



FY 2025

Supportive Housing Services Annual Report

A report on the coordinated effort between Metro and Multnomah, Clackamas and Washington counties to reduce chronic and overall homelessness.



Welcome

Welcome to the Homeless Services Department's **FY 2025 Supportive Housing Services Annual Report!**

This year's report highlights the outcomes, progress, and challenges that Multnomah County faced in supporting our unhoused, unsheltered and at-risk neighbors through housing and a range of supportive services. You will also learn about Multnomah County's ongoing contributions to the region's efforts in reducing homelessness and providing long-term housing solutions.

Thank you for your continued interest and support of our work and we invite you to dive deep into this report!

Table of Contents

Welcome	2
Acknowledgments	4
About HSD & the SHS Measure	6
Contracted Service Providers	8
Multnomah County SHS Advisory Committee	8
Letter from the Director	10
Executive Summary	12
Housing & Services	17
Housing Stability	29
Populations Served	37
Provider Partnerships	51
Provider Capacity Building	59
County Infrastructure	77
Cross-Sector Work	89
Regional Coordination	97
Advancing Racial Equity	107
Work Plan Performance	125
LIP Performance	139
Financial Review	143
Conclusion	147
Appendix	149
Appendix A: Detailed Demographic Tables	150
Appendix B: Glossary	155

Acknowledgments

Land Acknowledgment

Multnomah County rests on the stolen lands of the Multnomah, Kathlamet, and Clackamas Bands of Chinook Indian Nation; Tualatin Kalapuya; Molalla; and many others along the Columbia River. This country is built on stolen Indigenous land and built by stolen African people. This land was not stolen and people were not enslaved by ambiguous entities and actors. The land was stolen by, and African peoples were enslaved by White settlers who had government support. We also want to honor the members of over 400 tribal communities who live in Multnomah County. Many of these people and their cultures still survive and resist despite the intentional and ongoing attempts to destroy them.

Credit to: Dr. Aileen Duldulao and Heather Heater, Multnomah County

Community Acknowledgment

The Homeless Services Department honors the experiences, time and labor of our unhoused and housing-insecure neighbors, all of whom continually inform our work. We recognize the urgency to meet the needs of our community, and we prioritize creating culturally responsive, community-driven and sustainable systems.

We also acknowledge the existence of structural racism and commit to developing, implementing and evaluating policies and practices that achieve equitable outcomes and focus on eliminating the disparities that people of color and other marginalized groups experience. We believe that focusing on racial equity sets us on a path to more effectively serve all communities.

We thank our region's voters for their continued support of the SHS Measure. This ongoing investment in life-saving services has already had a major impact in its first four years of implementation, and will continue to lead to better outcomes over the next six years, improving the lives of thousands of people experiencing and at risk of homelessness.





About the Homeless Services Department

Mission

The Homeless Services Department oversees the delivery of services for people experiencing and at risk of homelessness in Multnomah County, such as rehousing, shelter, street outreach and supportive housing. We also monitor funds issued by the U.S. Department of Housing and Urban Development's Continuum of Care program, manage systems of care, and oversee system reporting and evaluation.

We work with community-based organizations and other government entities to provide participant-driven, coordinated and equity-based services. Central to that work is a spirit of partnership and shared power with those experiencing homelessness.

Vision

To create an equitable community where all people have safe, affordable and accessible housing.

About the Supportive Housing Services Measure

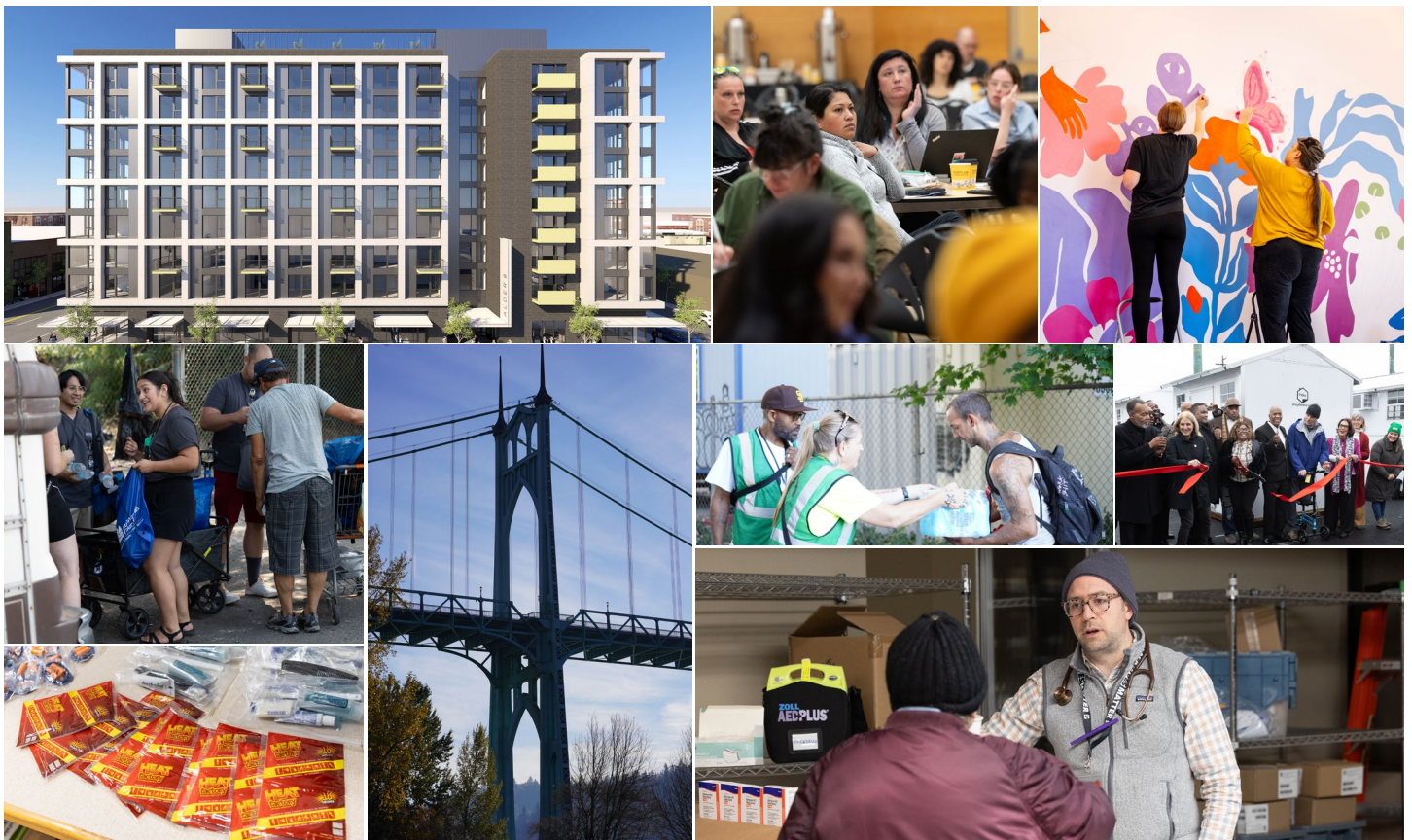
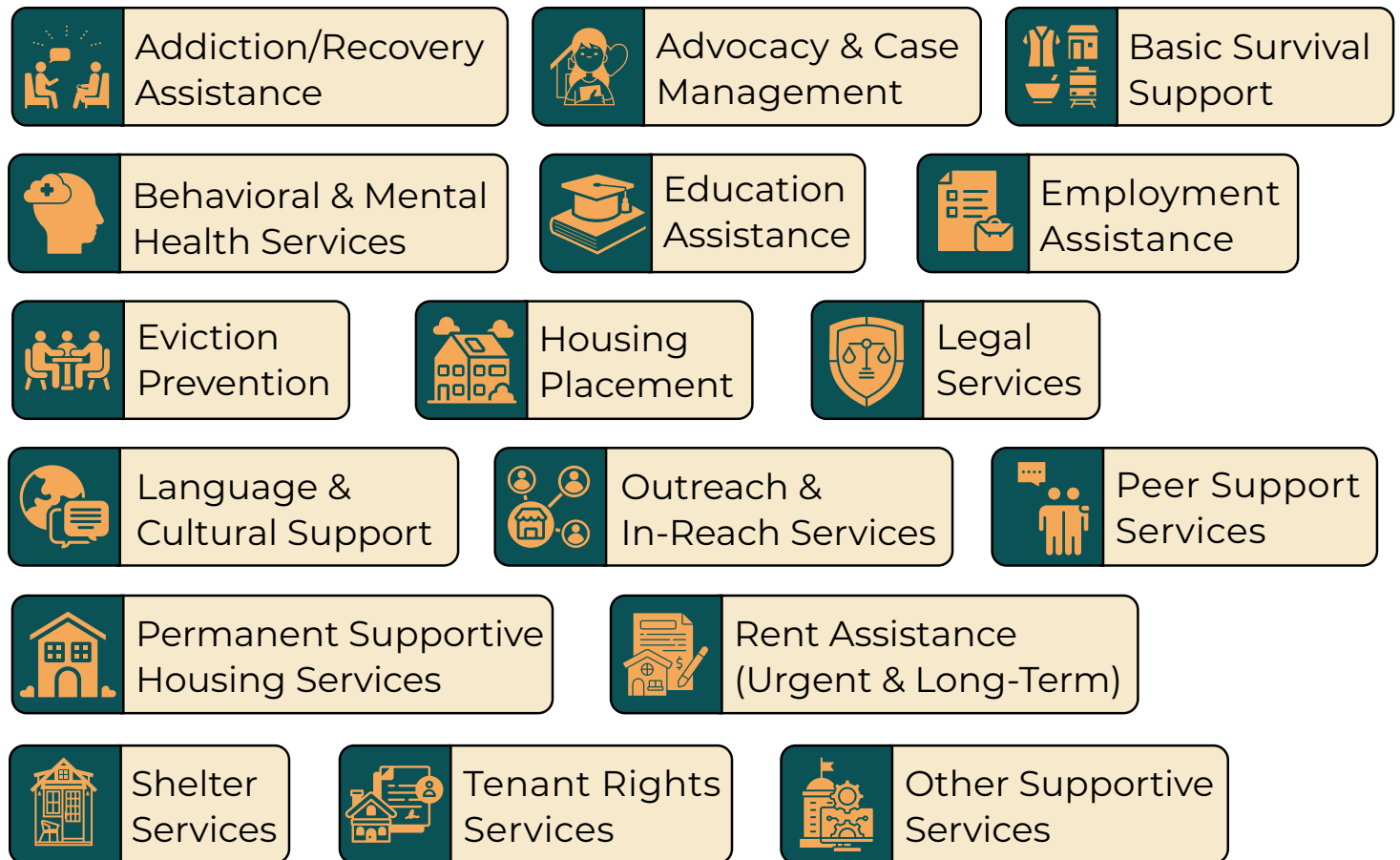
In May 2020, voters in Multnomah, Clackamas and Washington counties approved Measure 26-210, introducing two new taxes to help end homelessness across greater Portland.

With a focus on addressing racial disparities in homeless services, chronic homelessness and short-term homelessness, the measure funds services including permanent supportive housing, shelter, outreach, behavioral health services, rent assistance and other supports.

10-year Regional Goals

- | | |
|--|---|
| 1 Connect 5,000 people with permanent supportive housing | 2 Expand and build new outreach teams |
| 3 Stabilize 10,000 households with permanent housing | 4 Expand network of culturally specific and other providers |
| 5 Share consistent regional data and regularly updated visuals | 6 Increase shelter capacity and access |

Services Funded



Contracted Service Providers

Recognizing Workers and the Services They Provide

We express our deepest gratitude to our partners and providers, particularly the direct service staff who work daily to support our unhoused, unsheltered and housing-insecure neighbors. We also thank all Homeless Services Department staff members for their work in ensuring our system delivers needed services to our community, and in continuously improving our system to create better outcomes for the people we serve.

211 Info	Do Good	Marie Equi Center
4D Recovery	Multnomah	Metropolitan Public Defender
Beacon Village	Ecumenical Ministries of Oregon	Native American Rehabilitation Association of the NW (NARA NW)
Black Community of Portland	El Programa Hispano Católico	Native American Youth and Family Center (NAYA)
Blanchet House of Hospitality	Family Essentials	New Narrative
Bradley Angle	Greater New Hope Family Services	New Avenues for Youth
Call to Safety	City of Gresham	Northwest Pilot Project
Cascade AIDS Project	Helping Hands Reentry Outreach Centers	Operation Nightwatch Portland
Cascadia Health	Home Forward	Oregon Community Warehouse
Catholic Charities	Housing Connector	Oregon Law Center
Central City Concern	Hygiene4All	Outside In
College Housing Northwest	Immigrant and Refugee Community Organization (IRCO)	Our Just Future
The Commons Law Center	Impact NW	Outside the Frame
Community Development Corporation of Oregon (Rockwood CDC)	Innovative Housing, Inc.	Path Home
Community Partners for Affordable Housing	Janus Youth Programs	The Peer Company (Mental Health & Addiction Association of Oregon)
Cultivate Initiatives	JOIN	
	Latino Network	
	LifeWorks NW	

City of Portland	Somali Empowerment Circle	Transition Projects
Portland Street Medicine	Stone Soup PDX	Trash for Peace
Rahab's Sisters	Straightway Services	Urban League of Portland
Raphael House of Portland	Street Roots	Volunteers of America Oregon
Rose Haven	Sunstone Way	WeShine Initiative
The Salvation Army	Telecare Mental Health Services of Oregon	YWCA of Greater Portland
Self Enhancement, Inc.	Transcending Hope	

Multnomah County SHS Advisory Committee

Cheryl Carter

Community Member

Crystal Magaña

Community Member

Daniel Carrillo

Community Member

Dwight Minnieweather

Straightway Services

Ed Johnson

Community Member

Jamar Summerfield

Restorative Justice

Jessica Harper

City of Gresham

Julia Delgado

Urban League of Portland

Lauren Link

Community Member

Melissa Bishop

The Peer Company

Patrick Alexander

Central City Concern

Glyceria "Ria" Tsinas

Academy of Perinatal Harm Reduction

Sandra Comstock

Hygiene4All

Theo Hathaway Saner

WeShine

Ty Schwoeffermann

Community Member

Xenia Gonzalez

Community Member

Yvette Hernandez

Community Member

Letter from the Director

I am pleased to present our year four SHS Annual Report. As you will read, the Supportive Housing Services measure is making a difference for thousands of people in our community through housing, shelter, eviction prevention and more. For the people we serve, this work is the difference between sleeping on the streets and having a stable place to call home.

Thanks to investments from this measure, our providers were able to support 2,599 people in leaving homelessness for permanent housing. This is just part of the story — **accounting for both people newly housed and people sustained in housing from prior years, a total of 7,255 people were in housing with support from SHS.** Those are 7,255 community members who would likely still be homeless without the resources of this measure.

These housing programs work extremely well at ending people's experience of homelessness long-term. Our most recent data shows 92% of people housed with SHS-funded permanent supportive housing in Multnomah County remained in that housing one year later. Even for people helped with rapid rehousing, a shorter-term rent assistance program, 85% of people were still in housing one year after their subsidies ended.

Other exciting outcomes include providers helping 2,416 people

stay in their homes in the face of evictions, allowing them to avoid homelessness in the first place. Shelter beds supported by the measure provided 3,778 people with a safe place to sleep off the streets. And thousands of people engaged with SHS-funded street outreach programs.

All of this work is done in line with Multnomah County's commitment to reduce the disproportionate rates of homelessness experienced by Black, Indigenous and other people of color. At a time when our federal government is turning its back on these priorities, we're grateful that racial equity is foundational to the SHS measure. **It's making a difference: over the past two years, rates of chronic homelessness among Black, Hispanic or Latine and Indigenous people have been slightly decreasing in our community.** We're far from done with this work of reducing disparities, but we are on the right track.

We also hit major milestones in improving our homeless services system thanks to SHS investments. That included the April 2025 launch of our new public dashboard that provides monthly data on who is experiencing homelessness, what services they're accessing and how effective those services are. Crucially, it also tracks "inflow" and "outflow," which helps us understand why homelessness continues to grow locally, even as we increase our

services. That data is underscoring a difficult but known fact: Even with the historic resources provided by the SHS measure, the level of services we're able to provide isn't enough to meet the needs of our community. The social and economic forces that put thousands of people on our streets, and then make it difficult for them to leave, have continued to outpace our progress. The designers of the measure knew that SHS alone could not solve this crisis, and that substantially reducing homelessness in the region could only be accomplished by maximizing a full range of federal, state, other County, private sector, community and philanthropic resources.

Another difficult fact is that our current level of services are in jeopardy because of large-scale financial challenges. The SHS measure is now collecting fewer dollars than anticipated, meaning we've had to grapple with significant funding gaps. At the same time, we're also receiving less funding from state and federal governments.

Despite these obstacles, we're still working to create the most effective system we can. Multnomah County is engaged in the process of updating our Homelessness Response Action Plan in partnership with the City of Portland which, along with the SHS Local Implementation Plan (LIP), guides our work locally in ending homelessness. The updated plan will include new metrics identified by County and City leadership, which

will complement our SHS goals. The new version of the plan will come out later this fall, and, together with our SHS LIP, will be important for prioritizing our investments in our current resource-constrained environment. By working together, we can continue to support a holistic services system that helps people access and sustain housing that ends their experience of homelessness.

The SHS measure is a lifeline that's keeping vital services available to our community members who need them. We look forward to future conversations about how to ensure this measure continues to support our community in a sustainable way for years to come.

I'm heartened by the continued success of this measure, and am continually thankful to the voters who made this work possible.

Sincerely,

Anna Plumb
Interim Director,
Multnomah County
Homeless Services Department



Executive Summary

In Fiscal Year 2025 (July 1, 2024 - June 30, 2025), the Supportive Housing Services Measure continued to expand Multnomah County's homeless services system, serving thousands of people with housing, shelter, eviction prevention, street outreach and other services.

The first few years of implementing this measure were defined by rapid growth. Multnomah County launched dozens of new programs, expanded our pool of contracted providers, and began significant systemwide improvements, all toward the goal of delivering more and better services to our community.

Four years into implementing the measure, that time of rapid growth is behind us. We are now entering a new phase focused on sustaining that previous growth as much as possible and ensuring the long-term success of these programs.

However, we're also facing new challenges that complicate our ability to sustain the impacts we made early on. Collections for the SHS taxes are beginning to come in much lower than anticipated, meaning that Multnomah County has had to grapple with significant funding gaps in both FY 2025 and FY 2026 for our homeless services programs. While we've been able to use unspent carryover dollars from previous years to fill some gaps, by the end of FY 2026, we will not have any remaining SHS carryover dollars to spend.

On top of the SHS funding shortfall, we are now also experiencing constraints from both the state and federal governments, which in previous years provided a significant portion of funding for homeless services locally. And while County general fund dollars have helped sustain some of our programming, that funding is also facing shortfalls that might not make those types of investments possible in the future. This new funding landscape has already led to incredibly difficult decisions, especially during the County's FY 2026 budget process in spring 2025.

However, even in this difficult landscape, in FY 2025 the Homeless Services Department made significant progress on the goals of the measure. The department was able to exceed most of its SHS annual work plan goals that were created in collaboration with Metro, including our goals for housing placements, homelessness prevention, and retention rates for permanent supportive housing. Additionally, we hit major milestones in improving our system overall and are starting to see the positive impacts of the racial equity focus of this work.

Year Four Successes

Housing

In year four, Multnomah County and its providers helped thousands of people leave homelessness for housing with support from the SHS measure. In FY 2025, a total of 2,599¹ people left homelessness for permanent housing thanks to the measure. Of those placements, 1,085 were in permanent supportive housing, the type of housing that's most effective for ending chronic homelessness. Another 1,420 people were supported with rapid rehousing, and the remaining 237 were placed through “housing only” or “housing with services” programs.

These housing outcomes are well above our SHS annual work plan goals for housing placements across housing types, and marked an increase over our FY 2024 outcomes. However, some of that increase might be explained by more accurate outcomes tracking for SHS programs, which is described in more detail in **Housing & Services**.

New placements into housing just tell part of the story. Since many of the SHS-funded housing programs last longer than a year, many additional people are being sustained in housing long-term. In FY 2025, a total of 7,255 people were in housing thanks to the support of SHS-funded programs. This includes not just people newly placed this year, but also people who accessed housing in a previous year and are still housed with the support of an SHS program. Compared to the total from FY 2024, that's an increase of nearly 2,500 people stably housed in SHS programs in Multnomah County.

Eviction Prevention

This year, the SHS measure also supported 2,416 people from 1,099 households with eviction prevention services. Homelessness prevention, a type of emergency rent assistance that keeps people housed in the face of eviction, helps reduce “inflow” into homelessness, key to our overall progress in this crisis. These prevention outcomes far exceeded our annual work plan goal of providing prevention services to 800 people from 600 households.

For years, these prevention programs were able to serve many thousands of people thanks to federal COVID-19 emergency funding. However, with that funding running out — and new funding reductions for these types of programs from the state of Oregon — SHS funding is key for sustaining this work in our community.

¹ Unduplicated

Permanent Supportive Housing Expansion

These outcomes are possible because of the significant systemwide growth allowed for by the SHS measure. Since July 1, 2021, the Homeless Services Department has developed and added 1,541 new and fully operational supportive housing units in Multnomah County with SHS dollars. These units represent 69% of our 10-year goal to add 2,235 supportive housing units in our county.

In FY 2025 alone, we opened 244 new units of permanent supportive housing in our community. While this is a sign of progress, it fell short of our goal to bring 401 new supportive housing units online. However, this was in part due to construction delays for five PSH projects that will now open in FY 2026. It was also affected by a deliberate decision to hit pause on 200 new units of permanent supportive housing as the department began to grapple with significant funding gaps for both FY 2025 and FY 2026. Funding for those units are included in the FY 2026 department budget, and those projects are slated to begin this current fiscal year.

Shelter

This year, the SHS measure helped Multnomah County provide more safe, 24/7 shelter to people experiencing homelessness. SHS funding allowed Multnomah County to open 270 new shelter units this year, 160 of which were in partnership with the City of Portland. That's on top of the 1,606 shelter units whose sustained operations were supported with SHS funding. Those units are a sizable portion of the more than 3,600 total shelter units in our community that are funded by Multnomah County and/or the City of Portland.

Those new and sustained shelter units include a mix of village-style shelters, motel shelters and congregate shelters, providing a place for people to stay both day and night, with access to services like housing supports that can make a shelter stay the first step to long-term stability.

SHS funding also allowed for the opening of a new day center that's providing people with respite from the elements and connections with long-term services. The Marie Equi Center, which opened in October 2024 in southeast Portland, is the first of its kind in our community. It offers culturally specific services to members of the LGBTQIA2S+ community in alignment with recommendations from an HSD-funded LGBTQIA2s+ Housing Collaborative policy paper published in 2024.

System Improvements

In FY 2025, the SHS measure also facilitated major improvements to our overall homeless services system.

This included significant steps toward data improvement. In April 2025, the department launched a [brand new data dashboard](#), which is based on Multnomah County's "by-name" list of people experiencing homelessness. It provides monthly snapshots of who is experiencing homelessness in our community and what services they're accessing. It also shows "inflow" and "outflow" metrics that, for the first time, show both how many people are becoming newly homeless and how many people are leaving homelessness on a monthly basis.

The data dashboard launch was a major milestone for tracking how well our system is performing, identifying areas for improvement and educating the public on the work of our homeless services system. The data improvement work that led up to the dashboard launch was made possible because of SHS investments.

More data improvements are coming in the future thanks to the SHS measure. This includes implementing a new Homeless Management Information System (HMIS). In early FY 2026, Multnomah, Washington and Clackamas counties announced that they had procured a new software tool that will make the creation of a new HMIS possible. The new system will greatly improve our data not just in Multnomah County, but across the entire metro area — and again, this is possible thanks to investments from the SHS measure.

Another major milestone this year was the launch of a newly updated coordinated access tool, called the Multnomah Services and Screening Tool (MSST). In FY 2025, this tool replaced the former coordinated access tool used in our community, the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The new tool is much more trauma-informed than the original tool. And while the launch of the new tool itself doesn't increase the availability of housing programs in our community, the MSST tool includes "housing problem solving" as part of the assessment, supporting people in accessing housing resources that might be available to them. As outlined in **County Infrastructure**, evaluations done by the HSD data team in FY 2025 are showing this tool is receiving positive feedback, both from the providers who administer the tool and from the participants who are being assessed with it.

Equity and Provider Capacity

In FY 2025, the Homeless Services Department continued to make progress toward building a homelessness response system that addresses the fact that racism and gender discrimination can lead to worse housing outcomes for marginalized groups. There continues to be a disproportionately high population of Black, Indigenous and other people of color who are experiencing homelessness in our community as a result of past discriminatory housing policies and continued systemic racism. Strategies we've employed to address this include expanding our partnerships with culturally specific providers while also supporting culturally responsive capacity across our entire system of care.

In FY 2025, SHS funding supported new and emerging providers, especially those offering culturally specific services. Bringing on additional providers helps us not only expand our services overall, but also ensures that we're able to provide more robust culturally responsive services to our community. We also continued to work with providers to ensure they submit equity workplans. When taken together, these provider-level plans help actualize our systemwide equity goals."

We're seeing improved racial equity outcomes, marking meaningful progress toward reducing and eliminating racial disparities in permanent housing placements and in homelessness more generally. Multnomah County's SHS programming has been successful in housing Black, Hispanic or Latine, and Indigenous people at higher rates than their representation in the overall homeless population. Additionally, the share of chronically homeless people identifying as BIPOC slightly decreased between FY 2023 and FY 2025.

However, there continue to be disparities for people of certain demographics and certain service types. For instance, in Q2 of FY 2025, Homeless Response Action Plan (HRAP) data indicated that Black, African American or African communities were underrepresented in the people accessing shelter.

The department and the County's Homelessness Response System (HRS) engaged in deliberate work this year to identify better ways to serve Black, African American or African communities with shelter programs. This work included engagement with providers serving Black, African American or African communities, advisory bodies and community members. Based on findings from those engagements, we were excited to support proposals from two of our culturally specific providers serving this community to pivot their contracted services to more culturally informed sheltering and support models. New shelter models will launch in FY 2026 in order to better serve communities of color in shelter.

