers of the nation's housing shortage. While current data show that disparities exist in access to housing and affordability, they do not explain the important history of inequity, the outcomes of which continue to impact communities of color.[39] The historical context of racial

[39] Housing Production in the U.S., Up for Growth, 2022

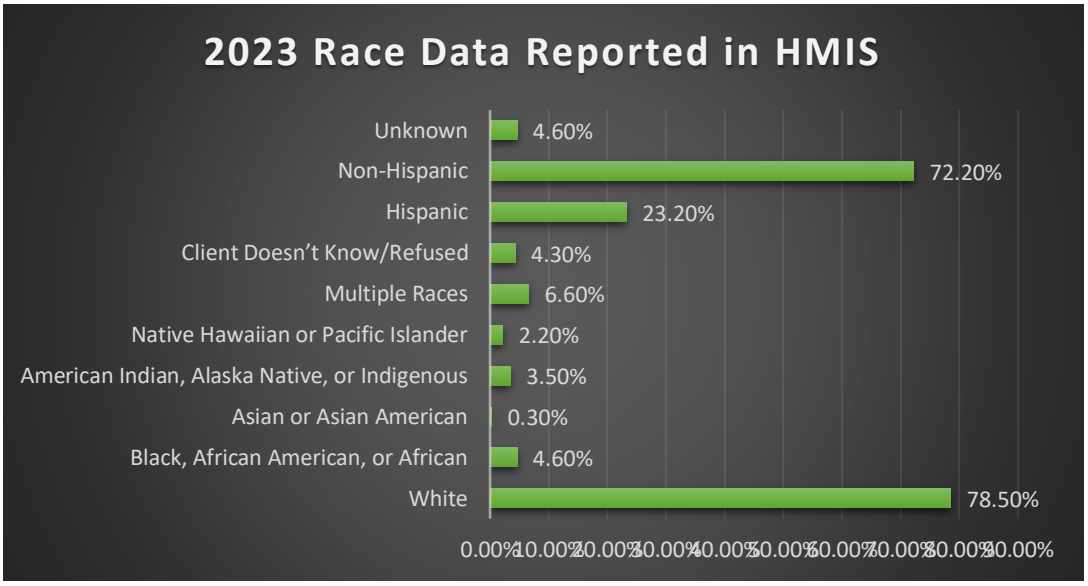
inequities in land-use and housing policy includes exclusionary zoning, racially restrictive covenants, redlining, and urban renewal policies.

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 2023 update of the Community Health Needs Assessment (CHA), about 27% of community members in Marion County identified as Hispanic or Latinx, which was higher than Polk County (14%) and Oregon (13%).[40] Marion County also has a higher proportion of members who identify as multiracial or other race than Polk County and Oregon, and a slightly larger proportion of members who identified as Native Hawaiian or Pacific Islander than Polk County and Oregon. Marion County and Polk County have a higher percentage of members that speak a language other than English at home than reported in 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 are Spanish, Asian or Pacific Islander languages, and Russian.



[40] Marion -Polk 2019 Community Health Assessment, 2023 Update



3.6.2. 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.

An analysis of 1,295 people who were chronically homeless in the community in 2022-2023 (which is 29.4% of that total population) indicates that

- 39% of the people with a mental health disorder are chronically homeless.
- 44% of the people with a chronic health condition are chronically homeless
- 45% of the people with a physical disability are chronically homeless
- 41% of the people with a developmental disability are chronically homeless
- 50% of the people with alcohol use disorder, drug use disorder, or both alcohol/drug use disorder are chronically homeless

The charts on the pages below compare the levels of chronic homelessness of individuals and families in Coordinated Entry in 2021-2022 and 2022-2023.

- There was a slight decrease (87 fewer) in the number of chronically homeless adults living without children, from 1,100 in FY21 to 1,013 in FY 22 which is an 8 percent decrease. This decrease represented by percent of chronically homeless people appears more significant, 62 percent down to 44 percent, because the number of people enrolled in 2023 (2,312 people) is substantially larger than the 1,768 people enrolled in 2022 (a 30% difference).
- The number of chronically homeless households with children increased slightly.

Comparison of chronically homeless individuals reported in HMIS – 2021-2023

	2021-2022	2022-2023	2021-2022	2022-2023	2021-2022	2021-2023
	# People enrolled at any time during 7/1/21-6/30/22	# People enrolled at any time during 7/1/22-6/30/23	# People Chronically Homeless	# People Chronically Homeless	% People Chronically Homeless in Marion-Polk	% People Chronically Homeless in Marion-Polk
Total Homeless	4,326	4,411	1,349	1,301	31%	29%
Youth	1,122	1,238	182	154	16%	12%
Adults	3,135	3,132	1,167	1,137	37%	36%
Adults w/o children	1,768	2,312	1,100	1,013	62%	44%
Number of families	578	624	85	91	15%	15%
# of people in families	2,558	2,038	249	278	10%	14%

