



## **MEMORANDUM**

**TO:** Mid-Willamette Homeless Initiative Steering Committee **DATE:** 8/10/2018

**THRU:** Sean O'Day  
Executive Director

**FROM:** Ali Treichel  
Homeless Initiative Program Coordinator

**SUBJECT:** Service and Resource Inventory Map and Initial Findings

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### **Issue**

Presentation and initial findings of mapping project.

### **Background**

Per the year one work plan, the coordinator was directed to conduct a mapping project, attached, to outline available resources and services related to homelessness throughout the participating jurisdictions. Staff was asked to include health, housing, criminal justice, public school, and family/children resources.

Systems mapping aims to identify components of the housing and homelessness sector in an effort to better understand programs, services and structures in place<sup>1</sup>. The goal of this process is to accumulate information that can then be used to inform resource alignment, policy, and funding as needed, ultimately creating a better understanding of the service delivery landscape<sup>1</sup>. The general process consists of identifying various programs and services currently available to communities, classifying the services by program type, assessing capacity, and clarifying target populations, referral processes, and prioritization.

The process of information gathering and analysis for this mapping took place over the last five months. Mapping efforts included using existing materials such as print and online resource guides, program brochures, and websites. Data was also gathered through informational meetings with stakeholders, a community partner survey, and mapping efforts through the local Health and Housing Workgroup.

Information was synthesized into an inventory format, attached, to help organize services and resources based on primary system and major characteristics. Where available, whether through program websites, reports, or interviews, program eligibility and capacity is included, focusing on the direct homeless services. Gaps and inefficiencies within the service continuum were identified through service provider experiences, surveys and elements outlined in best-practice frameworks.

## **Recommendation**

Review and discuss inventory map and findings.

## **Discussion and Findings**

The purpose of this project is to outline services and resources available in the two-county region of Marion and Polk Counties for those who are experiencing homelessness. To accomplish this, staff was asked to inventory resources and services throughout the service continuum for the homeless population.

The new federal plan to end homelessness, entitled *Home, Together*<sup>1</sup> outlines best-practice strategies to make homelessness rare, brief, and one time. To accomplish this, the homelessness response system should consider the various causes and the role that various systems play in prevention and stabilization. This includes the lack of affordable housing supply, sheltering options, employment and education opportunities, behavioral health, and so on.

Homelessness does not occur in isolation in any one system. Services for those experiencing homelessness is a layered continuum, spanning from health and housing to criminal justice and family services. Research shows that those who experience homelessness are connected to multiple systems. According to the federal plan, prior to homelessness individuals and families are often engaged with health and behavioral health care, child welfare, and the juvenile and criminal justice systems<sup>1</sup>. These multiple touch points provide an opportunity for increased cross-sector collaboration to work towards better, more effective, prevention and stabilization methods.

This report focuses on services and resources within those jurisdictions participating in the Mid-Willamette Homeless Initiative (MWHI): Marion County, and the cities of Independence, Keizer, Monmouth and Salem. Sub-populations served, and capacity and eligibility considerations of programs are used to help analyze potential gaps and inefficiencies within the continuum. The goal is to provide governments regional level information to inform local decisions and planning by considering currently available resources and services and analyzing what is needed to better serve community members experiencing homelessness.

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<sup>1</sup> U.S Interagency Council on Homelessness. (2018). *Home Together- Federal Strategic Plan to Prevent and End Homelessness*[PDF]. U.S Interagency Council on Homelessness.

The scope of this report includes:

-Housing system: the system typically associated with homelessness, which provides an articulation point through which other systems interact. When an individual or family presents as homeless within the other systems, they are referred to the housing system, often to multiple different organization or programs.

- Health: With consideration the target population, this report focuses on Medicaid-eligible and low-cost health services. An outline of the local Coordinated Care Organization (CCO) framework is provided. The CCO- Willamette Valley Community Health is the entity through which Marion and Polk Counties receive their Oregon Health Plan (OHP).

-Criminal justice: A particular focus is given to diversion and reentry services designed to reduced recidivism and/or divert individuals into treatment or other community programs.

-Family/children services: For the purposes of this report, educational services and resources were generally focused on the public-school system pre-k through 12<sup>th</sup> grade, and GED resources.

-Public-school system: The mapping process for family/child resources focuses on parenting capacity, family relationships, and safety. For the purposes of this report, housing, health, education, and employment (support service) services targeted towards families and children are illustrated under their respective systems.

See Appendices B and C for general frameworks.

Additionally, supportive services, such as food accessibility, transportation, workforce development etc. are considered. Together, these systems work to address the varied needs of individuals and households, as shown in Appendix B.

Initial gaps and inefficiencies within the regional service continuum were identified, as compared to best practice solutions and frameworks, through both the mapping process and through conversations with stakeholders and are outlined below.

### **(1) Coordinated Homelessness Response System**

The most immediate inefficiency is the current local homeless response system, illustrated by Figure 2 (housing specific; pg. 13) and Figure 8 (system interactions; pg.18) in Appendix C. The response system is both fragmented and largely uncoordinated. As is, the system is lacking in key elements needed for an efficient response to homelessness, broadly defined as being able to quickly house/shelter individuals and families in a crisis.

In contrast, a best-practice framework is outlined in Figures 3 (pg. 13) and 9 (pg. 19), Appendix C. An efficient, coordinated homelessness system is defined as a “systemic response that ensures

homelessness is prevented whenever possible, or if it can't be prevented, it is rare, brief, and one-time experience"<sup>2</sup>. This requires that a system is able to:

- (a.) Identify people in need quickly;
- (b.) Prevent and divert people from entering the homelessness service system;
- (c.) Provide immediate access to shelter and crisis services without barriers to entry;
- (d.) Quickly connect those experiencing homelessness to tailored housing assistance and services.

Coordinated Entry, also referred to as Coordinated Assessment, is national best practice and is intended to organize community homeless assistance resources through appropriate, targeted intervention, with the goal of quickly housing individuals and families<sup>2</sup>. A coordinated system should provide immediate access to low-barrier shelter, and if there is inadequate supply of sheltering options, should allocate limited resources based on vulnerability/need. In a well-functioning system, every individual and family who presents as homeless or at-risk should be offered diversion services, and if none are available or appropriate, same-day emergency shelter should be offered<sup>3</sup>.

Vulnerability should be assessed through a common tool. This coordinated approach ensures that all individuals and households are being similarly assessed and gauged against the same scale. Scores from the assessments are matched to the appropriate service type (i.e., Permanent Supportive Housing, Rapid Re-Housing, Diversion) and are then entered into a coordinated interest list. As resources become available, referrals are pulled from this list, ensuring that resources are being allocated to those with the greatest needs (highest vulnerability).

