SUPPORTIVE HOUSING SERVICES QUARTERLY REPORT

SUBMITTED BY (COUNTY): Multnomah
FISCAL YEAR: FY26
QUARTER: Q1

*SUPPORTIVE HOUSING
SERVICES QUARTERLY REPORT
TEMPLATE DRAFT*
The following information should be submitted 45 calendar days after the end of each quarter, per IGA requirements. When that day falls on a weekend, reports are due the following Monday.

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

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

	Permanent Supportive Housing	Rapid Re-Housing	Housing with Services	Housing Only	Prevention	Shelter Units
YTD Progress [1]	56 people / 44 households	126 people / 66 households	50 people / 20 households	4 people / 1 household	327 people / 167 households	0 new / 905 sustained
Goal	248 people / households	357 people / households	300 people / households	35 people / households	700 people / households	1,507 total 283 new 1,224 sustained
SHS Year 1 to Current Date [2]	4,008 People	3,707 People	415 People	114 People	16,982 People	2,243 total[3] 845 new / 1,398 sustained

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[1] *The data received each quarter may be slightly different than the revised and most up-to-date information received in the Annual Report. Data from the Annual Report will be used for final year-end figures.*
[2] *Outcomes in Year 1 of SHS implementation were primarily captured through provider reports due to limitations in capacity for HMIS outcomes reporting. Since Year 1 outcomes have a different data source, they cannot be directly compiled into FY 23-26 unduplicated outcomes, which utilize HMIS.*
[3] *The shelter units shared in this table represent fully or partially SHS-funded shelter units and are not representative of the entire shelter units available in Multnomah County, as some utilize funding sources other than SHS.*

Section 1. Progress narrative

One of each category/work plan goal must be covered in at least one quarterly report during the year. Metro will assist each county by tracking accordingly to ensure each category is covered throughout the year. In no more than 3-5 pages, please provide an executive summary and additional narrative to include:

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

- *A focus on **one or two** of the following:*
  - *Behavioral health*
  - *New investments*
  - *Leverage*
  - *Service systems coordination*
  - *Any other topic connected to your local implementation plan*

- *A focus on **one** of the three annual work plan categories, with one or two highlights and/or progress updates:*
  - *Racial equity*
  - *Capacity building: lead agency/ systems infrastructure,*
  - *Capacity building: provider capacity.*

- ***Optional** narrative of the following regarding regional coordination:*
  - *Coordinated Entry*
  - *Landlord Recruitment*
  - *Healthcare System Alignment*
  - *Employee Recruitment and Retention*
  - *Training*
  - *Technical Assistance*

  *As an addendum to this report, Metro will attach individual progress reports for each area of regional coordination, which will provide additional details on implementation—including deliverables and milestones, metrics and outcomes, and budget information.

- *A reflection on your progress for the quarter that includes your investments and programming during the reporting period.*

- *Please also connect any of the above narratives to your data tables, as applicable.*

Executive Summary

What are we seeing in the first quarter of year five of SHS implementation?
At the beginning of the fifth year of SHS implementation in Multnomah County, we are continuing to see the impact that more seasoned SHS programs have had for people experiencing homelessness and the strides our neighbors have made as they rebuild their lives and return to stable and supportive housing. We are seeing initial successes with many of the key goals outlined in our fiscal year 2026 SHS Annual Work Plan, including strategic investments to increase regional and cross-sector coordination.

Some of our key highlights from Q1 include:
- Housing 222 individuals[4] who were experiencing homelessness across housing types, accounting for 24% of our yearly goal of 940 placements.
- Meeting 47% of our annual goal for homelessness prevention by supporting 327 people with this service.
- Increasing coordination between the homelessness response and healthcare systems by partnering with Health Share of Oregon and the City of Portland to pilot weekly office hours for health & housing case management, and launching a team that connects individuals to prevention rent assistance through Medicaid.
- Continuing to reach people experiencing homelessness across all systems of care through SHS investments.
- Fielding 10,477 visits from 920 participants at the SHS-funded Behavioral Health Resource Center and seeing significant success with stability and retention across our behavioral health investments.

Along with these successes we have also encountered challenges, as community need continues to outpace the available resources in our system and we are continuing to operate in an environment of financial constraint — due to lower collections for SHS and reductions across other funding streams — that has greatly impacted our providers and programming.