Comparison of chronically homeless households reported in HMIS – 2021-2023

	2021-2022	2022-2023	2021-2022	2022-2023	2021-2022	2022-2023
	# Households enrolled at any time during 7/1/21-6/30/22	# Households enrolled at any time during 7/1/22-6/30/23	# Households Chronically Homeless	# Households Chronically Homeless	% Households Chronically Homeless in Marion-Polk	%Households Chronically Homeless in Marion-Polk
Total Homeless	2,743	2,755	927	1,011	34%	37%
Households w/o children	2,160	2,122	841	918	39%	43%
Households with adults + children	578	624	85	91	15%	15%
Children-only households	4	1	1	0	25%	0%

3.6.3. Unsheltered Chronically Homeless

Oregon has the fourth highest percentage of chronically homeless unsheltered individuals. California, Mississippi, and Hawaii had higher rates. Almost 62% of chronically homeless individuals in Oregon were staying in unsheltered locations, a higher unsheltered rate than for all individuals. (AHAR, 2022).[41]

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.

3.6.4. Youth

The federal definition of homelessness determines which programs are eligible for federal funding and who may receive assistance. Currently, no single federal definition of homelessness exists, and multiple definitions have resulted in youth experiencing homelessness being undercounted and not prioritized. As a result, homeless service providers turn away young people daily because their resources do not meet what is needed to support the enormous number of youth experiencing homelessness.[42]

Students who "lack a fixed, regular and adequate nighttime residence" are experiencing homelessness. This includes youth and families who are doubling up (sharing housing with one or more families or couch surfing), living in transitional or emergency shelters, staying in hotels/motels, or sleeping in cars, camps or a place not designated for sleeping. Some are unaccompanied youth (not in the physical custody of a parent or guardian). A McKinney Vento liaison in each school district provides support to students experiencing homelessness and reports on the number of students served.[43] On average, per school year in 2018-2022, 213 students in rural Polk County experienced homelessness.

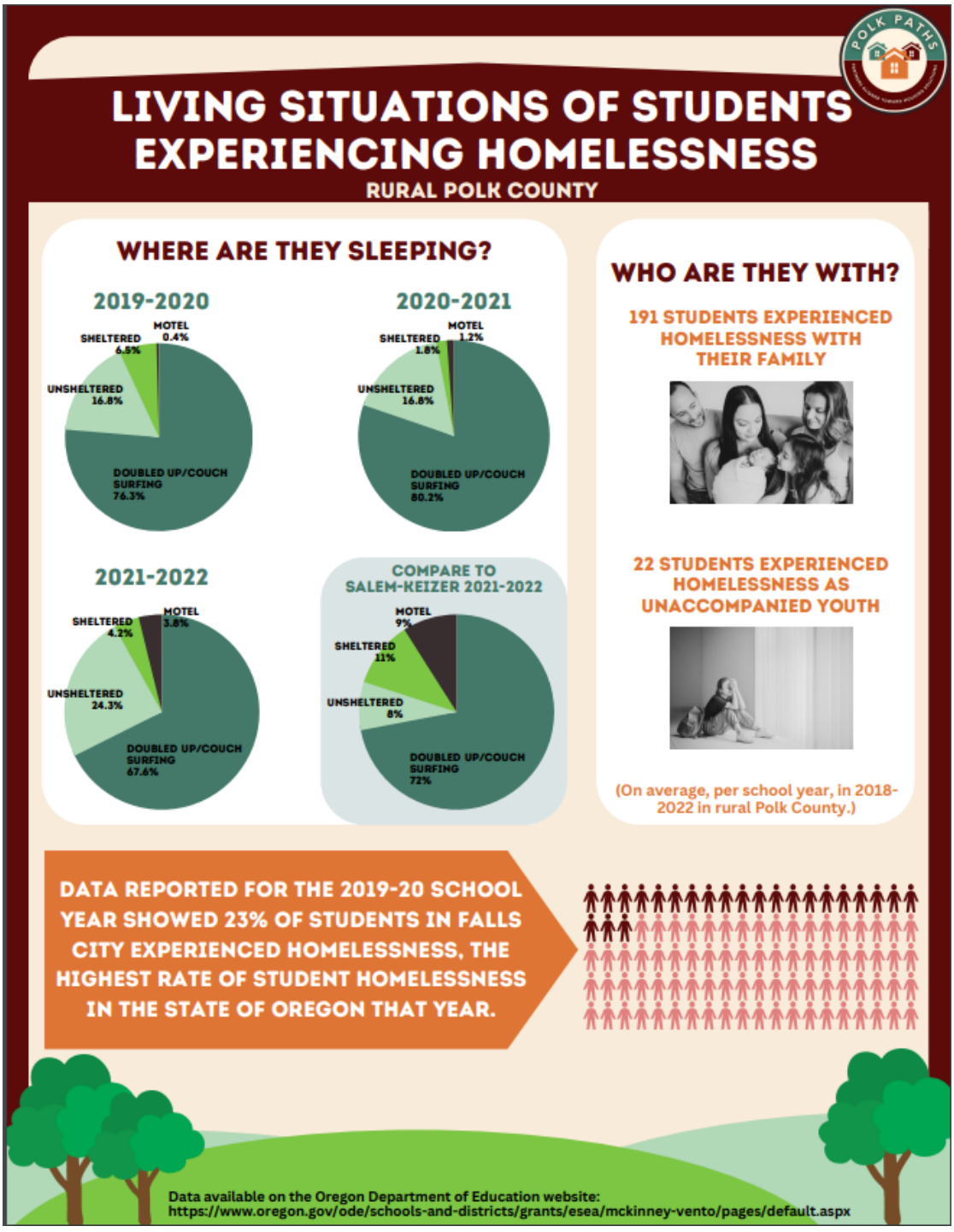
In 2021, the CoC created a Youth Action Board (YAB), composed of up to twenty individuals under the age of 25 with lived experience of homelessness. The YAB and its members were pivotal in designing the CoC's comprehensive plan to end youth homelessness and continue to guide its implementation.