Ideally, every homelessness service provider would assess each individual and family served for vulnerability and would take referrals from the coordinated interest list. Currently, The ARCHES Project runs and maintains the Coordinated Entry program and assessment efforts for the region. Great progress has been made over the past two years in building the beginnings of a coordinated system, where ARCHES and participating partners have assessed 181 individuals in homeless situations throughout Polk County and 2,422 homeless clients in Marion County. However, in practice, the region is operating under a coordinated entry *program*, wherein there are some participating agencies allocating resources through the centralized interest list but not all.

Roles and responsibilities in building a coordinated entry system are outlined by HUD<sup>4</sup>:

*Numerous stakeholders have roles and responsibilities in designing and implementing, and then once it is operating, in ensuring the crisis response system is functioning well. The Continuum of Care (CoC) must establish policies and procedures governing the operation of coordinated entry and ensure that those policies and procedures align with CoC Program and ESG Program written standards for the administration of CoC and ESG Program-funded projects. The CoC should designate some entity or working group to support the planning of the coordinated entry process itself and to ensure alignment of*

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<sup>2</sup> US Interagency Council on Homelessness. *Home, Together* (2018)

<sup>3</sup> US Interagency Council on Homelessness, *Strengthen Crisis Response Systems* (2018)

<sup>4</sup> US Department of Housing and Urban Development, *Coordinated Entry Core Elements* (2017)

*coordinated entry policies and procedures with ESG Program and CoC Program written standards. Once the coordinated entry process is established, the planning group or another entity should also be responsible for overseeing it, including reporting on its effectiveness to the CoC and to HUD.*

Attached is a report from ARCHES detailing the progress to date on their Coordinated Entry program, originally presented to the Steering Committee in September 2018. Many of the local shelters, while they may send clients to ARCHES to be assessed, do not take placements *solely* from coordinated entry for their services. In many instances agencies partially utilize the coordinated entry program, sending clients to be assessed and placed on the coordinated interest list while operating separate organization-specific waiting lists and/or only participating to the extent required by funding sources. This creates a complicated system, with many doors to services, and no clear, coordinated path for people to access services. Instead, individual and families are having to navigate multiple, separate systems dependent on each agencies' procedures, waitlist policies, assessments etc.

Only three local providers (ARCHES, Family Promise, and Shangri-La) receive funding from the local CoC (Rural Oregon Continuum of Care), and therefore are required to participate in coordinated entry at the CoC level. By nature of being a part of a large CoC, the 28 county ROCC, local coordination is challenging (as CoCs are generally the conduit for helping to create and maintain coordinated response systems), especially when best-practice calls for substantial changes in the system. With low local service participation rates in the ROCC, there is little monetary incentive for participation beyond the funded agencies. In addition to building out local participation in the ROCC, a locally controlled CoC framework should be thoroughly explored to analyze potential effects on local continuum funding as well as the development of an effective response system.

Coordinated Entry also provides one way in which to create a strong data collection and sharing process, with each service provider using the same assessment. A well-coordinated system is better able to identify needs. Data sharing helps to ensure that a community has reliable and robust information on community members experiencing homelessness. An accurate account of the scope of homelessness and program outcomes is important to both understanding the issues facing communities and in tracking intervention effectiveness.

Through ARCHES Coordinated Entry efforts, the organization and their partners have been able to identify 1,529 homeless households throughout Marion and Polk counties, currently assessed and on the interest list. The assessment process identifies the targeted interventions needed for each household based on vulnerability. For example, 682 households scored at the level of needing Permanent Supportive Housing (PSH), and 761 households at the level of transitional housing (TH) and rapid re-housing (RRH). This level of information is able to provide the community a baseline of need in regard to housing program type.

Housing Program Type:	PSH	TH	RRH
Current Programs (#)	2	7	6
Program Capacity (estimate)	Roughly 110 households (criteria apply)	Roughly 145 beds (criteria apply)	Roughly 200 households (criteria apply)
Need (as identified through coordinated entry)	682 households	761* households (combined TH/RRH)	

By comparing the Coordinated Entry data to the inventory map, a discrepancy in available resources, assuming full availability, can be demonstrated. Specifically, PSH (long-term rental assistance program coupled with supportive services targeted at those with high needs) and RRH (short-term rental assistance program aimed at helping households obtain and keep housing quickly), which have been proven effective approaches to homelessness, are lacking in the region<sup>5</sup>.

In order to continue to expand and strengthen this database of information, and to better identify services needs and promote community coordination, it is recommended that participating jurisdictions require providers that receive funding to collect and input quality, timely and comprehensive, *shareable*, data and fully participate in Coordinated Entry to build out the existing program, in order to receive future funding\*. Focus should be placed on where illustrated needs are, following low-barrier, housing first models<sup>5</sup>.

\* Programs that serve runaway and homeless youth and victims of domestic violence have additional privacy considerations and may require separate and/or revised Coordinated Entry processes. See attached ARCHES report.

**(2) Sheltering Services Outside of Salem-Keizer Area**

There are stark geographic differences in resource allocation throughout the region.

At a regional level, resources and services are heavily centralized in the Salem area. The evident result is that households experiencing homelessness must either travel to or relocate to the Salem-Keizer area. As winter approaches, of most urgency is the lack of rural warming shelters, currently available in Salem, Dallas/Central area and Silverton. More broadly, the lack of non-seasonal sheltering options outside of Salem-Keizer should also be addressed.

As it stands, all Marion and Polk permanent emergency and transitional shelter (this definition excludes transitional housing programs) options are in the Salem/Keizer area, see Figure 10, Appendix D (pg. 20). Current local efforts to expand sheltering options outside of Salem/Keizer should be actively supported. Any new resources these communities develop are positive for the region, as adequate resources enable effective, local solutions to homelessness. The planned

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<sup>5</sup> U.S Interagency Council on Homelessness. (2017). *Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System*[PDF]. U.S Interagency Council on Homelessness.

Veterans' shelter in Polk County, the first permanent and non-safe haven shelter in Polk County, is a prime example of an effort that seeks to increase local capacity to fill a gap in available services and resources.

### **(3) Shelter**

Expanded sheltering options were identified as a need by local service providers. Only about 41% of assessed homeless households utilize sheltering services, whether because of capacity or barriers. According to Coordinated Entry data, this leaves roughly 900 households unsheltered throughout Marion and Polk Counties. The mapping process shows the region has: 14 family beds (enough for roughly 4 families), 146 male beds, 91 female beds (plus 15 accompanied-by-mother-minor beds with gender and age restrictions), and 10 runaway and homeless youth emergency overnight beds.

