

SUPPORTIVE HOUSING SERVICES QUARTERLY REPORT

SUBMITTED BY: Multnomah County

FISCAL YEAR: FY 2025

QUARTER: 4

SUPPORTIVE HOUSING SERVICES QUARTERLY REPORT TEMPLATE DRAFT

The following information should be submitted 45 calendar days after the end of each quarter, per IGA requirements. When that day falls on a weekend, reports are due the following Monday.

| | Q1 | Q2 | Q3 | Q4 |
|-------------------------|----------------|----------------|----------------|----------------|
| <i>Report Due</i> | Nov 15 | Feb 15 | May 15 | Aug 15 |
| <i>Reporting Period</i> | Jul 1 – Sep 30 | Oct 1 – Dec 31 | Jan 1 – Mar 31 | Apr 1 – Jun 30 |

Please do not change the formatting of margins, fonts, alignment, or section titles.

| | Permanent Supportive Housing | Rapid Re-Housing | Prevention | Shelter Units* |
|-------------------------------------|------------------------------|------------------------------|------------------------------|--|
| YTD Progress (placements) | 898 people placed | 923 people placed | 1,040 people served | 1,778 units 100 new / 1,678 sustained |
| FY 25 Annual Work Plan Goal | 360 people 300 households | 550 people 440 households | 800 people 600 households | 1,397 units 309 new / 1,088 sustained |
| SHS Year 1 to Current Date** | 4,093 people placed | 2,853 people placed | 15,642 people served | 1,997 units 692 new / 1,405 sustained |

**The shelter units shared in this table represent fully or partially SHS-funded shelter units and are not representative of the entire shelter units available in Multnomah County, as some utilize funding sources other than SHS.*

***Outcomes in Year 1 of SHS implementation were primarily captured through provider reports due to limitations in capacity for HMIS outcomes reporting. Since Year 1 outcomes have a different data source, they cannot be directly compiled into FY 23-25 unduplicated outcomes, which utilize HMIS.*

Section 1. Progress narrative

In no more than 3-5 pages, please provide an executive summary and additional narrative to include:

- A high-level snapshot of your quarterly outcomes that tells us if you are on track or not on track with your Annual Work Plan goals. Which can include overall challenges and barriers to implementation, opportunities in this quarter, success in this quarter, emerging challenges and opportunities with service providers.*

- A focus on **one** of the following: regional coordination and behavioral health, new investments, leverage, service systems coordination or any other topic connected to your local implementation plan.
- A focus on **one** out of the three categories associated with your annual work plan. At least one or two highlights or progress updates in one of the following qualitative goals: racial equity, capacity building: lead agency/ systems infrastructure, or capacity building: provider capacity.
- A reflection on your progress for the quarter that includes your investments and programming during the reporting period.
- Please also connect any of the above narratives to your data tables, as applicable.

Note that one of each category/work plan goal must be covered in at least one quarterly report during the year. Metro will assist each county by tracking accordingly to ensure each category is covered throughout the year.

Executive Summary

What are we seeing in the fourth quarter of year four of SHS implementation?

In the first three years of the Supportive Housing Services (SHS) measure, Multnomah County focused on scaling our system of care to meet the pressing need for additional housing and homeless services and to effectively leverage an unprecedented infusion of resources into our historically underfunded system. While the first three years of the measure were characterized by rapid program growth and tax revenue that consistently outperformed projections, in Year Four the SHS landscape changed as collections fell below Metro’s forecast for the first time.

In this new season of SHS work we have sought to sustain as much programming as possible to mitigate the impact of the shortfall on providers and participants while remaining faithful to the measure’s charge to serve those most affected by the affordable housing crisis and systemic racism. In addition to the challenges caused by reduced revenue, providers have continued to navigate well-known barriers related to staff recruitment and retention and increased concerns about participant safety in the current federal climate. In this environment our partners have continued to do remarkable work to provide low-barrier services and a pathway for our neighbors from the streets to stable housing.

In FY 2025, Homeless Services Department providers surpassed all housing placement goals for the year, placing 672 households in permanent supportive housing, 488 households in rapid re-housing, 265 households in “housing with services,” and 39 households in “housing only” programs. By the end of Q4 we had met or exceeded all of our quantitative annual work plan goals, reaching 224% of our household annual goal for permanent supportive housing placements, 110% of our annual goal for rapid re-housing placements and 112% of our annual goal for households provided with homeless prevention services.

Across all four quarters of FY25, even as funding either leveled off or was reduced, the Homeless Services Department and its providers were able to use SHS funds to support at least 1,464 households (2,231 people) in leaving homelessness for housing — essentially matching the previous year’s outcomes.

While the total number of households placed in housing with SHS funds remained relatively steady, we did see an increase in the number of people placed in permanent supportive housing. This year, 898

people were placed in permanent supportive housing, a 56% increase over the 574 people placed in that type of housing last year. (Last year, a larger share of people were housed with SHS-funded rapid re-housing). Permanent supportive housing, which provides long-term rent assistance paired with wraparound services, is the most effective tool for ending someone's chronic homelessness. This year, four in 10 people rehoused with SHS funded programs entered permanent supportive housing¹ — reflecting the measure's focus on serving those most affected by the crisis in our community.

These outcome numbers are still preliminary, and it's possible they will increase by the time we submit our FY25 SHS annual report later this year. As shared in Q3, the Homeless Services Department has made data improvements to our reporting process, more closely linking outcomes to our SHS financial reporting. This more accurately represents the portion of outcomes attributed to SHS. The outcomes presented in this Q4 report are based on preliminary fiscal data due to standing year-end County financial timelines. Once FY25 financial processes have concluded, we will attach the financial report to the Q4 report and update outcomes, as needed, in the FY25 annual report.

By the end of Q4, we also met two of our key qualitative annual work plan goals, including investing \$13.9 million to raise the per-household services funding rate for permanent supportive housing participants and using SHS funds to pay the required match for all federal Continuum of Care projects in Multnomah County. Both these initiatives had a significant impact on providers' ability to ensure adequate wraparound support for individuals and families experiencing homelessness, which has traditionally been too low to ensure ongoing stability for participants. While providers have indicated an even higher level of support may be needed, these successes are an important step in right-sizing our system to address the rising inflation and increased acuity that emerged from the COVID-19 pandemic.

This quarter we also hosted a grand opening event for a new drop-in center in North Portland that supports SHS geographic equity priorities by making services such as case management and housing navigation more accessible to local residents; worked with our partners to establish a new outreach strategy that will improve system coordination and ensure comprehensive outreach coverage; and leveraged key behavioral health investments in alignment with the goals of our Local Implementation Plan (LIP). Community engagement during the formation of our LIP identified these services as the second most important investment in Multnomah County next to permanent supportive housing.

Q4 Data Limitations

It is important to note that the data in this report was prepared with incomplete financial information because of differences between Metro's reporting timelines and the deadline for local governments like Multnomah County to complete their accounting for the fiscal year. The close of a fiscal year is a demanding period for financial reporting, requiring a thorough process to review, balance and finalize records for both the final quarter and the entire year. Consequently, the results presented in this Q4 report are derived from preliminary fiscal data, which may be subject to adjustments upon the official closing of the books. An update to Q4 data, based on finalized financial statements, will be provided when Multnomah County releases our FY25 Annual Report.