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.

[41] The 2022 Annual Homelessness Assessment Report (AHAR) to Congress
[42] National Network for Youth policy brief, LGBTQ+ Youth Homelessness, Spring 2023
[43] Rural Polk County McKinney Vento Student Data report

In 2022-23 there were 280 unaccompanied youth and young adults younger than 25 years of age experiencing homelessness, 68 of whom were parenting.

Unaccompanied youth 13-17 yrs.	Unaccompanied parenting youth 13-17 yrs.	Unaccompanied youth 18-24 yrs.	Unaccompanied parenting youth 18-24 yrs.
18	2	262	66



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. 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.

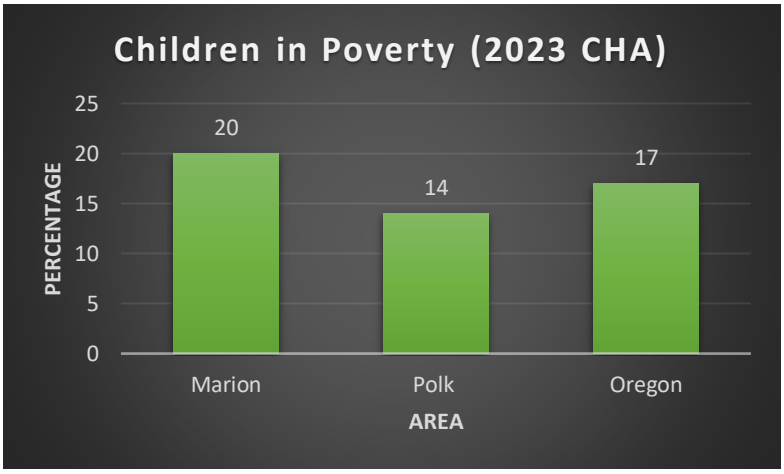
A recap of service gaps for unaccompanied youth and young adults in rural areas of the region shows the following:

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.

3.6.5. Families

Roughly 20% of children were living in poverty in Marion, compared to 14% in Polk and 17% in Oregon. In the community, a higher proportion of females were living in poverty than males, and members who identified as a race or ethnicity other than White, non-Hispanic/Latina(o) had higher poverty rates as well. [2023 CHA]



2022-2023 Coordinated Entry data shows that 15% of Marion-Polk homeless families (91 families) were chronically homeless. (see table on page 49),

Shelter options for families

Through funding from the Governor's Executive Order No. 23.02 (EO), 78 new low barrier EO-funded family shelter beds are scheduled to open by the end of 2023 (this includes expansions and a new family shelter operated by MWVCAA). SafeSleep also serves women with children, but not designated family shelter beds, per se.

Executive Order No. 23.02		
Organization	**Project**	**Beds**
Church at the Park	Shelter in Polk County	40
Church at the Park	Young Adult Shelter, Salem	38
United Way of the Mid-Willamette Valley	SafeSleep Expansion	31
Center for Hope & Safety	Family Shelter Renovation, Salem	10
Mid-Willamette Valley Community Action Agency	Family Shelter Renovation /Operations, Salem	36
Catholic Community Services	Family shelter Renovation, Salem	32
Sheltering Silverton	Shelter Expansion and Operations, Silverton	20
	Total	**207**

3.6.6. Veterans

During the 7/1/22-6/30/23 year, 230 Veterans experienced homelessness.

