

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

This group meets on a bi-weekly basis to review progress and coordinate efforts. Topics discussed are: VASH utilization, SSVF placement rate, veterans registry and coordinated assessment, access and creation of new local resources. We have a housing group consisting of SSVF, VASH, Corrections, Housing Authority, CRRC, and Housing Bureau that meets weekly to review our veterans master list.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the **Ending Homelessness Among Veterans Overview** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	593
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	45	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	63	16	79
Of number above, how many will also be counted as chronically homeless:	28	6	34

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: We have a strong Core Group that meets regularly. We have very open communication and are willing to be flexible throughout our programs in order to achieve our goals. Our Mayor has joined the challenge and his office has been involved in creating new resources from the city and the county. Challenges: We continue to experience a shortage in our affordable housing stock. The SSVF program is continuing to serve more chronically homeless veterans, veterans with no income, and high barrier veterans than we have in the past; taking longer to house veterans rapidly.

SSVF: Community Plan Summary

Date Completed/Revised: 7/1/2015

Continuum of Care Name:	Medford/Ashland/Jackson County CoC	CoC Number:	OR-502
CoC Representative:	Heather Everett / David Mulig		
Title:	CoC Chair / ACCESS Program Director		
Phone/Email:	5410499-0800 / jchtf97501@gmail.com / 541-774-4313 / dmulig@accesshelps.org		
Person Completing this Summary:	David Mulig		
Title:	ACCESS Program Director		
Phone/Email:	541-774-4313 / dmulig@accesshelps.org		

- 1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	(1) CoC Core Group, (2) S. Oregon Outreach, (3) SSVF Outreach	
Principal Members	Affiliation	
(1) Heather Everett	CoC Chair / Rogue Retreat	
(1) Jackie Schad, David Mulig, James Raison, Vicki D'Alessandro	ACCESS	
(1) Jackie Agee	Salvation Army	
(1) Christie Van Aiken	Housing Authority of Jackson County	
(1) Connie Saldana	Rogue Valley Council of Governments	
(1) Darin Dale	VA - Homeless Programs	
(2) Jeff Nichols	ACCESS	
(2) Cliff Juno	La Clinica	
(2) Chuck Hanger	Oregon Employment Department	
(2) Lance Gallo	Southern Oregon University	
(2) Heather Jenard	VA - Homeless Programs	
(2) Raul Tovar	The Maslow Project	
(2) Gregory Brown	Student	
(3) Christopher Readus	ACCESS	
(3) Michael Swick	Rogue Valley Veteran and Community Outreach (RVVCO)	
Case Managers	ACCESS and RVVCO	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Homeless Task Force is the governing body for CoC-502 with Heather Everett as the chair. The HTF core group (1 – list above) meets monthly to discuss items pertaining to homelessness in our region and plan the agenda for the full HTF that occurs monthly. The core group is responsible for overseeing the larger community plan ensuring that we are accountable in meeting our goals by using monthly data. The HTF core group approved the first draft of this community plan already, and will present it and have it approved by the larger HTF group. The larger HTF is a committee that includes approximately 29 public and private non-profit social services agencies and non-profit housing providers. The HTF is broken into subcommittees that work on different areas for assisting the homeless and each share their work at this monthly meeting. At this meeting, agencies share information that is helpful for others who are working with our population. A Veteran's Sub-committee (2 – listed above) meets between HTF meetings to work on Veteran homelessness issues. The sub-committee created the initial community action plan and now will assist in implementing the action steps. They are responsible for reporting updates to the core group. The veteran subcommittee or new Rapid Response Team and the case team will work to create the master list using both HMIS and VA data. We also will subcontract with those agencies working with the homeless in the community to help us identify veterans to be added to the master list. We finalized the process for subcontractors to gather this data and will work with them starting mid-July. Weekly, the Veteran Care team consisting of SSVF providers, the VA and others review the master list of homeless veterans one that list has been created. At this meeting, the team (3 – listed above) discusses and updates current veteran's statuses, reviews the housing availability list and together assigns new veterans to the SSVF providers.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the **Ending Homelessness Among Veterans Overview** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	464
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	90	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	172	52	224
Of number above, how many will also be counted as chronically homeless:			0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	No
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Under Dev
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths
 ACCESS is in third year of SSVF grant and an experienced grantee.
 Active CoC in 5th year of 10 year plan to end homelessness.
 Local VA is an active partner with the CoC
 Many agencies embrace collaboration, recognizing this as a best practice to serve clients and an effective use for resources.
 "Veterans" day already occurs twice a month. Veteran's day is a smaller version of Project Homeless Connect.

Challenges
 Veteran seem numbers are too low. Unreliable PIT numbers. Cannot answer question C yet.
 Lacking affordable housing and Single Resident Occupancies (SROs) in Jackson County
 Locating property managers willing to rent to veterans with little or no rental history and other barriers
 Finding veterans who are homeless and are not visible
 Gaining trust of homeless veterans who do not trust available resources
 Lacking reliable public transportation in community
 Establishing long term income source to maintain housing stability
 Housing veterans who have resided in treatment programs longer than 30 days

SSVF: Community Plan Summary

Date Completed/Revised: 7/1/2015

Continuum of Care Name:	Oregon Balance of State CoC	CoC Number:	OR-505
CoC Representative:	Jo Zimmer	Title:	Coordinator, Rural Oregon Continuum of Care
Phone/Email:	jozimmer@comcast.net ; 541-704-5360		
Person Completing this Summary:	Jo Zimmer	Title:	Coordinator, Rural Oregon Continuum of Care
Phone/Email:	jozimmer@comcast.net ; 541-704-5360		