Kafoury Court

Permanent
Supportive Housing
supported by SHS



Housing & Services

Permanent Supportive Housing Capacity and Need

One of the central goals of the SHS measure is expanding the number of permanent supportive housing (PSH) units we have in our community. Multnomah County has committed to adding 2,235 new units of PSH to our region by 2031, as outlined in our SHS Local Implementation Plan (LIP). In FY 2025, Multnomah County created 244 new units and vouchers of PSH in our community — bringing the total number of units we’ve added since July 2021 to 1,541. This represents 69% of our 10-year goal.

Permanent supportive housing is designed to end homelessness for people experiencing chronic homelessness who live with one or more disabilities. In order to measure the overall need for permanent supportive housing in our community, we look to our count of people who meet this definition — known locally as “Population A,” since they are a priority population for services. When we began implementing the SHS measure in 2021, there were 4,936 households who fit the Population A definition who were not currently in housing. Despite the growth of PSH available in our community, the need unfortunately continues to grow. In FY 2025, the number of Population A households in need of permanent supportive housing is 5,874 — a 19% increase from 2021. The increase in this population aligns with trends we’re seeing systemwide.

Figure 1: PSH Capacity and Need		
Number of permanent supportive housing units created and total capacity	# of SHS-funded PSH units/ vouchers added since July 1, 2021	1,541
	# of SHS-funded PSH units/ vouchers added in Year Four	244
Households in need of permanent supportive housing	# of households in need of PSH in 2021 (baseline)	4,936
	# of households in need of PSH in Year Four	5,874

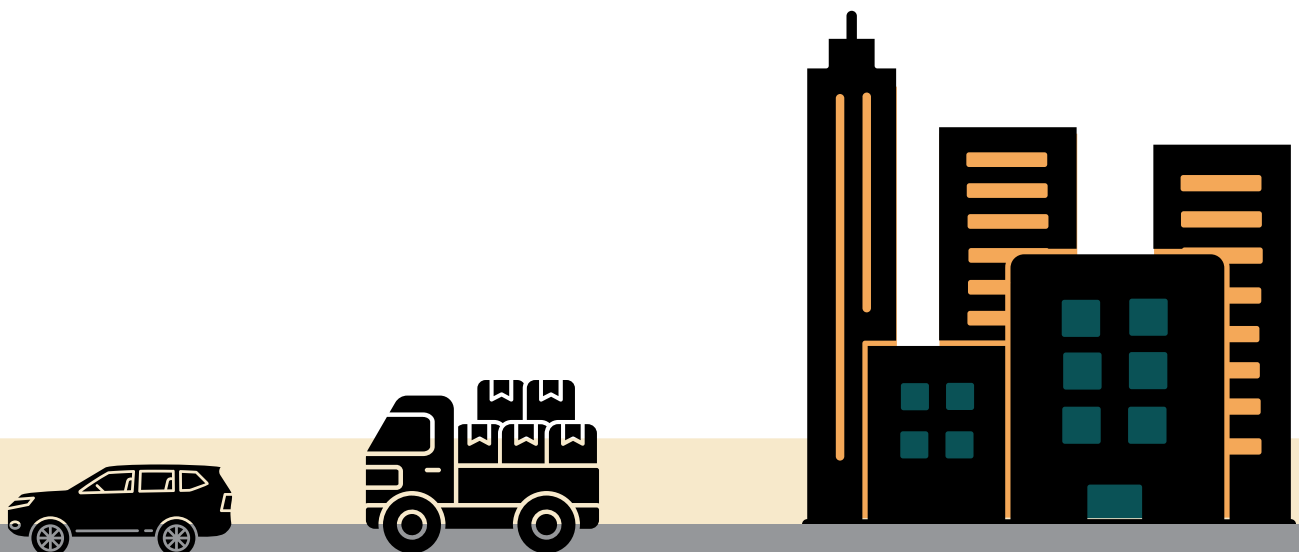


Housing Placements and Preventions

Over the past year, we have significantly improved our SHS housing placement data reporting accuracy and availability due to the implementation of a data mart and data quality improvement projects. We now have the ability to automate data extractions and directly link data on program spending to data on program outcomes. This direct linkage clarifies the investment-to-impact relationship, enabling our department to accurately attribute outcomes to specific funding sources. The project revealed that some programs that were previously attributed to other funding sources were at least partially supported by SHS investments. Since HSD established annual goals prior to this project, those goals were based on data that likely underestimated SHS investments. This improved methodology might explain why certain data points presented below exceed our annual goals. You can read more about the data mart in **County Infrastructure** under “Evaluation & Performance Improvement.”

In year four, Multnomah County leveraged SHS investments to house a total of 2,599 people (1,613 households), a figure that includes individuals housed in permanent supportive housing, rapid rehousing, housing with services, and housing only. This is 2.4 times higher than the original goal we set for housing 1,072 people. If including people receiving homelessness prevention services, this total climbs to 4,825 people (2,596 households).

SHS funding has significantly expanded long-term rent assistance in Multnomah County through permanent supportive housing programs and Regional Long-Term Rent Assistance (RLRA) vouchers. Permanent supportive housing combines long-term rental assistance with comprehensive wraparound services. **In year four, Multnomah County placed more people into SHS-funded permanent supportive housing than ever before.** We set an annual goal of placing 360 people (300



households) into permanent supportive housing; we surpassed our goal by 201% by placing 1,085 people (715 households) into permanent supportive housing. The number of people placed into permanent supportive housing in year four is an 89% increase from year three. It should be noted that this increase is likely due in part to improvements in our ability to track SHS outcomes, as outlined above.

The RLRA program is an important strategy that focuses on housing stability for those experiencing or at risk of homelessness. It utilizes existing regional infrastructure and policies that streamline criteria, simplify applications, and reduce barriers. RLRA offers tenant-based subsidies for open market housing and project-based subsidies for those needing on-site supportive services. In FY 2025, there were 265 RLRA vouchers issued and 324 households were newly housed. The number of households newly housed is larger than the number of vouchers issued because some households may have been issued a voucher in FY 2024 but were leased up in FY 2025. By the end of FY 2025, 1,111 households were actively in RLRA-funded housing, a 35% increase from the previous year's 826 households. This growth highlights RLRA's crucial role in combating homelessness and providing long-term housing stability.

Multnomah County also surpassed our annual rapid rehousing goals in FY 2025. Rapid rehousing programs are low-barrier programs that provide housing stabilization services and rental assistance, typically lasting 12 to 24 months, to help move individuals experiencing homelessness into permanent housing as quickly as possible. By the end of this year, 1,420 people (842 households) were supported through SHS-funded rapid rehousing, exceeding our goal for people served with rapid rehousing by 158%.

The SHS measure also funds housing programs that offer permanent housing but that don't meet the definition of permanent supportive housing; these are categorized as "Housing with Services" or "Housing Only." (In previous years, both of these categories were combined under the label "Other Permanent Housing.") Housing with services is defined as any project that offers permanent housing and supportive services without limiting eligibility only to individuals with disabilities. Housing only programs offer permanent housing without supportive services. In FY 2025, SHS was leveraged to place 127 people (74 households) into housing with services and 110 people (64 households) into housing only.

Homelessness prevention programs offer services and rental or financial assistance to prevent people from moving into shelter or entering unsheltered homelessness. In FY 2025, SHS supported 2,416 people (1,099 households) with homelessness prevention. This is six times more people than we supported with SHS in FY 2024. This increase is partly attributable

to the reallocation of SHS funding this year to cover prevention programs previously funded by the time-limited American Rescue Plan Act. Prevention outcomes this year also surpassed our annual goal by 202% for people (83% for households).

Figure 2: Housing Placements and Preventions		
Permanent supportive housing placements	# of households placed in PSH in Year Four	715
	# of people placed in PSH in Year Four	1,085
Rapid rehousing placements	# of households placed in RRH in Year Four	842
	# of people placed in RRH in Year Four	1,420
Housing with services placements	# of households placed in Housing with Services in Year Four	74
	# of people placed in Housing with Services in Year Four	127
Housing only placements	# of households placed in Housing Only in Year Four	64
	# of people placed in Housing Only in Year Four	110
Eviction/homelessness prevention	# of households served with prevention services in Year Four	1,099
	# of people served with prevention services in Year Four	2,416
Total housing placements and preventions	Total (unduplicated) # of households placed in PSH, RRH, Housing with Services, Housing Only or served with prevention services in Year Four	2,596 (housing placements + preventions)
		1,613 (housing placements only)
	Total (unduplicated) # of people placed in PSH, RRH, Housing with Services, Housing Only or served with prevention services in Year Four	4,825 (housing placements + preventions)
		2,599 (housing placements only)

Figure 2: Housing Placements and Preventions (continued...)

Regional long-term rent assistance (subset of housing placements)	RLRA vouchers issued in Year Four	265
	Households newly leased up using RLRA in Year Four	324
	People newly leased up using RLRA in Year Four	594
	Total households in housing using RLRA in Year Four	1,111
	Total people in housing using RLRA in Year Four	1,836
	Total households housed using an RLRA voucher since July 1, 2021	1,296
	Total people housed using an RLRA voucher since July 1, 2021	2,053

Safety On and Off the Streets

Shelter

The number of people in emergency shelters supported through SHS funds in FY 2025 was 3.3 times higher than in FY 2024. A total of 3,778 people (3,343 households) used SHS-funded shelter units this fiscal year — over 2,600 more people than last fiscal year. Likewise, the total inventory of SHS-funded shelter units created or sustained in FY 2025 (1,876) is 2.3 times more than in FY 2024. The uptick in units is due to an increased SHS investment in the number of sustained units, which exceeded our sustained goal by 518 units.

The number of units newly created in FY 2025 was less than our original goal for the year. 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. More specific details on this goal and our progress can be found in **Work Plan Performance**. This year, 270 new shelter units were brought online with SHS funding, including units at the adult Delta Park Motel Shelter and the City of Portland-operated N. Portland Road City Shelter Site. In late FY 2025, when a family shelter closed, we shifted funds originally slated for creating new units to instead ensure our overall family shelter capacity was maintained and support the families with temporary relocation.

Both the youth and adult systems also repurposed budgeted shelter units to go toward culturally specific services including day services, vouchers and in-reach. This was the result of community engagement with groups serving Black, African American or African populations that led to a shift in focus toward expanding culturally responsive programming. We will continue to work toward family and adult shelter expansion in early FY 2026 with an updated pool of qualified providers thanks to the recent tri-county procurement process.

Figure 3a: Safety On and Off the Streets: Shelter		
Emergency shelter capacity	Total inventory of emergency shelter beds/units created or sustained with SHS funds in Year Four	1,876 270 new ² / 1,606 sustained
Emergency shelter households/people served	# of households served in emergency shelter beds/units in Year Four	3,343
	# of people served in emergency shelter beds/units in Year Four	3,778

2 In FY 2025, 160 of the 270 units brought online were in partnership with the City of Portland. HSD does not operate these shelters, but SHS paid for full or partial costs to open up the units in Multnomah County.

Outreach

Over the past year, SHS funds continued to support coordinated, person-centered outreach in Multnomah County, connecting unsheltered individuals with essential services, housing and ongoing support. SHS funds support 26 organizations to operate 31 outreach programs. Fifteen of these programs conduct street outreach. Outreach teams primarily meet individuals on the streets, at camps or other non-shelter locations. They also may visit hubs, libraries, day centers and other areas where they know they might encounter people experiencing unsheltered homelessness.

The remaining 16 programs are in-reach teams that operate in day centers and drop-in sites; they provide services such as shelter referrals; case management; medical services; hygiene services; first aid and harm reduction supplies; clothing and laundry services; employment services; and transportation. Additionally, in-reach teams that support with housing placements for folks in shelter are deployed throughout the shelter system to cover gaps at shelters that don't have placement funding baked into their programming. We regularly evaluate those gaps, especially when shelters are planned to close, so that we can pivot resources when needed.

Figure 3b: Safety On and Off the Streets: Outreach

Street outreach capacity	# of organizations supported with SHS funds to conduct street outreach	26 organizations (31 outreach programs)
	# of street outreach teams supported with SHS funds	14 street outreach teams (adult and family/youth systems)
In-reach capacity	Describe the in-reach conducted in access centers, shelters, etc.	SHS funds 16 in-reach programs (adult and family/youth systems)
Outreach engagements (street outreach and in-reach)	# of people engaged in Year Four	8,437 people (duplicated)

Quantifying street outreach interventions is challenging due to the work's complexity and because our current Homeless Management Information System (HMIS) has limited ability to capture interactions with unsheltered individuals at scale. The outreach data we do have comes from provider reports. Differences in how providers track outreach affect our synthesis of quantitative data and prevent us from being able to de-duplicate the totals. This means the same person could be counted more than once.

Twenty outreach programs submitted data on the number of people “engaged,” defined by Metro as an interaction where an individual “becomes engaged in the development of a plan to address their situation.”³ These programs engaged a total of 8,437 people (duplicated). Specifically, 3,957 people were engaged through street outreach programs, while 4,480 people were engaged through in-reach programs.

We anticipate an improved ability to report these outcomes in the future thanks to a handful of ongoing initiatives. During FY 2025, HSD began a project to standardize outcome and output metrics across all projects and program areas. Implementation in FY 2026 will allow us to update contracts and provider reports to reflect these standard metrics and track program performance against targets. The three 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. This is a significant step for improving systemwide data tracking and reporting. More information on the HMIS vendor procurement can be found in **County Infrastructure**. Lastly, HSD is developing a new outreach strategy to improve geographic coverage, service coordination and data-informed decision-making for street outreach workers. The strategy will use geographic and real-time tracking tools to improve the identification of unsheltered individuals and better link them to housing and supportive services.

³ Seven programs were excluded from the count of engagements because their services focused on essential health, hygiene and survival services or distributing supplies and meals. While these services are vital to our homeless services system, they do not reach Metro's definition of engagement. Another four programs did not provide comparable year four data.





Sunstone Way staff have helped Wes achieve stability in shelter.
(From left) Sondra Brown, Wes, Ndem Nkem, Nicole Mena-Díaz.

‘It’s been a journey.’

Participants find path to stability at newly opened Delta Park Shelter.

For Wes, one of the first participants at Multnomah County’s newly opened Delta Park Shelter, the program has offered a valuable place to find stability.

A converted motel in North Portland, the shelter opened in spring 2025. It’s operated by Sunstone Way, with funding provided by the Supportive Housing Services Measure and the Homeless Services Department.

With 60 rooms, the 24/7 shelter offers comprehensive wraparound services aimed at supporting people experiencing homelessness as they stabilize, heal and move toward permanent housing.

Those wraparound services — tailored to his needs — are helping Wes find a path to housing that works for him.

Wes said he’s cycled in and out of homeless services over the past 15 years. He’s lived in shelters, sober homes and other housing, but kept ending up back where he started. Wes said he first fell into homelessness after facing jail time and having no other places to go upon release.

“It was a mix of using drugs, and not just that, personal choices I was making. I was putting my safety and well-being at risk,” he said.

“After 15 years of homelessness,” he said, “you lose yourself.”

Getting connected to Sunstone Way, staying first at a congregate shelter they operate, was a huge step forward. But while the congregate setting can work well for many people, it wasn't a good fit for Wes. Happily, he built strong connections with shelter employees who ended up being his advocates and helping him find other shelter options that better fit his needs.

Pandemic funding and the Supportive Housing Services Measure have helped Multnomah County and partners not just develop, but also significantly expand, motel and village-style shelters in recent years.

Those models serve people who might not have succeeded in traditional congregate shelters, helping them thrive. Overall, since 2021, the number of people served in Multnomah County shelters month by month [has doubled](#).

"I advocated for him," said Ndem Nkem, the behavioral health lead at the Delta Park Shelter, who's worked with Wes at multiple Sunstone shelters. "I knew the congregate space would not be good for him."

First, Nkem helped Wes move to the Multnomah Safe Rest Village, which Nkem said was a much better setting for Wes. "Through MSRV, I feel like he got a little more stability, and added more tools into his toolkit," Nkem said. "It was such a huge difference and shift being there."

When the Delta Park Shelter opened, Nkem then helped Wes move there, seeing it as the next step on Wes' path to housing.

"We want to meet people where they're at," Nkem said.

"The next thing is finding housing that works for him and fits good for him, and that way he still feels that wraparound support."

For now, Wes is finding peace at the shelter, and taking steps toward positive change. "It's been nice. It's been a journey," Wes said. "I'm in my bed. I made it."



Wes, a participant at the Delta Park Motel



Meridian Gardens
Permanent Supportive
Housing supported by SHS



Tistilal Village
Permanent Supportive
Housing supported by SHS



73Foster
Permanent Supportive
Housing supported by SHS

Garden Park Estates

Permanent Supportive
Housing supported by SHS



Housing Stability

Ongoing Housing Support

The number of individuals receiving ongoing housing support includes those newly placed into housing; individuals sustained in housing and actively receiving rental assistance and/or services in FY 2025; and individuals enrolled in a housing project in FY 2025 who were actively searching for housing. In year four, 43 service providers were contracted to provide ongoing housing support. Across all four service types, there were over 9,000 people receiving SHS-funded ongoing housing support. This includes 2,723 households in permanent supportive housing, 2,418 households in rapid rehousing, 811 households in housing with services programs, and 274 households in housing only programs.

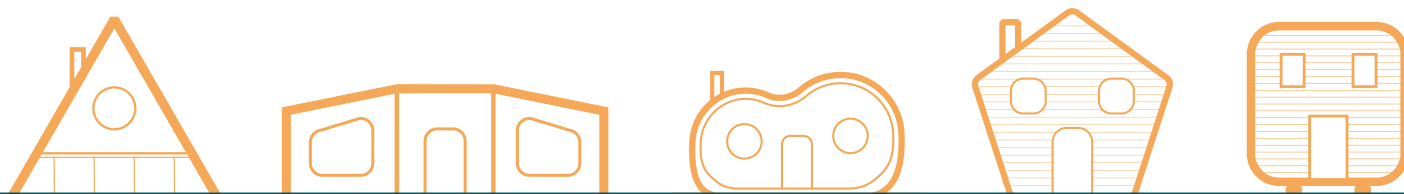
Figure 4: Ongoing Housing Support		
Total in housing utilizing PSH	# of households in PSH that received SHS-funded rent assistance and/or services in Year Four	2,723
	# of people in PSH that received SHS-funded rent assistance and/or services in Year Four	3,949
Total in housing utilizing RRH	# of households in RRH that received SHS-funded rent assistance and/or services in Year Four	2,418
	# of people in RRH that received SHS-funded rent assistance and/or services in Year Four	3,978
Total in housing utilizing Housing with Services	# of households in Housing with Services that received SHS-funded rent assistance and/or services in Year Four	811
	# of people in Housing with Services that received SHS-funded rent assistance and/or services in Year Four	1,222
Total in housing utilizing Housing Only	# of households in Housing Only that received SHS-funded rent assistance and/or services in Year Four	274
	# of people in Housing Only that received SHS-funded rent assistance and/or services in Year Four	424
Total in housing utilizing any of the above four housing programs	# of households in all of the four housing programs above that received SHS-funded rent assistance and/or services in Year Four	6,070
	# of people in all of the four housing programs above that received SHS-funded rent assistance and/or services in Year Four	9,368
Housing support capacity	# of service providers contracted to provide ongoing housing support (i.e., housing retention services) in Year Four across all of the above programs	43

Housing Retention Rates⁴

Multnomah County set an annual work plan goal of supporting an average retention rate of 85% at 12 months for people living in permanent supportive housing (PSH) funded by SHS. The retention rate for permanent supportive housing is a measure of whether people are still in their housing after a certain amount of time has passed since they moved in. At 12 months, 92% of individuals placed into PSH retained their housing, which surpasses our annual goal and also exceeds last year's retention rate of 89%.

For rapid rehousing programs, the retention rate measures the percentage of people who are still housed in the months and years after their housing subsidy ended. The FY 2025 12-month retention rate for SHS-funded rapid rehousing was 85%, meeting the regional goal of 85%.

During FY 2025, housing retention rates for PSH and RRH participants were slightly higher among Black, Indigenous and other people of color (BIPOC) overall than among non-Hispanic White persons. BIPOC individuals in SHS-funded PSH had a 92% retention rate at 12 months compared to a 91% retention rate for non-Hispanic White individuals. Looking at specific groups, retention rates for SHS-funded PSH were higher among persons identifying as Hispanic or Latine and Native Hawaiian or Pacific Islander than among non-Hispanic white persons. BIPOC individuals in SHS-funded RRH had a 87% retention rate at 12 months compared to a 79% retention rate for non-Hispanic White individuals.



⁴ Permanent supportive housing 12 month retention rates are calculated as the percentage of people who were placed in PSH in FY 2024 and were still housed in a permanent housing program one year later. Rapid rehousing retention rates are calculated as the percentage of people who ended an RRH housing subsidy in FY 2024 who were still housed 12-months after their subsidy ended. The data provided on retention rates is based on individuals, not households. Multnomah County calculates retention rates for individuals by using our by-name list. Because household composition can fluctuate, individuals are the most reliable way of collecting this information.

Figure 5: Housing Retention Rates		
12-month housing retention rate in PSH	% of individuals placed into PSH who retained housing at 12 months	92%
	# of individuals placed into PSH who retained housing at 12 months	776
12-month housing retention rate in PSH disaggregated by race/ethnicity (people)	American Indian, Alaska Native or Indigenous	91%
	Asian or Asian American	75%
	Black, African American or African	91%
	Hispanic or Latine	93%
	Middle Eastern or North African	–
	Native Hawaiian or Pacific Islander	92%
	White	92%
	Non-Hispanic White	91%
12-month housing retention rate in RRH	% of individuals placed into RRH who retained housing at 12 months	85%
	# of individuals placed into RRH who retained housing at 12 months	2,434
12-month housing retention rate in RRH disaggregated by race/ethnicity (people)	American Indian, Alaska Native or Indigenous	86%
	Asian or Asian American	86%
	Black, African American or African	88%
	Hispanic or Latine	87%
	Middle Eastern or North African ⁵	100%
	Native Hawaiian or Pacific Islander	90%
	White	80%
	Non-Hispanic White	79%

5 The retention rate for individuals identifying as Middle Eastern or North African is based on a small population size.

System Inflow and Outflow

System inflow records the number of people in a given reporting period who enter the homeless services system. This information is captured in Multnomah County's by-name list. Outflow, on the other hand, captures the number of people who exited the homeless services system during a given reporting period. For the number of people experiencing homelessness to decrease, outflow has to be greater than inflow.

In FY 2025, the average number of people each month who entered the homeless services system (inflow) was 1,268, while the average number of people each month exiting the homeless services system (outflow) was 1,008. People either exit the system because they have moved into permanent housing or they have moved to "inactive" in our records. An individual may become inactive if they have had no recent engagements with the system. On average this year, 394 people exited homelessness for permanent housing per month, and 614 people moved to "inactive" per month.

Figure 6: System Inflow and Outflow		
Average monthly inflow (people)	Average number of people entering the homeless services system per month	1,268
Average monthly outflow (people)	Average number of people exiting the homeless services system per month (regardless of exit location)	1,008
Average monthly outflow to permanent housing (people)	Average number of people exiting the homeless services system to permanent housing per month	394
Average monthly outflow to "inactive" (people)	Average number of people exiting the homeless services system to inactive per month	614

Length of Time Homeless & Length of Time in Program Before Being Housed

One way we understand the population served by SHS investments is by examining the length of time people are spending homeless. Systemwide, the average length of time a household experiences homelessness has decreased in the last year, going from an average of 4.15 years in FY 2024 to an average of 3.43 years in FY 2025. The average length of time homeless is higher for households served in SHS programs (4.45 years), likely because these services prioritize chronically homeless households experiencing higher acuity. Once individuals enter the system, we also measure the length of time they spend in a program before being housed. The time someone spends in a housing program between enrollment and moving into housing is much shorter; in FY 2025, the systemwide average number of days a person spent enrolled in a housing program before their move-in date was 61 days (70 days for SHS programs).

Figure 7: Length of Time Homeless

Length of time homeless (households)⁶	Average number of years homeless for households served in SHS programs	4.45
	Average number of years homeless for all households served in County-funded homelessness programs	3.43

Figure 8: Length of Time in Housing Program Before Being Housed

Length of time in housing program before being housed (households)	Average number of days enrolled in SHS housing programs before being housed	70
	Average number of days enrolled in SHS-funded PSH, RRH, Housing Only and Housing with Services programs before being housed	PSH = 36 days RRH = 83 days HWS = 25 days HO = 0 days
	Average number of days enrolled in all County-funded housing programs before being housed	61

⁶ This is a HUD data point that is captured in HMIS at the time of intake. Clients are asked to give a start date for their homelessness that is used to measure the amount of time between the start of a person's homelessness (not when they began accessing services) and when they move into permanent housing.

Returns to Homelessness

We also measure returns to homelessness at 24 months, comparing individuals served in SHS programs to individuals served in any County homelessness program. The rate of returns to homelessness is a metric that is similar to but distinct from the retention rate. Whereas the retention rate measures the percentage of people who maintained housing after a period of time, the rate of return measures the percentage of people who had been housed and who subsequently became unhoused. Our methodology for calculating returns to homelessness has been updated with the launch of the public data dashboard in spring 2025, so unfortunately comparisons to previous years' reports cannot be made.⁷

The current methodology relies on hard evidence that an individual is in a housing project, specifically a documented housing move-in date within HMIS. If an individual is verifiably housed and subsequently becomes unhoused (evidenced by their location in a shelter or other indicator in the by-name list data), they are counted as having “returned to homelessness.”

The average rate of return to homelessness for individuals served in SHS-supported PSH programs is 3% and for RRH it is 6%. The average rate of return across all SHS-funded programs (including shelter, other permanent housing and homelessness prevention) is 8%, which is the same rate of return for individuals served across all County homelessness programs.

Figure 9: Returns to Homelessness		
% of individuals exiting to permanent housing that returned to the homeless services system within 24 months	Average rate of returned to homelessness for individuals served in SHS programs	8%
	Average rate of returned to homelessness for individuals served in SHS-funded PSH, RRH, Housing Only and Housing with Services	PSH = 3%
		RRH = 6%
		HO = 13%
		HWS = 1%
	Average rate of returned to homelessness for all individuals served in County homelessness programs	8%

⁷ The previous methodology often overstated returns to homelessness because it tracked people who exited homelessness to a permanent housing destination, rather than those verifiably housed by a housing project. For instance, an exit from a shelter to a stated permanent housing destination, followed by a return to shelter, was counted as a “return” regardless of whether the person was verifiably housed in the stated housing destination. Without verification (e.g., housing program enrollment or move-in date), the exit destination is only a “soft” indication of post-exit status.