ARCHES Lodge, a former hotel in northeast Salem, will be opening soon for Veterans and other people in need of shelter. The shelter's target demographics are veterans and people with acute health needs, including unsheltered people being released from clinics or emergency rooms, who are not in need of nursing assistance on-site. The shelter always has staff on site and offers program referrals including addiction treatment and mental health treatment, as well as help getting residents referred for medical care, job training and opportunities to move into permanent affordable housing.[44]

[44] Responding to Our Sheltering Crisis: Managing and Ending Homelessness in Salem, City of Salem website

The YMCA of Marion and Polk Counties will open an affordable housing apartment complex in Salem, in 2023. Courtney Place Veterans Housing will have 34 1- and 2-bedroom units and will serve Salem veterans and residents that can demonstrate an area median income of 60% or below the poverty line. Veterans will be identified and referred to the project via the regional Continuum of Care's Coordinated Entry process. This project will also partner with Mid-Willamette Community Action Agency's ARCHES project to provide comprehensive on-site services for the residing veterans.[45]

3.6.7. Survivors Of Domestic Violence, Sexual Assault & Human Trafficking

The CoC consults with CHS and Sable House to ensure the region's housing and services are trauma informed, survivor driven, and can meet survivor needs. Due to the large number of survivors in the region, not everyone will access CHS or Sable House services. It is critically important that all providers gain the skills needed to provide trauma-informed services.

Of the 4,424 adults (18+ yrs.) assessed, 1,404 were fleeing domestic violence at the time of their assessment. Of the children (<18 yrs.) assessed, 129 were fleeing domestic violence.

3.6.8. Seniors

Elder homelessness "is increasing dramatically right now," says Jeff Olivet, executive director of the U.S. Interagency Council on Homelessness. "Seniors over the age of 55 are likely the fastest-growing group of people experiencing homelessness … and for many of them, it is first-time homelessness." The reasons are complex. As the population ages, more people are at risk of poverty, more will survive the death of a partner and more will subsist on limited incomes while housing costs skyrocket in many communities. Pandemic housing protections and assistance have mostly expired. In addition, many people with stagnant incomes are of retirement age or working part-time, hourly jobs or positions with little potential for raises, Olivet says.[46]

Many older Oregonians are entitled to Social Security benefits. However, these benefits (currently $1,550.48 average 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.[47]

Of the 4,424 Marion-Polk residents assessed for homelessness from July 1, 2022, through June 30, 2023, 750 were 55+ yrs.

Of those assessed for homeless prevention, 201 individuals were 55+ years old.

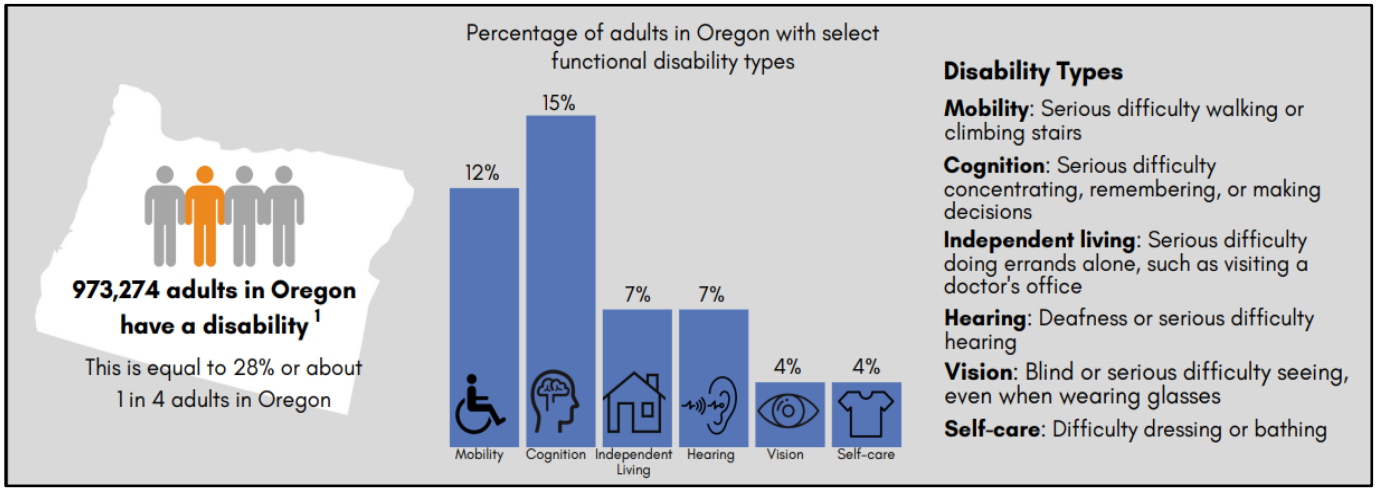
[45] YMCA of Marion and Polk Counties, Courtney Place website

[46] AARP The Graying of America's Homeless: An Alarming Trend Number of unhoused people 65 and older could triple by 2030, Dec. 20, 2022

[47] United Way of the Mid-Willamette Valley, Cottages United Program

3.6.9. People Living with Disability

The Centers for Disease Control and Prevention's *Disability & Health U.S. State Profile Data for Oregon (Adults 18+ years of age)* indicates that about one in four adults in Oregon have a disability.[48]



Data source: 2021 Behavioral Risk Factor Surveillance System (BRFSS)

About 15% of community members are living with a disability, which has been decreasing over time. The most common types of disabilities in the community were difficulties walking, living alone, or cognitive. [CHA, 2023]

Section 3.4.3 of this report gives an overview of health disorders and disabilities among people experiencing homelessness.