Annual Work Plan

Highlights from our SHS Annual Work Plan Quantitative & Qualitative goals

¹ This figure represents the 898 individuals placed in PSH out of a total of 2,231 people placed in SHS housing in FY25, which includes PSH, RRH, Housing with Services, and Housing Only.

| FY 2025 Annual Housing and Program Quantitative Goals | | | |
|--|--------------------------------|----------------------------------|--|
| Category 1: Regional Metrics | Year to Date Q1+Q2+Q3+Q4 | FY25 Work Plan Goal ² | % Achieved of goal <i>Based on households</i> |
| Permanent Supportive Housing | 898 people 672 households | 360 people 300 households | 224% |
| Rapid Re-Housing | 923 people 488 households | 550 people 440 households | 110% |
| Housing With Services (Includes Transitional Housing) | 287 people 265 households | N/A | N/A |
| Housing Only | 123 people 39 households | N/A | N/A |
| Homeless Prevention (Eviction Prevention) | 1,040 people 675 households | 800 people 600 households | 112% |

Data highlights and takeaways

In Q4 we continued to surpass our housing placement goals, many of which we already met in Q3. It is common to see an increase in SHS outcomes during the latter half of the fiscal year. This pattern is partially attributable to providers within our system initially expending their most restrictive funding sources before drawing on their more flexible sources, including SHS funding. Consequently, SHS outcome reporting may appear elevated in Q3 and Q4 when SHS spending is at its highest.

Supportive Housing: Permanent Supportive Housing, Housing with Services and Housing Only

In Q4, 113 households were placed in permanent supportive housing (PSH), bringing our year-to-date total up to 672 households, well beyond our annual work plan goal of 300 households. This is in part due to improved reporting capabilities as well as the ramping up of households being placed into several PSH programs that opened in Q2³. An additional 68 households were placed in “housing with services” programs, a service category that is similar to PSH in that it includes permanent housing with supportive services, but doesn’t require participants to have a disability. Still, 98% of people placed in housing with services have a disability and over 80% fall into Population A. The remaining supportive housing category is “housing only.” Eight households were placed in these programs this quarter. As housing only and housing with services are newer categories, there are no annual goals established for either category in FY 2025.

Rapid Re-Housing

Our rapid re-housing (RRH) programs provide rental assistance and housing stabilization services to individuals or families to rapidly place and keep them in permanent housing. In Q4, our providers

² Housing with Services and Housing Only service categories were added in Quarter 2 in the place of Other Permanent Housing (OPH). Since this update occurred after FY 2025 goals were set, there are no goals for these two service types.

³ During Q2, five PSH programs opened including Beacon at Glisan Landing, Fairfield Apartments, Francis & Clare Place, Meridian Gardens, and Tistilal Village.

successfully housed 121 new households in RRH, bringing our year-to-date total to 488 households. This achievement surpasses our annual goal of 440.

Short-term housing interventions: Eviction Prevention and Shelter

This quarter, 169 households were served by our SHS-funded eviction and homelessness prevention programs, more than double the number served during the same period last year. This progress also brings our annual total households served to 112% of our goal. Of all the individuals who received homelessness prevention services in FY 2025, 71% identify as Black, Indigenous, or other People of Color (BIPOC) compared to just 47% in FY 2024. In addition, SHS-funded shelter programs served 1,330 households in Q4, bringing our year to date number to 4,497 households.

Regional Long-term Rent Assistance

The Regional Long-Term Rental Assistance (RLRA) program provides subsidies to qualified low-income tenants. Managed by Home Forward, Multnomah County issued 59 RLRA vouchers in Q4 and 108 individuals were newly leased up during the quarter. In total, 1,755 individuals (1,040 households) were actively using a RLRA voucher during Q4.

Strategies to improve data quality and reporting

The Homeless Services Department has made substantial progress in improving data quality throughout Q3 and Q4. These improvements have been critical in providing a more accurate and comprehensive understanding of the impact and reach of SHS funding.

A key initiative in this effort was the launch of a data improvement pilot project in Q3, which continued into Q4. This project focused on using a newly established data mart to create a more direct link between fiscal data — how SHS investments are spent — and program outcomes such as housing placements, eviction prevention, etc. This project integrated automated processes for data extraction and analysis that enhance reporting accuracy and reduce the potential for human error.

Furthermore, this direct linkage allows for a clearer line of sight from investment to impact. The Homeless Service Department can more precisely determine the proportion of programmatic outcomes that can be directly attributed to specific funding sources. This gives us a more complete and nuanced understanding of the true impact and extensive reach of SHS investments across our systems of care.

Looking ahead to the next fiscal year, the Homeless Service Department is committed to continuing to refine its reporting methodologies. The department intends to fully leverage the increased capabilities of our enhanced data infrastructure to further improve reporting.

As noted in the Executive Summary, the outcomes presented in this report are derived from preliminary fiscal data since the Homeless Services Department's financial reports are not yet closed for Q4; we will provide final outcomes in our FY25 Annual Report.

Increased Permanent Supportive Housing services funding helps address critical barriers to housing stability

The Homeless Services Department successfully implemented the first significant funding increase for permanent supportive housing (PSH) wraparound services since the start of PSH programming in Multnomah County, and the department has committed to continuing this investment in FY26. We invested \$13.9 million in raising the standard per-household services rate to \$15,000 per year, with a premium funding level of \$17,500 per household for culturally specific projects, family projects and PSH buildings with at least 25% of apartments dedicated to PSH.

This goal has been an important part of our work to raise awareness about the true cost of PSH and fund PSH programming at a sustainable level. PSH providers, many of whom had been advocating for additional service funds for years, were able to use this increase to respond to the heightened acuity among people experiencing chronic homelessness and offer essential support for staff.

For culturally specific PSH, funding premiums helped offset costs related to staff differentials; the higher costs of culturally specific products, food and services; and the disproportionate level of barrier mitigation work required by our culturally specific providers to overcome discriminatory challenges created by systemic and institutional racism experienced in their communities.

In Quarter 4 we distributed an evaluation survey to the 20 providers who received the funding to better understand the impact of the funds. The majority of providers who participated in the survey spent the money on utility assistance and/or arrears, move-in costs and basic needs assistance; many providers also spent the money on hiring additional staff. Providers indicated that the funding had a positive impact both on overall program stability and staff retention:

"[This funding] has enabled leadership to provide more targeted and effective support to line staff, which has contributed to improved morale, increased clarity around roles and expectations, and ultimately, higher staff retention. By investing in consistent guidance and systems of accountability, we've been able to foster a more stable and supportive work environment that encourages team members to stay and grow within the organization."

Providers also noted positive outcomes related to participants' ability to secure and maintain housing and overall health:

"Households have been able to maintain their homes by receiving extra supports such as utility assistance, clothing, cleaning supplies and furniture that frequently has not been approved by HUD. This has allowed families to have services that met their needs that reduced their stress and increase their overall wellbeing."