The lack of low barrier shelters and sheltering options for families, both with and without minor children, to stay together is of particular concern. As is, Simonka Place and Family Promise are the only emergency sheltering options available to families with minor children (excluding DV shelters). Simonka Place, a women's shelter, serves female children and young male children accompanied by female adults. However, fathers and male children over the age of 12 are not accepted. For families without minor children, whether those be couples without children or parents with adult children, there are currently no options to stay together in an emergency situation. This presents as a barrier to access for family units who do not wish to be separated.

Similarly, though not traditionally thought of as a family unit, there are limited options for households with pets. This has long been recognized as a barrier to shelter access as many households are unwilling or unable to utilize shelter services without their pets. One local sheltering programs has addressed this issue. Family Promise runs the Pets with a Promise Program, a partnership with PetSmart to offer shelter to family pets. Collaborative and creative responses to barriers such as this should be further explored to ensure that local shelters are as low-barrier as possible.

Other major barriers to shelter use include preconditions of sobriety or "dry shelters" (no active substance use), these policies do not fully align with national best-practice of low-barrier access and disqualify high-needs individuals from services<sup>6</sup>. All current emergency shelters have policies in place relating to substance use. Some of these shelters, UGM's Men's Shelter for example, do not allow the use of drugs or alcohol on premise (though will serve those who are drunk/high at the time of intake as long as they do not pose a danger to others), while other shelters such as Salvation Army's Lighthouse Shelter tests for drugs and alcohol nightly.

Additional sheltering options are needed to serve families of all types, and individuals of all need levels. Any new shelters should be low barrier, with limited eligibility criteria (i.e. sobriety, treatment or service participation requirements).

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<sup>6</sup> U.S Interagency Council on Homelessness. (2017). *Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System*[PDF]. U.S Interagency Council on Homelessness.

**(4) Housing**

Lack of housing options was identified as a major gap in resources in every interview, community group, and service provider conversation. Generally, high rents, low vacancies, and slow development of new affordable housing rental development, is a concern across the region and state. As outlined in the 2018 Out of Reach Report<sup>7</sup>, Marion County has 46,466 renting households (40% of total households) and Polk County has 10,158 households (35% of total households). Vacancy rates for Marion and Polk Counties are 2.3% and 2.9%, respectively<sup>8</sup>.

HUD defines “rent-burdened” as households who pay more than 30% of monthly income for housing, and “severely rent-burdened” as households who spend more than 50% of monthly income on housing.<sup>9</sup> The estimated monthly rent affordable at mean renter wage is calculated to be at \$650 /month in Marion County and \$490/month in Polk County. According to data collected by ARCHES, the median income of homeless households with any source of income (roughly 51% of the homeless population in Marion and Polk Counties) is \$8,820/year. Typically, this income is from SSI (\$750/month). Monthly rent that is affordable to households relying on SSI is \$250. The average (fair market) rent for a two-bedroom apartment in Marion and Polk Counties is \$814/month<sup>9</sup>.

Jurisdiction:	Marion County	Independence	Keizer	Monmouth	Salem
% Severely Rent Burdened:	24.8%	47.1%	23.8%	46.1%	23.6%

Demand for public housing and voucher programs has increased. These services are administered through HUD and provide affordable housing options, dependent on capacity and eligibility criteria, for low-income and homeless households. The Housing Choice Voucher Program (Section 8) provides vouchers to qualifying low-income households to aid in paying for housing in the private market. Public housing is federally funded housing offered at subsidized rates to qualifying low-income families, seniors and those with disabilities. While these programs are proven methods to reduce homelessness, the programs are significantly underfunded and only one out of every four households that qualify receives services<sup>10</sup>. Moreover, as the mapping illustrates, there are often extensive wait times for public housing, ranging anywhere from 9 months to 4 years.

The need for more affordable housing is great. According to Oregon Housing and Community Services’ Affordable Housing Inventory, Marion County has 3,059 affordable housing units (Keizer: 33; Salem: 2,439). Polk County has 716 affordable units (Independence: 85; Monmouth: 81). These numbers are outlined in Table 1 and include OHCS funded projects as well as those funded by local Housing Authorities, HUD, and Rural Development.

<sup>7</sup> National Low Income Housing Coalition. (2018). *2018 Out of Reach: The High Cost of Housing* [PDF]. National Low Income Housing Coalition.

<sup>8</sup> US Department of Housing and Urban Development (2016)

<sup>9</sup> US Department of Housing and Urban Development *Rent Burden in the Housing Choice Voucher Program* (2017)

<sup>10</sup> National Law Center on Homelessness & Poverty. (2015). *Homelessness in America: Overview of Data and Causes*[PDF]. Washington D.C.: National Law Center on Homelessness & Poverty.



OHCS (2018) has calculated equitable distribution percentages for cities and counties across the state, which applies the Need (Equity) Distribution Percent (calculation of portion of states low income renter households and severe rent burdened households) to the total number of units in the Oregon Affordable Housing Inventory to estimate how many units would have been funded in each community if they were distributed according to their Need Distribution Percent (Table 2).

<b>Jurisdiction</b>	<b>Affordable Housing Units</b>	<b>Need Distribution Percent</b>
Marion County	3,059	65.4%
Keizer	33	6.1%
Salem	2,439	90.6%
Monmouth	81	31.8%
Independence	85	39%

According to another state-wide source, the Oregon Housing Alliance (2017), for every 100 families with extremely low incomes, there are about 20 affordable units available in Marion County and 16 affordable units in Polk County. Marion County would need to develop 7,215 affordable units to meet the current need and Polk County would need to develop 1,806 units.

According to the recently issued Housing Policy Agenda from the Governor’s office, investment in PSH for the chronically homeless and an accelerated growth of housing supply are two key state strategies, with a goal of developing 25,000 homes by 2023<sup>11</sup>. Moreover, OHCS Statewide Housing Plan is scheduled to be released December 2018/early 2019. According to OHCS, “the plan will clearly articulate the extent of Oregon's housing problem and what can be done to address it”<sup>12</sup>.

Based on the findings of this Statewide Housing Plan and any additional state funds coming available, it is recommended that the next coordinator further explore the creation of a multi-jurisdictional development team (originally included as a part of the initial year-one work plan). The aim of which should be to coordinate housing development, strategically partner and support development efforts, and take full advantage of the increased focus on housing at the state level.

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<sup>11</sup> Brown, K., & LaBar, J. (2018). *Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities*[PDF]. State of Oregon Office of the Governor.