Populations Served

Racial Demographics

Black, Indigenous and other people of color (BIPOC) groups are over-represented in Multnomah County's homeless population. Our January 2025 by-name list found that BIPOC individuals represented 40% of the chronically homeless population, which is higher than their representation in the general Multnomah County population. To combat this disparity, SHS programs continued to serve BIPOC folks at greater rates than their representation in the population experiencing chronic homelessness.

This was especially true for individuals placed in PSH identifying as Black, African American or African, Hispanic or Latine, and American Indian, Alaska Native or Indigenous; and for individuals placed in RRH identifying as Black, African American or African, Hispanic or Latine, and Native Hawaiian or Pacific Islander. Moreover, BIPOC representation in housing placements in FY 2025 was higher for PSH at 63% and for RRH at 63% than the percentage of BIPOC people served in FY 2022 at 41% across all housing placements.

Among homelessness prevention programs, performance was mixed. Comparing BIPOC representation to a similarly situated population of people experiencing short-term homelessness, representation was higher among prevention participants than among people experiencing short-term homelessness for all racial and ethnic communities except for American Indian, Alaska Native or Indigenous and Native Hawaiian or Pacific Islander. For people identifying as American Indian, Alaska Native or Indigenous and Native Hawaiian or Pacific Islander, representation was lower than the rates at which these groups experience homelessness.

Gender

Individuals identifying with more than one gender or as transgender were represented at the same or higher rates among people placed in PSH relative to people experiencing chronic homelessness, but were underrepresented in rapid rehousing placements. Similarly, individuals who identified with more than one gender or as transgender were underrepresented in homelessness prevention programs in comparison to the rate at which people with these identities experience homelessness.

Members of the LGBTQIA2S+ community face heightened discrimination and often experience higher barriers to accessing services that fit their needs, especially when they are a person of color. It is important to note that given the small number of people receiving services who identify as members of these communities, a difference of even five or 10 people could impact this result. It is plausible that some people could have been

dissuaded from reporting their gender identities in FY 2025 due to changes in the political and social environment, and that this would be reflected in program enrollments and not in the by-name list. See **Appendix A** for a breakdown of the gender demographics noted above.

Priority Populations (Population A or B)

Permanent supportive housing programs largely prioritize folks who are extremely low-income, have one or more disabling conditions, and are experiencing long-term or frequent episodes of literal homelessness — often referred to as Population A. Program staff collect this information from participants and enter it into HMIS. Priority population status data is sometimes missing or unknown.⁸ These missing values have recently been integrated into our data quality monitoring system, which sends data quality reports to providers for action. In FY 2026, the Homeless Services Department is shifting our focus to a more nuanced and localized system of identifying missing data in order to better support providers with data quality and technical assistance.

This is the first year Metro has requested that Multnomah County include missing/null values in our dataset. The null priority population values are located in **Appendix A**. This report's tables use a proportional distribution methodology to distribute unknown values across the known Population A and B households. This methodology was implemented to minimize the noise that unknown values can create.

Furthermore, the priority population data in this section of the report only includes individuals newly placed into housing, and does not account for individuals sustained in housing who are actively receiving services. The FY 2025 financial reports utilize a different methodology for capturing the Population A/B breakdown, which does include sustained households and households who were new to a housing project and were in search of housing in FY 2025.

⁸ Priority population data is typically collected during participant intake when a provider completes a detailed population A/B form that asks for a series of criteria and is then entered into HMIS. We are working closely with providers to understand why priority population status would be missing/null. In temporary or short-term interventions like emergency shelter or eviction prevention, it is possible that the population A/B form is skipped during the intake process to focus on building rapport and quickly connecting individuals to resources. Across all housing intervention types, there are also individuals who entered the system prior to the implementation of the SHS measure and, as such, do not have a priority population designation. If one such individual reenters the system later on, their priority population status may default to missing/null or carry forward a status from a prior entry. This report uses a methodology to distribute null priority populations based on known priority population rates. This ensures we have a complete and accurate count for analysis.

In FY 2025, Population A households made up 80% of PSH placements, whereas Population B households made up 20%. Due to changes in reporting tools, we unfortunately cannot compare this data to past years' data.

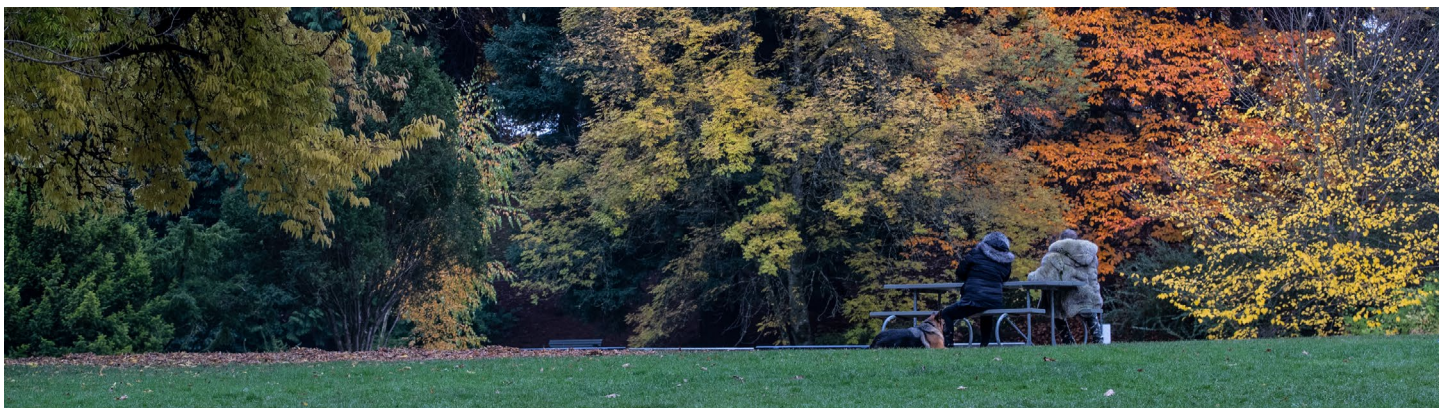
While rapid rehousing programs are designed to be more short-term, we saw a higher rate of Population A folks accessing these services. In FY 2025, 53% of those newly served in RRH met the definition of Population A and 47% met the definition of Population B. The representation of Population A in rapid rehousing placements may reflect the overall growth of Population A in the system and limited resources available to quickly house them. Service providers may decide to place them through rapid rehousing rather than allow them to wait for another opportunity to open up. For more information on the total percentage of Population A and B served across all SHS investments, see **Financial Review**.

Disability Status

Disability status is one of the criteria used to define Population A, as people living with a disability tend to experience additional barriers to housing. In FY 2025, people with disabilities made up 60% of PSH placements and 42% of RRH placements.

Data Table Caveats

The following tables display the total number of people and households newly served in FY 2025 with SHS funding across key service areas. When reviewing the tables please note the “Race & Ethnicity” and “Gender Identity” categories are not mutually exclusive and an individual may select more than one. Additionally, the number of people listed in the “Disability Status” category may be greater than the number of people served for each service type. This is due to conflicting disability status data captured in HMIS that can result in people having multiple disability statuses, contributing to a higher number of people and/or percentages higher than 100%.



Permanent Supportive Housing Placements

Figure 10: Permanent Supportive Housing Placements			
Metric	Data	#	%
Total PSH placements	Households	715	
	People	1,085	
Population A & B (households)	Households in Population A served in PSH	570	80%
	Households in Population B served in PSH	145	20%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	176	16%
	Asian or Asian American	19	2%
	Black, African American or African	346	32%
	Hispanic/Latine	255	24%
	Middle Eastern or North African	5	0%
	Native Hawaiian or Pacific Islander	32	3%
	White	453	42%
	Non-Hispanic White (subset of White category)	358	33%
	Client doesn't know	10	1%
	Client prefers not to answer	28	3%
	Data not collected	10	1%
Disability status (people)	Persons with disabilities	654	60%
	Persons without disabilities	405	37%
	Disability unreported	26	2%
Gender identity (people)	Woman (Girl, if child)	526	49%
	Man (Boy, if child)	507	47%
	Culturally specific identity	2	0%
	Non-binary	30	3%
	Transgender	19	2%
	Questioning	1	0%
	Different identity	2	0%
	Client doesn't know	8	1%
	Client prefers not to answer	3	0%
	Data not collected	0	0%

Rapid Rehousing Placements

Figure 11: Rapid Rehousing Placements			
Metric	Data	#	%
Total RRH placements	Households	842	
	People	1,420	
Population A & B (households)	Households in Population A served in RRH	444	53%
	Households in Population B served in RRH	398	47%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	96	7%
	Asian or Asian American	61	4%
	Black, African American or African	417	29%
	Hispanic/Latine	399	28%
	Middle Eastern or North African	6	0%
	Native Hawaiian or Pacific Islander	96	7%
	White	554	39%
	Non-Hispanic White (subset of White category)	494	35%
	Client doesn't know	4	0%
	Client prefers not to answer	15	1%
	Data not collected	7	0%
Disability status (people)	Persons with disabilities	599	42%
	Persons without disabilities	657	46%
	Disability unreported	167	12%
Gender identity (people)	Woman (Girl, if child)	775	55%
	Man (Boy, if child)	621	44%
	Culturally specific identity	0	0%
	Non-binary	9	1%
	Transgender	15	1%
	Questioning	1	0%
	Different identity	2	0%
	Client doesn't know	0	0%
	Client prefers not to answer	2	0%
	Data not collected	1	0%

Housing With Services Placements

Figure 12: Housing With Services Placements			
Metric	Data	#	%
Total Housing with Services placements	Households	74	
	People	127	
Population A & B (households)	Households in Population A served in HWS	36	48%
	Households in Population B served in HWS	38	52%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	17	13%
	Asian or Asian American	2	2%
	Black, African American or African	63	50%
	Hispanic/Latine	37	29%
	Middle Eastern or North African	1	1%
	Native Hawaiian or Pacific Islander	6	5%
	White	43	34%
	Non-Hispanic White (subset of White category)	30	24%
	Client doesn't know	1	1%
	Client prefers not to answer	3	2%
	Data not collected	0	0%
Disability status (people)	Persons with disabilities	48	38%
	Persons without disabilities	75	59%
	Disability unreported	3	2%
Gender identity (people)	Woman (Girl, if child)	74	58%
	Man (Boy, if child)	47	37%
	Culturally specific identity	0	0%
	Non-binary	3	2%
	Transgender	2	2%
	Questioning	0	0%
	Different identity	0	0%
	Client doesn't know	0	0%
	Client prefers not to answer	0	0%
	Data not collected	0	0%

Housing Only Placements

Figure 13: Housing Only Placements			
Metric	Data	#	%
Total Housing Only Placements	Households	64	
	People	110	
Population A & B (households)	Households in Population A served in HO	47	74%
	Households in Population B served in HO	17	26%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	12	11%
	Asian or Asian American	1	1%
	Black, African American or African	38	35%
	Hispanic/Latine	31	28%
	Middle Eastern or North African	1	1%
	Native Hawaiian or Pacific Islander	3	3%
	White	45	41%
	Non-Hispanic White (subset of White category)	32	29%
	Client doesn't know	2	2%
	Client prefers not to answer	5	5%
	Data not collected	0	0%
Disability status (people)	Persons with disabilities	58	53%
	Persons without disabilities	52	47%
	Disability unreported	0	0%
Gender identity (people)	Woman (Girl, if child)	58	53%
	Man (Boy, if child)	47	43%
	Culturally specific identity	1	1%
	Non-binary	3	3%
	Transgender	2	2%
	Questioning	0	0%
	Different identity	0	0%
	Client doesn't know	0	0%
	Client prefers not to answer	0	0%
	Data not collected	0	0%

Preventions

Figure 14: Preventions			
Metric	Data	#	%
Total preventions	Households	1,099	
	People	2,416	
Population A & B (households)	Households in Population A served with preventions	174	16%
	Households in Population B served with preventions	925	84%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	142	6%
	Asian or Asian American	156	6%
	Black, African American or African	696	29%
	Hispanic/Latine	797	33%
	Middle Eastern or North African	54	2%
	Native Hawaiian or Pacific Islander	114	5%
	White	755	31%
	Non-Hispanic White (subset of White category)	542	22%
	Client doesn't know	8	0%
	Client prefers not to answer	25	1%
	Data not collected	34	1%
Disability status (people)	Persons with disabilities	625	26%
	Persons without disabilities	1,559	65%
	Disability unreported	215	9%
Gender identity (people)	Woman (Girl, if child)	1,265	52%
	Man (Boy, if child)	1,091	45%
	Culturally specific identity	1	0%
	Non-binary	17	1%
	Transgender	9	0%
	Questioning	0	0%
	Different identity	5	0%
	Client doesn't know	7	0%
	Client prefers not to answer	23	1%
	Data not collected	4	0%

Regional Long-Term Rent Assistance Program (RLRA)

The Regional Long-Term Rent Assistance (RLRA) program primarily provides permanent supportive housing to SHS priority Population A participants (though RLRA is not strictly limited to PSH or Population A). RLRA data is not additive to the previous data; it is a subset of above placement data.

Figure 15: Regional Long-Term Rent Assistance Placements			
Metric	Data	#	%
Total RLRA placements	Households	324	
	People	598	
Population A & B (households)	Households in Population A served in RLRA	231	71%
	Households in Population B served in RLRA	93	29%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	63	11%
	Asian or Asian American	7	1%
	Black, African American or African	213	36%
	Hispanic/Latine	186	31%
	Middle Eastern or North African	4	1%
	Native Hawaiian or Pacific Islander	18	3%
	White	223	37%
	Non-Hispanic White (subset of White category)	145	24%
	Client doesn't know	9	2%
	Client prefers not to answer	27	5%
	Data not collected	0	0%
Disability status (people)	Persons with disabilities	288	48%
	Persons without disabilities	310	52%
	Disability unreported	0	0%
Gender identity (people)	Woman (Girl, if child)	334	56%
	Man (Boy, if child)	238	40%
	Culturally specific identity	1	0%
	Non-binary	17	3%
	Transgender	10	2%
	Questioning	0	0%
	Different identity	0	0%
	Client doesn't know	0	0%
	Client prefers not to answer	1	0%
	Data not collected	0	0%

Shelter

Figure 16: Shelter			
Metric	Data	#	%
Total served in shelter	Households	3,343	
	People	3,778	
Population A & B (households)	Households in Population A served in shelter	2,362	71%
	Households in Population B served in shelter	981	29%
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	379	10%
	Asian or Asian American	85	2%
	Black, African American or African	679	18%
	Hispanic/Latine	548	15%
	Middle Eastern or North African	16	0%
	Native Hawaiian or Pacific Islander	228	6%
	White	2,259	60%
	Non-Hispanic White (subset of White category)	2,131	56%
	Client doesn't know	23	1%
	Client prefers not to answer	143	4%
	Data not collected	13	0%
Disability status (people)	Persons with disabilities	2,537	67%
	Persons without disabilities	1,122	30%
	Disability unreported	271	7%
Gender identity (people)	Woman (Girl, if child)	1,600	42%
	Man (Boy, if child)	2,058	54%
	Culturally specific identity	6	0%
	Non-binary	110	3%
	Transgender	83	2%
	Questioning	8	0%
	Different identity	13	0%
	Client doesn't know	1	0%
	Client prefers not to answer	13	0%
	Data not collected	2	0%

‘I can keep going forward.’

Permanent supportive housing at Kathleen Saadat Apartments provides long-term support to people leaving homelessness.

Since opening its doors in late 2024, the Kathleen Saadat Apartments have provided 75 homes with wraparound services to people who recently experienced homelessness.

The apartments are among the 258 permanent supportive housing units that opened in FY 2025 in Multnomah County thanks to the Supportive Housing Services measure. The project is a partnership between Home Forward and The Urban League of Portland, which provides on-site, culturally specific services.

For the residents of the Kathleen Saadat, the deeply affordable housing combined with wraparound supports are helping them achieve their goals.

That includes Ricky, who has found those services crucial to his journey back to stability. Ricky became homeless after the end of a 20-year relationship, and he quickly encountered multiple barriers to renting his own place. That included previous involvement with the justice system earlier in his life, when he was in his 20s.

“I had no more troubles after that with the law,” he said. Still, those past mistakes made it harder for him to find a place that would rent to him.

He also found that lacking a documented work history was a barrier. As someone with low vision, he’s found his calling in jobs that relied on his physical strength. “I realized that I was never going to be good at working a tape measure, seeing a computer screen from a distance, and using a forklift. So I focused on all the other things.”



Ricky, a resident of the Kathleen Saadat apartments, said he’s building up his independence thanks to the services there.

Those types of jobs were often paid under the table. “You could tell a story and say that you did this and worked this, but it’s just a story. You don’t have any proof,” he said.

Ricky was able to avoid unsheltered homelessness, living with his family before securing a room at a motel shelter operated by the Urban League. From there, he was able to get a spot at Kathleen Saadat.

With the help of on-site support staff, Ricky has been able to sign up for benefits and access medical care. He’s starting to feel more independent — something he’s often struggled with.

“I’ve always had bad eyesight, so I’ve been around family, acquaintances, or friends that I could trust,” he said. “I’ve always relied on someone else to handle my money, to help me take care of some of the important things.”

With the support of the Urban League team, Ricky is gaining more of that independence. “A little bit is learning how to do it, but some of it is just I’m not neglecting it. I knew how to do it — but now I’m doing it.”

Another resident, Amy, had been experiencing homelessness and struggling with alcohol abuse before moving into the Kathleen Saadat Apartments. The supportive services she’s found here have aided her recovery journey.

She first found support at Jean’s Place, a sober women’s shelter operated by Transition Projects, before moving into the Kathleen Saadat.

She’s now almost three years clean and sober, and says she’s taking things one day at a time — with the help of the Urban League’s support staff.

She finds joy in playing video games, spending time with her puppy, and exploring the food scene in downtown Portland. She’s also working on self-care and finding long-term stability.

“I have disabilities, so I want to try to work with my team, work with my health, work with my mental health, and try to stay steady,” she said. “That way I can keep going forward.”



Amy, another Kathleen Saadat resident, said she’s making progress with the support of the Urban League team.





Provider Partnerships

Procurement Processes

The Homeless Services Department partners with about 80 local organizations, with 68 receiving SHS funding. Their direct service work makes it possible for us to deliver on the promises of the SHS measure. In year four, we continued to contract with a wide range of culturally responsive and culturally specific providers of these services.

To receive HSD funding, service providers must first apply to become eligible to contract with HSD. These procurements are typically run individually within each county, but in 2022 and 2023, the three counties receiving SHS funds came together to run a collaborative Request for Programmatic Qualifications (RFPQ). This effort created a simplified, transparent process for new and established providers to become eligible in any of the three participating counties. It also established a regional pool of providers all counties can draw from as they work to address homelessness in their area. In previous years, the RFPQ resulted in more than 150 regionally qualified vendors.

In FY 2025 Multnomah County led a third tri-county RFPQ that was primarily focused on maintaining our pool of eligible providers and preventing disruption to services for organizations whose procurement authority was about to expire. When an organization becomes qualified to contract with the County, they typically have a five-year window of eligibility to deliver services. However, we obtained permission to grant providers seven years of procurement authority for the RFPQ, which helps relieve administrative burden for our partners.

We implemented equity measures in the procurement process by performing a racial equity lens analysis during the planning phase, performing outreach to culturally specific service providers, and hiring a consultant to provide over 55 hours of technical assistance to the organizations that submitted proposals. These efforts align with the County's mission to sustain a safety net of quality services using an equity lens and a commitment to social justice. The RFPQ closed in early FY 2026 and resulted in a group of 70 providers that either became newly qualified to provide services with the County, or whose ability to provide services was renewed to prevent lapsing in the near future. While the 70 providers who completed the RFPQ process in FY 2025 represent a decent portion of all providers qualified to contract with the tri-counties, there are other providers who are still qualified to work with the tri-counties that did not complete the process since their procurement authority is not yet expiring.

Partnership Expansions

In year four, the Homeless Services Department partnered with 68 SHS-funded providers, eight of which were new to SHS. We maintained a strong pool of qualified and contracted providers through the tri-county procurement process described above, and developed broader community connections through our provider conferences.

Provider Conferences

In FY 2025, we hosted two conferences for our qualified and contracted providers, each attended by over 200 people representing a broad range of organizations. One was held in November 2024 at Portland State University and another took place in June 2025 at Mount Hood Community College. Sessions covered topics such as engaging people with lived experience of homelessness, cross-sector case conferencing, working with older adults, supporting neurodiverse staff, landlord engagement, systemwide budget forecasts, reasonable accommodations, severe weather operations, the Medicaid 1115 waiver and the Point in Time Count.

We began hosting these events in response to feedback from providers who wanted our department to foster more collaboration, convene the provider community more regularly and create a forum to collectively share information, resources and problem-solving opportunities. We held our first conference in 2023 and have continued to organize several events a year. Provider partners are actively involved in the planning process. We are working with providers to plan our conference events in FY 2026, with the first event taking place in October 2025.

SHS Service Provider Contracts

Figure 17: SHS service provider contracts (July 1, 2024 to June 30, 2025)						
Name of Provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
211 Info	Coordinated access, prevention, severe weather services	No	N/A	\$693,775	\$599,631	No
4D Recovery	Navigation, outreach and placement	No, but culturally specific programming	-	\$546,045	\$237,942	Yes
Beacon Village	Alternative shelter	No	N/A	\$17,075	\$9,365	No

Name of provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
Black Community of Portland	Housing placement and retention	Yes	Black, African American or African	\$207,170	\$207,170	No
Blanchet House of Hospitality	Day shelter	No	N/A	\$431,550	\$431,550	No
Bradley Angle	Rapid rehousing, shelter, supportive services	No	N/A	\$651,435	\$216,427	No
Call to Safety	Supportive services	No	N/A	\$62,675	\$0.00	No
Cascade AIDS Project	Rapid rehousing, supportive services	No, but culturally specific programming	Hispanic or Latine, LGBTQIA2S+	\$1,261,836	\$886,650	No
Cascadia Health	Housing with services, PSH support services	No, but culturally specific programming	Black, African American or African LGBTQIA2S+	\$3,916,526	\$2,197,883	No
Catholic Charities	Outreach, rapid rehousing, shelter, supportive services	No, but culturally specific programming	Immigrants, Refugees	\$2,167,886	\$1,801,407	No
Central City Concern	Coordinated entry, healthcare system alignment, housing with services, outreach, rent assistance, shelter	No, but culturally specific programming	Black, African American or African	\$11,691,867	\$9,605,987	No
College Housing Northwest	Rapid rehousing	No	N/A	\$326,010	\$326,010	No
The Commons Law Center	Supportive services	No	N/A	\$250,000	\$250,000	Yes
Community Development Corporation of Oregon (Rockwood CDC)	Rapid rehousing, shelter, supportive services	No	N/A	\$3,590,035	\$2,779,815	No
Community Partners for Affordable Housing	Supportive services	No	N/A	\$685,803	\$624,191	No
Cultivate Initiatives	Rapid rehousing, supportive services	No	N/A	\$6,599,250	\$4,374,522	No
Do Good Multnomah	Outreach, housing with services, rapid rehousing, shelter, supportive services	No	N/A	\$12,205,219	\$8,111,901	No

Name of provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
Ecumenical Ministries of Oregon	Outreach, rapid rehousing	No, but culturally specific programming	Slavic, Immigrants, Refugees	\$553,040	\$528,024	No
El Programa Hispano Católico	Coordinated entry, outreach, prevention, rapid rehousing, supportive services, shelter	Yes	Hispanic or Latine	\$1,393,079	\$1,177,154	No
Family Essentials	Rapid rehousing	No	N/A	\$95,210	\$95,210	No
Greater New Hope Family Services	Supportive services	Yes	Black, Indigenous, and people of color	\$612,228	\$612,228	No
City of Gresham	Outreach, rapid rehousing	No	N/A	\$871,165	\$785,840	No
Helping Hands Reentry Outreach Centers	Shelter	No	N/A	\$3,502,486	\$3,277,582	No
Home Forward	Rent assistance and administration	No, but culturally specific programming	-	\$38,812,019	\$31,306,598	No
Housing Connector	Landlord engagement	No	N/A	\$810,000	\$807,469	No
Hygiene4All	Outreach	No	N/A	\$542,920	\$496,718	Yes
Immigrant and Refugee Community Organization (IRCO)	Housing with services, landlord engagement, outreach, prevention, rapid rehousing, supportive services	Yes	Immigrants, Refugees	\$3,999,150	\$3,484,618	No
Impact NW	Supportive services	No	N/A	\$77,438	\$36,130	Yes
Innovative Housing, Inc.	Supportive services	No	N/A	\$645,750	\$641,074	No
Janus Youth Programs	Coordinated entry, rapid rehousing, shelter, supportive services	No	N/A	\$446,760	\$212,858	No
JOIN	Housing with services, prevention, rapid rehousing, supportive services	No, but culturally specific programming	-	\$7,472,843	\$6,494,363	No
Latino Network	Prevention, rapid rehousing	Yes	Hispanic or Latine	\$198,050	\$198,050	No
LifeWorks NW	Intensive case management	No	N/A	\$15,000	\$4,345	Yes

Name of provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
Marie Equi Center	Day services	Yes	LGBTQIA2S+	\$857,390	\$849,949	No
Metropolitan Public Defender	Supportive services	No	N/A	\$979,635	\$979,509	No
Native American Rehabilitation Association of the Northwest (NARA NW)	Coordinated entry, outreach, prevention, rapid rehousing, rent assistance, supportive services	Yes	American Indian, Alaska Native or Indigenous	\$3,552,026	\$3,543,264	No
Native American Youth and Family Center (NAYA)	Outreach, prevention, rapid rehousing, shelter, supportive services	Yes	American Indian, Alaska Native or Indigenous	\$782,875	\$693,615	No
New Avenues for Youth	Permanent housing, permanent supportive housing, rapid rehousing	No	N/A	\$2,765,700	\$2,829,073	No
New Narrative	Landlord engagement, supportive services	No	N/A	\$5,683,319	\$4,843,742	No
Northwest Pilot Project	Permanent supportive housing, prevention	No	N/A	\$2,711,675	\$2,393,662	No
Operation Nightwatch Portland	Day services	No	N/A	\$276,000	\$276,000	No
Oregon Community Warehouse	Placement & retention	No	N/A	\$150,000	\$155,800	Yes
Oregon Law Center	Prevention	No	N/A	\$338,410	\$334,472	No
Outside In	Housing with services, outreach, rapid rehousing shelter, supportive services	No	N/A	\$1,527,860	\$1,682,251	No
Our Just Future	Permanent supportive housing, supportive services, rapid rehousing	No	N/A	\$5,499,740	\$4,869,511	No
Outside the Frame	Supportive services	No	N/A	\$287,820	\$287,820	No
Path Home	Housing with services, outreach, rapid rehousing, shelter	No	N/A	\$1,525,215	\$796,554	No

Name of provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
The Peer Company (formerly Mental Health & Addiction Association of Oregon)	Navigation	No	N/A	\$2,523,269	\$2,228,199	No
City of Portland⁹	Shelter	No	N/A	\$27,862,490	\$27,862,490	No
Portland Street Medicine	Outreach	No	N/A	\$12,200	\$0.00	No
Rahab's Sisters	Rapid rehousing	No, but culturally specific programming	-	\$108,465	\$230,575	No
Raphael House of Portland	Housing with services, rapid rehousing, shelter	No, but culturally specific programming	-	\$1,017,615	\$369,570	No
Rose Haven	Day services	No	N/A	\$431,550	\$431,550	No
The Salvation Army	Outreach, shelter, supportive services	No	N/A	\$1,928,132	\$1,630,820	No
Self Enhancement, Inc.	Housing with services, outreach, prevention, rapid rehousing, shelter, supportive services	Yes	Black, African American or African	\$2,123,974	\$1,695,437	No
Somali Empowerment Circle	Landlord engagement, supportive services	Yes	Somali women and families	\$315,610	\$249,158	No
Stone Soup PDX	Supportive services	No	N/A	\$53,515	\$53,515	No
Straightway Services	Shelter	No	N/A	\$652,060	\$617,007	Yes
Street Roots	System support and access coordination	No	N/A	\$71,470	\$71,469	No
Sunstone Way	Rapid rehousing, shelter	No, but culturally specific programming	-	\$4,790,640	\$2,508,871	No
Telecare Mental Health Services of Oregon	Supportive services	No	N/A	\$18,000	\$7,484	No
Transcending Hope	Housing with services	No, but culturally specific programming	Hispanic or Latine	\$475,200	\$410,072	Yes

9 HSD paid the City of Portland \$15M for overnight shelter in FY 2025, with the funds intended for FY 2026. Another \$12.9M was prepaid in FY 2024 and recognized as pass through in FY 2025 for shelter operations.