We have heard from some project-based PSH providers that this higher funding level is still not sufficient, particularly for projects with a high concentration of PSH units that need 24-hour staffing to be successful. In coming months we will use survey results and FY25 fiscal data to better understand the pilot's successes and challenges, and make improvements.

SHS match for HUD projects offers stability for historically underfunded programs

This year we also met our goal of using SHS funds to cover the federally required 25% match for HUD⁴ Continuum of Care (CoC) projects in Multnomah County. Ninety-seven percent of these providers continued to operate a CoC project thanks to the match, exceeding our goal of 95%.

In addition to offering stability for providers who have historically operated a CoC project, the match also allowed us to expand our partnerships with culturally specific organizations that have traditionally faced barriers in applying for these projects due to the high administrative burden and difficulty in finding outside sources for the match. This year, three new culturally specific providers applied for a CoC grant and one secured an award, in part thanks to SHS matching funds making these projects more feasible to operate.

⁴ U.S. Department of Housing and Urban Development

Providers have primarily used matching funds to cover the administrative costs of operating a CoC grant and offer more robust supportive services to participants. For example, the SHS match made it possible for provider Our Just Future to continue running four HUD programs that offer housing search support, rental assistance, client assistance and case management for 232 people from 70 previously unhoused families. One of these is a rapid re-housing program (RRH), limited to 24 months of rent assistance, and the other three offer permanent supportive housing (PSH). One story of success came from a participant in a PSH program who faced a job loss that threatened to destabilize their housing situation. Despite this setback, the participant managed to secure a similar job, but faced a week without pay during the transition. Our Just Future was able to use the SHS match to support them with emergency groceries, which they resourcefully stretched throughout the transitional period. In part thanks to the matching funds, which filled a critical need during a crisis, this single mother avoided an experience in shelter and maintained housing.

Challenges noted by providers are largely structural and coming from processes outside the Homeless Services Department, but our team has taken steps to support providers and to adapt this funding source to mitigate barriers. The Continuum of Care team will continue to monitor and evaluate the effectiveness of these funds in the next fiscal year.

500 people with lived experience will share their stories to improve shelter services

In the first year of the Pathways to Housing Study, the Homeless Services Department partnered with Portland State University's Homelessness Research and Action Collaborative (HRAC) to operationalize a 17-member lived experience committee, design a survey tool and collect qualitative survey data from hundreds of people experiencing or who have recently experienced homelessness.

This community-centered research will improve the quality and effectiveness of shelter as a pathway to permanent housing, with the goal of shortening shelter stays, making more unit space available and ensuring that more people move from shelter to housing.

The project's lived experience committee informed survey development and has participated in data collection alongside HRAC staff and Street Roots ambassadors. Data collection began in Q4 and was more than 66% complete by the end of the quarter. The team was also able to rebudget unspent contract funds to add 100 individuals with lived experience to the total sample, for a total of 500 interviewees. The survey seeks to understand a variety of topics, such as the reasons for an individual's homelessness, barriers to housing, housing preferences or goals, utilization of services, housing-focused service and support needs, and the impact of campsite removals and relocations. Demographics, including race and ethnicity, are being tracked to ensure the sample is inclusive and representative of the population experiencing homelessness.

The lived experience committee also continued developing and piloting the data collection process for the next phase of the project in Quarter 4, which will involve the use of "Journey Mapping" methodology to support participants in artistically rendering their experiences with homelessness and housing.

The two-year, multi-phased project is on track to be completed on time in February 2026, but a late start due to the Homelessness Research & Action Collaborative (HRAC) lead role in the Point in Time (PIT) count this year means the team will complete phase one (analyze data, validate findings and publish the year one report) by early FY 2026.

SHS increases shelter options for youth, families, adults and domestic violence survivors

In FY25 the Homeless Services Department supported the opening, or imminent opening, of 45 new units of shelter for domestic violence survivors, 81 units of adult shelter, and a new program supporting culturally appropriate youth shelter for immigrant youth. SHS funds are also making it possible to preserve 50 units of family shelter and to ensure continued service for families after a site closed unexpectedly.

| Original Goal | Outcome |
|---|---|
| 90 units for adults | Opened or imminently opening 81 units (90% of goal) |
| 45 units for domestic violence survivors | 45 new units opening FY26 (100% of goal) |
| 90 units for families | Did not add units, but will be preserving 50 units that would have been lost. SHS funds helped 37 families stay sheltered when a 50-unit shelter closed unexpectedly. Families who were residing in the shelter that was closing were moved to scattered site motels and supported with navigation and case management. |
| 25 units for immigrant youth | Worked with The Immigrant and Refugee Community Organization (IRCO) to fulfill this commitment by developing a culturally relevant program with day services, outreach, connection to community resources, client assistance and motel vouchers/shelter referral. |

The difference between our original goals and our outcomes is the result of several key factors, including funding changes and conscious pivots to ensure our programs are culturally responsive.

For instance, in the family system, shelter unit expansion did not take place as planned partially due to the closure of a 50-unit family shelter funded by the Homeless Services Department that closed in late FY25. We are in the process of pursuing a lease and soliciting for a provider for a new 50-room motel that was originally intended for shelter expansion, but will now replace other shelter units lost in the system. Thirty-seven relocated families were temporarily moved to scattered-site motel shelters and supported with navigation and case management. These families will move to the new location or on to housing in FY26, as we continue to work toward the expansion of family shelter units this year.

In addition, we made changes to our youth shelter goal in order to support culturally specific services and quickly implement critical community recommendations. The Homeless Services Department will repurpose 25 budgeted units of culturally specific congregate shelter operated by The Immigrant and Refugee Community Organization's (IRCO) Africa House to fulfill our youth system shelter goal. We worked with IRCO to transition these units from overnight shelter to a more culturally relevant model that will include day services, outreach, connection to community resources, client assistance and motel vouchers/shelter referral. This program was the result of engagement and advocacy with community groups including and serving Black and African American folks who recommended changes to sheltering strategies to better serve their members who are currently underserved by our shelter system. In the last fiscal year, our data has shown that Black and African American communities are accessing shelter at lower-than-expected rates, which is out of alignment with our goals to reduce disparities across our systems.

We made similar adjustments to our strategy in the adult system as a result of this engagement,

partnering with the Urban League of Portland to transition 45 units of motel shelter to a combination of day services, motel vouchers and culturally specific inreach. In the adult system, we also expanded shelter through a variety of other projects, including the SHS-funded Delta Park motel shelter, which opened in Q4 and added 61 units of motel shelter for adults. The Delta Park shelter is run by provider Sunstone Way and embraces a trauma-informed, participant-centered approach designed to provide both immediate stability and long-term opportunities. We also continued collaborating with the Queer Housing Collaborative to envision what effective sheltering might look like for queer and trans adults. We also supported provider Do Good Multnomah in purchasing a 17-unit motel shelter for veterans with a unique “Aid and Assist” forgivable loan. This shelter is slated to open in fall 2025.