<sup>12</sup> Oregon Housing and Community Services. (2018). Retrieved from <https://www.oregon.gov/ohcs/pages/oshp.aspx>

## Appendix A: Definition of Terms

**Area Median Income (AMI):** is used to determine income eligibility for affordable housing programs. The AMI is set according to family size and varies by region.

**Coordinated Entry (CE):** Process to help people who are experiencing homelessness and fill vacancies in limited housing resources, ensuring fair and equal access, quick identification, assessment, referral, and connection to housing and services based on need. CE is a system of assessment and referral between participating providers that is supposed to provide “no wrong door” access to homeless housing and services. \*Currently, CE is practiced by MWVCAA: ARCHES, Shangri-La, and Salem Housing Authority participates through HRAP program

**Diversions:** Assists families of individuals in securing temporary or permanent solutions to homelessness, outside of the homeless service systems

**Emergency Shelter:** Provide short-term shelter, typically up to 60 days.

### **Homeless Definitions:**

Category 1 Literally Homeless: (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2 Imminent Risk of Homelessness: (2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Homeless under other Federal statutes: (3) Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4 Fleeing/ Attempting to Flee DV: (4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

**Permanent Housing:** Community-based housing without a designated length of stay  
**Permanent Supportive Housing:** Long-term permanent housing with supportive services to assist those with disabilities achieve and maintain housing stability

**Rapid Re Housing (RRH):** Housing First intervention; rapidly connects those experiencing homelessness to services and housing using tailored package of support services, such as time-limited financial assistance

**Rent Burdened:** in this report is consistent with the federal standard that no more than 30% of a household’s gross income should be spent on rent and utilities. Households paying over 30% of

their income are considered cost burdened. Households paying over 50% of their income are considered **severely cost burdened**.

**Transitional Shelter:** Provides interim stability and support to successfully move to and maintain permanent housing, generally up to 24 months.

**Transitional Housing:** Provides interim stability and support to successfully move to and maintain permanent housing, generally up to 24 months, for a charge, usually very low or prorated rent.

