BOS Master Grant Agreements

Clatsop County

Part 1: Community Engagement and Data Review

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

In Clatsop County, our approach to addressing homelessness is driven by community engagement and collaboration. We recognize the importance of actively involving individuals experiencing homelessness, frontline service providers, and groups at high risk of homelessness in shaping our programs and priorities. Through ongoing needs assessments and feedback from the community, we identify gaps in services and work towards targeted solutions.

During the COVID-19 pandemic, a collaborative county-wide network, including the Regional Food Bank (RFB), local Hospitals, the County Department of Public Health, CCA Social Service and Community Resource teams, Clatsop Behavioral Health, the Harbor, LiFEBoat services and more responded swiftly to the increased demands for food, medical services, personal care products, and housing resources resulting from job losses and closures.

We also acknowledge the specific challenges faced by survivors of domestic violence during the pandemic. The severity of violence experienced by survivors increased, leading to a greater need for emergency shelter. However, the housing crisis and limited availability of affordable housing meant longer stays in shelter, resulting in fewer survivors being able to access these services. The Harbor, working closely with partners such as the County, CCA, CBH, hospitals, and DHS, collaborated to leverage available resources and provide the best possible outcomes for survivors. Culturally specific services were also provided to the Latine/x and 2SLGBTQIA+ populations, guided by an advisory group consisting of members from the Latine/x community.

Maintaining accountability to the communities we serve is a core value for all of our community stakeholders. We prioritize ongoing engagement and communication by actively seeking input from clients and service providers. By continuously assessing needs, resources, and the quality of care, we are better able to address gaps and adapt our services accordingly. Our collective goal is to connect individuals to the best available resources, strengthen existing networks, and forge new partnerships when necessary.

To ensure accountability and coordination, we establish Memorandum of Understanding agreements with key agencies and partners. These agreements define responsibilities and expectations, fostering a collaborative environment. Through inter-agency reporting, metrics analysis, and regular meetings, we assess the impact of our programs and make informed decisions to improve and adapt.

Our collective commitment extends beyond short-term interventions. We strive for the long-term health and stability of vulnerable residents and their families. Through active community engagement and continuous assessment of needs, we develop effective and sustainable solutions to address homelessness in Clatsop County.

The Clatsop County community has been working together for years to find solutions around the issue of homelessness. Initiatives such as the County-wide Homeless Liaison position, created based on recommendations from the City of Astoria led Homeless Solutions Task Force, demonstrate the collaborative efforts throughout our communities. This position, currently housed under CCA, directly communicates with unsheltered individuals county-wide on a daily basis to identify barriers and needed resources, guiding them towards housing and services. An Advisory Committee consisting of stakeholders throughout the county regularly reviews activities and provides feedback on priorities, ensuring a community-driven approach.

In Clatsop County, community partnership and collaboration are at the heart of our work. One example is CCA's Community Resource Program, where on-site and mobile resources are provided for patients of Columbia Memorial Hospital and Providence Hospital and clinics, ensuring that individuals have access to the support they need.

The commitment of collaboration extends further through ongoing engagement and regular meetings with numerous community stakeholders and social service providers. These collaborations strengthen our partnerships and enable our county collectively to better address the complex challenges of homelessness county-wide.

Furthermore, we have actively collaborated on the 2022 Community Health Needs Assessment, demonstrating our shared dedication to addressing the health and social needs of our community. By working together, we can make a significant impact and create positive change in Clatsop County.

In Clatsop County, community partnership and collaboration are at the heart of our approach. Together, through collaborative efforts, active community engagement, and data-driven decision-making, we are committed to creating lasting change and working towards a future where homelessness is a solvable issue in Clatsop County.

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

Estimates of the Homeless Population by County – Oregon Health Authority

Oregon Statewide Homelessness Estimates

Oregon Statewide Shelter Study

Oregon Point in Time Dashboard

See Attached file: MAC-PIT.excerpt.xlsx

Part 2: Impact Analysis

3) How many people experiencing unsheltered homelessness did your community house in 2022?

   206

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

   a. Subpopulation 1:

   Individuals with Mental Health / Substance Use Disorder

   b. Subpopulation 2:

   Individuals and Families Fleeing Domestic Violence

   c. Subpopulation 3:x

   Youth

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

   Less than 2%

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

   Less than 2%

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

   2-4

8) What culturally specific services are available and accessible to each of the three groups of people experiencing unsheltered homelessness in your community?
   a. Subpopulation 1: Individuals with Mental Health and/or Substance Use Disorder

   Clatsop Behavioral Health (mobile crisis, medication assisted treatment, counseling, recovery allies, transitional housing and shelter referrals, street outreach)

   Helping Hands Rapid Re Entry (emergency shelter, re-entry program [supported transitional housing])

   CCA (Home to the county-wide collaborative Homeless Liaison street outreach program, housing programs and pending shelter support)

Iron Tribe network- Provides peer support, housing and family reunification services to individuals and families in recovery from substance use disorder.