3.6.10. LGBTQIA+ People

Data from the MAP - movement advancement project, an independent, nonprofit think tank. We work to create a thriving, inclusive, and equitable America where all people have a fair chance to pursue health and happiness, earn a living, take care of the ones they love, be safe in their communities, and participate in civic life.

[48] The Centers for Disease Control and Prevention's Disability & Health U.S. State Profile Data for Oregon (Adults 18+ years of age)

A June 30, 2023, report from the National League of Cities[49] stated the following

- Nationally, lesbian, gay, bisexual, transgender, and queer (LGBTQ) Americans experience housing instability and inequitable housing access at higher rates than their non-LGBTQ counterparts. Especially salient is the unstable housing conditions that LGBTQ youth face, often resulting in homelessness. LGBTQ youth (age 18-25) face 2.2 times greater risk of homelessness than non-LGBT youth, with 28 percent of LGBTQ youth reporting they have experienced homelessness or housing instability at some point in life.

- Youth who are in search of emergency housing options face many barriers to accessing safe and stable housing, such as lack of financial stability, lack of rental history, or the ability to sign a lease without parental consent. Nearly 40 percent of all homeless youth identify as LGBTQ+, and family rejection was a major factor of homelessness for 68 percent of those cases.

- Though LGBTQ youth homelessness is a crisis at the forefront of housing challenges facing the country, it is important to recognize that LGBTQ people of all ages face disparities in accessing stable housing and through the housing application process.

- While LGBTQ discrimination is especially conspicuous in the rental market, discriminatory practices can still exist for LGBT homeowners and prospective homebuyers. Homeownership rates of single LGBT adults are significantly lower than their non-LGBT counterparts.

- Same-sex couples are significantly less likely to own their homes than different-sex couples (63.8 percent and 75.1 percent respectively). Same-sex couples also face discrimination by mortgage lenders; same-sex couples experience a 3 to 8 percent lower approval rate and higher interest rates and fees.

- LGBT youth and adults alike also face difficulty accessing homeless intervention services (such as shelter services) due to harassment, violence, sex-segregated facilities, and inadequately trained staff.

- LGBTQIA+ people of color face housing discrimination and youth homelessness at higher rates compared to white LGBTQIA+ counterparts. Nearly half (44 percent) of Indigenous LGBTQ youth reported experiencing homelessness or housing instability at some point in life.

[49] The National League of Cities Housing For: LGBTQIA+, June 30, 2023

- 44 percent of LGBTQ people of color report that discrimination has affected their ability to rent or purchase a home to some degree, compared to 32 percent of white LGBTQ respondents reporting the same.

The National Network for Youth's policy brief on LGBTQ+ Youth Homelessness reports that LGBTQ+ youth are less likely to stay in a shelter and more likely to sleep in public or at the home of a stranger than their straight, cisgender peers.

- Life on the streets is dangerous for all young people; however, LGBTQ+ young adults experiencing homelessness are more likely to be victims of physical or sexual assault and are more likely to exchange sex for money, food, or a place to stay than their straight, cisgender peers. Investing in a young person's life enables them to avoid chronic homelessness, intergenerational poverty cycles, and pervasive trauma.
- Programs designed to keep children and youth off the streets, such as foster care, health centers, and other youth-serving institutions, are often ill-prepared or unsafe for LGBTQ+ due to institutional prejudice, lack of provider and foster parent training, and discrimination against LGBTQ+ youth by adults and peers.[50]

The National League of Cities outlined considerations to better support LGBTQIA+ communities.
• Collaborate with nonprofit organizations or private providers to provide LGBTQIA+ housing and supportive services
• Provide training for staff at agencies and partner organizations providing housing, child welfare, homelessness services, etc. to the LGBTQIA+ population
• Enhance data collection on housing issues faced by and initiatives supportive of the LGBTQIA+ community to better craft evidence-based, targeted policy solutions and programming
• Expand local Fair Housing and anti-discrimination laws to cover more protected classes and provide legal protections on the basis of sexual orientation and gender-identity
• Further develop LGBTQIA+-specific housing programs and services to offer targeted supports, especially for LGBTQIA+ youth experiencing homelessness

3.6.11. Farmworkers

In 2022-23 (July-June) ARCHES had a total of 574 individuals (children, youth, and adults) enrolled in its Farmworker Outreach program, with

- 190 of those being adults without children,
- 2 in "youth only households,"
- 382 in families with both adults and children.
- Throughout that year, 242 people were contacted just once, and 5 people were contacted 2-5 times.

[50] National Network for Youth policy brief, LGBTQ+ Youth Homelessness, Spring 2023

> Oregon Public Broadcasting recently reported that more than 100,000 farmworkers power Oregon's $42 billion agriculture economy. But that labor force is facing a housing market that's either substandard or inaccessible, according to a recent report by the Oregon Housing and Community Services Department.