Name of provider	Programs/ services in contract	Culturally specific provider? Y/N	Population served	FY 2024-2025 SHS-funded contract amount	Total paid in FY 2024-2025 (SHS-funded)	New to SHS in Year Four?
Transition Projects	Coordinated entry, healthcare system alignment, outreach, prevention, rapid rehousing, shelter, supportive services	No	N/A	\$17,105,559	\$11,921,294	No
Trash for Peace	Outreach, rapid rehousing	No	N/A	\$564,265	\$525,862	No
Urban League of Portland	Coordinated entry, housing with services, outreach, prevention, rapid rehousing, shelter, supportive services	Yes	Black, African American or African	\$7,603,285	\$6,876,295	No
Volunteers of America Oregon	Coordinated entry, housing with services, rapid rehousing, supportive services	No	N/A	\$1,622,045	\$1,568,978	No
WeShine Initiative	Shelter	No	N/A	\$1,123,960	\$782,660	No
YWCA of Greater Portland	Rapid rehousing	No	N/A	\$1,411,874	\$1,243,143	No



Provider Capacity Building

Provider Capacity Building

Over the last several years we have scaled up our system to effectively implement the historic funds generated by the SHS measure. Because the Homeless Services Department is not a direct services provider, we have done this through our contracted relationships with local community organizations. They are experts on the delivery of homeless services and the needs, opportunities and barriers experienced by the communities they serve.

In addition to being a key strategy in our SHS Local Implementation Plan, capacity building is also an area of interest for our SHS Advisory Committee. The committee spent a year developing a thorough set of capacity building recommendations that influenced our SHS goals this year, including prioritizing culturally specific providers for capacity-building funds and increasing partnerships with new and small organizations.

Since we are no longer in the exponential stages of expansion that were required in the measure's first three years, in year four, we shifted toward sustaining the capacity providers have built and identifying where gaps remain. Because identity-based disparities continue to exist in our system, we knew we had to continue prioritizing support for culturally specific organizations as they work to address the higher levels of homelessness in their communities resulting from the compounded effects of systemic racism and the affordable housing crisis.



Capacity-Building Programs & Resources



Grants & Technical Assistance

We contract with a wide variety of providers, including large, well-established organizations and new or expanding smaller organizations. Over the years, providers have said that several factors make it difficult to offer services and operate sustainable programming through County contracts, such as the cost reimbursement process, ongoing employee recruitment and retention challenges, and the need to expand culturally specific capacity. Piloting the use of grants is one way we have sought to address these challenges.

One of our grants leveraged SHS unanticipated revenue from previous fiscal years to help stabilize our provider workforce. We partnered with the United Way of the Columbia Willamette, an agency well-versed in grant administration, to distribute the funding. It yielded results — in a recent report covering the first year of the grant, recipients reported a 10% growth in total housing and homeless services staff. For more information on the impact of the workforce stabilization grants, please see **Workforce Recruitment and Retention**.

We also piloted System Development grants to support the growth of culturally specific providers and culturally specific capacity in our system. We distributed the first round of these flexible grants to 10 culturally specific providers in FY 2025 following a competitive application process. The pilot prioritized newly qualified and newly contracted culturally specific organizations, aiming to develop their infrastructure and support them in contracting with us to serve their communities in our system of care. Equity staff provided one-on-one technical assistance to organizations by supporting with financial reconciliations, invoicing and other topics related to the grant process.

Although the grants were not initially SHS-funded, the pilot was led by SHS-funded staff, and we expanded the project for a second year using \$1 million in SHS Regional Investment Funds (RIF) that will be distributed in FY 2026. The HSD's equity team made adjustments based on feedback from the first year and successfully launched the second year 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 integrated technical assistance in the

application itself, which focused on accessibility, through two informational sessions. Staff also regularly communicated with organizations that had not yet submitted an application, creating ongoing opportunities for engagement and support prior to the application deadline. Fourteen providers applied for the second round of grants. In FY 2026 the team will distribute awards, provide technical support and share best practices for spending these key capacity-building resources.

We also provided technical assistance through the Tri-County Request for Programmatic Qualifications (RFPQ). HSD hired a consultant to provide technical assistance for all organizations interested in applying, and staff invited culturally specific organizations who were not yet qualified to contract with the County. More information, see **Provider Partnerships**.

Training

We continued to offer a variety of training opportunities to support our partners in building capacity to deliver services.

Our training coordinator helped organize and facilitate 24 trainings throughout the year for about 550 participants, in topics such as de-escalation, naloxone administration and neurodiversity in the workplace. They developed and facilitated a course for employees who connect people to housing through coordinated access focused on unconscious bias and systemic inequality in housing, and collaborated with a newly contracted culturally specific organization to develop and administer a robust staff training curriculum.



They also curate a monthly equity-focused learning calendar for contracted providers with links to other offerings hosted by national organizations, local governments and community-based organizations. A survey of attendees revealed that over 80% of participants felt they had increased their knowledge thanks to the training they attended. Many culturally specific providers utilize these events to support their staff, and we have specifically sourced and designed offerings — such as respecting names and pronouns, resisting white supremacy culture in the workplace and foundations of trauma-informed care — to increase organizations' cultural responsiveness.

As in past years, SHS also funded the Assertive Engagement (AE) initiative, a training partnership between HSD and the Department of County Human Services. The AE initiative is a social service approach to working

with people that honors them as the experts in their own lives. Its focus on equity, anti-oppression and trauma-informed care furthers our goal of building a provider network equipped with anti-racist and gender-affirming practices. Assertive Engagement trainings have been highly sought-after and previously would fill up within an hour of opening.

This began to change in FY 2024, when SHS funds helped expand the program and launch a self-paced, online course to increase access to this essential training and support healthier, more effective service delivery for service participants and providers alike. Over 1,000 people have enrolled since the program launched, and this year, 400 people became certified. An evaluation of participant feedback showed an 85% increase in respondents' self-reported ability to identify participant strengths; a 175% increase in recognizing power dynamics, bias and judgment; and a 319% increase for using assertive engagement tools in interactions with people seeking services.

Additional Capacity-Building Efforts

Increased Funding for Permanent Supportive Housing (PSH) Services

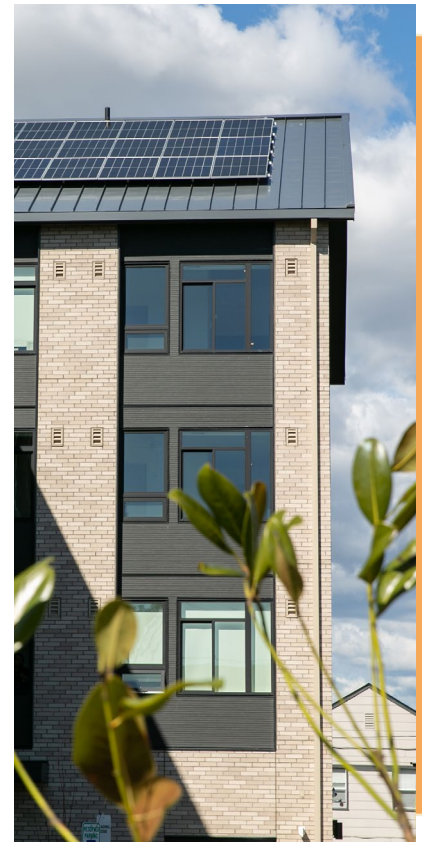
PSH is a strategy for ending homelessness that combines deeply affordable housing with wraparound services. Over the last several years, service providers have advocated for increased services funding for PSH programs as they have had to increasingly stretch these dollars to support households amid rising inflation, the physical and psychological impacts of the COVID-19 pandemic, and increased acuity among participants. **Recognizing that successful PSH requires more than just access to housing, this year we made the first significant investment in the expansion of PSH services since the beginning of this programming in Multnomah County.**

This created capacity both for our PSH partners as a whole, and for providers operating culturally specific projects. We invested \$13.9 million to raise standard services funding for PSH projects from \$10,000 to \$15,000 a year per household, with a premium of \$17,500 per household for culturally specific projects, family projects and buildings with at least 25% of apartments dedicated to PSH.



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 performed by our culturally specific providers to overcome discriminatory challenges created by systemic and institutional racism experienced in their communities.

This adjustment offered much-needed relief to direct services staff by reducing caseloads and increasing the resources in our system that help people stay housed. The funding also provided essential support for staff who assist participants with various needs such as housing navigation, healthcare, income acquisition and eviction prevention. Well-supported staff are vital for maintaining and expanding quality PSH, ultimately reducing crises and ensuring the effectiveness of housing placements. Organizations leveraged the funds to hire more case managers, lower caseloads and offer higher quality support to participants. Twenty-one providers accessed this funding in FY 2025, and many noted a difference in their ability to sustain and expand programming. For more information, please see **Work Plan Performance**.



SHS Match for HUD-Funded Projects

We also supported provider capacity by using SHS funds to cover the federally required 25% match for U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) projects in Multnomah County. Ninety-seven percent of these providers continued to operate a CoC project thanks to the match, and some noted that without these funds, their programs could not be operating.

Multnomah County has 36 CoC projects funded by HUD that sustain 1,466 housing units annually. While HUD funds cover 75% of project costs, they require agencies to provide a 25% “match” to fully cover the cost of a program. However, because costs have increased while federal funds stayed flat, it has become increasingly difficult for providers to fulfill the match. Multnomah County’s use of SHS funds to cover the CoC match for the first time for 31 projects¹⁰ was a critical investment in improving the

overall health of these community projects that have been the foundation for supportive housing and other services in the county for over 20 years.

In addition to offering stability for providers who have historically operated a CoC project, the match allowed us to expand capacity for culturally specific organizations that have faced barriers in applying for these projects due to the high administrative burden and difficulty in finding 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 funds making these projects more feasible to operate. For more information, please see **Work Plan Performance**.

Program or Resource ¹¹	Total funding spent/ allocated in Year Four	Total # of providers who participated in the program in Year Four	# of culturally specific providers who participated in Year Four
Workforce Stabilization Grants	\$10,000,000	59	12
System Development Grants	\$867,814	18 ¹²	18
Procurement Process (RFPQ)	~\$35,000 ¹³	83	~22
Training	\$827,682	37	13
PSH Service Increase	\$13.9M	21	7
HUD CoC Match	\$5,379,800	16	4

¹⁰ Some projects were already matched through the County General Fund.

¹¹ Additional capacity-building efforts take place through the relationships contract managers and equity staff build and maintain with providers; however, the value of these interactions are difficult to quantify.

¹² This number takes into account providers that participated in the first and second round of the grants.

¹³ Amount allocated for a technical assistance consultant to support providers during application process.

Equitable Service Delivery

The Homeless Services Department is committed to building a homelessness response system that addresses the consequences of historic and ongoing racial and gender discrimination by implementing culturally responsive policies and guidelines. Providers who contract with the HSD must design their services to align with a housing-first, low-barrier, racially and socially just, culturally responsive, and strengths-based approach. Our goal is that all homeless services will be provided in either a culturally specific or culturally responsive manner.

To accomplish this goal, we require all our contracted providers to complete an organizational equity plan and equity assessment, and to submit a progress report on an annual basis. The equity assessment focuses on the following six areas:

- Non-discrimination in service delivery/ community access & partnership
- Leadership and management
- Workforce and training
- Culturally specific programs and services/ subcontracting
- Community outreach
- Evaluation/ data metrics and continuous improvement

Numerous providers conducted extensive research to develop their equity assessments, including document reviews, leadership interviews, and staff focus groups and surveys. This data collection and analysis ensured that a diverse range of insights were reflected in equity plans and strategies. The following examples illustrate this work:

- One provider created an annual planning template for managers and senior staff to use in support of diversity in hiring, promotion and retention. They also developed a standard operating procedure for engaging service users and promoting equity in programming; and prioritized culturally specific care by building relationships with culturally specific providers.
- One agency's actions to provide culturally specific programming extended beyond their own programs serving the LGBTQIA2S+ community. They also implemented a racial equity lens in program design and implementation; collaborated with culturally specific service providers to exchange information about available services and resources and coordinate care for specific participants; and used the results of focus groups, participant feedback committees and surveys to



assess the needs of participants from underserved groups.

- Another organization described the steps they took to include participants' input in programmatic decision making. They assessed current opportunities where participants could provide input and take on leadership roles; surveyed participants to gather information about their needs, created additional venues (such as social media, community events, and during programming) for feedback, and compensated participants for leadership roles through monetary and other means.

We are continuously improving our support for provider equity work plans. Staff are available to support agencies through the annual submission and reporting process through technical assistance and training as needs arise, and through improved equity metrics (see **County Infrastructure**). Our office also shared resources such as the Government Alliance on Racial Equity (GARE) Racial Equity Toolkit and materials from our May 2024 provider conference session on developing racial equity workplans. Most agencies' plans included goals and strategies to further (internal) organizational equity, and associated tasks for their HR and equity teams. In FY 2026, we will support organizations in additional planning and actions in support of equitable service delivery and community outreach, access and partnership.

Our contract monitoring policy also supports equitable service delivery, as contract managers are required to engage in formal monitoring activities throughout the year, including flagging concerns with cultural responsiveness and equity issues for guests and staff. If we find an organization is out of compliance with the contract or could improve, we issue findings and concerns that indicate where the organization should come into compliance or enhance their work. For instance, one contract review revealed the need for an organization to translate their forms into Spanish in order to increase access to their services. Because our contracts do not require forms to be in multiple languages, this was not a formal contract finding, but we were able to make a recommendation that the provider make a one-time investment in translating their paperwork into Spanish, and consider adding other languages to prevent disparities in access to services.

Contract Administration & Monitoring

The Homeless Services Department has made significant contracting, invoice and payment process improvements over the last several years to ensure the smooth and on-time delivery of SHS funds to our network of provider partners. Going into year four of the measure, we had a strong foundation that we focused on sustaining. These past improvements were highlighted in a March 2024 report by the Department of County Management that recommended our contract monitoring system as a model for contract management across County departments, and a June 2024 report from the Multnomah County Auditor that showed HSD met or exceeded expectations in all areas of contract monitoring and invoice processing.

By day one of FY 2025, HSD had executed a remarkable 88% of contracts, enabling providers to submit invoices promptly. This efficient contract execution facilitated the smooth flow of funds to our partners and contributed to increased spending — and we nearly tripled our spending in the first quarter of the fiscal year compared to the same time period the previous year.

To build on this success, we made detailed plans for ensuring continued quality improvement with a focus on three areas: contract monitoring, fiscal business practices and engagement.

Among the practices that we maintained, implemented and developed in FY 2025:

- Regular contract monitoring and continuous quality improvement to improve consistency across our department.
- Regular reviews and updates to key processes and procedures.
- Working on a policy for advance payments to providers, including eligibility criteria, an application process and reconciliation guidelines.

Contract Monitoring

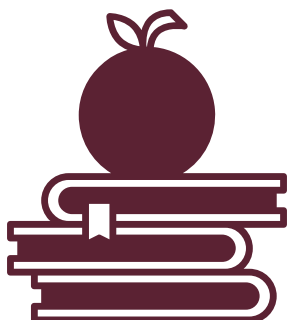
Contract monitoring is one of the core functions the Homeless Services Department performs. We contract with about 80 organizations that deliver critical front-line services. Monitoring those contracts involves tracking provider performance and

evaluating outcomes, which helps ensure services effectively reach our community.

Contract monitoring is also key to ensuring that our providers are paid on time, which supports our work in addressing longstanding workforce challenges in the homeless services sector. This is essential for supporting frontline workers who are doing the critical work of helping people move into housing, supporting people in shelter, conducting street outreach and more.

In year four, the HSD made an investment in the current and future quality of our contracting process by hiring a program compliance project manager. This SHS-funded role leads quality improvement projects to improve our contracting and program development practices. (More information, see **County Infrastructure**). This new position helped ensure that our contracted services were in alignment with program expectations by supporting staff in the contract monitoring process. Staff conducted daily contract administration and monitoring practices such as invoice and budget reviews, as well as standardized annual performance assessments and on-site program monitoring of SHS contractors.

The program compliance project manager also hosted quarterly program team retreats focused on ongoing staff development, training and quality improvement efforts. Topics of these retreats included: understanding contract, program and fiscal policies; budget development and tracking; contract documentation standards; evaluating cost allowability and improving monitoring practices. In partnership with this position, in FY 2026, we will be exploring how to capture the impact of these improvements through data, such as through post-retreat surveys to measure learning.



Contract Administration & Monitoring (continued...)

Invoice & Payment Processing

We also improved our invoicing and payment processes by implementing recommendations that came out of a FY 2024 County-wide quality improvement pilot project in partnership with the County's accounts payable team. The project focused on mapping out our invoice process; documenting procedures; compiling and creating tools and checklists; and identifying areas of improvement. The initiative brought together contract managers who are responsible for program development and negotiating deliverables with staff who are responsible for drafting insurance requirements and ensuring the timely execution of contracts.

As a result, we saw improvement in our turnaround time with reviewing and paying invoices. From January to June 2025, we processed invoices in 9.7 business days on average, achieving our benchmark of delivering payments within 10 business days once an accurate and complete invoice is received (known as "net 10").

Our business services team also identified key metrics related to timely processing; created a dashboard to track the measures; and convened the accounts payable team and other partners on a monthly basis to review performance, identify urgent and emerging issues that could delay payments and analyze trends. The group identified several additional payment improvement recommendations, including some related to making expedited payments, that they referred to a separate workgroup tasked with writing new policy and procedures.

One challenge some providers have faced is the County's cost reimbursement payment process, which can present significant financial hardship for new, expanding or smaller organizations. In a reimbursement model, the County requires providers to administer services and provide goods prior to receiving payment, after which they submit invoices and receive reimbursement from the County. This can create cash flow challenges for some organizations, which may be unable to pay their employees and deliver services before receiving reimbursement. In response to this, we began providing limited advance payments on a case-by-case basis in June 2024 and continued this alternative payment model as an option in FY 2025. Draft policy language currently allows for ad hoc requests for up to one-month advance payments. We have also been exploring an advance payment policy to decrease the upfront

financial burden providers may experience with the cost reimbursement model. A draft of this policy is moving through a review and approval process and is currently with the County's Chief Financial Officer for review. However, advance payments are not the only mechanism we use to support organizations in addressing cash flow issues. Providers may also submit off-cycle invoices (for example, mid-month invoices to cover payroll) and requests for expedited payment on an invoice.

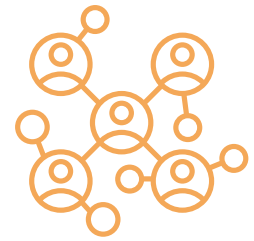
Regional efforts in the last year have also focused on making improvements to invoicing and payment processing. The Tri-County Planning Body, a regional SHS committee that guides investments to address homelessness across the region, has set a goal to improve employee recruitment and retention for providers of homelessness services. In coordination with these efforts, Multnomah County is working to identify steps to relieve administrative burden in contract management and invoicing for providers with the aim of streamlining processes, improving efficiency and supporting the vital work of our service providers across the Metro region. The implementation plan for this goal is still in development and will be finalized in early FY 2026.

Workforce Recruitment & Retention

Nonprofit homelessness and housing service providers have struggled with stagnant wages, high vacancy rates and recruitment challenges in the wake of unprecedented demand for their services in the aftermath of the COVID-19 pandemic. Multnomah County has taken several steps to address long-standing workforce issues in the homeless services sector, including several key initiatives this year:

- Funding \$10.3M in Workforce Stabilization grants to 59 providers through a partnership with the United Way of the Columbia-Willamette.
- Increasing funding levels for Permanent Supportive Housing (PSH) services to improve staffing ratios, reduce caseloads and make higher quality support available for PSH projects.
- Collaborating with regional partners to identify strategies for employee retention and recruitment.
- Rebasing longtime shelter service contracts to increase funding levels, sustain programming and improve staffing ratios.
- Using SHS funds to cover the required match for Multnomah County HUD projects, creating new funding opportunities for historically underfunded programs.

Organizational Health Grants for Workforce Stabilization



In August 2023, the Homeless Services Department released a study focused on HSD-funded homelessness and housing service providers. In line with national trends, it showed that only 31% of surveyed employees felt their compensation allowed them to take care of their basic needs, with half of 1,667 survey respondents indicating they were likely to look for a new job within the next year. These findings have been the subject of much discussion in our region as we strategize how to properly compensate and support the staff who provide critical homeless services but often struggle to afford their own housing as cost of living continues to rise and wages remain stagnant.

Starting in FY 2024 we took steps toward addressing these longstanding issues, including a new approach to improving organizational health across our providers: flexible grants that providers could use to fill the needs of their specific organizations — from employee bonuses, to improved wellness programs, to training opportunities and professional development. Of the 61 organizations that applied for the grants, 58% used the funds to adjust compensation and reported positive outcomes related to employee recruitment and retention. In June 2025, a report showed that 43% of grantees experienced a decrease in vacancy rates and 53% experienced an improvement in retention.

We were able to continue these grants for a second year, distributing funding to 59 providers in March 2025. Providers will have through the end of June 2026 to allocate and spend the funds. We look forward to continuing to support our providers' essential work and further understanding the impact of these grants on employee well-being and retention.

Permanent Supportive Housing Funding Increase

As noted in the previous section, increasing services funding for permanent supportive housing expanded our ability to offer critical support services for participants in these programs. In an end-of-year evaluation survey, providers also reported positive impacts on staff recruitment, retention and overall well-being:

“

[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.

”

This funding has been approved to continue in year five of the measure, and we look forward to the ongoing impact it will have on the overall health of our system and the staff who make this work possible. In coming months, we will use survey results and FY 2025 fiscal data to better understand the pilot's successes and challenges, and make improvements.

Regional Collaboration

In collaboration with Washington and Clackamas counties along with Metro, Multnomah County worked to develop strategies that support our goal to improve employee recruitment and retention for providers of homeless services across the region. Some of these strategies include alleviating the administrative burden of contract management for providers and fostering cost-saving measures for provider organizations. In a changing financial landscape, opportunities to reduce costs present potential avenues for increasing staff wages and benefits.

The regionalization of the annual provider demographics and wage equity survey is a component of this effort, allowing us to better understand disparities in provider pay and employee retention. For the last several years, SHS-contracted providers have been asked to respond to a survey on staff wages and demographics. This information has been compiled and shared in aggregate form as part of the annual SHS report to Metro. As part of the SHS Tri-County Planning Body's (TCPB) regional goal for employee recruitment and retention, Metro led a regional survey process in partnership with consultant Focus Strategies. This new process is responsive to the TCPB's directive to “monitor the distribution of pay from lowest to highest paid staff to ensure improvements in pay equity” and is designed to ensure that data is measured consistently across counties, allowing for regional analysis and the ability to monitor trends over time. The results are intended to provide actionable data allowing counties, providers and the region as a whole to work toward livable wages as part of the regional goal. Focus Strategies will submit a separate report to Metro detailing the results of the regional survey in early FY 2026.



John, a former Behavioral Health Resource Center participant, said the support he received there was transformational.

‘This place saved my life.’

With help from the Behavioral Health Resource Center, John leaves homelessness for housing.

Holding keys to an apartment of his own, John was glowing over what he had accomplished.

“My goal is to have a place in 60 days,” John had said in February 2025. And by early March, the 55-year-old had moved into a one-bedroom apartment of his own.

John’s path to housing was made possible thanks to the services provided at the Multnomah County Behavioral Health Resource Center, which provides a range of support services for people experiencing homelessness who also have symptoms of mental health and substance use disorders. The center is funded in part by the Supportive Housing Services Measure.

John said he had never experienced homelessness until arriving in Portland in late fall 2024, returning to the city where he was born and raised after spending 20 years in Chicago.

“As soon as I came home, I had a mental health situation and I relapsed,” he said.

He came to the Behavioral Health Resource Center in December 2024 with the help of Cascadia Health’s Project Respond team, which provides crisis support to people experiencing behavioral health challenges.

