Monthly Objectives	
Plan Objectives	**Actual Outcomes**
Transition MAC activities to Performance Evaluation Technical Sub-Committee of Washington County CoC Governance structure - Reivewed system cycle and areas of focus for performance evaulation	Complete
Housing exit plan for shelter long stayers.	Case Conferencing taking place bi-weekly. 166 HH with shelter stays over 100 days - 40% enrolled in housing program
Establish Annual work plan informed by system performance measures	Draft work plan in process and shared with Continuum of Care and MAC
Increase housing placements	57 Housing Placements in May
Challenges	
People are staying longer in shelter waiting to access housing. This reduces access to shelter and increases the length of time that people experience unsheltered homelessness as they wait for shelter beds.	
Providers are seeing icreased substance use and behavioral health challenges as weather warms. More harm reduction supplies and activities and better access to treatment and other behavioral health supports are needed. The process for accessing both substance use treatment and behavioral health services requires a significant amount of navigation, planning and organization that is challenging for individuals experiencing unsheltered homelessness.	
Staff retention and professional development in provider organizations continues to create challenges and delay the full utilization of contracted capacity system-wide. A stable and skilled workforce is neccary to deliver quality services in all program areas.	
Serving households living in vehicles is a challenge for our system because these households tend to move around and are less identifiable than other unsheltered populations. Broader availability of access centers, more focused outreach, and strategic communication with law enforcement may improve engagement of these households.	
Highlights	
Successful engagement with unsheltered individuals during Severe Weather Heat Incident. 51 individuals provided emergency shelter to reduce risk of death during extended period of heat. During shelter stay several households completed coordinated entry assessment or had their status updated to reflect a changed in status that impacts prioritization.	
Continued progress in case conferencing leading to higher quality matches in Coordinated Entry and increasing collaboration across shelter and housing programs resulting in 25 shelter long stayer households securing housing.	
Needs from the State (policy, additional assistance…)	
Health system alignment: Improved access to medical services. For example, a rapid response team or direct contact within ODHS would help our system manage urgent health needs especially for elderly and disabled participants in our homeless services system.	
Health system alignment: More flexibility in Medicaid eligibility determinations. This would allow engagement services from Behavioral Health system for eligible members who are not yet qualified for Medicaid services.	
Health system alignment: Higher needs elderly participants who can not live independently, even with enriched supportive services. Our system lacks adequate access or availability to long-term care facilities and of these kinds of health system 'beds'.	