# Layered Continuum of Co-Current Systems



Figure 1: Layered Systems

## Appendix C: System Frameworks

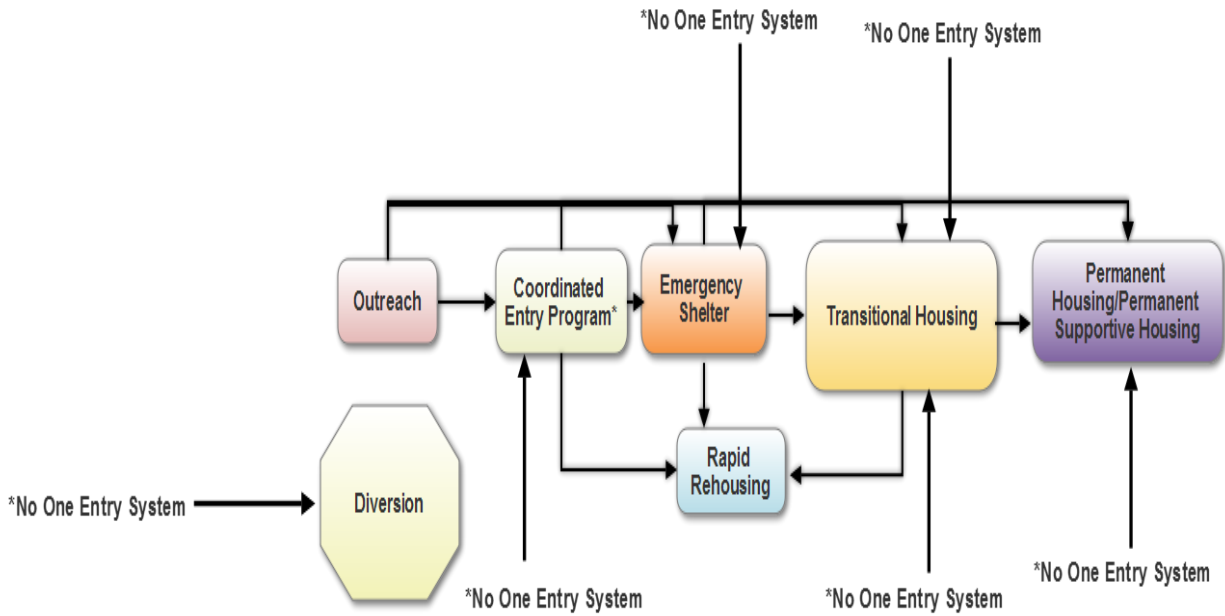


Figure 2: Current Housing/Sheltering System Framework

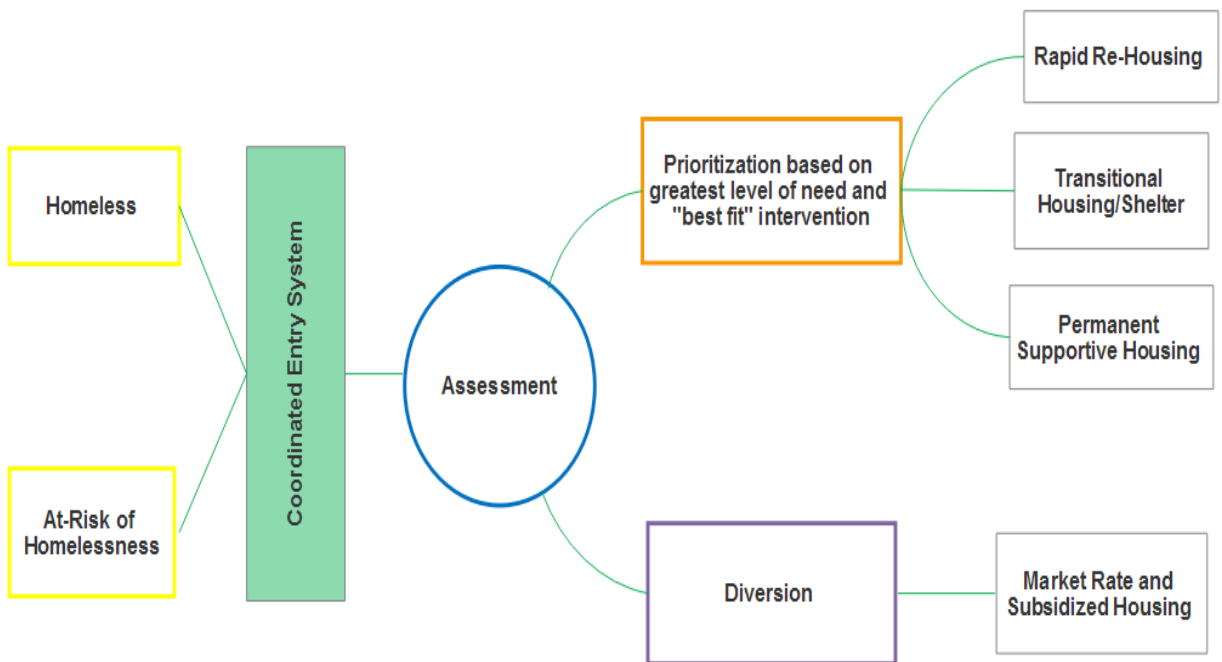


Figure 3: Example of Coordinated Response System

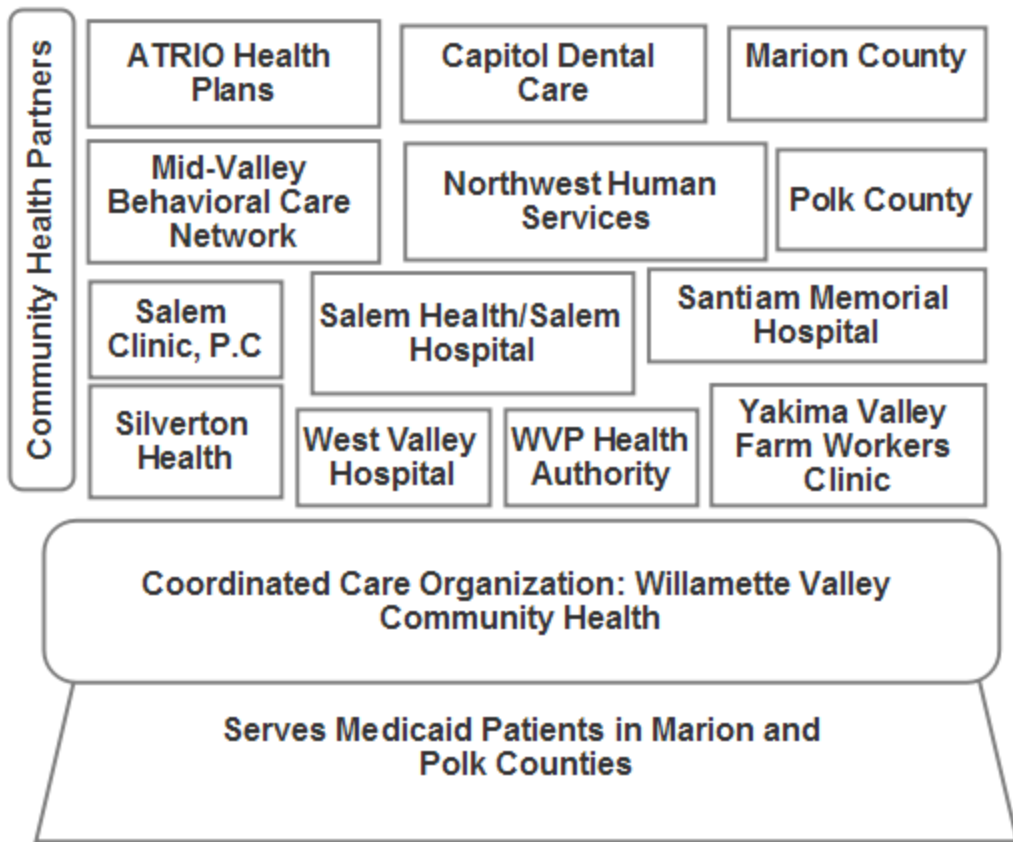


Figure 4: Local CCO System

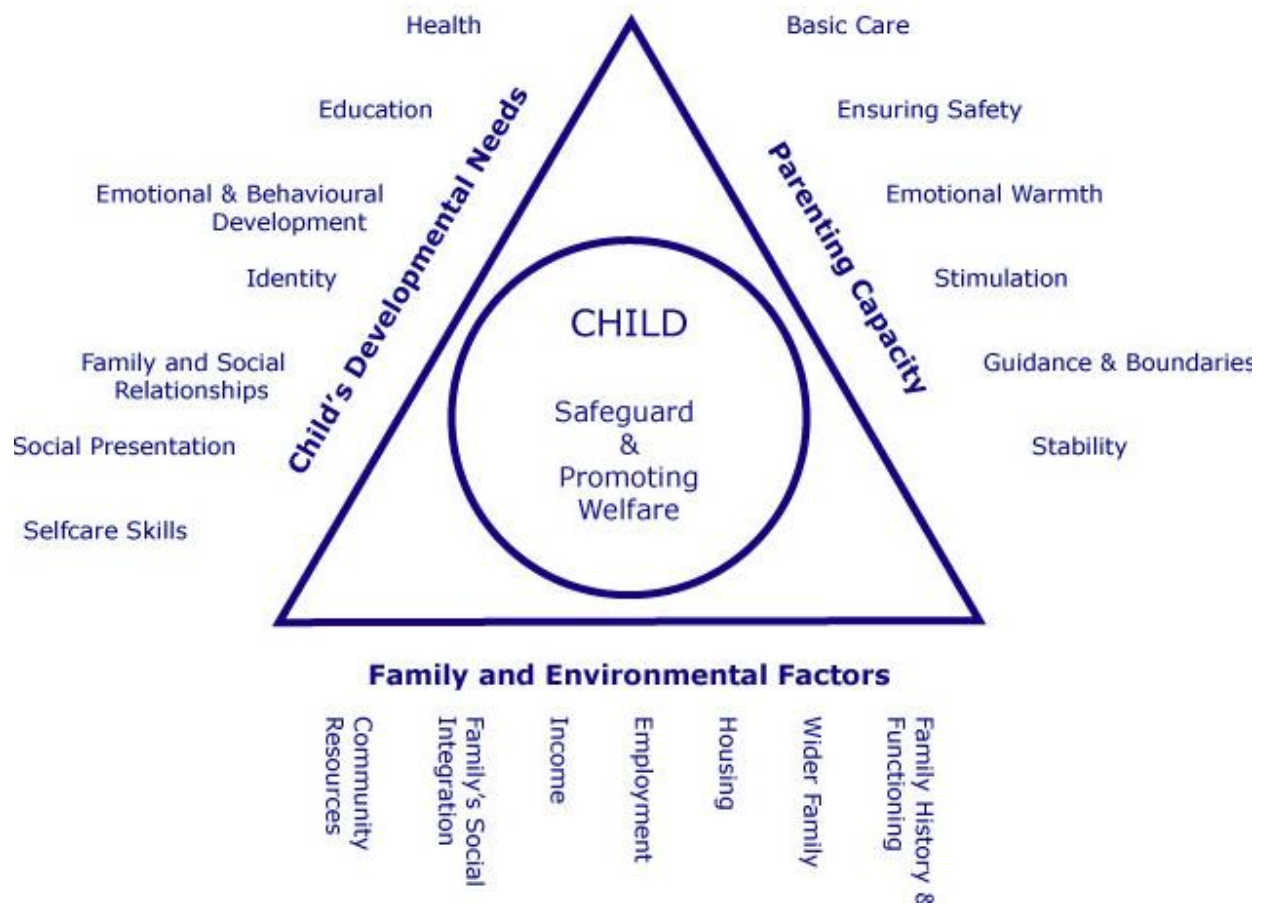


Figure 5 Child and Family Welfare Framework<sup>13</sup>

<sup>13</sup>'Working Together to Safeguard Children' (2015)