Our original unit goals were part of the Community Sheltering Strategy, a two-year plan crafted by Multnomah County, the cities of Portland and Gresham, and community providers to add shelter to our system. Although this is a report on FY25, it is relevant to note that we will be re-examining our shelter strategy in FY26 as part of community efforts to align with new funding realities. Our overarching goal is to fund a holistic system that leads to permanent housing, and to avoid over-investment in any one service.

Safety on the streets

Street outreach interventions have historically been challenging to quantify and assess due to the inherent complexity of the work itself. As shared in Q2, the Homeless Services Department has been approved by Metro to use provider report narratives to track outcomes across SHS-funded outreach programs since our current Homeless Management Information System (HMIS) has limited ability to capture outreach activities and interactions with unsheltered individuals at scale. However, we have found that synthesizing quantitative data from provider reports presents limitations due to inconsistency; not all outreach programs submit them in the same way, and those that do show significant variation in how outreach activities are measured.

Even quantifying the number of SHS funded outreach programs has proven challenging as many programs have varying levels of outreach components in their scopes of work. There are 14 SHS-funded programs in Multnomah County that the Homeless Services Department defines as “safety on the streets” programs, which bring basic health and survival services, and assistance and service navigation, to adults who are sleeping outside. The department funds several other outreach-adjacent programs including day services as well as service navigation for those experiencing homelessness at shelters and other congregate settings.

As a result of data limitations, the Homeless Services Department cannot provide aggregated quantitative data on the number of individuals engaged through outreach for Q4. We anticipate an improved ability to report outcomes in the future thanks to several initiatives described below.

During FY25, the Homeless Services Department led an extensive project to align programmatic outcomes and outputs across service types. This exercise addresses some of the limitations noted above and improves and clarifies provider narrative reporting. These changes are incorporated into provider program instructions for FY26. Additionally, the Homeless Services Department has developed a new outreach strategy to improve coordinated, person-centered services for individuals experiencing homelessness. A new outreach survey tool and reporting structure were introduced in Q4 and will improve the department’s ability to report outreach outcomes in the future. Further details of the outreach strategy are provided later in this report.

The tri-counties and Metro also collaborated on a regional procurement process to identify a new HMIS

provider with an emphasis on transitioning to a platform that is more accessible for outreach workers to enter data. On July 17, regional partners announced Bitfocus as the software provider for the new regional database⁵. While full implementation of the new platform will take time, this marks a significant step for improving system-wide homelessness data tracking and reporting across the region.

SHS grants expand support for new, emerging and culturally specific providers

In FY 2024, the Homeless Services Department led a first-of-its-kind pilot in the County to provide 11 new and emerging culturally specific organizations with grants for the growth and improved delivery of culturally specific programming. Although the FY 2024 grants were not SHS-funded, the pilot was led by SHS-funded staff. This year, the second round of grants was expanded using \$1 million in SHS Regional Investment Funds (RIF).

The grant pilot aligns with Multnomah County SHS Advisory Committee recommendations to prioritize culturally specific providers for capacity-building funds and increase partnerships with new and small organizations⁶. Additionally, the grants respond to longstanding feedback that the County's financial processes can be challenging to navigate for many new, emerging and culturally specific providers without proper investment in their capacity to contract with the County.

The Homeless Services Department's equity team successfully launched the second round of grants in Q4, announcing the opportunity to 27 new (qualified but not yet contracted) and emerging (contracted for three years or less) culturally specific providers. The team designed the application with accessibility in mind, and offered support via two informational sessions to clarify instructions and field questions.

In FY26, the team will distribute awards, provide technical support to providers and facilitate information-sharing amongst providers regarding best practices for spending these key capacity building resources.

Investments & Programming

Selected investments & programs that demonstrate progress toward work plan goal areas

This quarter we are highlighting SHS investments and programming including a new day services center in North Portland, a dynamic new outreach strategy, and youth and family homelessness prevention.

Day center offering services for people experiencing homelessness opens in North Portland

In Q4 the Homeless Services Department and provider Do Good Multnomah hosted a grand opening event for the new SHS-funded North Portland Drop-In Center. The center, which officially opened its doors soon after the start of FY 26, offers a variety of day services, including access to mail services, case management, showers and meals. While not an overnight shelter, the center will be able to help people access longer-term services that could include referrals to shelter. Staff have been hard at work making community connections and working to inform the community of this new service. One of these important partnerships is with Multnomah County's North Portland Health Center, which is located in the same building and is supporting with cross-education and implementing a referral system.

⁵ Multnomah County, "[Tri-county region chooses new homeless services database provider, making progress on long-term data plan](#)"

⁶ Multnomah County, "[Capacity Building Recommendations for Review by JOHS Leadership](#)".

The facility provides a central location for community members to access a variety of services in a safe, trauma-informed space, while also providing respite from the elements. Importantly, it will contribute to bridging the gap in services in racially diverse areas that historically have not had access to necessary resources, and will help reduce barriers by providing support for residents in their own neighborhood.

New outreach strategy promotes coordination and geographic equity

Over the last year SHS funds continued to support coordinated and person-centered outreach services in Multnomah County, engaging directly with individuals experiencing homelessness in unsheltered locations to build trust, assess needs and connect them with essential services, housing and ongoing support. These efforts will now benefit from our new outreach strategy, launched on July 1, 2025, that will ensure comprehensive geographic coverage of outreach services, broadly improve coordination between County-contracted outreach providers and improve data-informed decision-making.

Homeless Services Department program staff finalized the strategy in Q4, including an outreach survey tool and weekly reporting structure, which will allow staff to document challenges as they arise and strengthen coordination among contracted outreach teams. The team spent the quarter socializing this strategy with contracted service providers, collecting feedback and rolling out the new reporting processes.

The strategy redefines the scope of outreach work for providers by establishing geographically assigned teams, medical outreach teams, and culturally specific or population-specific teams, including direct deployment by the Homeless Services Department in eight zones across Multnomah County. It implements enhanced data collection through a new ArcGIS-based tool that will enable us to track outreach service deployment and emerging needs in real time. The strategy also incorporates weekly coordination meetings led by the Homeless Services Department to review data and qualitative inputs, facilitating handoffs between teams based on individual needs as well as information-sharing between outreach workers. These meetings will further enable geographically assigned providers to connect participants with County-contracted culturally specific services and medical care. The strategy also includes standardized reporting measurements, collected through HMIS, that prioritize engagements, service connections and exits to shelter and housing. This will enable the Homeless Services Department to collect more robust information about the outcomes of County-funded outreach services. A final component of the strategy involves the development of an outreach services manual that the Homeless Service Department will create in collaboration with providers and other partners to standardize County expectations and best practices in alignment with national standards.

This new approach was prompted by a comprehensive review by a consultant in 2024 to understand the strengths of Homeless Service Department-funded outreach services, barriers to success and improvement opportunities. This effort was informed by engagement with providers and identified the need for improved system coordination and actionable information about what, when and where services are being offered through contracted outreach teams. The new strategy directly addresses recommendations from this review, aiming to improve coordination through clarified service expectations, comprehensive geographic coverage and enhanced data collection for informed decision-making across the system.