In addition to offering drop-in services on its first floor, the Behavioral Health Resource Center offers shelter for people experiencing homelessness. On the third floor, Do Good Multnomah manages 30 temporary shelter beds with a 30-day average stay, plus three crisis beds. On the fourth floor, Do Good Multnomah’s Bridge Housing Program provides 19 beds with an average stay of 90 days that helps serve as a transition to permanent housing.

John stayed six days in one of the center’s crisis beds before moving through the temporary shelter and then the Bridge Housing Program.

Before John moved up to the fourth floor, Do Good Multnomah’s peer-led staff helped him replace critical documents — including identification and Social Security cards — and assigned him a case manager.

“I was skeptical at first,” John said. “But I realized all the resources to make me a better person are right here.”

John got support from Do Good Multnomah throughout his housing search. They steered him through the application process and even made sure he had furniture and furnishings.

“The resources are amazing,” John said of the Behavioral Health Resource Center. “I believe this place saved my life.”

Shelter Contract Rebasing

In FY 2025, HSD made investments in line with the [Community Sheltering Strategy](#), a two-year plan co-created in FY 2024 by Multnomah County, the cities of Portland and Gresham, and community providers to add shelter to our system. The strategy aims to increase the availability of shelter in Multnomah County and improve services to ensure our shelters are a pathway to permanent housing.

In addition to recommending an overall increase in units and increased housing services within shelters, the strategy also called for contract rebasing, which increased funding levels for some of our longtime shelter contracts. Many of the shelters in the continuum predate the SHS measure, the pandemic, and in many cases, HSD entirely; and cost of living adjustments have not kept pace with inflation and acuity.

Early in the fiscal year, the HSD data team supported the creation and distribution of a survey to existing shelter operators to better understand their staffing ratios. The survey found that many existing shelters across our systems of care did not have established minimum staffing ratios as set forth in the shelter strategy. There were also a number of shelters with no overnight staffing at all. For this reason we focused our rebasing efforts on bringing baseline staffing ratios to minimum levels as set forth in the Community Sheltering Strategy, and ensuring that all shelters have 24/7 staffing, including no single overnight staff.

By midway through the year, HSD staff across our systems of care had completed rebasing efforts that impacted a total of 20 provider contracts. These efforts supported providers whose current funding average was inadequately low to continue services at their existing level while working toward improving staffing ratios.

SHS Match for HUD-Funded Projects

While this initiative was primarily a capacity-building effort (see previous section), providers noted that it also had an effect on employee well-being, with many reporting increased program and participant wellness thanks to these essential funds. Agencies used the match to cover staff wages, accurately design administration budgets and increase participant support. Some providers expressed that they were able to right-size their administration budgets with the match for the first time since receiving their HUD awards.



County Infrastructure



Staffing Capacity

The Homeless Services Department is made up of a dedicated workforce of about 100 people who carry out Multnomah County's homelessness response in collaboration with our contracted providers. In year four, SHS funding supported the growth of staffing capacity across our department, with additions to our evaluation, business services and program teams.

We augmented staff capacity by roughly 30 positions, allowing us to fill vacancies and strategically allocate new staff to stabilize critical teams. Importantly, this growth balanced the remaining staffing gaps from the HSD's transition from a non-departmental office to a County department in 2021.

One of these positions, a healthcare and housing program specialist on our evaluation team, focused on making stronger connections between healthcare and housing to better serve folks experiencing homelessness or at risk of becoming homeless who utilize these two systems. The role was made possible by the Tri-County Planning Body's (TCPB) SHS Regional Investment Fund (RIF), and played a key role in increasing Multnomah County's capacity to implement regional healthcare alignment strategies. In particular, the position worked closely on the new Health-Related Social Needs (HRSN) rent assistance benefit through the Oregon Health Plan, focusing on opportunities to integrate this benefit with existing HSD housing services.

Throughout the year the healthcare and housing program specialist strengthened system alignment by:

- Collaborating with tri-county housing departments to track the progress of the HRSN benefit and provide feedback to Coordinated Care Organizations.
- Providing technical assistance and onboarding, and leading the development of tracking software for a new program in the County's youth and family services division in the Department of County Human Services that is making rent payments for County residents through the HRSN benefit.
- Serving on a tri-county committee developing a curriculum for housing providers including basic health navigation, and providing support for efforts to develop and share healthcare resources for housing providers.

Another new role that supported SHS implementation was a senior procurement analyst on our business services team. This position coordinates our purchasing and procurement services, which is essential given that our work primarily takes place through contracted community providers. The senior procurement analyst played a key role in coordinating the Tri-County Request for Programmatic Qualifications (RFPQ) discussed in **Provider Partnerships**, allowing us to expand our pool of providers who are qualified to deliver homeless services, including those funded by SHS.

Our program team also expanded to support SHS efforts thanks to the addition of a new program compliance project manager. This role leads the planning and implementation of quality improvement projects to improve our contracting and program development practices. This role provides support to contract managers who work with HSD-funded service providers. They are responsible for the development and implementation of contract manager trainings and regular oversight of contract compliance and monitoring efforts. This helps ensure that our system of providers is well-supported and accountable to the housing-first, low-barrier and racially equitable service delivery requirements outlined in HSD contracts.

HSD's small SHS team also received a much-needed boost of two positions, expanding to a team of six. The new SHS program specialist and senior program specialist brought essential capacity to the team in the areas of regional coordination, reporting and community engagement via the SHS advisory committee, allowing the team to continue providing high-quality stewardship of SHS implementation in Multnomah County.





Coordinated Access

One key way we improved our County infrastructure in year four was through the redesign of our Coordinated Access assessment tool. Simply put, coordinated access is a system to help connect unhoused people with housing. The system prioritizes people with the highest housing barriers for our limited housing resources, and connects many service providers in one place. Our local coordinated access system covers Multnomah County and the cities of Portland and Gresham. The redesign addressed longstanding issues raised by participants and providers regarding inequitable prioritization of communities of color, lack of trauma competency and clarity, and disconnection from community priorities.

The coordinated access redesign for adults and families launched in October 2024. The improved tool —

called the Multnomah Services and Screening Tool (MSST) — is based on local data and was shaped with feedback from key partners, including people with lived experience of homelessness and staff from 20 local service providers.

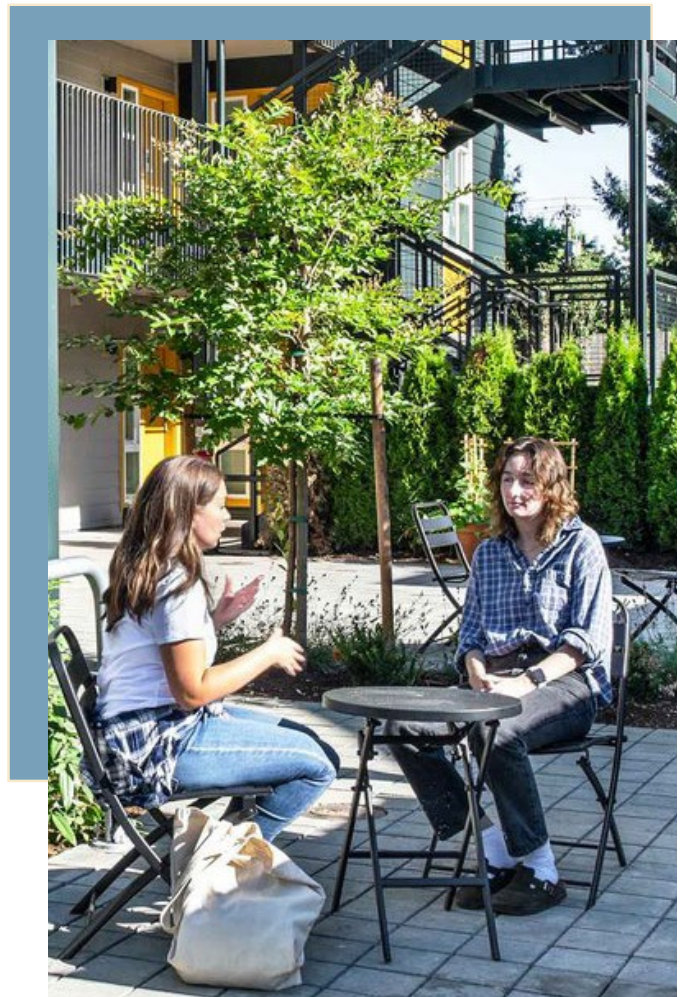
Households who complete the assessment and receive placement on our community's "housing priority pool" fill out a housing preferences and matching questionnaire — another new tool produced through the redesign that helps pair participants with the most suitable available housing resources for their needs. An approach called "housing problem solving" has also been added to the process, which ensures households whose scores do not rank high enough to be prioritized for housing through coordinated access will still be supported in finding solutions to their housing crisis.

Current system and data evaluation shows the new tool is helping us achieve our goals of equitably prioritizing households who are over-represented in our local homeless population and who have the highest barriers to housing. This includes households with disabilities; LGBTQIA2S+ households; Black, Indigenous, and other communities of color; and households with other housing barriers due to criminal history, eviction history and lack of social support.

Our data also showed support for another goal of the redesign — improving the experience for people taking the assessment. The majority of people who completed the MSST assessment and the optional survey (completed by about 65% of people assessed) reported that they understood what the questions asked (96%), why the questions were asked (94%) and felt comfortable answering honestly (96%). HSD staff will continue to work with system providers and advisory groups to further monitor and evaluate the redesign.

We are also working with Metro along with Clackamas and Washington counties to improve coordinated access regionally. This plan includes regionalizing approaches for data sharing and

visibility, alignment of assessment questions, prioritization for racial equity, and case conferencing. HSD staff are working to balance regional approaches that will improve access to services for people experiencing homelessness across the tri-county region, while maintaining the necessary flexibility to serve our distinct population of people experiencing homelessness in Multnomah County. This will include honoring the unique feedback of our providers and the lived experience groups we engaged during the coordinated access redesign and implementation.



Data Systems

The HSD undertook several data improvement projects over the last fiscal year, with the goal of enhancing our understanding and response to homelessness in the region. These initiatives aim to modernize data collection and analysis, improve data quality and reporting processes, and make information more accessible, accurate and timely. These initiatives give us a clearer picture of homelessness, informing evidence-based policymaking, streamlining service delivery and ultimately improving outcomes for individuals experiencing homelessness.

Regional Data Sharing Agreement

We signed a data sharing agreement with Metro in March 2025 to enhance regional data collaboration. This agreement is part of broader data modernization efforts, largely made possible by SHS funds, that aim to strengthen data accessibility and quality and provide community members and policymakers alike with more complete information. This agreement represents a significant step toward regional collaboration and a more unified, evidence-based, and comprehensive approach to addressing homelessness.



HMIS Vendor Procurement

Multnomah County selected a vendor, Bitfocus, to provide a new Homeless Management Information System (HMIS), a centralized database for homeless services data and reporting in the tri-county region. This decision follows an eight-month procurement process involving over 80 participants from various organizations across Multnomah, Clackamas and Washington counties. The procurement process aimed to establish a new HMIS that is more responsive to community needs and improves data visibility, street outreach capabilities, data integration, data quality and our understanding of the scale and location of unsheltered populations. Bitfocus consistently impressed the scoring panel and has a proven history of similar work across the U.S.,

including in Los Angeles and King County, Washington.

The new system is expected to significantly improve how services are delivered and tracked. For instance, it will offer better tracking of shelter bed availability, simplifying the process providers use to find open spaces for participants. Data entry will also become easier for street outreach workers, leading to more organized and targeted services. Additionally, the new system may even provide participants with a portal to access their own information, enhancing transparency and accessibility for individuals experiencing homelessness.

Public Data Dashboard

In April we published an online data dashboard that allows us to see a monthly count of people experiencing homelessness in Multnomah County for the first time. This dashboard aims to help us understand who is entering and exiting the homelessness system and the impact of efforts to transition people to housing. While not solely focused on SHS outcomes, the modernization of this data system was made possible by SHS funding and marks a significant shift from the previous reliance on the biennial Point in Time Count, which is known to likely be an undercount.

The impact of this new dashboard is a more accurate and comprehensive understanding of the homelessness crisis in Multnomah County for community partners, jurisdictions and the public, and better data to inform policy and budget decisions for elected leaders. Thanks to the dashboard, we now have a monthly snapshot of people experiencing homelessness, including demographic data and information on shelter status. This will allow us to track who is entering and leaving services, where people go after leaving shelter and whether people remain housed.



SHS Continuous Quality Improvement Pilot Project

We launched a quality improvement pilot in March 2025 to enhance the precision of SHS reporting. This project aimed to automate data extraction, increase reporting accuracy on programs with braided funding, and reduce manual data processing. A key component of the project is the ability to directly link programmatic data (outcomes) and fiscal data (budget expenditures), leading to a clearer picture of the outcomes that can be attributed to SHS funding.

The impact of this pilot has been a more extensive scan of available data, leading to a notable increase in reported outcomes due to the identification of previously excluded SHS programs and better alignment with Metro's updated reporting guidelines. This project has allowed HSD to achieve greater accuracy and transparency in SHS outcomes reporting. The next phase will focus on database maintenance and workflow automation.

Domestic Violence Data

SHS funding expanded the Department of County Human Services team that manages data and reporting for programs serving people experiencing domestic and sexual violence, leading to significant improvements. The team updated data entry manuals, continued data quality processes, developed a first-ever reporting guide and created more in-depth training offerings for end users. This enhanced training and technical support now assists over 75 community-based housing case managers and advocates in the domestic and sexual violence system of care, benefiting emergency shelters, rapid rehousing, eviction prevention, diversion and permanent supportive housing programs by improving service delivery and tracking for the populations these programs serve.

Evaluation & Performance Improvement

Evaluation

An additional data systems project that allowed us to improve our evaluation practices and facilitate a closer connection between contracted outcomes and actual accomplishments was the introduction of a new HMIS "data mart" that helps us extract and report data much more efficiently than before. In this new system, participant-level data is assembled and verified by our data team and IT and uploaded to a Tableau server for analysis. This is a much better approach than the old system, where participant-level data was assembled and verified independently by a data analyst for each individual data request.

The introduction of the data mart has significantly improved the speed and ease of doing data analysis with HMIS. It also ensures that data elements are defined consistently across different projects.

Our planning and evaluation staff also implemented strategies to improve evaluation processes, focusing on promoting cohesiveness within their team and strengthening communication and collaboration with teams across our department and key external partners. Internally, the team implemented changes to their meeting structure to provide in-depth insight into each other's work and encourage collaboration. They worked with the HSD program team to improve the effectiveness and efficiency of service delivery by completing an annual internal needs assessment to ensure evaluation projects address programmatic needs.

Planning and evaluation staff worked closely with other Multnomah County teams and local agencies on several projects throughout the year:

- Tri-County Point in Time Count (Multnomah, Washington and Clackamas counties)
- Cross-Sector Data Sharing Pilot (with HealthShare)
- Adult Shelter Evaluation (with City of Portland)
- Homelessness Response Action Plan (with the Multnomah County Homelessness Response System, multiple Multnomah County departments, and local agencies including the City of Portland, City of Gresham and Metro)
- Tri-County Workforce Compensation and Retention Analysis (with Metro, Focus Strategies and Washington and Clackamas counties)
- Pathways Project (Lived Experience Research Advisory Committee and Portland State University's Homelessness Response Action Collaborative (HRAC))

The lived experience committee for the Pathways Project (see **Work Plan Performance**) provided a unique and invaluable perspective in developing research methodology, designing survey and interview tools, and suggesting research participant recruitment opportunities. This committee is funded through FY 2026 and we hope to help HRAC find a way to keep this committee funded on an ongoing basis.

Performance Improvement

In Multnomah County and across the nation, Black, Indigenous and other people of color are more likely than White people to experience homelessness compared to their representation in the general population. To help address this, our data and equity teams led a major performance improvement project to better understand how providers are serving priority populations and whether we are reducing disparities in homelessness. This work was carried out in collaboration with an Equity Metrics Committee, which developed a framework for measuring equity across programs, including those funded by SHS.

The committee aimed to:

- Identify current equity measurement practices in and out of HSD
- Build a framework around exactly what to measure and why
- Determine how best to report equity measures clearly
- Create guidelines for teams to apply equity measures department-wide.

The committee made several recommendations, including moving to HMIS, our system for tracking homeless services data, for race and ethnicity data, rather than the less nuanced demographic data captured by the Point in Time Count. This allows us to more accurately compare whether the proportion of Black, Indigenous, and other people of color we are serving is equal or greater to their representation in our local population of people experiencing homelessness.

The committee determined that our equity data need to answer not just whether people are accessing services equitably, but also whether services are being delivered equitably and whether participants are experiencing equitable outcomes. The new indicators measure equitable access to services by comparing the representation of each racial and ethnic group receiving services to that group's representation in the overall population that's eligible for those services. The committee also recommended collecting quarterly reports from providers in FY 2026 that describe their efforts to deliver services in a culturally responsive and/or culturally specific manner.

The team presented the equity metric framework to our program team, leadership, equity steering committee and several provider network groups, and incorporated the new metrics into all provider contracts for agencies directly providing homeless services, including those funded

through SHS. We are currently developing dashboards for these programs that will show not only the equity metrics but also program demographics and trends over time to support ongoing HSD and provider programmatic review. These data efforts will provide a more robust ongoing evaluation of equitable service delivery, allowing administrators and providers to better identify and focus on performance improvement.

Challenges

Because the SHS program is funded by income tax revenue, it is very sensitive to economic factors outside of our control and it is difficult to predict how much funding we will receive each year. One of the biggest challenges we grappled with in the implementation of SHS in year four was that for the first time, SHS collections came in below Metro's forecast, and fell below collections received the previous fiscal year.

In fact, many funding streams the County depends on to build our safety net of community services saw decreases in FY 2025, including SHS. These reductions led to a deficit in our department's FY 2025 and FY 2026 budgets, with impacts to both programming and staffing. Going into year five, our operating budget has decreased by 9%.

Thanks to the introduction of SHS funds, in the first three years of the measure, Multnomah County launched and expanded dozens of programs to strengthen our homeless services system and housing resources. As tax collections came in significantly lower than the forecasts we used to build our budget, we strategized to mitigate potential disruptions to our services and the people who rely on them.

Some of these strategies included utilizing carryover funds — unspent dollars from FY 2024 — to maintain a positive balance, and developing a series of budget modifications to present to the Multnomah County Board of County Commissioners in March 2025, which were approved. The proposed budget changes encompassed a range of measures aimed at addressing the budget gap, including:

- Replacing some SHS expenses with federal and state funding sources.
- Using all contingency and reserve funds accumulated in prior years to maintain service levels.
- Reducing operating expenses for services that were underspent or not yet ready for FY 2025.

Due to budget decreases, HSD also faced a reduction of eight staff members going into the next fiscal year. Throughout this process, HSD leadership focused on consolidating, reorganizing, or eliminating positions and teams in order to achieve a positive budget impact, strengthen organizational structure and reduce redundancies. This involved a comprehensive review of current position descriptions, an evaluation of classifications for appropriate organizational alignment, an analysis of duplicate duties and an exploration of collaborative opportunities with other departments. The executive team applied a racial equity lens throughout the process to inform the impact assessment and final decision-making.

Even in a constrained resource environment, the goal of HSD remains the same: to support a holistic homeless services system. While SHS funding has experienced a setback, it is still providing a significant safety net of flexible, local funds to address homelessness that is fairly unique in jurisdictions across the country. Despite ongoing funding uncertainty, we will continue to work together to realize the promises of the measure going into year five, and support more of our neighbors on their path home.



Cross-Sector Work and Partnerships

Cross-Sector Partnerships

SHS implementation in year four was truly a cross-sector effort, knitting together programs from different sectors and County departments to create a comprehensive safety net. We saw strong homelessness and housing partnerships across the community justice, public service, legal and human services sectors.

Community Justice

In the criminal justice sector, the Department of Community Justice (DCJ) demonstrated a clear focus on supporting individuals with justice involvement. The DCJ tenant-based and project-based regional long-term rent assistance (RLRA) programs worked closely with Home Forward, our local



housing authority, to provide rent assistance and housing vouchers. This collaboration was essential for supporting individuals from the justice system with obtaining stable housing. For example, a successful appeal with Home Forward helped an individual with a criminal record get approved for an apartment. DCJ also created the Short-term Housing Assistance for Re-Entry (SHARE) pilot program, which used a one-time reallocation of SHS funds to provide rent assistance for supervised individuals, laying the groundwork for a program that could be sustained through other funding, like the Medicaid 1115 Waiver.

Public & Legal Services

In the public services and legal sectors, partnerships were equally vital. The Multnomah County Library successfully launched its Peer Support Specialist (PSS) program, hiring staff through a contract with Cascadia Health. These peers, with their own lived experience, worked alongside mental health clinicians to provide resource referrals and de-escalate situations for library patrons experiencing homelessness. Similarly, the Youth and Family Services (YFS) Courtroom Support program partnered with the Commons Law Center to provide legal representation for tenants in eviction court. In one quarter alone, this collaboration connected 817 households with rent assistance from various providers, preventing evictions and keeping families housed.

Human Services

In the human services sector, the Department of County Human Services (DCHS) made significant strides in connecting participants to resources by partnering with various organizations. The Intellectual and Developmental Disabilities Services Division (IDDSD) forged a new partnership with Housing Connector, a program that offers incentives to landlords to reduce barriers like credit requirements.

This collaboration is designed to increase the number of accessible units for individuals with disabilities. The Aging, Disability & Veterans Services Division (ADVSD) Mobile Intake Team partnered with agencies like Transition Projects and Central City Concern, which resulted in an increase in referrals and a higher number of placements into residential care.



Health and Behavioral Health Integration

Integrating health and behavioral health services was a central and highly successful strategy in year four.

Our partnerships with other sectors and other County departments involved concerted efforts to move beyond simply housing people to a holistic, wraparound model of care that addresses community members' physical and mental health needs as a foundation for housing stability.

Cross-Sector Case Conferencing

This year, the Homeless Services Department worked with Community Solutions and Health Share of Oregon to launch Multnomah County's pilot of cross-sector case conferencing. This innovative table brings together homeless service providers and healthcare and social service systems to support people experiencing homelessness by simplifying the process of navigating multiple systems and providing real-time health navigation, care coordination and wraparound support.

HSD service providers may refer participants to cross-sector case conferencing to bolster housing stability and improve health outcomes. Case conferencing supports participants with unmet physical healthcare or other care needs such as dental health, pharmacy access, durable medical equipment, substance use, behavioral health, home health support and more. People aged 55 and older are prioritized, but participants of all ages can be referred.

Case conferencing sessions occur twice a month and include HSD

homeless service providers, Health Share of Oregon, other health system partners, peer supports from The Peer Company (formerly known as the Mental Health and Addiction Association of Oregon), and Multnomah County services such as Behavioral Health Division, Aging, Disability & Veterans Services, Intellectual and Developmental Disabilities Services Division and HSD Staff. In addition to developing this evolving space, we have finalized a cross-sector data sharing agreement with Health Share to identify participants with the most critical health needs.

In tandem with this work, HSD and the Department of County Human Services helped launch a new program to help people access eviction prevention funds through the Medicaid 1115 waiver for health-related social needs, helping extend rapidly dwindling resources for homelessness prevention. HSD's new SHS-funded healthcare and housing program specialist brought fresh capacity to this work.

Finally, HSD and our partners developed additional resources to provide a continuum of cross-sector resources to homeless services staff, including a resource cafe and "cross-sector office hours" for outreach workers looking for de-identified light healthcare navigation.

Housing Vouchers and Medicaid

Another prime example of health integration was the Regional Long-term Rent Assistance (RLRA) program for individuals with intellectual and developmental disabilities, a partnership with the Department of County Human Services, which successfully maintained a 100% housing retention rate for its participants by pairing permanent housing vouchers with Medicaid-funded in-home attendant care services. This model recognizes that housing alone is not enough; many participants need consistent, in-home support with daily living tasks to remain stable.

Success stories, like one about a client who regained custody of her son and another who went back to school after getting housed, reflect the effectiveness of this integrated approach. The Aging, Disability & Veterans Services RLRA program also leverages Medicaid in a similar way, supporting participants who receive Medicaid-funded in-home caregivers. This partnership ensures that participants' basic health and safety needs are met, allowing the program's case managers to focus on supporting their long-term goals.



Health Department Integration

The Health Department also showcased multiple examples of this integration. The Behavioral Health Resource Center (BHRC), which serves as both a day center and a shelter, established a partnership with the Portland Community Justice Partnership Program, which provided a dedicated vehicle to transport participants to detox and treatment. The BHRC's outreach teams also referred individuals from the street to "urgent beds," performing a warm handoff to ensure they safely transitioned into shelter. Numerous success stories from the BHRC illustrate this, with staff helping a participant with a language barrier find a detox bed and another helping a participant considering suicide get into treatment.

This comprehensive approach was also evident in the Health Department's Promoting Access to Hope (PATH) program, which focuses on addiction services. A success story from the program highlighted how the team paid a participant's bills while they were in a residential treatment program, addressing a critical barrier that often prevents people from seeking help. The participant successfully graduated from the program, is now in alcohol- and drug-free housing, and is fully engaged in medical care, demonstrating how a single intervention can lead to a cascade of positive outcomes. The program also worked closely with the City of Portland to provide education on care coordination and substance use disorder providers, creating pathways for direct referrals.

Severe Weather and Behavioral Health

The logistics team from the County's Office of Emergency Management also highlighted this integration, noting that during emergency severe weather events, participants had access to behavioral health and medical specialists thanks to SHS. Additionally, this team has partnered with the Health Department to store and distribute naloxone for harm reduction at severe weather shelters.





Metro Affordable Housing Bond & SHS Alignment

Figure 18: Metro Affordable Housing Bond and SHS Alignment

Metro affordable housing bond-funded projects where SHS-funded services and/or rent assistance used to create PSH	# of projects	# of units
Since 07/2021	5	169 SHS supported PSH units, 380 total affordable units
In Year Four	3	122 SHS supported PSH units, 280 total affordable units

For PSH units in bond-funded projects added in Year Four

Project Name	Location	Total Units	PSH Units	Provider for PSH units	Target Population for PSH units
Tistilal Village	7651 N. Hereford Ave., Portland, OR 97203	58	16	NARA NW	Culturally-specific for Native American population; families with children
Beacon at Glisan Landing	7450 N.E. Glisan, Portland, OR 97213	41	41	Impact NW, Cascadia	Adults without children
Meridian Gardens	11280 S.E. Division St., Portland, OR 97206	85	65	Central City Concern	Adults seeking recovery-oriented PSH

**‘I’d still be in a tent...
just trying to survive.’**

**County connects people
with intellectual and
developmental disabilities
to housing and support.**

When Jayson first connected with the County’s Intellectual and Developmental Disabilities Services Division’s Regional Long-Term Rent Assistance (I/DD RLRA) Program, he was homeless and staying in transitional housing. Before that, he had been living on the streets of Salem for about three years.