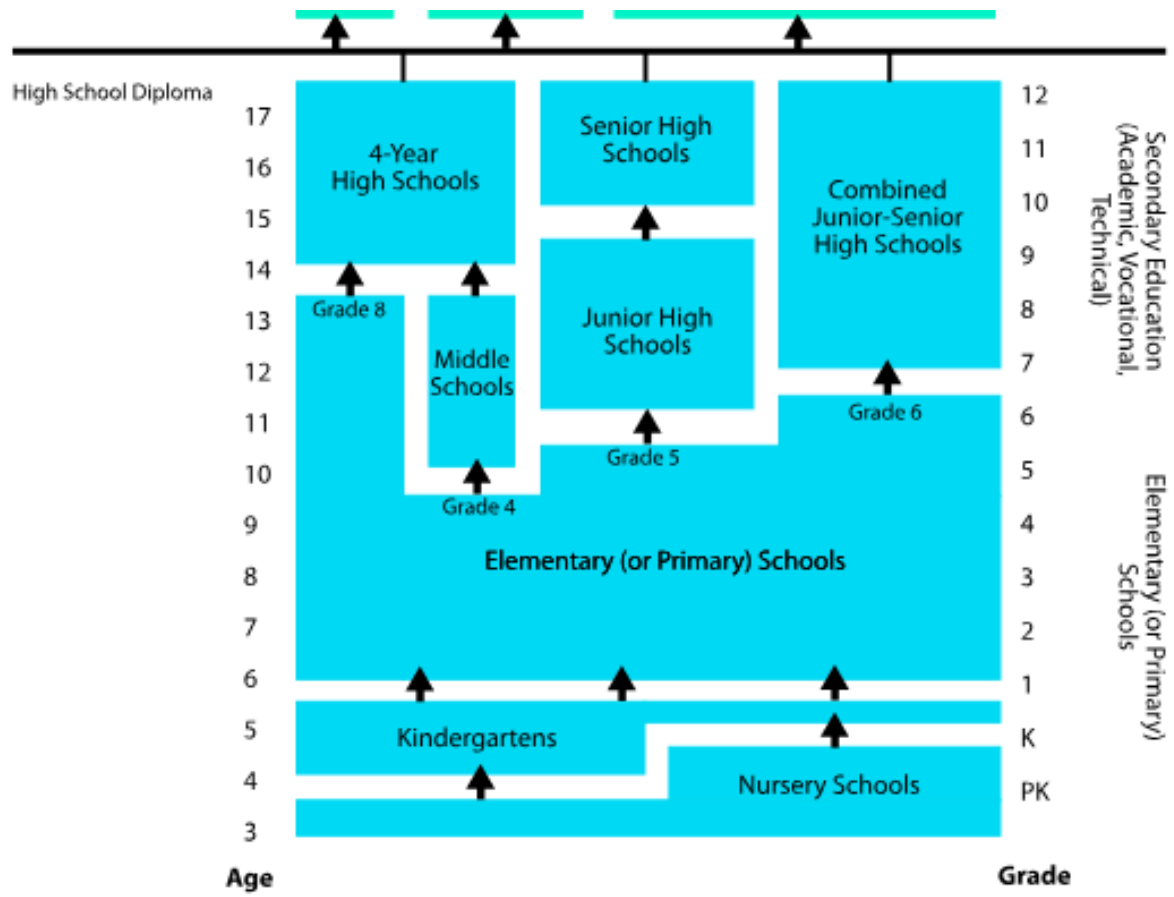


Figure 6 Public Education System<sup>14</sup>

<sup>14</sup> U.S. Department of Education (2007)



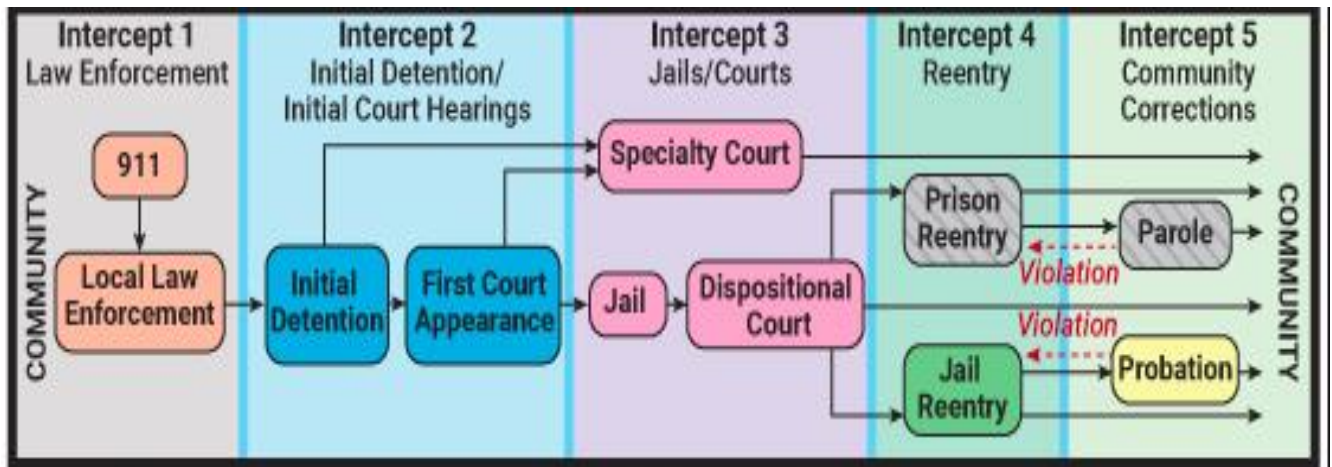


Figure 7: Criminal Justice System Framework<sup>15</sup>

<sup>15</sup> SAMHSA;s Gains Center, *The Sequential Intercept Model* (2013)

