HSD Provider Conference
October 22, 2025

Notes from Session: FY 2027 HSD Budget: Opportunity for Input

Presenters: Anna Plumb
Moderators: N/A
Notetaker: Erin Pidot

Main Points from Session Overview/Presentation:

- Dept policy goals in FY 26: keep people housed, sustain shelter units, prioritize housing placements, add shelter units (this goal may not continue into FY 27)
- In FY 26 cut $34M from budget
    - In process of problem solving for $28M gap in state funding
- Anticipate more reductions in FY 27
- Not enough funding to sustain the system we've been ramping up over the past several years
- HSD role: review and recommend core services, how to support a holistic system in constrained resource environment (balance of shelter, housing and the things that help people get into and sustain housing)
- Survey will also be dispersed to continue collecting input to inform our FY 27 budget - today is not the only chance to provide input

Questions/Answers:

- How do the policy goals align with your organization's Mission, Vision and Values? Would you change order of priorities? Is anything missing?
    - General agreement with priorities - priority for keep people housed and housing placements
    - Mostly aligned with orgs goals, would switch housing placement and sustaining shelter units - if placing more people into housing, less of need for shelter

    - Organizational support - if a lot of case managee turnover, can be really hard to work on goals of getting people into housing and keeping people there so would add that as a priority as well
    - How to address barriers that prevent people from staying housed - important first priority, but there are a lot of things that go into that (building this out)
    - Congregate shelter hard for people - from hospital perspective, want people to have a safe place to be. Increasing shelter spaces that people can tolerate
    - Retention, housing placement, retaining shelter but also placement out of shelter
    - Something missing - racial disparities
    - Want to see more jurisdictional alignment and greater collaboration with the health care system
- What critical contextual factors or equity considerations do you think should be applied when making budget and resources decisions? What, if any, additional priorities should be considered?
    - More time - RRH program is anxiety producing for staff and participants. Expand out - give participants ability to heal from trauma, get feet under them and be able to provide supports needed for longer, more sustainable duration of time. Have participants who are just getting basic documentation, but then hard to work within those bureaucratic time constraints.
    - More collaboration and fewer restrictions - being able to support PSH participants for longer time after they leave our programs to help set them on the path to housing stability
    - Adding more family shelter units and additional resources that all agencies can access without making a referral
    - Children first - place for families or single adults with children to live other than going to a shelter
    - Congregate shelter - ways to improve so can work better for people, prioritizing wrap around services. Need for mix of options for people that are low barrier but also sober living options so folks can find what works best for them
    - Mental health supports

    - Using outcomes to prioritize - defining what success looks like, setting standardized expectations of services, make decisions about investments based on outcomes
    - Flexible funding - facing barriers to serve community (e.g. language barriers), not being trusted to assess what our community needs, being able to incentivize non CSS providers to engage with CS providers; compensate people to learn a new language (Rosetta Stone)
    - CS provider shared that they haven't been invited into conversation about best practices for sheltering their community
- What challenges or barriers might prevent your organization from achieving these goals?
    - #1 Money
    - Participation of providers in decision-making - barrier to getting work done is having providers included in key conversations early on when it comes to budgets, policy work. Providers have a lot of knowledge and experience that we can share.
    - There is no centralized strategy or vision for how to address this
    - Faith based orgs not included in many of the discussions
    - Would like to see HRS Team and HSD find way to keep working together, get different committees aligned → unite around HRAP
    - To provide services for people on street level, hard to do with so many sweeps - can't find people anymore
    - Large number of people experiencing homelessness with disabilities - aren't programs to support
    - Living wage jobs with time allotted for actual training
    - When it comes to contracts - comes from space of quantity rather than quality, that's where a lot of the shortcomings come from

Takeaways or Follow-Ups for HSD:

- Survey to continue collecting budget input will be dispersed

Notes from small group convo with TPI and OHSU staff:

How do policy goals align with your org?