Jayson (right) was housed through the SHS-funded I/DD RLRA program.

Born with cerebral palsy, Jayson has navigated challenges throughout his life. But he doesn’t consider the condition one of them. “I was born with it. It’s not something that I notice.”

However, among his experiences, he never expected to face homelessness.

“I fell into homelessness at age 20. It was nothing I ever intended,” he said.

Now 24, he says that if it weren’t for his Multnomah County case managers, personal support worker and his friends, he believes he’d “literally still [be] down in Salem, still in a tent, still freezing... still just trying to survive.”

Jayson’s story is far too familiar.

“People with intellectual and developmental disabilities are disproportionately likely to be at risk for, or become, houseless,” said Thacher Schmid, Jayson’s case manager from the Multnomah County Department of County Human Services. “And when they do become unhoused, people may not even notice their disability.”

Funded by the Supportive Housing Services measure, the Multnomah County I/DD RLRA program offers permanent supportive housing to households who are experiencing or have experienced long-term

homelessness, and have an intellectual or developmental disability — that includes lifelong neurodivergent conditions like autism, cerebral palsy and epilepsy.

“Permanent supportive housing can be like a kind of magic,” said Schmid. “It brings together the power of housing first — a roof over one’s head, locking door, bathroom, kitchen, stability and safety — and the supportive services.”

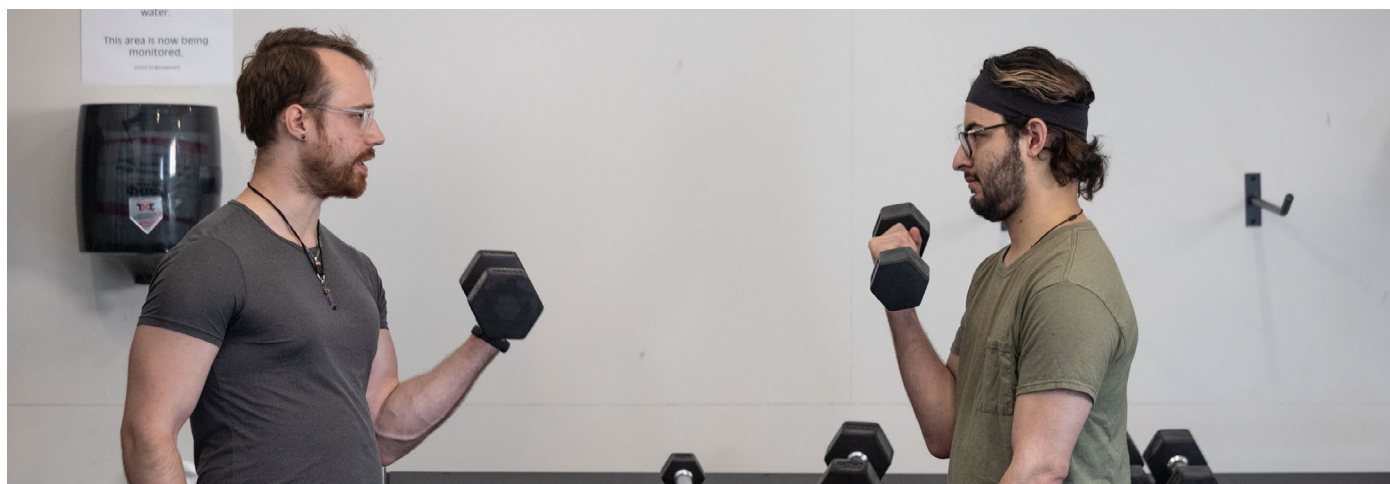
Case managers like Schmid offer a combination of housing stability support and Intellectual and Developmental Disabilities support, which can include connection to coordinated attendant care agencies and job programs. Schmid and Jayson worked together to identify barriers, make plans to overcome them and get him into his current home.

When people are able to stabilize in housing, outcomes can improve across every part of their lives from housing to health, to being able to get a job to improvements in their family network.

Today, Jason exercises and is working to increase his mobility. He attends social events and cooks with his personal support worker, Levi. He’s also looking forward to securing a job, as well as getting a dog.

“I feel very grateful to have had a chance to work with and know you because I think you’re an amazing person, very sweet, very strong,” Schmid tells Jayson directly.

Jayson responds right back: “I technically probably wouldn’t even be in this situation, in this house, if we didn’t meet and if you didn’t push me in the right direction.”



Jayson and his personal support worker Levi (left) exercise, cook and go to social events together.



Regional Coordination

Regional Coordination

Homelessness is a multifaceted crisis that cannot be addressed by any single individual, organization or jurisdiction. Our region is coming together to develop a collective, coordinated approach to solving homelessness in two key ways: through the collaborative efforts of Washington, Multnomah and Clackamas counties, and through the work of the Tri-County Planning Body (TCPB).

Tri-County Planning Body (TCPB) Efforts

The TCPB defines regional priorities for SHS and has been instrumental in improving coordination and aligning program efforts across the region in six goal areas:

- Landlord recruitment
- Healthcare system alignment
- Employee recruitment and retention
- Coordinated entry
- Training and technical assistance

To advance these goals, the TCPB approves regional implementation plans developed with close collaboration between Metro and county partners, with the counties providing local insight and all parties proposing viable strategies. This sustained collaboration, reinforced by regular leadership convenings and jurisdictional workgroups, has been vital in aligning our programmatic efforts, promoting shared regional approaches and driving meaningful progress in addressing homelessness. In FY 2025, the TCPB approved implementation plans and Regional Investment Fund (RIF) expenses for two goal areas: coordinated entry and healthcare systems alignment. Funding for goal areas is primarily sourced from each county's RIF, which are held within each county. Below are the key elements of this ongoing regional collaboration, and the impact over the past year, by goal area.



Coordinated Entry

Regional Goal: Make coordinated access more accessible, equitable and efficient for staff and participants.

Coordinated access, also known as coordinated entry, is a system to connect people experiencing homelessness with housing programs. Metro along with Clackamas, Multnomah and Washington counties are working toward alignment across all three counties’ coordinated access systems, so that both people seeking services and service providers have a similar quality of experience regardless of their location. Since the approval of the implementation plan in October 2024, Metro and counties have continued to work in collaboration to advance the strategies below.

Strategy	Regional Progress Highlight
Regionalize visibility of participant data	Created final draft of visibility changes for consideration by participant data system (HMIS) governing bodies.
Align assessment questions	Gathered and mapped detailed data on all existing county assessment questions and developed a plan for Domestic Violence and Veteran sub-groups for regional question alignment.
Regionalize approaches to prioritization for racial equity	Developed a framework for prioritization informed by demographic data and building from existing county racial equity analysis processes and strategies.
Regionalize approach to case conferencing	Created a workgroup of case conferencing specialists who identified alignment opportunities and a shared purpose for case conferencing across the region.



Landlord Recruitment

Regional Goal: Increase the availability of readily accessible and appropriate housing units for service providers.

Because of the lack of affordable housing in our region, a key way SHS supports people in their housing journey is through rental assistance vouchers that participants can use in the private rental market. For this strategy to work, we must recruit and retain landlords to partner with us in housing people who often have rental screening barriers and barriers to maintaining their housing.

Our regional approach to this work has focused on addressing these barriers, expediting housing placement and expanding tenant and landlord resources. In March 2024, the TCPB approved an implementation plan for this goal. The landlord recruitment implementation plan was approved prior to the start of FY 2025. Since approval, Metro and the counties have continued to collaborate to advance the strategies in this goal area.

Strategy	Regional Progress Highlight
Develop a communication and education plan	Established a regional workgroup and designed a landlord education campaign.
Align financial incentives	Conducted landlord landscape analysis, developed incentive alignment recommendations, and launched an incentives web page.
Improve tracking and access to unit inventory	Operationalized a weekly vacancy list, improved property connector HUB.
Prioritize quality problem-solving services	Conducted preliminary planning, identified regional needs and created topic-specific workgroups.
Investigate needs for property management	Property management needs identified through national research, regional key informant interviews, and community engagement; recommendations memo developed.

Healthcare System Alignment

Regional Goal: Greater alignment and long-term partnerships with healthcare systems that meaningfully benefit people experiencing homelessness and the systems that serve them.

There is an inextricable, reciprocal link between housing status and health outcomes. Deep divides between health and housing systems often create significant barriers for people experiencing and at risk of homelessness to access the services they need. Our region's housing, homelessness response and healthcare systems must coordinate across the region to facilitate referrals and connections to people engaging with multiple systems in multiple counties.

In April 2025, the TCPB approved an implementation plan for this goal area. The plan built upon work that had been underway between the counties and Health Share of Oregon, the region's largest Coordinated Care Organization for Medicaid. The strategies in that plan and FY 2025 progress highlights are below.

Strategy	Regional Progress Highlight
Develop Regional Plan for Medically Enhanced Housing and Shelter Models	Regional workgroup launched with focus on medical respite/ recuperative care.
Establish Regional System for Cross-System Care Coordination	Regional Integration Continuum (RIC) launched at Health Share; regional cross-sector case conferencing community of practice launched and demonstrated stronger connections to care.
Improve awareness among housing providers of available behavioral healthcare and related resources	Engaged in initial steps of regional behavioral health mapping.
Build Regional Cross-System Data Sharing Infrastructure	Convened regional data integration workgroup; data sharing agreements with Health Share in progress.

Employee Recruitment & Retention (ERR)

Regional Goal: County contracts for SHS funded agencies and providers will establish standards throughout the region to achieve livable wages for direct service staff, and distribution of pay from lowest to highest paid staff within SHS-funded agencies and providers is equitable throughout the region.

SHS providers are struggling to hire and retain staff due to low wages and the secondary trauma inherent in the work. While counties and community-based organizations have made some efforts to support the SHS workforce, persistently low wages put many homeless services workers at risk of experiencing homelessness or housing instability themselves. In FY 2025, Metro and the counties began planning with service providers and other community partners to advance the recruitment and retention of SHS-contracted service provider staff.

Technical Assistance

Regional Goal: Organizations have access to the technical assistance required to operate at a high level of organizational functionality; the needs of culturally specific providers will be prioritized through all program design.

Technical assistance is the process of ensuring nonprofit service providers have access to the tools they need to implement a new strategy, process or system by pairing an agency with tailored support. This support typically involves a nonprofit engaging with a consultant or government/funder staff to implement a process, system or strategy in line with the work the organization is already doing and consistent with the expectations of the funder. Since the beginning of SHS implementation, counties have invested in capacity-building efforts, including providing technical assistance to service providers. Throughout the fiscal year, Metro and counties worked collaboratively to identify technical assistance gaps and explored potential new projects and strategies to propose to the TCPB.

Training

Regional Goal: Service providers have access to the knowledge and skills required to operate at a high level of program functionality; the needs of culturally specific providers will be prioritized through all program design.

Training is the educational and skill-building process that equips housing and homeless service workers to effectively support individuals and families experiencing homelessness or housing instability, or those who are seeking affordable housing. Training covers a broad spectrum of processes that include formal education, internal trainings hosted by an organization, specialized contractors hired to meet a training need, access to online training videos, or some combination of the above.

Since the beginning of SHS implementation, counties have invested in capacity-building efforts, including providing training to service providers. Throughout the fiscal year, Metro and the counties identified provider training/credentialing needs and explored potential new projects and strategies to propose to the TCPB.

County-Led Efforts for Regional Alignment

In year four, the counties leveraged strong relationships to make progress on multiple initiatives:

Point-In-Time (PIT) Count Coordination

Every other year, the U.S. Department of Housing and Urban Development requires homelessness Continuums of Care to conduct a census-style count of people experiencing homelessness. The 2025 Point in Time Count — which includes the biennial count of people sleeping in places not meant for human habitation (“unsheltered” homelessness) and the annual count of people in emergency shelter and transitional housing (“sheltered” homelessness) — was the second time Multnomah, Washington and Clackamas counties worked together to conduct the count.

Planning for the 2025 count began in May of 2024 with meetings debriefing the 2023 project. Staff from each county met to identify successes, lessons learned and areas for improvement. During summer 2024, each county identified a point person for the project and key staff members for data subject matter expertise and analysis, outreach coordination and policy-related decision-making. The counties jointly selected PSU’s Homelessness Research and Action Collaborative (HRAC)



(HRAC) to execute the project, and county staff worked closely with the HRAC team and each other over the next year to plan and implement the count and data reporting.

HRAC and the counties made improvements for the 2025 count, including:

- Developing intergovernmental agreements that specified cost sharing between the three counties, ensuring that the counties were in clear agreement on the contract and budget for the project at the outset.
- The inclusion of two questions about domestic violence experience that were drafted in collaboration with agencies serving people with lived experience of domestic violence.
- The inclusion of two additional questions; one asking how recently survey respondents previously interacted with the homeless services system, and another asking respondents what types of support might have prevented their homelessness.
- A more robust process of removing duplicate records (i.e. people who were included in more than one data source) that included de-duplication by HRAC, then by each county on its own data, and then across counties.

The tri-county team also navigated differences in implementation and methodology while jointly administering the count and reporting data. Although each county took a slightly different approach in recruiting and deploying enumerators, the counties coordinated enumerator training and used the same survey instruments and data collection app. In addressing areas of divergence, we learned from each other's different approaches to create a final product and report that represented our collective knowledge and was more complete, accurate and informative as a result.

Replacement of HMIS

Taking another step toward a truly regional response to homelessness, this fiscal year, the three counties selected Bitfocus, a nationally



recognized provider, to provide a tool that will replace and modernize the region's legacy Homeless Management Information System (HMIS). Investment in a new HMIS will lead to more informed decisions and ensure accuracy, timeliness and accountability, while helping frontline workers, decision-makers and the whole community make progress on ending homelessness.

New features will include better tracking of available shelter beds, mobile data entry for street outreach workers, a user portal for people receiving homeless services, opportunities to integrate homeless services data with other care systems, and improved reporting and analytics. Work is now underway to support a smooth transition, including policy review and redesign of work instructions for service providers. The HMIS replacement project is scheduled to launch next fiscal year, with a two-year implementation timeline.

Regional Data Sharing Agreements and Standards

This effort follows another regional data infrastructure collaboration — a new data sharing agreement between Metro and the three counties. The four jurisdictions entered into the agreement in spring 2025. Metro will have access to disaggregated, de-identified data that allows for meaningful review of progress toward measurable goals and will further aid in research, planning and program evaluation.

Cross-County Transfer Workgroup

A team of coordinated access subject matter experts from each of the counties met quarterly to process RLRA voucher transfers for households moving between counties. The workgroup is facilitated by Metro staff and ensures cross-county transfers are reviewed and processed in a timely manner. The workgroup also collaboratively problem-solves challenging situations, including the complexities of changing a participant's service provider organization and case manager. The group successfully coordinated several transfers and identified areas of improvement in the regional transfer process.

Built for Zero Workgroup

The Built for Zero group is made up of coordinated access and Homeless Management Information System (HMIS) subject matter experts from each of the counties and Metro staff for meeting facilitation. In its fourth year, the group discussed policies related to coordination with domestic violence providers, Built for Zero data reporting, and housing navigation training. These conversations informed planned updates to relevant Washington County policies and practices.

RLRA Data and Reporting Work Group

The Regional Long-Term Rent Assistance (RLRA) Data and Reporting workgroup was first convened at the start of the SHS measure. The group is composed of technical data and reporting analysts from each county with occasional representatives of county leadership and program team leads lending their procedural and subject matter expertise as needed. The group met multiple times in the months before and after the end of each quarter to collaborate and troubleshoot problems to complete quarterly and annual reports. This reporting has been an opportunity to standardize regional procedures, metrics and data definitions related to RLRA. The work in this group has evolved from managing rapid growth to now managing program maturity, stability and refinements to policy and process.

RLRA Policy Workgroup

The RLRA policy workgroup was created at the beginning of the SHS measure and has evolved to primarily focus on providing recommendations for alignment and refinement of RLRA policies and operational problem-solving. The team consists of RLRA administrative supervisors and lead coordinators for RLRA programs, subject matter experts from local housing authorities, and Metro. Meetings are held monthly to review policies, discuss necessary updates and address challenges in program administration. One major policy achievement early in the year was expanding the three-year income recertification requirement to all RLRA participants. This regional policy alignment reduced administrative burden for the counties and contracted providers and simplified income documentation requirements for RLRA households.



Advancing Racial Equity

Strategies to Advance Regional Racial Equity

To strengthen coordination and alignment of program implementation across the Metro region in the early years of the SHS measure, the Tri-County Planning Body (TCPB) — the leadership body that defines the regional priorities for SHS implementation — identified six regional goals, strategies, and outcome metrics to address homelessness as described in the previous section.

In year four, our efforts to advance racial equity through our regional work with Metro and the other two counties have focused on embedding equitable practices in each regional strategy and ensuring that regional funds are utilized to identify solutions that meet the needs of Black, Indigenous, and other people of color (BIPOC). Together, we have made strides to advance racial equity across all six regional implementation plans.

Training

The training goal aims to support service providers by increasing their access to staff learning and development opportunities. For this goal in particular, regional partners undertook extensive work to develop a racial equity lens report. The report explores each of the training strategies through a racial equity lens, using a tool adopted from Multnomah County that helped identify potential disparities and ensure that the strategies employed actively considered the needs of culturally specific organizations and BIPOC staff.

The first strategy involves developing a training program at a local community college for frontline staff at provider organizations. While this offers a significant opportunity to foster a knowledgeable and skilled workforce in homeless services, it also carries the risk of inadvertently causing harm or being less accessible to BIPOC staff due to historical and ongoing discrimination and barriers within higher education. To reduce the impact of this disparity, input from culturally specific providers will inform the curriculum development process. Additionally, the design team will consider how to develop the program to intentionally uplift immigrant communities.

Landlord Recruitment

Efforts to advance racial equity and improve outcomes for BIPOC communities are also evident in the regional landlord recruitment and retention initiative. Each of the strategies for this goal create an opportunity to address both past and present-day discrimination that impacts housing access and retention for BIPOC and other historically marginalized community members. Specifically, one strategy focuses on developing and supporting mission-driven property management throughout the region. Key tenets of this approach include trauma-informed care and cultural responsiveness — values that, when integrated into property management, can reduce eviction rates and improve housing retention.

Coordinated Access

The coordinated access implementation plan recognizes the necessity of prioritizing factors for service access that dismantle racial disparities faced by people experiencing homelessness. One strategy in this plan seeks to advance racial equity by regionalizing prioritization approaches. The goal is to determine factors that have an outsized effect on BIPOC community members seeking homeless services in the Metro area. This initiative will ultimately lead to a pilot project to use coordinated access systems to prioritize housing referrals.

Healthcare System Alignment

The healthcare implementation plan advances racial equity in a number of ways. One of the plan's strategies is to increase utilization of behavioral health services by identifying ways to make behavioral healthcare more accessible, recognizing that BIPOC community members can be disproportionately affected by gaps in the system. The new cross-sector case conferencing pilot is directly tied to this goal; for more information see **Cross-Sector Work**.

Engagement

The SHS measure itself, and the plan for its implementation in Multnomah County, would not have been possible without extensive engagement with our community and a wide variety of interest holders who called for the prioritization of racial equity in homeless services. This engagement has continued each year of SHS implementation through HSD's work with our five advisory bodies and boards.

In alignment with regional SHS goals, people of color and people with lived experience of homelessness are highly represented across all decision-making and advisory bodies, and intentionally engaged to inform program design and decision-making. Although people who identify as Black, African American or African (either alone or also with another race) make up approximately 8%¹⁴ of Multnomah County residents, they represented 20% of the County's overall homeless population in January 2025, according to HSD's public data dashboard.

Our work is guided by committee members with many intersecting identities. The design, policies and processes of our boards and advisory committees, including the SHS Advisory Committee, are structured to elevate the experience and expertise of people of color and people with lived experience of homelessness. In addition, two of our committees — the Equity Advisory Committee and the Lived Experience Advisory Committee — are not mandated by a funding source but were commissioned by our department because this expertise is essential for our work. We engage these committees in a variety of ways.

Collectively in FY 2025, our five advisory bodies and boards included the lived and learned experience of 41 (54%) members of Black, Indigenous and other communities of color, and 47 (62%) members with lived experience of homelessness. Black, Indigenous, and other people of color were highly represented on the SHS advisory committee, with 66% of members identifying as BIPOC and 66% of members bringing lived experience. Black-identified people in particular were highly represented on the committee, with 44% of the committee identifying as part of this community. The SHS Advisory Committee has sought to uplift the needs of the Black community and others facing racial disparities in homelessness in its recommendations to HSD leadership.

¹⁴ 2023 American Community Survey Data

SHS Advisory Body Membership

Figure 19: SHS Advisory Body Membership

Advisory Body Name	% of members who identify as people of color	% of members with lived experience
SHS Advisory Committee	67%	67%
Continuum of Care Board	46%	29%
Community Budget Advisory Committee	27%	45%
Equity Advisory Committee	89%	100%
Lived Experience Advisory Committee	50%	100%
Total	54%	62%

Disaggregated Race & Ethnicity of FY 2025 SHS Advisory Committee Members¹⁵

Race / Ethnicity	# of members who identify as this race / ethnicity	# of members who identify as this race / ethnicity
American Indian, Alaska Native or Indigenous	4	22%
Asian or Asian American	0	0%
Black, African American or African	8	44%
Hispanic or Latine	5	28%
Middle Eastern or North African	1	6%
Native Hawaiian or Pacific Islander	1	6%
White	11	61%

The committee's recommendations played an active role in shaping the SHS program in year four. For example, our FY 2026 annual work plan goal to promote more pathways to affordable housing by streamlining

¹⁵ Race and ethnicity responses can be selected alone or in combination, so the raw numbers added up can be greater than the total number of people.

landlord recruitment and retention across the system is linked to the committee's equity recommendations, which call for prioritizing investments that meet the housing needs of those who have been historically deprioritized and heavily impacted by inequities in the homeless services system.

The committee's equity recommendations, published in December 2024, elevated the need to view SHS programming and investments through an intersectional lens that considers how the multiple identities that people carry can overlap and be increasingly impacted by systems of power and oppression. Members also provided a suite of suggestions to improve provider accountability and participant experience through equity-focused evaluation, and offered a list of funding priorities to support equity work. In particular, they called for investments that meet the housing needs of those who have been historically deprioritized and heavily impacted by inequities in the homeless services system, such as the Black community, the LGBTQIA2s+ community, those with disabilities, the elderly, the formerly incarcerated and immigrants.

These recommendations were provided to HSD's director, deputy director and equity manager, who identified current efforts that align with the recommendations. During the planning process for our FY 2026 SHS work plan as well as the FY 2026 budgeting process, the SHS team used the committee's recommendations as a decision-making lens to provide guidance to department leadership. In addition, our equity manager, with assistance from department leadership, drafted a tracker to document recommendations put forth by HSD committees that will highlight implementation considerations, timelines and persons responsible, and ensure accountability to the recommending bodies.

The committee began working on recommendations for two new focus areas in the second half of FY 2025: improving access to services, and increasing service system coordination within Multnomah County and with external partners. We look forward to receiving these recommendations and considering their role in SHS programming and investments in FY 2026.

Racial Equity Analysis

HSD's Approach to Measuring and Supporting Racial Equity

HSD is committed to inclusively leading with race in all of our work. We also acknowledge that even as Black, Indigenous and other people of color are more likely to experience homelessness, many of the systems and institutions that provide homeless services have historically underserved people of color, negatively affecting the well-being of these communities. In alignment with the requirements of the SHS measure, HSD is focused on reducing racial disparities across the regional homeless services system by prioritizing communities of color. Our equity work focuses on communities that are overrepresented in homelessness relative to their representation among the Multnomah County population and among households at high risk of homelessness. We take an intersectional approach that centers race while also recognizing and addressing marginalization and discrimination based on gender identity, sexual orientation, ability and age.

To assess equity in SHS-funded work, we require our contracted providers to gather information on the races, ethnicities and gender identities of participants. This information is the basis of our racial equity analysis. During FY 2025, we completed an internal review of best practices in measuring racial equity, and updated our internal equity metrics for contracted services based on our research (see **County Infrastructure**). This equity analysis follows that approach by comparing the representation of each racial and ethnic group in service provision to that group's representation in a comparable population eligible for or receiving similar services, and also includes comparative data. Metro's template recommends comparing the percentage of people identifying as Black, Indigenous and other people of color (BIPOC) who are receiving SHS services to the BIPOC share of the population experiencing homelessness.

Our official data source for the population experiencing homelessness is our by-name list. Based on administrative data collected by our service providers on an ongoing basis, the by-name list provides a more complete and up-to-date assessment of homelessness in Multnomah County than other measures (e.g. the Point in Time Count). This equity analysis also includes comparative data from the first year of SHS reporting (FY 2022) where it is available, to measure improvements over time in our ability to serve BIPOC communities.

A Supportive Housing Services Advisory Committee Story



'I think our region is unique in the commitment it has to bring in people on the ground's voices and trying to improve our systems in that way.'

How the Supportive Housing Services (SHS) Advisory Committee is making a difference in Multnomah County

Three years ago, Homeless Services Department staff launched the SHS Advisory Committee, creating one of the only avenues for the public to have a direct impact on the SHS measure's progress in Multnomah County.

Ty Schwoeffermann and Sandra Comstock have co-chaired the committee since January 2025. Comstock is one of the original committee members and the Executive Director of Hygiene4All, a hygiene hub that provides access to bathrooms, hot showers and community under the Morrison Bridge. She came on board to leverage her understanding of how the system could work better, and advocate for changes informed by the actual experiences of people living outside.

Schwoeffermann attends as a community member with deep experience in the field of homeless services. Prior to serving on the

committee, he was a community engagement coordinator with Washington County and helped lead efforts to stand up shelters, host drives, and educate and partner with the community to address homelessness. He saw serving on the committee as a compelling next step to continue that work.

Together they help shape committee discussions and build consensus around recommendations to improve SHS programming and the homeless services system in Multnomah County.