The strategy will help us better identify unsheltered individuals throughout our community and create more effective referrals to shelter and other participant-identified service needs such as

behavioral health support. It will also support SHS priorities by ensuring that folks are progressively engaged with and appropriately linked to housing and support services that will help end their experience of homelessness. This work will be further enhanced by increased outreach reporting capabilities in the coming years once our new tri-county HMIS (mentioned in a previous section) is implemented.

Homelessness prevention efforts continue despite challenging budget season

At the end of FY25, funding streams across the board, including SHS, experienced reductions that led to a decrease in funded services. Because of significant funding constraints, essential services like homelessness prevention were facing reductions during the FY26 budget process. Providers and staff in the Homeless Services Department's adult and family system and the Department of County Human Services' Youth and Family Services division advocated for continued prevention funding, emphasizing that community need continues to outpace eviction prevention resources such as legal services and rent assistance. In the adopted budget, the County Board of Commissioners restored funding to homelessness prevention services, recognizing the critical role these services play in preventing homelessness.

The decision to restore funding for homelessness prevention services is in line with our SHS Local Implementation Plan (LIP). The LIP recognized that inflow into homelessness is caused by factors beyond the SHS measure's control, but identified prevention as a key approach to divert "thousands of households from entering or reentering homelessness if the funds are used strategically." The LIP also acknowledged that because the primary focus of SHS was to increase supportive housing, more planning would be required to "determine the scale and type of Prevention and Diversion programs, and how they will be prioritized using SHS funds." While the new funding landscape means we are facing constraints, County leadership has shown that prevention efforts remain a key element of our effective use of SHS funds.

Local Implementation Plan

Advancing regional goals through continued collaboration

The fourth quarter of FY 2025 marked a period of critical stabilization and transition for SHS-funded behavioral health initiatives, including the programs explored below. In Q4, these programs continued to operate at full capacity and maintained engagement with high-acuity populations, particularly those experiencing unsheltered homelessness and co-occurring behavioral health needs.

However, behavioral health programs were also impacted by funding reductions during the FY26 budget process. The shortfall the County was grappling with during the FY26 budget process meant that some critical services are being funded at lower levels than before. This is creating challenges in planning and staffing for the County's Behavioral Health Division (BHD) programs that are being funded by the SHS measure. For example, the BHD's supportive housing navigation and stabilization programs — such as those operating in shelters or alongside Regional Long-Term Rent Assistance placements — are facing staff reductions that will limit our capacity to grow high-intensity case management or expand mobile outreach. The County's Behavioral Health Resource Center (BHRC) staff also noted that funding cuts have disrupted access to basic resources such as prepaid cell phones and transportation assistance. Without a reliable means of communication, BHRC staff report that participants are increasingly missing critical calls related to housing interviews, benefit appointments and medical follow-up. This has caused delays in placement timelines and added stress to both participants and staff. Budget cuts have also led to layoffs at partner agencies, which has created challenges in continuity of care. Warm handoffs to

outpatient or housing-focused case management are less consistent, and in some cases, referrals are being redirected or denied altogether due to program closures. Despite these challenges, the BHRC has focused on relationship-building with community providers that remain active to ensure that those still operating in the field are aware of available BHRC resources, particularly emergency beds.

Behavioral health teams also reported continued difficulty locating units for clients with untreated behavioral health conditions, especially those not connected to mainstream care systems. The lack of accessible, low-barrier housing and on-demand stabilization beds remains a structural bottleneck.

Promoting Access to Hope (PATH) Team

SHS funding has supported the expansion of the Health Department's Promoting Access to Hope (PATH) team, which assists with access to addiction treatment services for people experiencing chronic and episodic homelessness through street outreach and shelter in-reach. In Q4 alone the team supported community members with 266 placements into a variety of services including substance use treatment, primary care, transitional housing, peer support and mental health services. Additional successes include the PATH supervisor being invited to the monthly Multnomah Case Conferencing Meeting, supporting with consults regarding substance use treatment resources and enrollment into the program. The team also prioritized equity through its work on a 2025 African American Resource Guide, after successfully distributing over 25,000 copies in 2024, and working to establish an LGBTQIA2S+ provider resources meeting.

One emerging challenge that PATH has continued to monitor is hesitation from communities who are reluctant to seek treatment and engage in services due to rapidly evolving federal policies. To address this, PATH has had discussions with culturally specific organizations who would like more information on what the program will do to keep community members safe. The team is following the direction of Multnomah County leadership and is focused on promoting psychological and physical safety during this time of transition. Another challenge is that smaller organizations who have been greatly impacted by budget cuts are making fewer referrals. To relieve some of this burden, PATH is actively reaching out to these agencies to offer support.

Behavioral health work in Q4 demonstrated the necessity of community-based, low-barrier and flexible service models for individuals most impacted by chronic homelessness and mental illness. While expansion was limited by budget uncertainty, the programs that continued in Q4 reflected a strategic pivot toward durability and sustainability. These behavioral health investments laid the foundation for future Medicaid alignment and signaled the beginning of a more coordinated behavioral health and housing system — anchored in person-centered, racially equitable care.

Conclusion

Overall, the fourth quarter of FY25 demonstrates considerable progress in SHS implementation in Multnomah County, particularly in achieving and exceeding housing placement goals despite a challenging financial landscape. Investments in permanent supportive housing (PSH) services, including increased per-household services funding rates and match support for HUD projects, have proven instrumental in providing critical wraparound support and maintaining program stability, directly addressing provider needs and improving participant outcomes. The commitment to data quality improvements and the development of a new outreach strategy also highlight a proactive approach to enhancing efficiency and effectiveness within the system.

While the reduction in SHS revenue and the subsequent budget constraints presented notable challenges, particularly for behavioral health programs and the expansion of family shelter units, the Homeless Services Department's strategic adjustments and continued focus on community engagement have helped mitigate these impacts. The restoration of funding for homelessness prevention services underscores a sustained commitment to diverting individuals from homelessness, and the efforts to improve data collection and coordination across the system lay a strong foundation for future, more accurate reporting and targeted interventions. These achievements reflect a dedicated effort to sustain vital services and remain true to the SHS measure's charge of serving those most affected by the affordable housing crisis.

Section 2. Data and data disaggregation

Please use the following table to provide and disaggregate data on Population A, Population B housing placement outcomes and homelessness prevention outcomes. Please use your local methodologies for tracking and reporting on Populations A and B. You can provide context for the data you provided in the context narrative below.

Data disclaimer: HUD Universal Data Elements data categories will be used in this template for gender identity and race/ethnicity until county data teams develop regionally approved data categories that more accurately reflect the individual identities.