The department interviewed farmworkers, farmers, and organizations in Morrow County and other agricultural areas across Oregon to assess the state of farmworker housing. The report concluded that farmworkers would need help on both ends of the affordable housing crisis: They need better pay to afford housing and more affordable housing needs to be built.

The housing situation for many farm workers isn't ideal. On-farm housing is limited so most have to commute from private housing. Farmworkers from across the state reported poor housing conditions: broken appliances and electrical systems, damaged structures, pest infestations and unsanitary conditions.[51]

Farmworker homes are overcrowded. More than three out of every four farmworkers reported living in overcrowded conditions. According to a Morrow County farmworker living with five other non-relatives in a trailer she owns, poor living conditions have negative impacts.

3.6.12. Rural Communities

Polk County employed a new methodology to the 2023 PIT Count that resulted in a dramatic increase in the number of homeless individuals that the county was able to connect with and provide services to during the Count. Polk County hosted a Community Connect event through collaboration with community partners to bring direct services to those who attended the event, and then were able to connect people with needed county and community services.[52] The county expanded its survey beyond the required HUD PIT Count survey to ask questions that provided valuable local information for service providers and policy makers.

Partners aligned toward housing solutions (PATHS), an advisory board that was established in rural Polk County in 2022 to coordinate and strengthen the local homeless response is developing a 5-year strategic plan to prevent and address homelessness in rural Polk County.

See Section 3, Table E below for a view of the gaps in rural services in Marion County.

[51] 'We are souls in the dark': Farmworkers share Oregon housing challenges in new state report, OPB, July 16, 2023
[52] County uses more reliable homeless count, Polk County Itemizer-Observer, March 15, 2023

3.7. Section Three – Homeless Services Delivery System Gaps – Areas for Improvement

Research for this needs assessment included interviews with community partners to get input on experience in the community that the data may not reflect. Tables A through F below provide input from partners actively engaged with the Alliance. Table G highlights system infrastructure gaps identified through data, MWVHA reports, and consultation with the Alliance.

A. Service delivery gaps from the perspective of a shelter provider
• There are people that shelters cannot serve because of their behaviors that result from mental health issues. Staff are not equipped to deal with severe mental health situations and to keep the shelter safe for others, there are some people that cannot stay in a shelter. • Recommend a shelter providers peer group that would support organizations in the work they do. • Recommend having Collaborative Committee meetings/minutes reflect the coordinated system – if an organization is doing innovative things, others could benefit from the tools/strategies that work, funding opportunity notices, and general peer support. • Shelters are not equipped to handle addiction, mental illness, people who need caregivers, people who need bathroom help, aging populations, and people with high mental/physical needs.

B. Service delivery gaps from the perspective of a street outreach provider
• Street outreach looks different for every individual because every individual has unique needs. Medical and mental health, and addiction services are needed for many of the people experiencing chronic homelessness. Serving this population is not a one-size-fits-all solution. • Housing First does not work for everyone. Many people need ongoing wrap-around services that are limited in the Housing First model. • Transitional housing is needed so people can develop a foundation before moving on to permanent housing. • Low barrier shelters are needed to get people off the streets. Many shelters have rules that limit entrance. Instead of using drug/alcohol use as a barrier, programs could evaluate safety and behaviors – if a person acts appropriately even if intoxicated, they should be able to stay. • On September 28, 2023, there were 28-30 camps in Salem and the immediate surrounding area. Camps can have 2-5 people and up to 100s of people. Unsheltered living in Salem is not a new situation, there have been established camps in some areas since the 1980s. Outreach workers check in with the most medically at-risk in the camps. What we know about the unsheltered need in the community comes from HMIS (and PIT) data and not all outreach organizations use HMIS. • Many chronically unsheltered people have systemic trauma so engaging with outreach workers or doing a Coordinated Entry assessment is difficult. Relationships and trust are needed. It is difficult for people to get to CE assessment sites. It is recommended that CE be done at remote locations by trusted outreach workers. • The sustainability of providing much needed services to people living in camps is questionable. There are not enough outreach workers to engage with all those needing assistance. People at the forefront of helping the unsheltered need fair wages and other supports for the hard work they do. • Having more people VOCA (victims of crime advocates) trained would be beneficial to the system of services.