- 1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Rural Oregon Continuum of Care (ROCC) - OR-505 Balance of State CoC - Oregon's most rural 28 counties		
Principal Members	Affiliation		
CoC grantees, interested community members and providers: Veteran sub-committee to be added	Interest in broad CoC work and/or in local/regional work with CoC grantees and providers. This group exists currently.		
The following list of participants may already exist within ROCC structure and/or in local/regional areas within the CoC but/and will be more directly engaged through the process of community planning regarding targeting Veteran homeless. Clarity will be developed as intentional conversations and engagements are scheduled in the coming weeks and months.			
Local government leaders, officials (Mayors, County Commissioners)	Habitat for Humanity		

Local providers – housing, supportive services	Local homeless, veteran planning committees
Relevant State programs – OHCS (additional homeless funds)	Faith-based organizations and communities
Public Housing Authorities	Academia for research and alternative thinking
Community Action Agencies	
VA – Hospital liaisons, medical clinics, local VSOs, program reps (GPD, HCHV, VASH), VFW, American Legion	
United Way	
Legal – representation, enforcement, court	
Domestic violence reps	
Child welfare	
Food banks	
National Guard family resources rep	
Employment offices – State and local, private	
Landlords, association reps	
Governor’s office/state legislative reps	
Other SSVF services providers	

- 2. Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

While some counties within Oregon's balance of state CoC - Rural Oregon Continuum of Care (ROCC) - are already operating SSVF programs (see the inventory worksheet), the CoC's lead agency, CAPO, only received SSVF P1 funding early April 2015 to service the remaining 10 counties not covered by other SSVF programs. ROCC is further divided into 7 regions, and so it's likely that regional/local subcommittees will be convened that will filter information and input up into the ROCC and its soon-to-be-convened veteran services subcommittee.

ROCC meets monthly to carry on business of the BOS CoC and also to review homeless plans, develop/implement action steps, review/discuss available/possible funding opportunities, talk about data (via HMIS: gaps analysis, PIT, HIC, now VA), etc. Additionally, as time and agendas permit, guest speakers are scheduled to talk about specific issues, data and analysis, different points of view, fair housing, and much more. Conducted via internet-based Go-to-Meeting conferencing system, the meetings are well-attended (required for CoC) and the seat of new ideas and energetic problem-solving discussions. In addition to the conferencing system, a minimum of two in-person CoC-wide conversations per year are had with broad agenda and heavy participation. The CoC coordinator regularly visits with grantees locally as opportunity presents and time permits, and there will be additional face-to-face conversations planned and scheduled with the SSVF coordinator and related programs, staff, and community members.

One new body of work currently anticipated for early engagement is the building of the homeless veteran master list, both for the CoC as a whole and especially more specifically in the local and regional areas. This list will be the central database used for tracking the progress of housing homeless veterans. Early thinking is that this list (regionally, locally) could be viewed against the most frequent users of courts, police interventions, courts, street crisis team interventions and detox facilities to identify veteran high users to continue targeted engagement and potential interventions.

Analysis of PIT and HIC data (as well as local on-the-ground truths) to determine number of homeless veterans and also whether current housing inventory is adequate and/or whether additional and alternative solutions are needed if significant gap exists between availability of safe and affordable housing inventory and numbers of homeless veteran households.

- 3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero:** Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the ***Ending Homelessness Among Veterans Overview*** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total: <i>*2014 PIT count used*</i>	208
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal <i>(based on 2015 'unofficial' incomplete PIT)</i>	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	100	125	225
Of number above, how many will also be counted as chronically homeless:	80	80	160

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Under Dev
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Under Dev

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

***Update July 1, 2015 - Item 3D 'under dev' is important to highlight to ensure awareness that 'sufficient resources' takes on new meaning when all the \$\$ in the world can't manifest new affordable housing and/or local landlords who are willing to work with the often high-barrier populations. It is likely, therefore, that even with on-the-ground conversations and partnership-building that these issues will remain 'under development' and of significant challenge.*

Strengths

- * Current relationships
- * Groundwork in place in some of ROCC's counties; will assist in new P1 program development (coordinated assessment, policies and procedures, etc.)
- * VA provides many resources and connections
- * Rural areas generally work more with private landlords vs. big property management companies
- * Strong VA regional coordinator support already known
- * Years of experience with respect to sub-grantees and community providers
- * CoC collaborative applicant and P1 grantee CAPO influences span entire state

Challenges

- * Very rural service area incorporates 28 counties and hundreds of square miles *if not thousands*
- * Rural areas lack important infrastructure inherent in more urban/suburban areas:
 - o Transportation
 - o Adequate jobs, economic development
 - o Few to no emergency shelter options – especially for families
 - o Low vacancy rates regardless of housing stock/affordability, seasonality
- * Serious broad community needs:
 - o Adequate housing inventory that is safe and affordable, including SRO units
 - o High unemployment rates
 - o Child care – affordable or otherwise
 - o Treatment options – detox and in-patient A&D, mental health
 - o Landlords/property managers willing to work with high-barrier participants
- * Finding veterans who are homeless and not visible; gaining trust
- * Establishing long-term income source to maintain housing stability
- * Housing veterans who have resided in treatment programs longer than 30 days

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

This group meets monthly to discuss coordinated entry, housing placements and resources, problem solving around landlord recruitment and our lack of affordable housing stock.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the **Ending Homelessness Among Veterans Overview** for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	39
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	60	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	14	6	20
Of number above, how many will also be counted as chronically homeless:	6	2	8

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Under Dev
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	No
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: Awareness of barriers to obtaining housing in Clackamas County. Smooth coordinated entry system. County has funded veteran outreach staff positions. Challenges: There is a large gap in shelter/transitional housing/and safety off the streets options. Vacancy is currently .5%. Currently a VASH Social worker does not exist in this CoC, relying completely upon SSVF for housing location services.