Section 2.A Housing Stability Outcomes: Placements & Preventions

Housing Placements By Intervention Type: Permanent Supportive Housing

| Number of housing placements- Permanent Supportive Housing | This Quarter | | | | | Year to Date | |
|---|--------------|---------------------------------------|--------------------------|---------------------------------------|--------------------------|--------------|---------------------------|
| | Number | Subset - Population A placed into PSH | Percentage: Population A | Subset - Population B placed into PSH | Percentage: Population B | Number | Percentage of annual goal |
| Total people | 163 | | | | | 898 | 249% |
| Total households | 113 | 79 | 70% | 34 | 30% | 672 | 224% |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-----|--------------|------|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 32 | 20% | 194 | 22% |
| Asian or Asian American | 9 | 6% | 22 | 2% |
| Black, African American or African | 54 | 33% | 257 | 29% |
| Hispanic/Latina/e/o | 19 | 12% | 155 | 17% |
| Middle Eastern or North African | 3 | 2% | 4 | 0.4% |
| Native Hawaiian or Pacific Islander | 1 | 1% | 21 | 2% |
| White | 69 | 42% | 404 | 45% |
| Non-Hispanic White (subset of White category) | 50 | 31% | 299 | 33% |
| Client doesn't know | 1 | 1% | 3 | 0.3% |
| Client prefers not to answer | 2 | 1% | 16 | 2% |
| Data Not Collected | 1 | 1% | 10 | 1% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 96 | 59% | 637 | 71% |
| Persons without disabilities | 64 | 39% | 224 | 25% |
| Disability unreported | 3 | 2% | 37 | 4% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 71 | 44% | 393 | 44% |
| Man (Boy, if child) | 88 | 54% | 456 | 51% |

| | | | | |
|------------------------------|---|----|----|------|
| Culturally Specific Identity | 0 | 0% | 2 | 0.2% |
| Non-Binary | 6 | 4% | 42 | 5% |
| Transgender | 2 | 1% | 20 | 2% |
| Questioning | 0 | 0% | 1 | 0.1% |
| Different Identity | 0 | 0% | 2 | 0.2% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 7 | 1% |
| Data not collected | 1 | 1% | 9 | 1% |

(Only if Applicable) Housing Placements By Intervention Type: Housing with Services

| Number of housing placements- Housing with Services | This Quarter | | | | | Year to Date | |
|---|--------------|---|--------------------------|---|--------------------------|--------------|---------------------------|
| | Number | Subset - Population A placed into Housing with Services | Percentage: Population A | Subset - Population B placed into Housing with Services | Percentage: Population B | Number | Percentage of annual goal |
| Total people | 71 | | | | | 287 | N/A |
| Total households | 68 | 56 | 82% | 12 | 18% | 265 | N/A |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-----|--------------|-----|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 8 | 11% | 23 | 8% |
| Asian or Asian American | 1 | 1% | 8 | 3% |
| Black, African American or African | 16 | 23% | 78 | 27% |
| Hispanic/Latina/e/o | 13 | 18% | 42 | 15% |
| Middle Eastern or North African | 0 | 0% | 3 | 1% |
| Native Hawaiian or Pacific Islander | 1 | 1% | 6 | 2% |
| White | 44 | 62% | 177 | 62% |
| Non-Hispanic White (subset of White category) | 37 | 52% | 145 | 51% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 4 | 1% |
| Data Not Collected | 0 | 0% | 0 | 0% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 68 | 96% | 247 | 86% |
| Persons without disabilities | 3 | 4% | 36 | 13% |

| | | | | |
|------------------------------|----|-----|-----|-----|
| Disability unreported | 0 | 0% | 4 | 1% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 15 | 22% | 84 | 29% |
| Man (Boy, if child) | 55 | 77% | 198 | 69% |
| Culturally Specific Identity | 1 | 1% | 0 | 0% |
| Non-Binary | 0 | 0% | 5 | 2% |
| Transgender | 0 | 0% | 0 | 0% |
| Questioning | 0 | 0% | 0 | 0% |
| Different Identity | 0 | 0% | 0 | 0% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 0 | 0% |
| Data not collected | 0 | 0% | 0 | 0% |

Housing Placements By Intervention Type: Housing Only

| Number of housing placements- Housing Only | This Quarter | | | | | Year to Date | |
|--|--------------|--|--------------------------|--|--------------------------|--------------|---------------------------|
| | Number | Subset - Population A placed into Housing Only | Percentage: Population A | Subset - Population B placed into Housing Only | Percentage: Population B | Number | Percentage of annual goal |
| Total people | 27 | | | | | 123 | N/A |
| Total households | 8 | 0 | 0% | 8 | 100% | 39 | N/A |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-----|--------------|-----|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 0 | 0% | 3 | 2% |
| Asian or Asian American | 0 | 0% | 0 | 0% |
| Black, African American or African | 0 | 0% | 10 | 8% |
| Hispanic/Latina/e/o | 7 | 26% | 77 | 63% |
| Middle Eastern or North African | 0 | 0% | 0 | 0% |
| Native Hawaiian or Pacific Islander | 0 | 0% | 1 | 1% |
| White | 8 | 30% | 27 | 22% |
| Non-Hispanic White (subset of White category) | 8 | 30% | 15 | 12% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 0 | 0% |
| Data Not Collected | 0 | 0% | 2 | 2% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 0 | 0% | 6 | 5% |
| Persons without disabilities | 9 | 30% | 79 | 64% |
| Disability unreported | 19 | 70% | 38 | 31% |

| Gender identity | | | | |
|------------------------------|----|-----|----|-----|
| | # | % | # | % |
| Woman (Girl, if child) | 8 | 30% | 58 | 47% |
| Man (Boy, if child) | 7 | 26% | 49 | 40% |
| Culturally Specific Identity | 0 | 0% | 0 | 0% |
| Non-Binary | 0 | 0% | 0 | 0% |
| Transgender | 0 | 0% | 0 | 0% |
| Questioning | 0 | 0% | 0 | 0% |
| Different Identity | 0 | 0% | 0 | 0% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 0 | 0% |
| Data not collected | 12 | 44% | 16 | 13% |

Housing Placements By Intervention Type: Rapid Re-Housing (all Rapid Re-Housing subtypes)

| Number of housing placements - Rapid Re-Housing | This Quarter | | | | | Year to Date | |
|---|--------------|--|--------------------------|--|---------------------------|--------------|---------------------------|
| | Number | Subset - Population A placed into Housing Only | Percentage: Population A | Subset - Population B placed into Housing Only | Percentage : Population B | Number | Percentage of annual goal |
| Total people | 225 | | | | | 923 | 167% |
| Total households | 121 | 39 | 32% | 82 | 68% | 488 | 110% |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-----|--------------|------|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 11 | 5% | 72 | 8% |
| Asian or Asian American | 4 | 2% | 40 | 4% |
| Black, African American or African | 59 | 26% | 286 | 31% |
| Hispanic/Latina/e/o | 53 | 24% | 270 | 29% |
| Middle Eastern or North African | 0 | 0% | 4 | 0% |
| Native Hawaiian or Pacific Islander | 38 | 17% | 69 | 7% |
| White | 91 | 40% | 353 | 38% |
| Non-Hispanic White (subset of White category) | 72 | 32% | 259 | 28% |
| Client doesn't know | 0 | 0% | 3 | 0.3% |
| Client prefers not to answer | 2 | 1% | 10 | 1% |
| Data Not Collected | 0 | 0% | 4 | 0.4% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 82 | 36% | 358 | 39% |

| | | | | |
|------------------------------|-----|------|-----|------|
| Persons without disabilities | 110 | 49% | 443 | 48% |
| Disability unreported | 33 | 15% | 122 | 13% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 128 | 57% | 527 | 57% |
| Man (Boy, if child) | 93 | 41% | 399 | 43% |
| Culturally Specific Identity | 0 | 0% | 0 | 0% |
| Non-Binary | 1 | 0.4% | 6 | 1% |
| Transgender | 3 | 1% | 10 | 1% |
| Questioning | 0 | 0% | 0 | 0% |
| Different Identity | 0 | 0% | 1 | 0.1% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 0 | 0% | 0 | 0% |
| Data not collected | 0 | 0% | 0 | 0% |