C. Service delivery gaps from the perspective of a youth services provider

- Identification of homelessness is different between youth and adults and youth sometimes don't qualify for (HUD) homeless services even though for all intents and purposes they are homeless. Youth are often "doubled-up" (staying with a friend) so technically they are housed, however housing may be temporary and sporadic as youth leave unsafe home situations. It's difficult to know what is available to help them.
- Family shelters/housing are needed.
- Youth transitional housing is needed.
- Youth shelters are needed. Progress is being made in this area however the problem of youth homelessness is bigger than the data indicates.
- It is important to keep people in their communities rather than having to send them to a different area to receive the services they need – mental health support, housing, shelters, other support. Sometimes school and after-school activities are the only positive places youth have in their lives and missing out on these opportunities because they have to relocate for services creates additional trauma as they are further marginalized from their communities.
- The same is true for families experiencing homelessness that seek shelter/housing in a different city. These families miss out on being part of their community – school conferences, PTA activities, community events, etc. This separation creates a barrier that makes it difficult to get back to "normal".
- We need to stop the trauma cycle. More local support for homeless families with children and "couch-surfing" youth is needed.
- Increased advocacy to landlords is needed to encourage landlords to take housing vouchers. Having incentives for landlords would be helpful. Explore programs to determine what is available.
- Housing vouchers do not cover the cost of local housing. Explore ways to supplement the gap in affordability.
- The Gate, a faith-based organization in Independence/Monmouth is the only afterschool program for youth in Polk County. Some youth shy away from faith-based organizations. Creating safe spaces where youth can feel connected is important. Youth don't freely share their stories and having a space where they can foster relationships can lead to them getting services they need.
- Recommend developing a youth mentorship program. Peer support has been successful in the past and there isn't a peer support program now. Connecting with Western Oregon University could be a good option.
- Providing youth services is difficult because of guardianship issues. Explore ways to better engage youth in activities to prevent youth in difficult situations from becoming homeless.
- Safe Families for Children is a good model for helping families avoid involvement with child welfare. Explore options like Safe Families for supporting the families in the community.

D. Service delivery gaps from the perspective of a domestic violence program provider

- The Center for Hope and Safety (CHS) shelter supports people actively fleeing domestic violence (DV), sexual assault (SA), stalking, and human trafficking. CHS's shelter and services need to remain focused on this population of actively fleeing survivors to continue providing the unique trauma informed and safety specific services necessary for survivors. CHS is the expert in overcoming the safety concerns related to fleeing a dangerous partner and they always want to get individuals who have been chronically homeless connected with agencies and programs that are experts in working with those populations. There will be cross-over at times, and CHS works in collaboration with community partners to reduce barriers for those who have had past DV/SA experiences by training other agencies on how to support victims and survivors within their programs. While CHS would like to be able to provide services for individuals whose primary issue is being chronically homeless, doing so would mean significantly expanding the organization to incorporate a different service model.
- CHS is experiencing increased call volume from people seeking shelter that are not DV/SA survivors, with notable increases in calls when there are sweeps of encampments in Salem. The non-victim related calls increase the workload for CHS staff who try to find other resources for the caller. Sometimes a person is referred by an agency that is then frustrated because their client doesn't get services when that person is not the right fit for the DV/SA programs. The lack of shelter options in the community sometimes means that people are trying to get into any shelter when there is not an option of the right shelter for their needs.
- CHS is seeing an increased need for mental health and addiction services. Over the years, the demographics of people seeking support after a DV/SA incident has changed and survivors now have a greater need for many services to overcome their barriers to safety. Like comorbidity in healthcare, people seeking CHS services often have multiple complications in their lives.
- There is a communitywide need for support and encouragement for support staff when they have had to deal with difficult situations. The work is challenging and often the stories are difficult to hear, especially when the scope of resources to help are not available. CHS is always looking for greater opportunities for staff to receive additional training (outside of what their organization offers) to learn how to better support clients, especially those with mental health situations. Sometimes, because of their mental health situation, the survivor's perception of reality makes it difficult to provide services (for example, they believe they are being sexually assaulted by people coming through their home appliances or other improbable means). While CHS recognizes this is their reality, it is difficult to provide the best resources and CHS staff as they are not trained mental health professionals. The Psychiatric Crisis Center has provided support and training for staff in the past.
- Having a support network of shelter providers would be beneficial. Building a partnership of shelter providers that breaks down silos and creates an environment for sharing best practices, training, and other opportunities would be a valuable tool for creating a comprehensive system of support.

E. Service delivery gaps from the perspective of a rural community partner

- Rural family shelter options are needed. The general overnight shelter is not a good option for children. Family shelter waiting lists are too long. Families are experiencing significant trauma as they wait for shelter. Smaller, well-dispersed family shelters are needed to stop the trauma of street homelessness.
- Teen services and a 24-hr. teen shelter are needed. Sending rural youth to an urban setting for services is not a good option for the youth who are then disconnected from their home community and support systems. Sending youth from their community to receive shelter and services takes them away from their school and school activities, and possibly their employment, which may be the only support that person has. It further disrupts their stability.
- Rural domestic violence services are needed so people can stay near their support system (if safe) to keep them from being disconnected from their home community. Moving may disrupt their employment and create additional trauma and barriers. Understanding how to better serve rural DV clients is necessary for a providing comprehensive system of services.
- Mental/behavioral health services are not adequate in rural areas. Some people have extreme mental health situations that lead to removal from shelter for non-compliance, yet they are unable to comply. There needs to be a place for these individuals to go. Having mental health programs in the community to refer people to is necessary for meeting people where they are.
- There has been difficulty accessing rapid rehousing and prevention services for rural clients.
- Ensuring that there is organizational capacity for operating programs is essential to their success. Evaluation of program capacity is necessary before new programs are taken on that need additional funding/staffing to fulfill the purpose of the program. While the vision is there, if the capacity is not, the program is destined to fail.
- Coordinated Entry is not leading to housing for rural clients.
- Permanent supportive housing works well at the Salem Housing Authority but not for rural communities where the same resources are not available.
- Marion County mental health and addiction services are siloed, people needing both services get to participate in one program or the other but do not get access to both. Consider ways to get people both the mental health and addiction help that they need. It is difficult for clients to get appointments for county mental health services. Many people are desperate for residential treatment programs.
- The community needs to focus on using a client-centered filter/equity lens.
- Staffing is difficult for service provider organizations who are dealing with how to care for and retain support staff through the hard work they do. Burnout is an issue, especially when staff must deal with the demands of individuals with extreme mental/physical/behavioral health needs and the services and support are not easy to access or readily available. How do “we” take care of the people who are taking care of the people?