Restoration House- Provides case management and housing support services to men with co-occurring disorders including substance abuse and significant psychological/behavioral issues.

LiFEBoat Services (navigation and meal services, street outreach)

Clatsop County Department of Public Health (Harm reduction services including needle exchange and Narcan distribution, street outreach, and mobile clinic services)

    b. Subpopulation 2: Individuals and Families Fleeing Domestic Violence

The Harbor – Culturally-specific programming geared toward supporting survivors of domestic violence (Advocacy, Education, Outreach, Re-Location Assistance, Emergency Shelter, Support Groups)

    c. Subpopulation 3: Youth

Clatsop CASA- Provides court appointed special advocates for children in the foster care system.

Assistance League of the Columbia Pacific (clothing resources to children in Clatsop County, in partnership with The Harbor, assists children in the foster care system with they're Duffel Bag program, Provides scholarship opportunities to high school children).

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

    a. Subpopulation 1: Individuals with Mental Health and/or Substance Use Disorder

Beacon Clubhouse (nonclinical, membership based, peer run programing. Offers an inclusive, safe and restorative environment for adults navigating mental health)

Clatsop Behavioral Health (mental health community-based services; mental health outpatient services; substance use disorder treatment)

    b. Subpopulation 2: Individuals and Families Fleeing Domestic Violence

CCA (Provides 2 Continuum of Care housing programs for individuals and families fleeing domestic violence. Both programs offer ongoing rental assistance and case management support for clients).

The Harbor – Culturally-specific programming geared toward supporting survivors of domestic violence (Advocacy, Education, Outreach, Support Groups)

    c. Subpopulation 3: Youth

Lower Columbia Q Center (support groups and peer support to LGBTQIA+ youth).

Consejo Hispano- Offers a bilingual leadership camp (La Cima Lower Columbia Bilingual Leadership Camp) for Latinx high school students along the north coast of Oregon.

Tongue Point Job Corp (continued education opportunities to learn trades, typically serves between 16–24-year-olds).

First Steps Center for Autism (family supports for children on the Autism spectrum).

The Healing Circle (VOCA)- Community based organization dedicated to the healing of childhood sexual violence.

NW Oregon Works (continuing education supports).

Part 3: Community Priorities

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

- ☒ Housing Affordability
- ☒ Emergency Shelter Shortage
- ☒ Street Outreach Services
- ☒ Affordable Housing Landlord Engagement
- ☒ Substance Use Disorder Care and Services
- ☒ Mental Health Care and Services
- ☒ Rapid Rehousing Projects
- ☒ Service Providers – Organizational Capacity
- ☒ Service Providers – Staff/Salary
- ☒ Service Providers – Specific Expertise
- ☒ Medical Care
- ☒ Skilled Nursing Facility Care
- ☐ Nursing Home Shortage
- ☒ Manufactured Housing
- ☒ Housing Development
- ☒ Flexible System Funding/Costs
- ☒ Cleaning or maintenance (e.g., hoarding prevention)
- ☒ Housing-focused Case Management
- ☒ Housing problem-solving assistance
- ☒ Conflict mediation Services

- ☒ Housing Navigation Services
- ☒ Tenant-based rental assistance
- ☒ Project-based rental assistance
- ☒ Housing Choice Vouchers
- ☒ Targeted subsidies
- ☒ Rent buy-down
- ☒ Family reunification transportation assistance
- ☒ Flexible emergency funding
- ☒ Food security payments
- ☒ Marketing materials
- ☒ Operating costs
- ☒ Other flexible forms of financial assistance
- ☒ Other renovations
- ☒ Peer support Services
- ☒ Planning and development
- ☒ Project management
- ☒ Repairing damages
- ☒ Room and board payments
- ☒ Security deposits
- ☒ Service coordination and integration
- ☒ Signing bonuses
- ☒ Staffing
- ☒ Transportation assistance

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

- Subpopulation 1: Shelter Availability
- Subpopulation 2: Shelter Availability
- Subpopulation 3: Shelter Availability

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

- Most Urgent: Shelter Availability
- Urgent and Critical: Substance Use Disorder Care and Services
- Time Sensitive and Very Important: Mental Health Care and Services
- Not Time Sensitive but Very Important: Housing Affordability
- Important: Housing Development

Goal Setting

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

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

Part 1: Strategies to increase shelter capacity for individuals and families experiencing unsheltered homelessness

☐ **Technical assistance and support to re-evaluate current emergency shelter rules** that may unnecessarily punish, divert, harm, or discourage people from staying in emergency shelter and seek unsheltered respite.