In the last three years, the committee has demonstrated an incredible appetite for this work, drawing from the significant lived and learned experience of its members to produce [four sets of recommendations](#) with clear goals: expand the operational capacity of homeless services providers; improve the system through investments in housing, behavioral



health, and better coordination; and ensure equity in SHS programming.

This year's focus area — making it easier for people in crisis to access housing and homeless services — will result in another thorough set of recommendations for HSD leadership to consider in early 2026.

"I'm grateful to be able to participate in this," says Comstock. "I think our region is unique in the commitment it has to bring in people on the ground's voices and trying to improve our systems in that way. I know it's been a bumpy road, but we started this in COVID when the old Joint Office (now known as HSD) was 15 people or something. People forget that, what we've come through and what we've been able to do under serious duress."

That sense of collaborative determination is part of what keeps Schwoeffermann coming back as well. "I think the folks in this space, everyone that attends really wants

to be part of the solution," he says. "We are working on the solutions we can control and I really appreciate the committee keeping that the focus of our work."

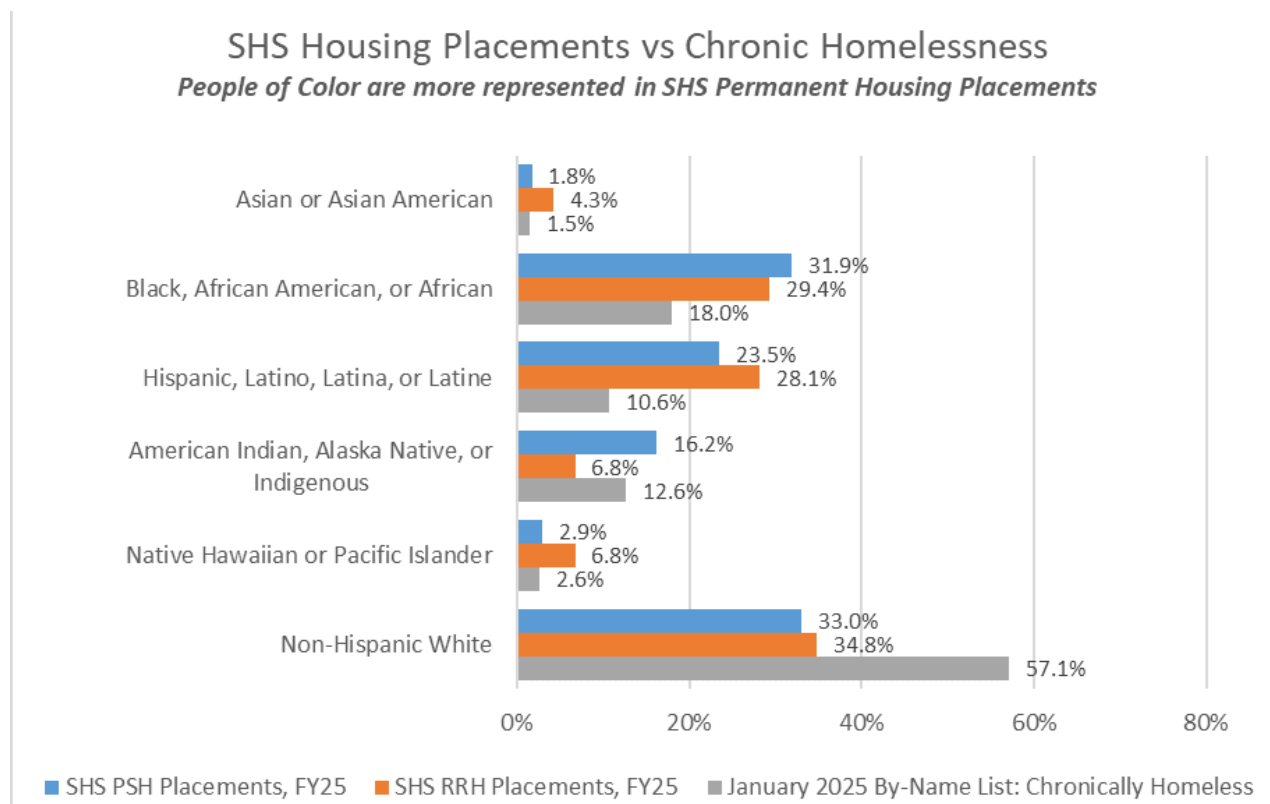
Progress Toward Racial Equity Goals in the Local Implementation Plan (LIP)

Multnomah County's SHS LIP outlined racial equity goals for our implementation of the measure. Our baseline analysis in the LIP demonstrated that people belonging to the following racial and ethnic communities were overrepresented in homelessness compared to their representation in Multnomah County's general population:

- Black, African American or African
- Hispanic or Latine
- American Indian, Alaska Native or Indigenous
- Native Hawaiian or Pacific Islander

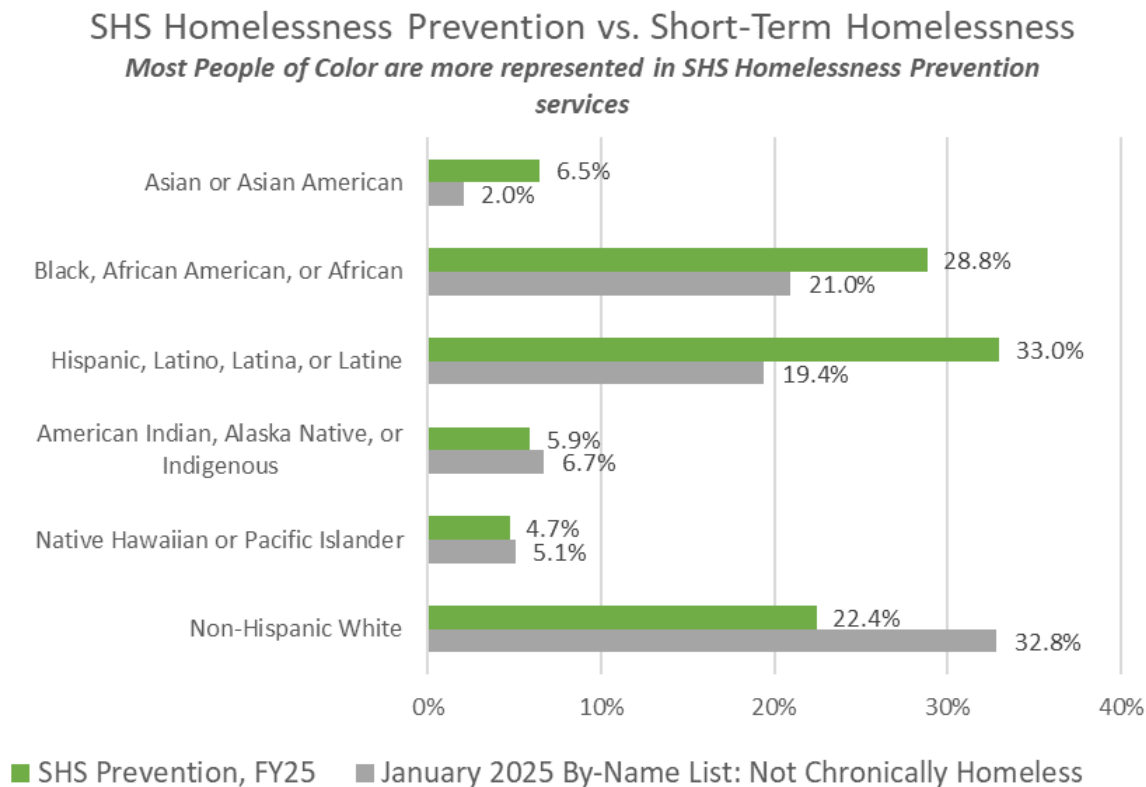
In addition, prior to SHS implementation, both Black, African American or African and Hispanic or Latine people were underrepresented among people placed in permanent supportive housing compared to their representation among people experiencing homelessness. The LIP prioritized increasing representation in service provision among these underrepresented groups.

Key Findings



In our first four years of implementation, we made meaningful progress to address racial disparities in permanent housing placements and in homelessness more generally. Individuals identifying as Black, African

American or African; Hispanic or Latine; and Native Hawaiian or Pacific Islander represented larger shares of people placed into permanent housing (permanent supportive housing and rapid rehousing) during FY 2025 than among those experiencing chronic homelessness as a whole, based on our by-name list in January 2025. Individuals identifying as American Indian, Alaska Native or Indigenous represented a larger share of PSH placements than of chronically homeless individuals. These groups were also more represented among SHS permanent housing placements in FY 2025 than among SHS permanent housing placements in the baseline year (FY 2022, data available in **Appendix A**).

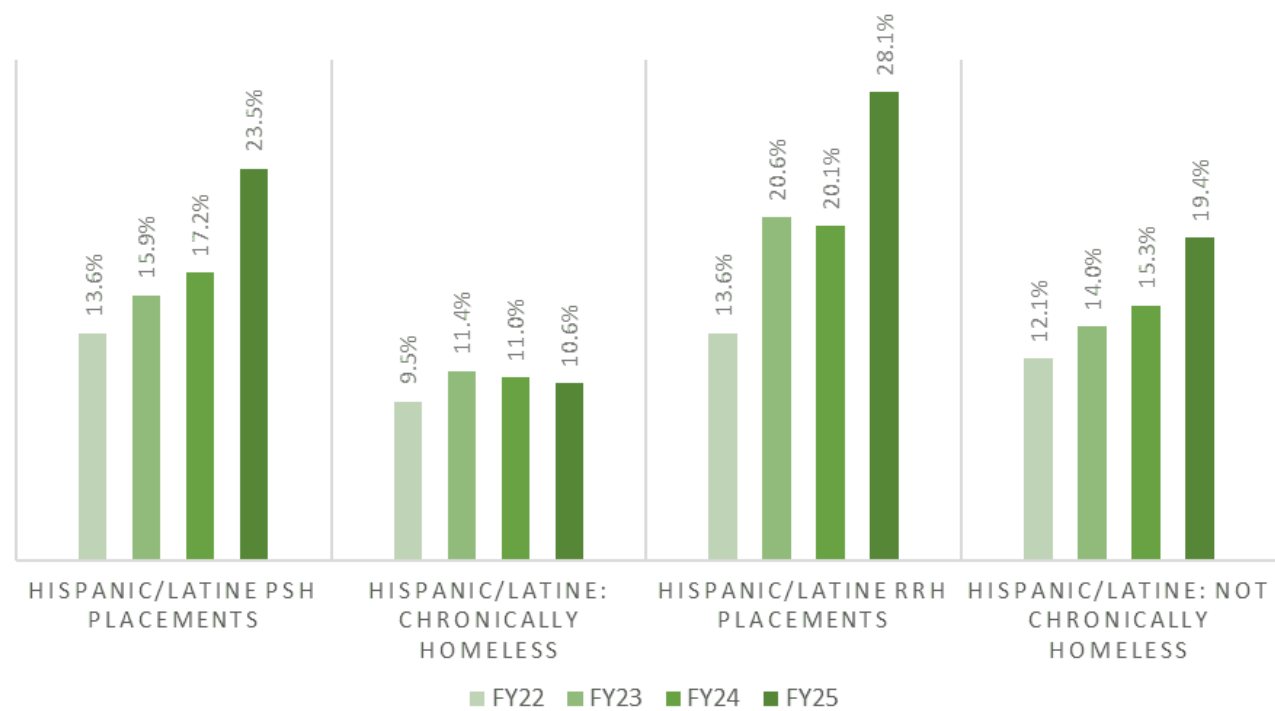


Black, African American or African and Hispanic or Latine people were more represented among homelessness prevention clients during FY 2025 than among those experiencing short-term homelessness on our by-name list in January 2025. Representation in homelessness prevention services from each racial and ethnic community increased or remained unchanged between FY 2024 and FY 2025. However, outcomes were mixed compared to the baseline year (FY 2022). People identifying as Hispanic or Latine were more represented in FY 2025 than in FY 2022, while the reverse was true for the Black population.

SHS programming has been successful in housing BIPOC people at higher rates than their representation in the overall homeless population.

Also, the share of chronically homeless individuals identifying as Black, African American or African, Hispanic or Latine and Indigenous has decreased slightly between FY 2023 (when the by-name list was first used) and FY 2025. However, we continue to see disparities in the provision of specific SHS-funded services to individuals from certain demographics; in particular Indigenous, American Indian or Alaska Native individuals in rapid rehousing placements and new homelessness prevention subsidies.

Hispanic/Latine Representation increased in FY25 among Short-Term Homelessness and SHS Housing Placements



The representation of people identifying as Hispanic or Latine among people on the by-name list experiencing short-term homelessness, and among people placed in permanent supportive housing and rapid rehousing jumped in FY 2025, after moderately increasing between FY 2022 and FY 2024. Although not included in the chart above, Hispanic or Latine representation among new homelessness prevention participants also increased dramatically between FY 2024 and FY 2025, from 9% to 33%.

This trend is substantiated by forthcoming analysis of the 2025 Tri-County PIT Count. Representation of people identifying as Hispanic or Latine increased between the 2023 and 2025 PIT counts across the region. In conversations with culturally specific providers and community-based organizations, Portland State University researchers have learned that there is increasing economic vulnerability among Hispanic or Latine households

in the wake of laws prohibiting non-citizens to work. This economic pressure has led directly to housing loss and homelessness, and has contributed indirectly to homelessness by families becoming unable to support non-leaseholding (doubled-up) household members.

The culturally specific provider expansion strategies we have undertaken have had an impact on racial disparities as outlined above and evidenced by the number of permanent housing placements and homeless prevention participants identifying as BIPOC. By continuing to invest in these activities, we will improve our provision of services to historically underserved BIPOC groups.

Workforce Diversity of SHS Contracted Providers

In partnership with consultant Focus Strategies, Metro administered a staff demographics and wage equity survey to SHS-funded providers in Multnomah County. The survey was developed in partnership with each of the three counties in the Metro area and was administered as a regional survey. Forty-seven of Multnomah County's 68 SHS-funded providers responded to the survey and are included in the results.

The table shows the demographics of staff employed at Multnomah County's SHS-funded providers. The data represent 5,320 employees; however, not all employees are included in every question due to missing data or variation in the number of organizations reporting data in each category.

Figure 20: Workforce Diversity of SHS Contract Providers	
	% of surveyed staff
Staff with lived experience of homelessness or housing instability	35%
Staff who identify as people of color	
American Indian/Alaska Native/First Nation/Indigenous	4%
African/Black/African American	16%
Asian	7%
Latina(o)/Latinx or Hispanic	18%
Middle Eastern/North African	1%
Native Hawaiian/Pacific Islander	1%
Staff who identify as LGBTQIA2S+	29%
Staff who identify as having a disability	22%

Barriers to Recruiting & Retaining a Representative Workforce

Of the 47 organizations that responded to the survey, 32 organizations provided responses to an open-ended question regarding organizational barriers to recruiting and retaining a workforce that reflects the communities they serve. Six organizations indicated minimal barriers, noting that their staff already closely reflects the communities they serve. However, the remaining 26 organizations identified a range of challenges.

Funding and pay-related challenges were among the most frequently mentioned barriers. Organizations emphasized that limited budgets restrict their ability to offer competitive salaries, benefits, and secure long-term positions, which in turn hampers recruitment and makes retaining staff more difficult. Another theme was the difficulty of finding candidates with specific qualifications, such as bilingual abilities, professional licenses, or direct lived experience with the populations served. Even when hires are made, turnover can be high, especially in frontline roles that are physically, emotionally and psychologically demanding. This is particularly acute for staff who share the lived experiences of their clients.

Broader systemic and structural factors were also described as barriers. Rising housing costs, inadequate public transportation and childcare gaps reduce the pool of available candidates. In certain geographic areas, organizations said that representative candidates are simply scarce, while others reported that staff diversity at entry-level roles has not translated into comparable representation in leadership or executive positions. Finally, some organizations noted that not all staff feel comfortable disclosing demographic information, which means we may not have a full picture of workforce diversity or our progress toward more representative staffing.



Cori, a resident of Meridian Gardens, said the community's recovery-focused services are helping her work toward her future.

'My life's completely changed.'

Recovery-oriented community at Meridian Gardens provides transformative support for residents.

Meridian Gardens, an 85-unit affordable housing community in Southeast Portland managed by Central City Concern, opened its doors in late 2024. It offers 65 permanent supportive housing units, made possible thanks to funding from Multnomah County and the Supportive Housing Services measure.

What makes Meridian Gardens special for its residents are the on-site services provided by Central City Concern that support people recovering from substance use disorders.

Those services are a game-changer for people like Cori. She was experiencing homelessness as recently as about 14 months ago, and was also struggling with an addiction. "I was off and on the streets for about eight years," she said. "I was just trying to survive."

When she found out that her daughter was pregnant with Cori's first

grandchild, she had a new reason to make a change. “I think my granddaughter was a huge part of me wanting to get sober. I knew I wouldn’t be a part of her life if I wasn’t.”

With the support of a peer mentor Cori had connected with through street outreach, Cori was able to access an addiction treatment program. After treatment, she moved into sober housing, and eventually, secured her spot at Meridian Gardens.

She says the community at Meridian Gardens is what sets it apart from any other housing situation. Not only are the other residents also in recovery, many of the service providers and case workers have been through similar life experiences.

“They’re all people who have been there before. They understand where we’ve been,” she said.

Since moving into Meridian Gardens, Cori’s been able to reconnect with her kids and gets to spend time with her granddaughter. “My life’s completely changed. I have my family surrounding me, my daughter’s back in my life, and I have a good group of people here,” she said.



Cori in her home in Meridian Gardens.



April, another Meridian Gardens resident, is working on her degree in addiction counseling.

April, another Meridian Gardens resident, also values the recovery-focused support services she can find just outside her door.

April experienced homelessness for about 10 years, which she said was very isolating. “That really diminished my self-esteem over time and my confidence. I felt less than human,” she said.

She took several big steps that put her on the path to stability. She got sober and started visiting Rose Haven, a day center for people experiencing homelessness that also receives support from Multnomah County.

From there, she got a referral into a low-barrier shelter, which helped her get connected with the services of Central City Concern, and eventually into housing at Meridian Gardens.

“I take pride in my home,” she said. “And I know that whatever happens, I can get help at any given time, so that’s priceless.”

April is now working on her associate’s degree in addiction counseling at Portland Community College. She wants to help people who have gone through similar experiences as her.

"It's been challenging on my way down. And it's been challenging, but rewarding, on my way back up."



April in her home with her cat, Moxi.



Work Plan Performance

Year 4 Work Plan Performance

Category 1: Housing / Program Quantitative Goals

Regional Metric	Annual Goal	Actual Outcomes	If goal not met, explain why and improvement performance plan.
Supportive Housing Units /Vouchers Brought into Operation	# of new RLRA vouchers: 275 # of SH units coming online: 401	New RLRA vouchers: 36 New SH units online: 244	These goals were affected by funding and construction challenges in year four, but will move forward in year five. In response to reduced funding in FY 2025 and the FY 2026 budget forecast, we made the difficult decision to pause on 200 new units of permanent supportive housing (PSH) that we'd planned to fund through a competitive process. The FY 2026 adopted budget includes a prorated amount to start these projects. Additionally, the construction timelines for five site-based PSH projects were delayed. These projects will now open in FY 2026.
PSH Placements	360 people 300 HH	1,085 people 715 HH	
RRH Placements	550 people 440 HH	1,420 people 842 HH	
Preventions	800 people 600 HH	2,416 people 1,099 HH	
PSH Retention Rate	85%	92%	
RRH Retention Rate	85%	85%	

Regional Metric	Annual Goal	Actual Outcomes	If goal not met, explain why and improvement performance plan.
Shelter Beds/Units Created or Sustained	309 new 1,088 sustained	1,876 units 270 new 1,606 sustained	In FY 2025, HSD exceeded our goal of sustaining 1,088 shelter units in Multnomah County but we did not meet our original goal to create 309 new shelter units by the end of the fiscal year. For more information, see Category 3: Capacity Building below.
Outreach	1,420 people engaged through street outreach	3,957 people ¹⁶	
Navigation	300 people engaged through resource navigation	488 people	
Employment Services	500 people engaged in employment programs	686 people	

¹⁶This number is far above our goal amount in part because we do not currently have a way of de-duplicating outreach data. This means the figure provided here may include people who received referrals or survival supplies, possibly on multiple occasions.

Category 2: Racial Equity

Objective	Details	Did you achieve it? (Y/N)
Pilot Grants to increase Culturally Specific and Culturally Responsive Service Delivery	The Homeless Services Department (HSD) is piloting a grants process to expand support and increase capacity directly for new, emerging, and culturally specific providers. This objective supports our LIP goal of increasing our system's capacity to provide culturally specific services by giving new, emerging, and culturally specific organizations more opportunities to contract with HSD and offer services. Providers receiving grants will be required to submit progress reports on how the funds have increased the organization's capacity to serve historically underserved populations, Black, African American or African; Native Hawaiian or Pacific Islander; American Indian, Alaskan Native or Indigenous; Hispanic or Latine; or LGBTQIA2S+. Providers will be required to share how the funds increased availability or quality of culturally specific services or culturally responsive services. This investment aligns with Multnomah County's SHS Advisory Committee's Capacity-Building recommendations, which call for prioritizing culturally specific providers and increasing partnerships with new and small organizations.	Y

Description of Progress: We successfully wrapped up the reconciliation process for the 10 providers who received the first round of grants and launched the application process for the second round.

Providers from the first cohort reported using the funding for various projects, such as enhancing equity in human resources practices, strategic planning, financial management services and cultural competency training.

One organization shared: “The investment has helped [us] to increase the number of individuals/families served through rental assistance, hygiene products, hot meals and access to health resources. Of the clients who have benefited from these services 80% identify as African American/Black.”

The pilot project prioritized new and emerging culturally specific providers, especially those who had met HSD qualifications to offer services but had not yet been awarded. Twenty-seven new (qualified but not yet contracted) and emerging (contracted for three years or less) culturally specific providers had the opportunity to apply for the second round of grants, and 14 submitted applications.

In late 2025, we will distribute awards, provide technical support to providers and facilitate information-sharing regarding spending best practices. We will also continue to work with providers to gather progress reports on how the funds increased their capacity to serve historically underserved populations.

If objective not met, explain why and your plans for doing so: While we met the overall goal, due to a staffing transition on our equity team, some communications about requirements for the grant were delayed. As a result, we made the first year of reports optional for grantees and received reports from two of the 10 organizations.

The reports, which asked providers to describe how the grants increased their capacity to serve historically underserved populations and the availability or quality of culturally specific or responsive services, were originally our key metric to measure our success for this goal. However, to best support our providers, many of which are small to very small (less than five staff), and would have limited capacity to meet a reporting requirement late in the year, we felt the most equitable decision was to make the reports optional.

In FY 2026, staff plan to communicate the reporting requirement early on to the second round of grantees and will continue to provide technical assistance to support all aspects of the grant process.

Category 3: Capacity Building

Objective	Details	Did you achieve it? (Y/N)
\$35 Million Investment in Cross-Departmental Programs to Reduce Homelessness	Multnomah County is investing \$35 million in Supportive Housing Services (SHS) funding to address the complex health and behavioral factors that contribute to homelessness. This investment will fund 13 cross-departmental programs offering critical services such as: • Mental health support • Shelter expansion • Eviction prevention • Emergency response By collaborating across County departments and utilizing the “One County” approach, we aim to effectively tackle homelessness and provide comprehensive support to those in need. Our goal is for cross-department SHS programs to spend 75% of their total allocation of \$35M by the end of FY 2025, and that 75% of the new SHS programs will reach full implementation by the end of FY 2025.	Y

Description of Progress: We met this goal, with our cross-department partners spending 84% of their allocation of \$35M, and fully implementing over 75% of the new programs by the end of the fiscal year. In particular, we made progress in three key areas: health integration, emergency response, and housing stability.

1. Mental Health Support & Health Integration: Programs successfully embedded mental health services into housing and public spaces. The Library partnered with Cascadia Health to place peer support specialists in its branches for crisis de-escalation and referrals. The Behavioral Health Resource Center (BHRC) coordinated with the Portland Community Justice Partnership Program to transport individuals to detox and treatment centers.

2. Shelter & Emergency Response: Shelter capacity was expanded and utilized for emergency situations. The Multnomah County Office of Emergency Management's logistics team supported the opening of 18 emergency severe weather shelters across a total of 75 days, serving thousands of people. The BHRC shelter component saw its emergency bed utilization rise to its second-highest level, addressing the need for short-term crisis stabilization.

3. Eviction Prevention & Housing Stability: Efforts focused on preventing evictions and stabilizing households. The DCHS Eviction Prevention program used SHS funds to staff partner agencies, which helped households avoid eviction by leveraging over \$6 million in rent assistance from other sources. The Youth and Family Services Courtroom Support program worked with the Commons Law Center to provide legal representation, successfully connecting households with rent assistance to prevent evictions.

Objective	Details	Did you achieve it? (Y/N)
Increase PSH Services Investment to 15K - 17.5K Per Household	Provide critical stabilization support to permanent supportive housing programming by increasing the services funding per household to ensure adequate support for vulnerable individuals and families. We will invest \$18.5 million in raising the standard per-household services funding rate to \$15,000 per year for permanent supportive housing projects while establishing 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. HSD will engage with and offer an increase in PSH services funding to 20 organizations in FY 2025. Our PSH and CoC staff met with implementation stakeholders at Oregon Housing and Community Services, Portland Housing Bureau, Home Forward, Clackamas and Washington counties to discuss their funding levels, strategies and challenges with the PSH services funding cap. Based on these meetings, years of feedback from PSH providers and the 2023 recommendations from a consultant, Health Management and Associates, to increase the funding cap, the HSD is prioritizing service investments with permanent supportive housing. This investment will mark the first significant funding increase for the wrap-around services for PSH since the start of PSH programming in Multnomah County.	Y

Description of Progress: We successfully implemented this increase in FY 2025 and are committed to continuing this investment in FY 2026. We have heard very positive feedback from providers about the impact of this funding on the stability of their programs.

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 buildings with at least 25% of apartments dedicated to PSH.

At the end of the fiscal year we distributed an evaluation survey to the 21 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 on overall program stability, staff retention and participants' ability to secure and maintain housing.