- TPI comes from Housing First perspective - agree that keeping people housed is a good top priority. Easier to keep people housed than get them housed in the first place.
- OHSU goal - keep people healthy and out of the hospital, housing is medicine
    - One thing often missing is support for people to address barriers of what is preventing them from staying housed (not just rent assistance, but also support services)
    - Keeping people housed could be the only goal - so big
    - Because of some of the mental health challenges, people can't tolerate congregate shelters - see all this work to expand shelter system, but patients i work with can't go
        - DGM pod shelters as example of alternative shelter model that works better for some folks, see people coming out of their shell. Finally have spot they can lock the door. Evidence that pods do better. Community - got to know people there, could walk with them through their barriers rather than refer them to others.
        - Privacy is a human right - privacy and safety
        - Congregate shelter also plays an important role because can serve more people
- In TPI RRH - working with a lot of people who we were able to house, but mental health and other barriers kept them from being able to keep a job, work with landlord, etc. - didn't have what I needed to help folks sustain that housing.
    - More efficient to be able to provide more services that people need once in housing
- Feedback to move goal of adding shelter units up in order of priority because pathway to stability, housing, etc.

Second question:

- Other services required to keep people housed
- Have people with lived experience add input - I have limited perspective as a social worker, we miss things without
- People who don't have enough barriers who will never make priority pool - example of elderly person who's been in shelter for four years (someone might make priority pool who is able to work but has eviction on their record)
    - Things that don't seem equitable
    - Suggestion to add to priority pool the time in shelter
    - Hard to have a tool that is nuanced enough - MSST is improvement, but you end up missing people
    - Personal experience of getting clean before accessing other things worked for me
    - Don't have the funding to do a true housing first model
    - Some people aren't willing or able to work on some of the barriers
    - How to have choice and privacy → give people more choice so they can experience dignity in the system
- Could have an entire department that's nothing but supportive services
- Experience of working with someone in shelter who was rehoused three times - once in apartment, didn't have support systems in place and wouldn't reach out
    - Once we house people, there's an isolation - when you're in shelter, you're engaged with services and there are other people around. Once you get your place and your on your own, seen people withdraw from services and if you have barriers like mental health challenges than those get worse. Opportunities to connect with community → like the idea of supportive housing for this reason
    - Supportive housing with staff on site - if i'm having a bad mental health day, i can walk downstairs or someone is going to walk by me and ask me how i'm doing when i may otherwise not

engage → some people aren't going to seek out the services, but if someone is there to chek in with them that's a pathway in
    - For people who've been homeless for a long period of time and are trying to reenter job market - services to help people navigate employment (e.g. teach people how to go online and apply for jobs)
    - On site services that are constantly working to engage with folks

Third question

- Bureaucratic rules that are bullshit
- Money goes to top of organizations - old director got over $100K in raises, meanwhile people doing housing navigation or case manager or RA in shelter aren't paid well even those these roles are super hard; these roles get paid the least; most valuable employees are people with lived experience vs. college educated - those people are taken advantage of a lot of times
- Where is money going? How much money does County spend yearly on same things that just don't work?
- Anti-capitalism - people who don't want to participate in systems at all; how to navigate providing services to someone who doesn't want to engage in getting a job, etc. How do you explore being part of the system when you don't want to be part of the system? When you've already been used by the system? Housing and food is a right - shouldn't have to do xyz in order to live. What are the solutions for people who don't want to engage in systems that don't work for them?
- Housing first doesn't work for everyone - not a one size fits all. So many people that you put into housing and have issues they haven't addressed, can lead people back into housing because not able to maintain housing because weren't ready to address issues yet. People cycle in and out of housing without getting their baseline needs met.
    - Org has quota of how many people to house - instead of focusing on sustainability
    - Idea of what PSH means and try to fit everyone into that

- Every individual has different reason why they ended up where they do, interventions are similar (some differences)
- Early childhood intervention - wish OHP would do the rental assistance and more in school stuff, catching people who might be experiencing ACEs at the time → realtime intervention. People tell awful stories about what happened to them as a kid → snowball effect. Positive correlation between ACEs and outcomes like ED use, health issues, etc.
    - Personal story - if someone had intervened when I was in school, I could have avoided homelessness. Why was I learning how to square dance in school rather than learning about basic things like this is how you rent an apartment. Every child can do this - teach basic skills / steps needed to achieve those goals (housing, etc.).
    - Would be easier to address systematic and generational traumas if can get to child sooner
    - Study that if go to preschool less likely to be incarcerated
        - At the same time, it's a pipeline system for some folks. Quality of child care really matters - how institutionalized it feels.
        - Head Start as a model program