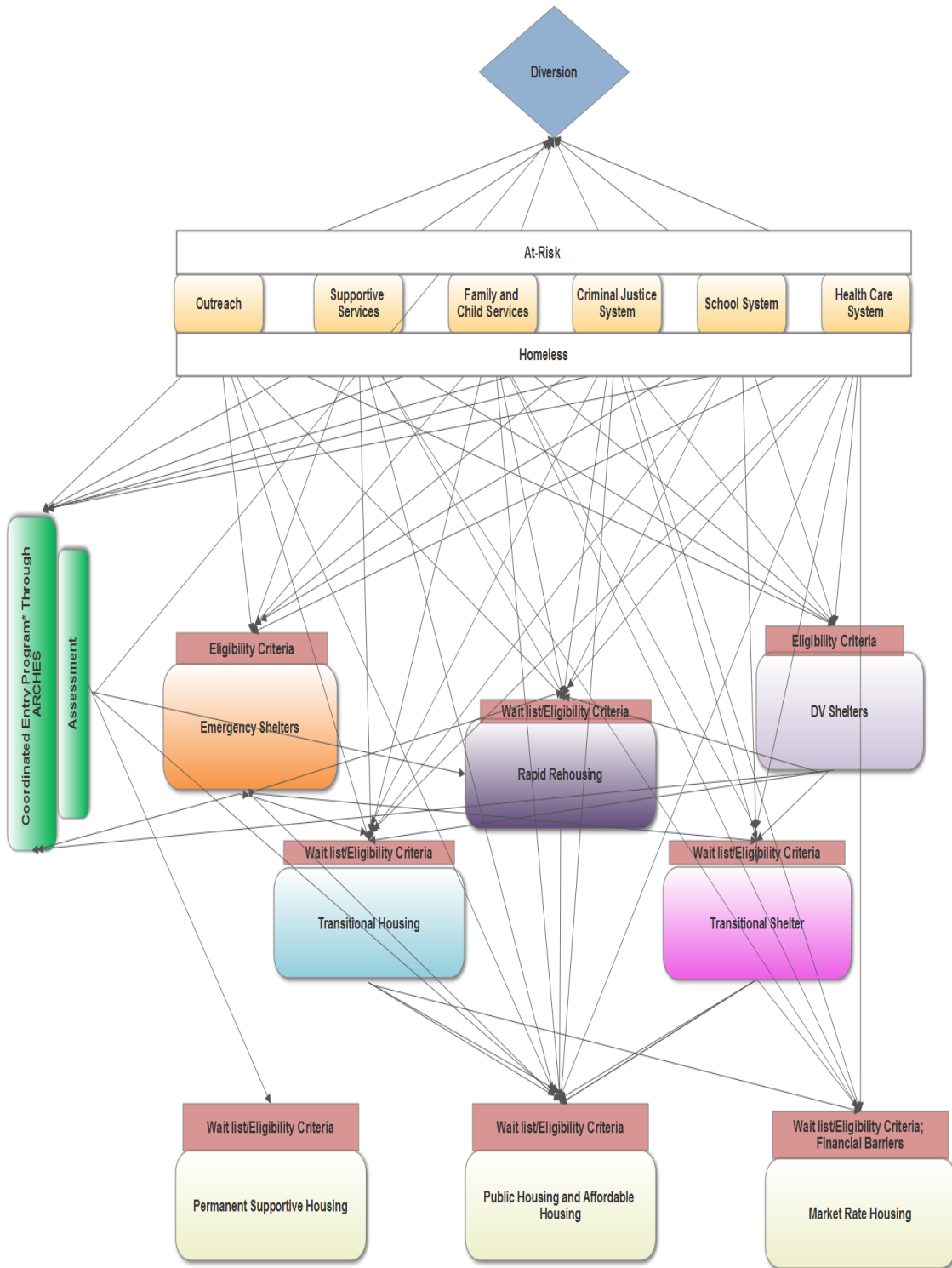


Figure 8: Current Example of System Connections

## Mapping Connections between Mainstream Resources and Programs and Homelessness Services

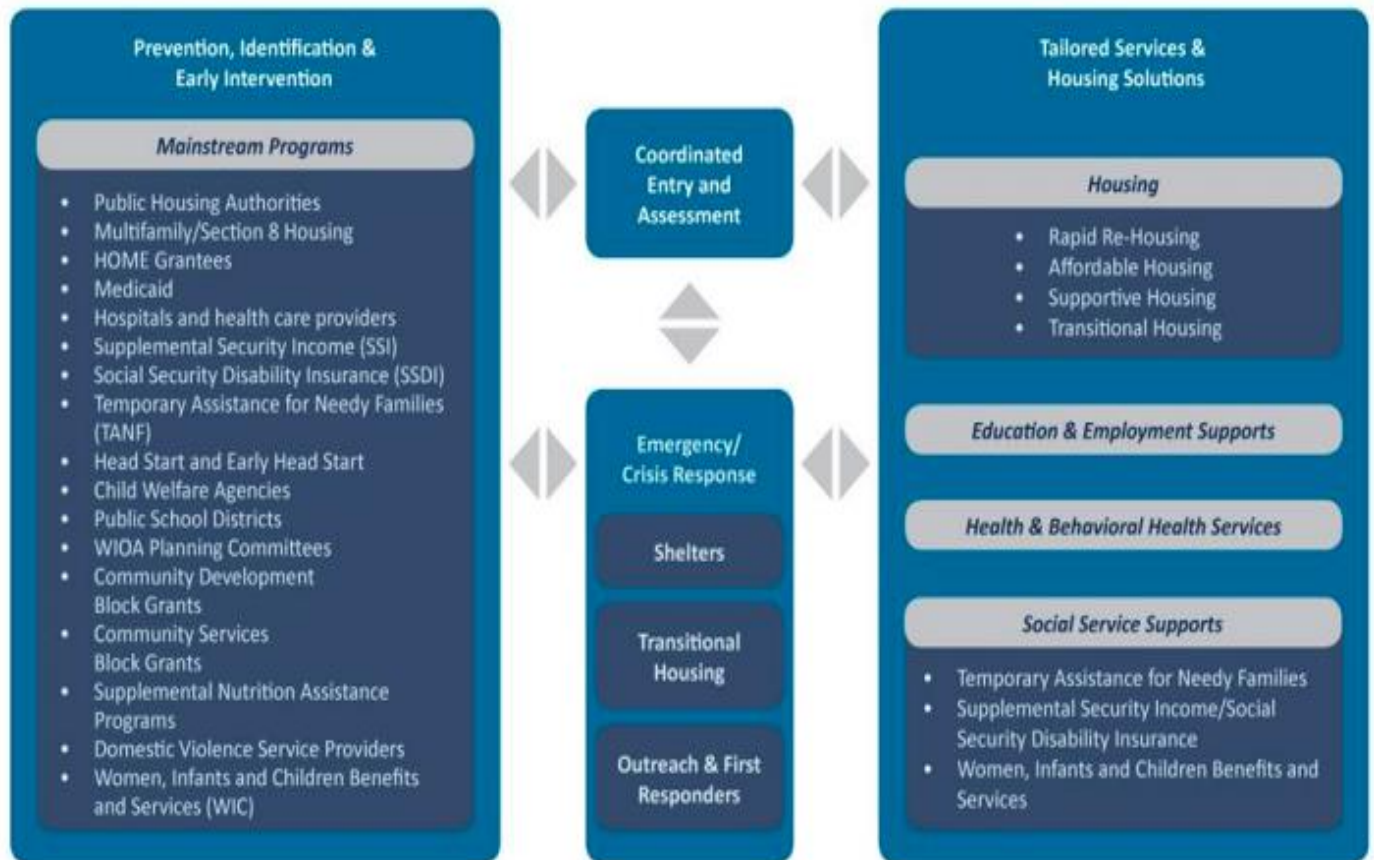


Figure 9<sup>16</sup>: Best-Practice Example of System Connections

<sup>16</sup> US Interagency Council on Homelessness, *Enhancing Coordinated Entry through Partnerships with Mainstream Resources and Programs* (2017).

## Appendix D: Shelter Distribution

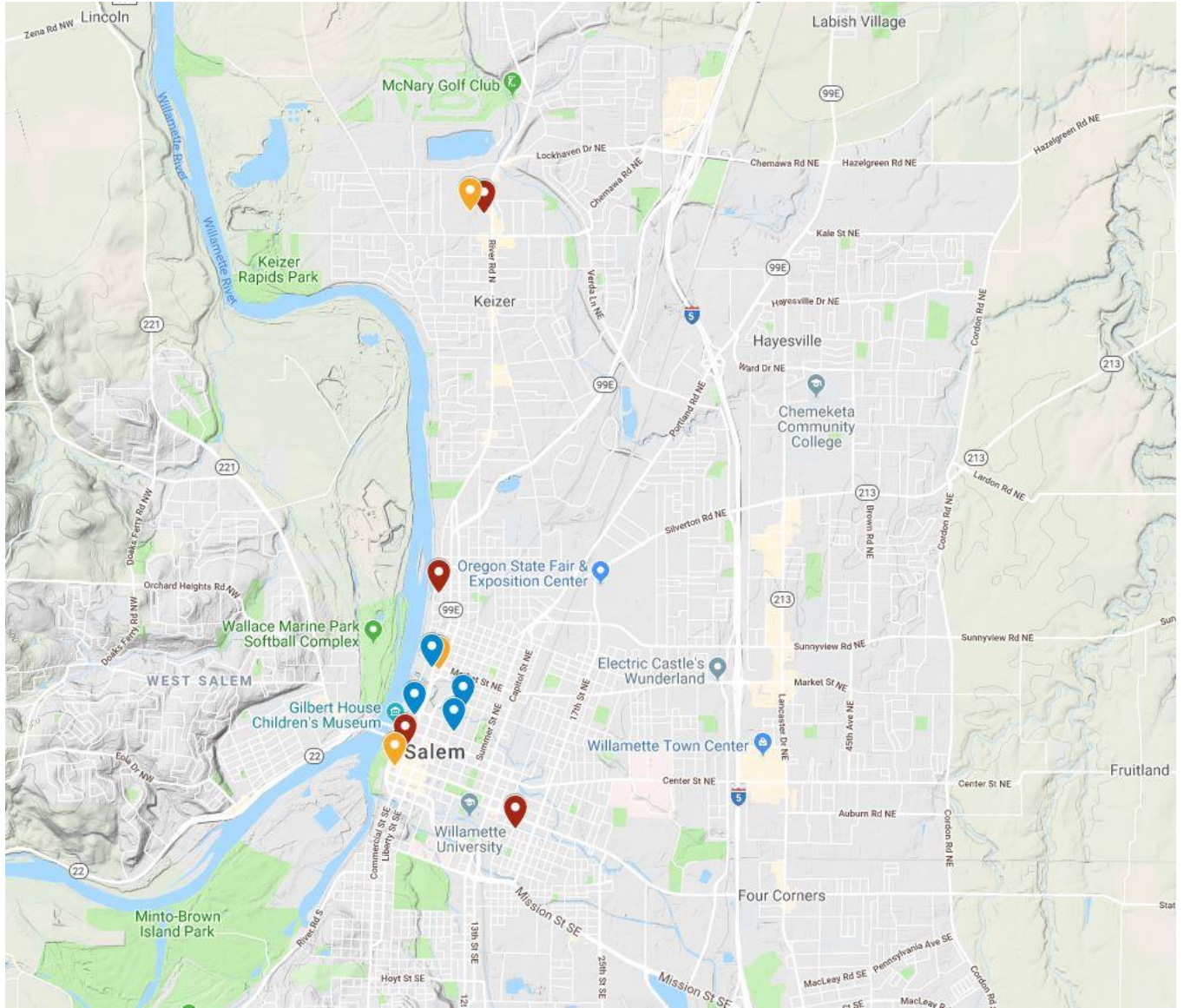


Figure 10: Geographic Shelter Distribution

**Blue**-Homeless Day Centers

**Red**-Emergency Overnight Shelters

**Yellow**-Transitional Shelters/Programs

\*Not included:

DV Shelters (Salem and Dallas)

Family Promise Overnight Shelter- Rotating locations (Below)

First Christian Church	Salem
Holy Cross Lutheran	Salem
Our Savior's Lutheran	Salem
Queen of Peace Catholic Parish	Salem
St. Mark Lutheran	Salem
Trinity Covenant Church	Salem
Unitarian Universalist Congregation of Salem	Salem
Westminster Presbyterian Church	Salem
St. Vincent de Paul Catholic Parish	Salem
Salem First Presbyterian Church	Salem
Salem First Free Methodist Church	Salem
St. Paul's Episcopal Church	Salem
St. Joseph Catholic	Salem
First United Methodist Church	Salem
First Congregational United Church of Christ	Salem
St. Edward Catholic Church	Keizer
St. Edward's Episcopal Church	Silverton
Christ's Church Monmouth	Monmouth