Housing Placements By Intervention Type: Eviction and Homelessness Prevention

| Number of preventions | This Quarter | | | | | Year to Date | |
|-------------------------|--------------|--|--------------------------|--|--------------------------|--------------|---------------------------|
| | Number | Subset - Population A placed into Prevention | Percentage: Population A | Subset - Population B placed into Prevention | Percentage: Population B | Number | Percentage of annual goal |
| Total people | 294 | | | | | 1040 | 130% |
| Total households | 169 | 27 | 16% | 142 | 84% | 675 | 112% |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-----|--------------|-----|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 25 | 9% | 91 | 9% |
| Asian or Asian American | 7 | 2% | 47 | 5% |
| Black, African American or African | 63 | 21% | 363 | 35% |
| Hispanic/Latina/e/o | 80 | 27% | 193 | 19% |
| Middle Eastern or North African | 8 | 3% | 14 | 1% |
| Native Hawaiian or Pacific Islander | 25 | 9% | 50 | 5% |
| White | 129 | 44% | 384 | 37% |
| Non-Hispanic White (subset of White category) | 92 | 31% | 302 | 29% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 3 | 1% | 9 | 1% |
| Data Not Collected | 9 | 3% | 14 | 1% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 105 | 36% | 392 | 38% |
| Persons without disabilities | 161 | 55% | 520 | 50% |

| | | | | |
|------------------------------|-----|------|-----|------|
| Disability unreported | 28 | 10% | 128 | 12% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 158 | 54% | 523 | 50% |
| Man (Boy, if child) | 133 | 45% | 507 | 49% |
| Culturally Specific Identity | 0 | 0% | 1 | 0.1% |
| Non-Binary | 2 | 1% | 4 | 0.4% |
| Transgender | 0 | 0% | 2 | 0.2% |
| Questioning | 0 | 0% | 0 | 0% |
| Different Identity | 0 | 0% | 1 | 0.1% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 1 | 0.3% | 2 | 0.2% |
| Data not collected | 0 | 0% | 0 | 0% |

Section 2.B Regional Long-Term Rent Assistance Program

The following data represents a **subset** of the above Housing Placements data. The Regional Long-term Rent Assistance Program (RLRA) primarily provides permanent supportive housing to SHS priority Population A clients (though RLRA is not strictly limited to PSH or Population A). RLRA data is not additive to the data above. Housing placements shown below are duplicates of the placements shown in the data above.

*Please disaggregate data for the **total number of people in housing using an RLRA voucher** during the quarter and year to date.*

| Regional Long-term Rent Assistance Quarterly Program Data | This Quarter | | | | | Year to Date | |
|---|--------------|-------------------------------|--------------------------|-----------------------------|--------------------------|--------------|---------------------|
| | Number | Subset - Population A in RLRA | Percentage: Population A | Subset Population B in RLRA | Percentage: Population B | Number | Percentage of total |
| Number of RLRA vouchers issued during reporting period | 59 | 48 | 81.4% | 4 | 6.8% | 257 | 23% |
| Number of people newly leased up during reporting period | 108 | 35 | 32.4% | 67 | 62% | 594 | 18% |
| Number of households newly leased up during reporting period | 51 | 30 | 58.8% | 16 | 31.4% | 324 | 16% |

| | | | | | | | |
|--|------|------|-------|-----|-------|------|-----|
| Number of people in housing using an RLRA voucher during reporting period | 1755 | 1134 | 64.6% | 519 | 29.6% | 1836 | 96% |
| Number of households in housing using an RLRA voucher during reporting period | 1040 | 821 | 78.9% | 149 | 14.3% | 1111 | 94% |
| Number of people in housing using an RLRA voucher since July 1, 2021 | 2053 | 1378 | 67.1% | 539 | 26.3% | N/A | N/A |
| Number of households in housing using an RLRA voucher since July 1, 2021 | 1296 | 1048 | 80.9% | 155 | 12% | N/A | N/A |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|-------|--------------|-------|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 180 | 10.3 | 189 | 10.3% |
| Asian or Asian American | 27 | 1.5 | 28 | 1.5% |
| Black, African American or African | 656 | 37.4 | 684 | 37.3% |
| Hispanic/Latina/e/o | 439 | 25 | 449 | 24.5% |
| Middle Eastern or North African | 5 | 0.3 | 5 | 0.3% |
| Native Hawaiian or Pacific Islander | 53 | 3 | 62 | 3.4% |
| White | 847 | 48.3 | 888 | 48.4% |
| Non-Hispanic White (subset of White category) | 504 | 28.7 | 538 | 29.3% |
| Client doesn't know | 9 | 0.5 | 9 | 0.5% |
| Client prefers not to answer | 28 | 1.6 | 28 | 1.5% |
| Data Not Collected | 10 | 0.6 | 11 | 0.6% |
| Disability status | | | | |
| | # | % | # | % |
| Persons with disabilities | 961 | 54.8% | 1027 | 55.9% |
| Persons without disabilities | 794 | 45.2% | 809 | 44.1% |
| Disability unreported | 0 | 0% | 0 | 0% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 951 | 54.2% | 984 | 53.6% |
| Man (Boy, if child) | 755 | 43% | 802 | 43.7% |

| | | | | |
|------------------------------|----|------|----|------|
| Culturally Specific Identity | 1 | 0.1% | 1 | 0.1% |
| Non-Binary | 17 | 1% | 17 | 0.9% |
| Transgender | 33 | 1.9% | 34 | 1.9% |
| Questioning | 1 | 0.1% | 1 | 0.1% |
| Different Identity | 0 | 0% | 0 | 0% |
| Client doesn't know | 0 | 0% | 0 | 0% |
| Client prefers not to answer | 2 | 0.1% | 2 | 0.1% |
| Data not collected | 1 | 0.1% | 1 | 0.1% |

Section 2.C Other Data: Non-Housing Numeric Goals

This section shows progress to quantitative goals set in county annual work plans. Housing placement and prevention progress are already included in the above tables. This section includes goals such as shelter units and outreach contacts and other quantitative goals that should be reported on a quarterly basis. This data in this section may differ county to county, and will differ year to year, as it aligns with goals set in county annual work plans.