Objective	Details	Did you achieve it? (Y/N)
250 New Shelter Units	We will allocate \$9.3 million from our FY 2025 budget to expand shelter capacity and services in the adult, family, youth and domestic violence systems. This initiative aims to add 250 additional shelter units. The shelter expansion goal aims to reduce service barriers for underserved populations by creating more inclusive and accessible shelter options. It ultimately seeks to build a more supportive and equitable response to homelessness in Multnomah County. New shelter units by system type: • 25 units for immigrant youth • 45 units for domestic violence survivors • 90 units for families • 90 units for adults	N

Description of Progress: While we did not meet the entirety of this goal, we made meaningful progress in several key areas. The difference between our original goals and our outcomes is the result of several factors, including funding changes and conscious pivots to ensure our programs are culturally responsive.

In FY 2025 we 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 also made it possible to preserve 50 units of family shelter and to ensure continued service for families after a site closed unexpectedly.

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 FY 2025. We then began 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.

In addition, we made changes to our youth shelter goal in order to support culturally specific services and quickly implement critical community recommendations. We are repurposing 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 serving Black, African American or African folks who recommended changes to our sheltering strategies to better serve their members who are currently underserved by our shelter system.

If objective not met, explain why and your plans for doing so: We will continue to work toward adult shelter expansion in early FY 2026 with an updated pool of qualified providers thanks to the recent tri-county procurement process.

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 FY 2025, it is relevant to note that we will be re-examining our shelter strategy in FY 2026 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.

Please note, while SHS funded 270 new units in FY 2025, 160 are overnight shelter units funded through a pass-through to the City of Portland and are not connected to our 250 unit initiative.

Objective	Details	Did you achieve it? (Y/N)
Use SHS Funds to Pay HUD CoC Match Requirement	For the first time, the County will pay the HUD CoC required match for all the CoC projects in Multnomah County. As a statutory requirement, all CoC-funded projects must provide a 25% match to the federal dollars awarded. In FY 2025, we will invest \$5 million to support 28 CoC projects.* *Note: Some projects have already been matched through the County General Fund. The LIP explicitly states, “Because the HSD serves as the lead agency for the Continuum of Care, there will be ample opportunities to align current and future federal funding with the measure.” Our goal is that 95% of service providers will continue to operate a HUD CoC project.	Y

Description of Progress: We met our goal of using SHS funds to cover the federally required 25% match for HUD Continuum of Care (CoC) projects in Multnomah County. We covered the match for 31 projects, and 97% of providers continued to operate a CoC project thanks to the match, exceeding our goal of 95%.

Providers primarily used matching funds to cover the administrative costs of operating a CoC program and offer more robust supportive services to participants. 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. Community provider 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.

Category 4: Other Annual Goals based on LIP

Objective	Details	Did you achieve it? (Y/N)
Complete the first year of the Pathways to Housing Project, including (1) operationalizing the Lived Experience Committee/ workgroup that will be an integral part of the project; (2) collecting qualitative data from people experiencing or who have recently experienced homelessness; (3) analyzing data and validating findings; (4) disseminating the year one report.	This research will improve the quality and effectiveness of shelter as a pathway to permanent housing, thereby shortening shelter stays, making more unit space available, and ensuring that more people move from shelter to housing. (LIP goal: Reduce street and shelter homelessness, as well as doubled-up homelessness, by increasing the number of eligible households who exit homelessness for permanent housing by at least 2,500 households per year once the Measure is fully implemented). This two-year project has a predetermined timeline and identified benchmarks for completion. HSD will maintain ongoing communication with HRAC about the project's status and benchmark goals. The project's progress will be measured by alignment with this predetermined timeline and goals for year one in FY 2025. This is a multi-year study in collaboration with the Homelessness Research and Action Collaborative at PSU. HRAC will partner with and employ people with lived expertise in this innovative project. The research focus, data collection methods, and other logistics may change based on this group's guidance. Additional data collection and reporting will occur in year two.	N

Description of Progress: In the first year of the Pathways to Housing Project, HSD 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.

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 fiscal year. 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.

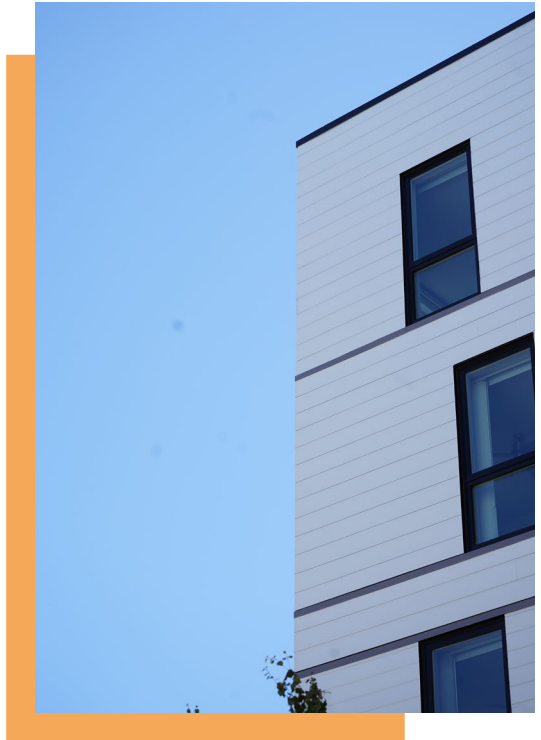
If objective not met, explain why and your plans for doing so: The two-year, multi-phased project is on track to be completed on time in February 2026, but a late start due to competing priorities for both HSD and HRAC means the team will complete phase one (analyze data, validate findings and publish the year one report) by early FY 2026.



LIP Performance

Local Implementation Plan (LIP) Performance

Multnomah County made significant strides in fulfilling the strategies and investment priorities that were set forth by our LIP in December 2020. Our plan prioritizes supportive housing services, rent assistance, behavioral health services and more diversified shelter options as our investment priorities for the first phase of SHS implementation. Since the start of the measure, SHS funding has allowed us to open over 1,500 new supportive housing units — with a portion dedicated to serving people with behavioral health needs — and expand our emergency shelter system while keeping racial equity at the forefront.



In the first half of this fiscal year we opened 258 new supportive housing units across five affordable housing communities. Three of these projects (Meridian Gardens, Tistilal Village and Beacon at Glisan Landing) received Metro Housing Bond funds. Multnomah County is counting 244 of these 258 PSH units toward our SHS LIP goal to create 2,235 new units of supportive housing because the state is the primary PSH services funder for Tistilal Village. Meridian Gardens is an 85-unit recovery oriented affordable housing complex that includes 65 units dedicated to permanent supportive housing. Funded by SHS and the Metro Housing Bond, Central City Concern (CCC) offers peer-delivered recovery services on-site for people transitioning from homelessness who are receiving substance use treatment and in recovery.

Additionally, 270 new shelter units were introduced to the system this year with support from SHS funding. In Q1, provider WeShine opened their 10-pod alternative shelter, Avalon Village, which focuses on supporting adults who have been camping nearby the site who identify as female, Black, Indigenous or a person of color, and who are living with a disability. Of the villagers who have exited the program, 66% have moved into permanent housing — significantly higher than the 11% of people who exit shelter into permanent housing across the shelter system in Multnomah County.

While the program just celebrated its one year anniversary in August, it

has already benefited from extensive community support, including a gardening initiative, the addition of a dog run and the expansion of a deck so villagers with mobility limitations have outside sitting space. Avalon Village is jointly funded by HSD and the City of Portland.

In FY 2025, Multnomah County made steady progress toward achieving the 10-year quantitative goals outlined in our LIP.

SHS LIP 10-year Quantitative Goals
• Adding 2,235 supportive housing units. • Increasing the number of eligible households who exit homelessness for permanent housing by at least 2,500 households per year. • Increasing appropriately supported permanent housing opportunities for folks experiencing homelessness who have significant behavioral health challenges. • Reducing the households who become homeless by 1,000 per year. • Reducing the number of people returning to the homeless services system within two years after entering permanent housing. • Ensuring communities of color are served at higher rates than they experience homelessness with the goal of reducing racial disparities.

As touched on above, since July 1, 2021, HSD has developed and added 1,541 new and fully operational supportive housing units in Multnomah County with SHS dollars. These units represent 69% completion of our 10-year goal. We will also be adding 200 more units by the end of FY 2026 that were postponed this year due to budget limitations. While we have made progress to increase supportive housing, we recognize that the need for more affordable housing is still outpacing our supply.

Indicative of both the growing need for housing and the growth of our system, 1,613 households composed of 2,599 people transitioned from homelessness into SHS-funded housing by the end of the fiscal year — the highest number of people placed since the start of SHS in Multnomah County.

Out of all the individuals served in permanent supportive housing, 92% remained stably housed after a year in their housing and 85% of people served in rapid rehousing maintained their housing one year after their subsidy ended. Across all housing program types¹⁷ over 7,000 people, including those who were newly served this year and housed in previous years, were active in SHS-funded programs. This figure marks an increase of almost 2,500 people stably housed with support from SHS since last fiscal year.

We also distribute SHS funding across several departments to ensure we can achieve our LIP goals. The largest number of investments sit within the Health Department's Behavioral Health Division in alignment with our priority to increase housing and service opportunities for people experiencing homelessness and who have behavioral health needs. These investments include funding for permanent supportive housing, rapid rehousing, and recovery-oriented transitional housing (ROTH) programs, many of which have been sustained over the years. For example, Douglas Fir is a project-based PSH program that utilizes RLRA vouchers to serve people experiencing mental health challenges.

Additionally, in partnership with Multnomah County's Department of County Human Services (DCHS), 1,099 households made up of 2,416 people received homelessness prevention services. This number of households served met 183% of our annual goal and 109% of the 1,000 households per year goal set forth by the LIP. It is important to note that other homelessness prevention funding exists within the County and the 1,099 households served only make up a small portion of the total amount of households we served. For more information on systemwide homeless prevention outcomes, please visit [HSD's public data dashboard](#).

We have also made significant strides in reducing racial disparities; for more information, please see **Advancing Racial Equity**.

¹⁷ Includes Permanent Supportive Housing, Rapid Rehousing, Housing with Services and Housing Only.



Financial Review

Spending in Year Four

The SHS Measure prioritizes services for our neighbors who are considered chronically homeless, calling for 75% of SHS funds to be spent on this group (known as “Population A”) over the life of the measure. The remaining 25% will be devoted to services for very low-income households who are either experiencing or are at substantial risk of experiencing homelessness (known as “Population B”). In FY 2025, HSD spent \$151,678,995 (69%) on services for Population A participants and \$67,234,606 (31%) on services for Population B participants. We exceeded our 80% spending goal this year, nearly tripling our spending in the first quarter of the year compared to the same time period in the previous year. This increased spending can be attributed to our ramping up process over the first three years of the measure, which our Local Implementation Plan anticipated and planned for due to the time it would take for providers to scale up their operations and launch new programs.

However, surpassing our spending goal by nearly 5% was not simply due to increased spending. It was also influenced by a mid-year Multnomah County budget modification that lowered the overall SHS budget to reflect an updated Metro forecast. This was the first time in the measure’s history that collections fell below the forecast; in prior years, collections often came in above projections and counties had to move quickly to deploy the unbudgeted funds, mainly through one-time-only allocations. However, we found ourselves in a profoundly different financial landscape this year, with lower collections and a smaller amount of carryover funding, requiring us to leverage the majority of our SHS reserves and contingencies to prevent impacts to services and participants. These funds are expected to take three years to replenish.

We began FY 2025 with a carryover amount of \$128 million; these are funds that were allocated to programs but were not able to be spent within the previous fiscal year. In FY 2025 we spent \$88.95 million in carryover funds on a range of services such as emergency and alternative shelter, rapid rehousing, outreach, homelessness prevention and housing with services. Carryover funding also supported investments in shelter rebasing, a public data dashboard and organizational health grants, which are all discussed throughout this report. We began FY 2026 with \$63 million in carryover funds, all of which are committed.

Administrative Rates

While providers spend most of their funding on direct services for those experiencing homelessness, adequate coverage for administrative costs plays a key role in our partners’ overall organizational health and ability to run these critical programs. The cost of services can vary significantly based on the challenges and conditions each household encounters, and administrative costs also vary.

Multnomah County determines provider administrative rates in three key ways. The County standard is called the “de minimis” rate, which was set at 15% by federal policy in October 2024. In some cases, a provider may diverge from the de minimis rate if they have an approved federal rate, which was the case for 16 of our providers this year. This included one provider that had a federally approved admin rate of above 20%. In some cases, providers may negotiate with the County for a different rate if they feel that the de minimis is not sufficient for their business needs. These requests are reviewed for approval by the County’s central fiscal compliance team. Two providers had a County-approved admin rate of above 20% this year.

Provider Administrative Rates ¹⁸	
Multnomah County’s de minimis administrative rate in Year Four	15%
# of providers using the de minimis rate	43
# of providers using negotiated indirect cost agreement rates	4 (County-negotiated rates)
# of providers using other rates (e.g., cost allocation plans)	16 (federally-approved rates)

Leverage

Although SHS is the most significant funding source for our department, we know that SHS alone cannot solve homelessness in our community. Our Local Implementation Plan acknowledges that all funding streams must be leveraged to significantly reduce homelessness in our region. Below, we detail the key federal, state, and other local funding that we braid with SHS resources to keep our homeless services system running. Because we know that addressing homelessness means meeting people where they are at, we also partner with several Multnomah County departments to deploy SHS funds, including the Health Department, Department of Community Justice and Department of County Human Services, among others. For more information about these investments, please see **Cross-Sector Work**.

¹⁸ Six providers from the SHS service provider contracts table are not included in this table, largely because they do not charge administrative rates for the services (client assistance, room buyout, etc.).

FY 2024-2025 Funding amounts for homeless services in Homeless Services Department Budget

Figure 23: Funding budgets for homeless services in FY 2024 - 2025

Funding Type	Total Amount
SHS Funding	\$268,433,996 ¹⁹
Other Funding	\$139,817,017
Total Funding	\$408,251,013

Figure 24: Funding sources for homeless services in FY 2024 - 2025

HPR = Housing Placement & Retention EP = Employment Programs

SAAN = System Access, Assessment & Navigation, Outreach SH = Supportive Housing

Type	Source	Amount	Types of Programs and Services Funded
Federal	OHCS Emergency Solutions Grant (ESG)	\$129,415	HPR and Shelter
	OHCS Emergency Housing Assistance (EHA)	\$1,252,011	HPR and Shelter
	OHCS State Homeless Assistance (SHAP)	\$1,400,905	HPR and Shelter
	HUD Continuum of Care	\$5,190,652	HPR
	American Rescue Plan Act - City of Portland and HSD	\$8,505,744	Shelter
State	State of Oregon HB 5019 and SB 5511	\$17,384,911	HPR, Outreach and Shelter
	State SB 1530 Operational Support for Shelters	\$17,154,276	HPR and Shelter
	SB 5701 Oregon State Rehousing Initiative	\$542,896	HPR
Local	Video Lottery Fund	\$3,842,185	Diversion, EP, HPR, SAAN
	City of Portland General Fund	\$31,186,920	Diversion, HPR, Shelter, Winter Shelter, SH, SAAN, Outreach
	Multnomah County General Fund	\$53,227,102	Diversion, EP, HPR, Shelter, Winter Shelter, SH, SAAN

¹⁹ This includes our operating budget only, without contingency and reserves.



Conclusion



Conclusion

Looking Ahead

Multnomah County is proud of our progress made in FY 2025. It's clear that this measure is working and having a significant impact. The more than 7,000 people currently in housing in Multnomah County thanks to this measure are a testament to what's possible with these investments.

However, we also acknowledge that we continue to face headwinds in our regional work to end homelessness. Thanks to our data improvement work, we know more clearly than ever that inflow into homelessness continually outpaces the number of people leaving homelessness for permanent housing. Unfortunately, even with the incredible progress made possible with this measure, the total number of people experiencing chronic homelessness in Multnomah County continues to increase. And new funding challenges could shrink, rather than expand, our impact.

Ending homelessness will require greater upstream work than we're able to do as a County department. But the amount of progress we've made shows what's possible for Multnomah County and the region as a whole as a result of the SHS measure. And the systems we've been able to build as a result of the measure will continue to bring about improved outcomes for those we're able to serve. This progress can't be discounted, and we're grateful that our region's voters made this commitment to end homelessness for thousands of our neighbors.



Appendix

Appendix A: Detailed Demographic Tables

Permanent Housing Placements PIT: Point in Time PSH: Permanent Supportive Housing RRH: Rapid Rehousing	Baseline Data		Current Year Data		
	SHS Total Housing Placements FY 2022	Jan. 2022 PIT Count: Chronically Homeless	SHS PSH Placements FY 2025	SHS RRH Placements FY 2025	Jan. 2025 By-Name List: Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported					
BIPOC	41%	39%	63%	63%	40%
Non-Hispanic White	37%	58%	33%	35%	57%
Not Reported	22%	4%	4%	2%	3%
Race / Ethnicity Detail					
Asian or Asian American	2%	2%	2%	4%	2%
Black, African American or African	24%	15%	32%	29%	18%
Hispanic or Latine	14%	10%	24%	28%	11%
American Indian, Alaska Native or Indigenous	9%	15%	16%	7%	13%
Native Hawaiian or Pacific Islander	3%	3%	3%	7%	3%
White	49%	73%	42%	39%	66%
Middle Eastern or North African			1%	<1%	<1%
Ethnicity					
Hispanic or Latine	14%	10%	24%	28%	11%
Not Hispanic or Latine	65%	87%	72%	70%	87%
Not Reported	22%	4%	4%	2%	3%
Gender Identity					
Male		60%	47%	44%	58%
Female		35%	49%	55%	37%
No Single Gender		2%	3%	1%	3%
Transgender		2%	2%	1%	2%
Questioning		<1%	<1%	<1%	<1%
Not Reported		2%	1%	<1%	1%

Homelessness Prevention Services PIT: Point in Time	Baseline Data		Current Year Data	
	SHS Prevention Services FY 2022	Jan. 2022 PIT Count: Not Chronically Homeless	SHS Prevention Services FY 2025	Jan. 2025 By-Name List: Not Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported				
BIPOC	73%	44%	75%	50%
Non-Hispanic White	24%	52%	23%	33%
Not Reported	4%	4%	3%	17%
Race / Ethnicity Detail				
Asian or Asian American	6%	1%	7%	2%
Black, African American or African	39%	22%	29%	21%
Hispanic or Latine	22%	12%	33%	19%
American Indian, Alaska Native or Indigenous	6%	12%	6%	7%
Native Hawaiian or Pacific Islander	5%	3%	5%	5%
White	40%	65%	31%	39%
Middle Eastern or North African			2%	<1%
Ethnicity				
Hispanic or Latine	22%	12%	33%	19%
Not Hispanic or Latine	74%	84%	64%	64%
Not Reported	4%	4%	3%	17%
Gender Identity				
Male		66%	45%	46%
Female		29%	52%	41%
No Single Gender		2%	1%	1%
Transgender		2%	<1%	1%
Questioning		<1%	0%	<1%
Not Reported		2%	1%	11%

HSD increased housing access for BIPOC individuals in PSH and RRH at higher rates than the BIPOC population experiencing chronic homelessness. Within SHS-funded programs, this was especially true for Black, African American or African; Hispanic or Latine; and American Indian, Alaska Native or Indigenous individuals in PSH, and Black, African American or African; Hispanic or Latine, and Native Hawaiian or Pacific Islander individuals in RRH. BIPOC representation was also higher in homelessness prevention programs than among short-term homeless persons for all racial/ethnic groups except American Indian, Alaska Native or Indigenous and Native Hawaiian or Pacific Islander persons. Individuals identifying with more than one gender or as transgender were highly represented in PSH placements relative to chronic homelessness and equally represented in RRH placements, but underrepresented in prevention programs.

Housing Retention PSH: Permanent Supportive Housing RRH: Rapid Rehousing	SHS PSH FY 2025	SHS RRH FY 2025
BIPOC / Non-Hispanic White / Not Reported		
BIPOC	92%	87%
Non-Hispanic White	91%	79%
Not Reported	89%	72%
Race / Ethnicity Detail*		
Asian or Asian American	75%	86%
Black, African American or African	91%	88%
Hispanic or Latine	93%	87%
American Indian, Alaska Native or Indigenous	91%	86%
Native Hawaiian or Pacific Islander	92%	90%
White	92%	80%
Ethnicity		
Hispanic or Latine	93%	86%
Not Hispanic or Latine	92%	83%
Not Reported	89%	72%
Gender Identity**		
Male	91%	84%
Female	93%	85%
Transgender, No Single Gender, or Questioning	96%	76%
Not Reported	100%	77%

*The category “Middle Eastern or North African” is not included in this table due to the small number of participants.

**In this table, gender identity is reported in mutually exclusive categories.

During FY 2025, housing retention rates for both PSH and RRH clients were higher among BIPOC individuals than non-Hispanic White persons. Within SHS-funded PSH programs, Asian individuals had the lowest retention rates among all racial and ethnic groups. A higher percentage of BIPOC clients among all racial and ethnic groups in SHS-funded RRH programs retained housing at 12 months after their subsidy ended compared to the systemwide 83% rate.

Chronic Homelessness PIT: Point in Time	Population Data (Census Data)	Chronic Homelessness (System Data)			
	Multnomah County population below 125% of the federal poverty level	Jan. 2022 PIT Count: Chronically Homeless	Jan. 2023 By-Name List: Chronically Homeless	Jan. 2024 By-Name List: Chronically Homeless	Jan. 2025 By-Name List: Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported					
BIPOC	44%	39%	43%	42%	40%
Non-Hispanic White	56%	58%	55%	55%	57%
Not Reported	--	4%	3%	3%	3%
Race / Ethnicity Detail*					
Asian or Asian American	6%	2%	2%	2%	2%
Black, African American or African	10%	15%	19%	19%	18%
Hispanic or Latine	20%	10%	11%	11%	11%
American Indian, Alaska Native or Indigenous	1%	15%	15%	14%	13%
Native Hawaiian or Pacific Islander	1%	3%	3%	3%	3%
White	60%	73%	70%	67%	66%
Ethnicity					
Hispanic or Latine	20%	10%	11%	11%	11%
Not Hispanic or Latine	80%	87%	86%	86%	87%
Not Reported	--	4%	3%	3%	3%
Gender Identity					
Male	49%	60%	57%	58%	58%
Female	51%	35%	37%	37%	37%
No Single Gender	--	2%	3%	3%	3%
Transgender	--	2%	2%	2%	2%
Questioning	--	<1%	1%	<1%	<1%
Not Reported	--	2%	2%	1%	1%

* Census data is from the American Community Survey 1-year estimates, which become available in September of the following year (i.e., 2024 data is released in September 2025). The ACS does not report non-response counts, and does not ask about non-cisgender identities.

BIPOC people altogether were less represented among people experiencing chronic homelessness than among people with income below 125% of the federal poverty level. In 2024, this income level was \$15,060 for an individual and increased by \$5,380 for each additional household member. However, there was substantial variation between racial and ethnic communities. American Indian, Alaska Native or Indigenous people represented only 1% of the population below 125% of the federal poverty level, but represented 13% of chronically homeless persons. In contrast, Asian or Asian American persons represented 6% of the population below 125% of the federal poverty line, but represented only 2% of chronically homeless persons. Overrepresentation in chronic homelessness was concentrated among people identifying as Black, African American or African, American Indian, Alaska Native or Indigenous, or Native Hawaiian or Pacific Islander.

Between FY 2024 and FY 2025, representation of BIPOC people among the chronically homeless population identified on the by-name list fell slightly, continuing an ongoing trend from FY 2023. This decline also occurred within each non-white racial and ethnic community.

Priority Population Detail

The table below presents priority population disaggregation — including unknown values — for new housing placements across all service types in FY 2025. Please see **Populations Served** for additional information on priority populations and disaggregation by service type with a proportional distribution methodology for distributing unknown values.

Priority Population Disaggregation by Service Type														
HH: Households HP: Homelessness Prevention ES: Emergency Shelter RLRA: Regional Long-term Rent Assistance RRH: Rapid Rehousing PSH: Permanent Supportive Housing HO: Housing Only HWS: Housing with Services														
	Households Served				Newly Housed									
	HP HH		ES HH		RLRA HH		RRH HH		PSH HH		HO HH		HWS HH	
Pop A	114	10%	2,079	62%	217	67%	406	48%	508	71%	47	74%	34	46%
Pop B	624	57%	863	26%	88	27%	371	44%	129	18%	17	26%	33	45%
Unknown	361	33%	401	12%	19	6%	65	8%	78	11%	0	0%	7	9%
Total	1,099	--	3,343	--	324	--	842	--	715	--	64	--	74	--

Appendix B: Glossary

- **Supportive Housing Services:** All SHS funded housing interventions that include PSH, RRH, Housing Only, Housing with Services, Preventions, and RLRA. 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):** A flexible and continued rent subsidy that significantly expands access to housing for households with extremely and very low incomes across the region. RLRA subsidies are available for as long as the household needs and remains eligible for the subsidy, with no pre-determined end date. Tenant-based RLRA subsidies leverage existing private market and regulated housing, maximizing tenant choice, while project-based RLRA subsidies increase the availability of units in new housing developments. RLRA program service partners cover payments of move-in costs and provide supportive services as needed to ensure housing stability. A Regional Landlord Guarantee covers potential damages to increase participation, and mitigates risks for participating landlords.
- **Shelter:** Emergency Shelter that offers overnight accommodations, including overnight-only and 24-hour shelters. Includes both congregate shelter beds and non- or semi-congregate units such as motels and pods. Also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD-defined overnight shelters.
- **Day Shelter:** Provides indoor shelter, primarily to people experiencing homelessness, during daytime hours (generally between 5 a.m. and 8 p.m.). Includes day centers, access centers, navigation centers and other facilities that help connect people to resources to meet basic needs and engage them in services. On-site support services typically include things like restrooms, showers, laundry, mail service, haircuts, clothing, nutrition resources, lockers, ID support, etc.

- **Outreach:** Activities designed to meet the immediate needs of people experiencing literal homelessness by connecting them with emergency shelter, housing or critical services, and providing them with urgent, non-facility-based care. Engagement can happen in unsheltered locations (i.e., street outreach) and through in-reach in locations like day shelters and emergency shelters. Metro is using the HUD ESG Street Outreach model. The initial contact should not be focused on data; instead, outreach workers collect and enter data as the client relationship evolves. Thus, data quality expectations for 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:** A circumstance that exists if the head of household 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.

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 reports, these project types are referenced by the exact HUD name.

- **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 project-based vouchers and tenant-based voucher 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 Rehousing, “PH - Rapid Rehousing” (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 non-subsidized market rate landlord run units.



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