F. Service delivery gaps from the perspective of a McKinney Vento liaison

- Last year there were 120 homeless youth identified district wide (Silverton School District). As of October 25, 2023, there were 90 homeless youth identified, 34 of them are unaccompanied.
- Youth shelters and family shelters are needed in rural communities. Unaccompanied students stay in vehicles, couch surf, or stay on the street.
- Support resources are needed for youth in rural communities. Silverton partners are good; their resources are limited.
- Keeping youth engaged is difficult – a mentoring program to help guide youth through school is needed.
- High rents and job insecurity create a financial burden for youth.
- McKinney Vento funding is limited to the services that can be provided. The program can assist with transportation to keep youth in school. This becomes difficult when youth leave their community to find shelter elsewhere because of the lack of local resources.
- Schools have different options for different students and guardianship can sometimes create a barrier for youth in difficult home situations.

G. Service delivery gaps experienced by the Review and Ranking Subcommittee
(From the Performance & Evaluation Committee Annual Report, January 12, 2023)

NOTE: This subcommittee has since become the Review and Recommendations Committee

- Connection back to the board is important
  - Value add to include board members on the subcommittee
  - The board would benefit from hearing from the projects directly
  - Performance and Evaluation Committee could develop a framework to enable the board to have greater visibility into funded project performance
  - Per the focus of the Special NOFO (2022), there is opportunity to better connect health and housing partners (this need was evident in the applications)
  - Should leverage the Health & Safety Subcommittee
  - There is need for cross-committee consultation to identify local priorities that the annual RFP should focus on (HUD requirement)
  - To enable the above, greater organizational capacity and board direction are required
  - Long term sustainable funding for programs. What will happen in the community if funding for critical programs ends?

https://mwvhomelessalliance.org/wp-content/uploads/2023/03/PE-Annual-Report_final.pdf

H. General service delivery gaps

- Alliance Goal 8 focuses on addressing the unique needs and characteristics of specific populations. This is crucial to providing person-centered, appropriate care that will triage the unique needs of individuals experiencing homelessness. Service gaps are extensive and local services have focused primarily on the following populations Persons experiencing chronic homelessness
  - Youth and young adults
  - Families
  - Veterans
  - Persons fleeing domestic violence
  - More recently, programs have begun to address the needs of people who are medically fragile, experiencing chronic or temporary conditions

  Focusing on the groups listed above has led to expansion of services for each group and the need for these groups remains high. There is a gap in services available for culturally specific groups, rural youth and families, LGBTQ+ people, and seniors experiencing homelessness.

- There is a limited supply of affordable housing, emergency shelters, transitional housing, and permanent supportive housing and community resources to facilitate the production and operation of each of these categories.

Service Delivery Recommendations

1. Housing/shelter needs
    a. Increase the supply of affordable housing with consideration for the growing needs of an aging population
    b. Low barrier shelter options are needed to assure safety for the unsheltered
    c. Transitional housing is needed to provide stability for people as they access other services
    d. Once the 78 new low barrier EO-funded family shelter beds open, assess the need for additional family shelter
    e. Plan for youth shelter(s) especially in rural areas

2. 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.

3. Homeless prevention 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. 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.
    a. Assess current prevention programs to determine areas for improvement.
    b. Consider culturally specific outreach and interventions to ensure equity in homeless prevention services.

4. Permanent Housing
    a. More than 1,700 rental units are needed to fill the gap for households in need of Rapid Rehousing.
    b. More than 1,300 new units – with accompanying supportive services – are needed to fill the gap in Permanent Supportive Housing.

5. Health and Safety
    a. Improve discharge planning and coordination to ensure that housing insecure persons leaving hospitals and care facilities connect with service providers and not discharged to the street.
    b. Explore ways to better connect unsheltered homeless individuals with needed mental and behavioral health services.
    c. Critical wrap-around services are needed to promote health and housing stability. This includes extremely limited integration of health and housing services.

6. Community partner expertise and perspective has been offered as an addition to core data to highlight needs that are experienced in the community. Consider the input and suggestions from the community partner subject matter experts when engaging in strategic planning.