Instructions: Please complete the tables below, as applicable to your annual work plans in Quarter 2 and Quarter 4 Reports.

| Number of people in Shelter | This Quarter | | | | | Year to Date |
|-----------------------------|--------------|----------------------------------|--------------------------|----------------------------------|--------------------------|--------------|
| | Number | Subset - Population A in Shelter | Percentage: Population A | Subset - Population B in Shelter | Percentage: Population B | Number |
| Total people | 1,425 | | | | | 4,814 |
| Total households | 1,330 | 865 | 65% | 465 | 35% | 4,497 |

| Race & Ethnicity | This Quarter | | Year to Date | |
|---|--------------|------|--------------|------|
| | # | % | # | % |
| American Indian, Alaska Native or Indigenous | 136 | 10% | 543 | 11% |
| Asian or Asian American | 33 | 2% | 133 | 3% |
| Black, African American or African | 280 | 20% | 1,001 | 21% |
| Hispanic/Latina/e/o | 201 | 14% | 766 | 16% |
| Middle Eastern or North African | 6 | 0.4% | 28 | 1% |
| Native Hawaiian or Pacific Islander | 67 | 5% | 233 | 5% |
| White | 921 | 65% | 3,527 | 73% |
| Non-Hispanic White (subset of White category) | 750 | 53% | 2,584 | 54% |
| Client doesn't know | 8 | 1% | 28 | 1% |
| Client prefers not to answer | 65 | 5% | 228 | 5% |
| Data Not Collected | 9 | 1% | 16 | 0.3% |
| Disability status | | | | |
| | # | % | # | % |

| | | | | |
|------------------------------|-----|------|-------|-------|
| Persons with disabilities | 986 | 69% | 3,326 | 69% |
| Persons without disabilities | 325 | 23% | 1,244 | 26% |
| Disability unreported | 126 | 9% | 434 | 9% |
| Gender identity | | | | |
| | # | % | # | % |
| Woman (Girl, if child) | 626 | 44% | 2,198 | 47% |
| Man (Boy, if child) | 839 | 59% | 3,351 | 70% |
| Culturally Specific Identity | 3 | 0.2% | 9 | 0.2% |
| Non-Binary | 49 | 3% | 187 | 4% |
| Transgender | 48 | 3% | 149 | 3% |
| Questioning | 2 | 0.1% | 6 | 0.1% |
| Different Identity | 5 | 0.4% | 16 | 0.3% |
| Client doesn't know | 0 | 0% | 1 | 0.02% |
| Client prefers not to answer | 4 | 0.3% | 19 | 0.4% |
| Data not collected | 0 | 0% | 3 | 0.1% |

SHS-Funded Outreach

Metro has approved the Homeless Services Department to use the narrative section for reporting on SHS-funded outreach programs, replacing the previously required outreach table. Outreach providers currently track their activities using a combination of HMIS and internal systems. The quarterly narrative reports they submit to the Homeless Services Department offer the most reliable summary of these efforts.

The Homeless Services Department acknowledges the current system's limitations, especially the lack of a mobile-friendly way to record interactions with individuals experiencing unsheltered homelessness in our current HMIS platform. The Tri-County Region's participation in the fiscal year 2025 HMIS procurement process is expected to yield improved in-field data collection capabilities for outreach staff, leading to more accurate and comprehensive data collection, reporting and care coordination in FY26.

This revised reporting solution, using narrative reports, will remain in place until the new HMIS is implemented, offering more advanced and refined in-field data collection capabilities for outreach activities.

Section 3. Financial Reporting

Please complete the quarterly financial report and include the completed financial report to this quarterly report, as an attachment.

As of August 15, 2025, the Q4 financial report is not yet available due to standing County financial timelines. Metro has given Multnomah County the approval to submit the financial report after the County's year-end fiscal processes have concluded. We will update this report to include a copy of the financial report in the coming weeks.

Glossary:

Supportive Housing Services: All SHS funded housing interventions that include PSH, RRH, Housing Only, Housing with Services, Preventions, and RLRA Vouchers. This also includes shelter, outreach, navigation services, employment services or any other SHS funding to help households exit homelessness and transition into safe, stable housing.

Supportive Housing: SHS housing interventions that include PSH, Housing Only and Housing with Services.

Regional Long Term Rent Assistance (RLRA): provides a flexible and continued rent subsidy that will significantly expand access to housing for households with extremely and very low incomes across the region. RLRA subsidies will be available for as long as the household needs and remains eligible for the subsidy, with no pre-determined end date. Tenant-based RLRA subsidies will leverage existing private market and regulated housing, maximizing tenant choice, while project-based RLRA subsidies will increase the availability of units in new housing developments. RLRA program service partners will cover payments of move-in costs and provide supportive services as needed to ensure housing stability. A Regional Landlord Guarantee will cover potential damages to increase participation and mitigate risks for participating landlords.

Shelter: Overnight Emergency Shelter that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters.

Day Shelter: Provides indoor shelter during daytime hours, generally between 5am and 8pm. Day shelters primarily serve households experiencing homelessness. The facilities help connect people to a wide range of resources and services daily. Including on-site support services such as restrooms, showers, laundry, mail service, haircuts, clothing, nutrition resources, lockers, ID support, etc.

Outreach: activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. *Metro is using the HUD ESG Street Outreach model. The initial contact should not be focused on data. Outreach workers collect and enter data as the client relationship evolves. Thus, data quality expectations for street outreach projects are limited to clients with a date of engagement.*

Outreach Date of Engagement “Engaged”: the date an individual becomes engaged in the development of a plan to address their situation.

Population A: Extremely low-income; AND have one or more disabling conditions; AND Are experiencing or at imminent risk* of experiencing long-term or frequent episodes of literal homelessness.

Imminent Risk: Head of household who is at imminent risk of long-term homelessness within 14 days of the date of application for homeless assistance and/or has received an eviction. The head of household will still need to have a prior history of experiencing long-term homelessness or frequent episodes of literal homelessness.

Population B: Experiencing homelessness; OR have a substantial risk* of experiencing homelessness.

Substantial risk: A circumstance that exists if a household is very low income and extremely rent burdened, or any other circumstance that would make it more likely than not that without supportive housing services the household will become literally homeless or involuntarily doubled-up.

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name.

Here are the HUD Standards if needed, <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

Permanent Supportive Housing, “PH - Permanent Supportive Housing (disability required for entry)”:

A long-term intervention intended to serve the most vulnerable populations in need of housing and supportive services to attribute to their housing success, which can include PBV and TBV programs or properties. Provides housing to assist people experiencing homelessness with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.

Housing with Services, “PH - Housing with Services (no disability required for entry)”:

A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.

Housing Only, “PH - Housing Only”:

A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include Recovery Oriented Transitional Housing, or any other type of housing, not associated with PSH/RRH, that does include supportive services.

Rapid Re-Housing, “PH - Rapid Re-Housing” (Services Only and Housing with or without services):

A permanent housing project that provides housing relocation and stabilization services and/or short and/or medium-term rental assistance as necessary to help an individual or family experiencing homelessness move as quickly as possible into permanent housing and achieve stability in that housing.

Prevention, “Homelessness prevention”:

A project that offers services and/or financial assistance necessary to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Component services and assistance generally consist of short-term and medium-term tenant-based or project-based rental assistance and rental arrears. Additional circumstances include rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. This term differs from retention in that it is designed to assist nonsubsidized market rate landlord run units.