☒ **Expand non-congregate shelter** through acquisition and development through the following eligible activities:

    ☒ Acquisition of existing structure or vacant land

☐ Demolition costs
☒ Development hard costs
☒ Site improvements
☒ Related soft costs
☐ Replacement reserve

Expand emergency shelter bed capacity through the following eligible activities:

☐ Major rehabilitation
☐ Conversion
☐ Other renovation

Part 2: Strategies to rapidly rehouse individuals and families experiencing unsheltered homelessness

☒ Technical assistance and support to establish or strengthen your Continuum of Care region's **relationship with Public Housing Authorities** to coordinate on securing available voucher

resources to rehouse individuals and families experiencing unsheltered homelessness.

☐ Technical assistance and support to examine, revise or strengthen your Continuum of Care region's **coordinated entry** prioritization policies and practices to rapid rehouse individuals and families experiencing unsheltered homelessness.

☐ **Technical assistance and support to analyze your Continuum of Care region's funding portfolio** to identify braided funding opportunities to increase its capability to rapidly rehouse individuals and families experiencing unsheltered homelessness.

☐ Technical assistance and support to develop and implement an **encampment strategy** to focus rehousing efforts and reduce the number of encampments.

☒ Expand or develop a **landlord incentive package** to establish a pool of units with reduced or eliminated tenancy screening criteria to rehouse people experiencing unsheltered homelessness. Eligible activities include:

        ☒ Planning and development
        ☒ Marketing materials
        ☒ Holding fees
        ☒ Signing bonuses
        ☒ Security deposits
        ☒ Rent buy-down
        ☒ Repairing damages
        ☒ Cleaning or maintenance (e.g., hoarding prevention)

☐ Develop and implement a **housing surge** and/or **housing fair**. Eligible activities include:

        ☐ Staffing
        ☐ Admin
        ☐ Project management
        ☐ Fiscal Agent
        ☐ Tenant-based rental assistance
        ☐ Housing-focused case management
        ☐ Third-party inspection services

☐ Develop and implement a **master leasing program**. Eligible activities include:

        ☐ Staffing
        ☐ Admin
        ☐ Project management
        ☐ Fiscal Agent
        ☐ Project-based rental assistance
        ☐ Housing-focused case management
        ☐ Third-party inspection services
        ☐ Operating costs

Goals

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

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

Increase shelter capacity
Our Local Planning Group will add a minimum of _80__ emergency shelter beds by this date: 6/30/2025.

Rapidly rehouse
Our Co Local Planning Group will rapidly rehouse _33__ people experiencing unsheltered homelessness by this date: 6/30/2025.

Milestones

Please provide a timeline of quarterly milestones your local planning group proposes to mark progress, evaluate strategies, and improve operations to achieve the goals identified above, contingent on funding.

Month	Quarterly Progress Milestones	Systems Improvement Actions
Jan. – March 2024	CCA Re-Housing program rehouses approx. 5 individuals FEB shelter sustains operations – providing 22 new shelter beds and associated services to the community ~~Esperanza village sustains operations – providing 15 shelter beds and associated services to the community~~ Columbia Shelter sustains operations - providing 58 new shelter beds and associated services to the community	MAC group reviews program performance. Adjust strategies as necessary.

April-June 2024	CCA Re-Housing program rehouses approx. 5 individuals FEB shelter sustains operations and associated services to the community with existing 22 shelter beds Esperanza village sustains operations - providing 15 shelter beds and associated services to the community Columbia Shelter sustains operations and associated services to the community with existing 58 shelter beds	MAC group reviews program performance. Adjust strategies as necessary.
July- Sept. 2024	CCA Re-Housing program rehouses approx. 5 individuals FEB shelter sustains operations and associated services to the community with existing 22 shelter beds Esperanza village sustains operations - providing 15 shelter beds and associated services to the community Columbia Shelter sustains operations and associated services to the community with existing 58 shelter beds	MAC group reviews program performance. Adjust strategies as necessary.

Oct. – Dec. 2024	CCA Re-Housing program rehouses approx. 6 individuals FEB shelter sustains operations and associated services to the community with existing 22 shelter beds ~~Esperanza village sustains operations - providing 15 shelter beds and associated services to the community~~ Columbia Shelter sustains operations and associated services to the community with existing 58 shelter beds	MAC group reviews program performance. Adjust strategies as necessary.
Jan. – March 2025	CCA Re-Housing program rehouses approx. 6 individuals FEB shelter sustains operations and associated services to the community with existing 22 shelter beds ~~Esperanza village sustains operations - providing 15 shelter beds and associated services to the community~~ Columbia Shelter sustains operations and associated services to the community with existing 58 shelter beds	MAC group reviews program performance. Adjust strategies as necessary.

April-June 2025	CCA Re-Housing program rehouses approx. ==6 individuals== FEB shelter sustains operations and associated services to the community with existing 22 shelter beds ==Esperanza village sustains operations - providing 15 shelter beds and associated services to the community== Columbia Shelter sustains operations and associated services to the community with existing 58 shelter beds	MAC group reviews program performance. Adjust strategies as necessary.