In alignment with Metro's guidance, this report highlights Multnomah County's progress on several quantitative and qualitative goals from our work plan, offers a snapshot of our SHS investments and programming in the first quarter, and discusses how we are operationalizing the priorities in our Local Implementation Plan.

Annual Work Plan Progress

Highlights from our SHS Annual Work Plan Quantitative & Qualitative goals

FY 2025 marked a year of unprecedented progress in addressing homelessness in our County through the Supportive Housing Services (SHS) measure. Multnomah County's recently released FY 2025 Supportive Housing Services Annual Report offers a detailed overview of the County's homeless services system, its impact for people experiencing homelessness, and our advancement toward the 10-year goals of the SHS measure.

Entering FY 2026, HSD submitted an SHS Annual Work Plan detailing our goals and objectives for the year in alignment with our County's Local Implementation Plan (LIP). For FY 2026, our annual goals are

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[4] Unduplicated

moderate, reflecting budget constraints and a focus on solidifying capacity and sustaining critical infrastructure. These goals may be revisited and adjusted as we gain a more comprehensive understanding of program budgets following upcoming reallocations.

In the first quarter of FY 2026, we've made steady progress toward our annual objectives. Across all housing types we've successfully housed 222 individuals who were experiencing homelessness, which accounts for 24% of our yearly target of 940 placements. This rate of progress reflects typical spending patterns observed in Multnomah County programs, where SHS expenditures tend to be lower in quarter one and increase throughout the year.

Please note that the total of 222 people is an *unduplicated* count, meaning individuals served by more than one program are only counted once. This count is not equivalent to the sum of placements across individual housing types, which would be a *duplicated* count.

Permanent supportive housing (PSH) continues to be an in-demand resource and an investment priority for SHS. This year HSD set a goal to place 248 people into PSH. With 56 people (44 households) placed into PSH in Q1 we have reached 23% of this goal. This number accounts only for people newly placed into housing. When including people sustained in PSH in Q1, this number climbs to 1,417. The vast majority (98%) of households newly placed in PSH this quarter were chronically homeless (Population A) — the primary population that PSH is intended to serve.

We are also making strong progress across other housing types. In Q1 we newly placed 126 people through rapid rehousing — already reaching 35% of our annual goal. Additionally, SHS-funded "Housing with Services" and "Housing Only" programs placed a combined 54 people into housing, a 20% increase from the number of people served at this point in time last year.

SHS funding also supports homeless prevention programming to support individuals and households at risk of becoming homeless. In just this first quarter SHS supported prevention services for 327 people. At 47% of our annual goal, this points to the need for these services in our community.

Programs with blended funding — meaning they receive SHS funding alongside other sources — often prioritize spending their most restrictive funding in the first half of the fiscal year, reserving SHS funds for later. We anticipate an increase in both SHS expenditures and outcomes as the year progresses.

Leveraging Medicaid funding to strengthen SHS programs
During the first phase of the SHS measure, Multnomah County launched and expanded dozens of programs to strengthen our homeless services system and address longstanding housing service gaps. While we focused on ramping up our programs during those years, we now face a very different financial landscape in year five, including a budget deficit and a significantly lower forecast than in previous years. In this new environment, the flexible nature of our local SHS funding allows us to pivot to address budget reductions as they arise and creatively leverage other funding sources. This year, HSD is focusing on opportunities to integrate Medicaid and SHS-funded programs, starting with Medicaid-funded case management office hours and eviction prevention. These efforts will focus on addressing inflow into homelessness by leveraging Medicaid where SHS-funding has been reduced and connecting providers more efficiently to available health and housing resources in an increasingly restricted funding environment.

In Q1 we achieved a key aspect of this goal and worked toward more sustainable PSH programming by partnering with Health Share of Oregon and the City of Portland to pilot weekly office hours for health & housing case management. This initiative is helping facilitate information sharing between the homelessness response and healthcare systems by helping outreach and shelter providers connect people to health services funded by Medicaid, when appropriate, and relieving pressure on Permanent Supportive Housing (PSH) and other housing providers.

Another way we are measuring progress toward this goal is through the launch of a team that connects individuals to prevention rent assistance through Medicaid. We achieved this in Q1 through a partnership with Multnomah County's Department of Human Services (DCHS). The new Medicaid health-related social needs team served 412 people in Q1, already surpassing the goal to serve 200 people a month, when fully implemented, with preliminary eviction prevention services that utilize Medicaid in place of SHS investments in this service area. We are encouraged by the early success we are seeing and look forward to covering the growth of this initiative in future reports.

People experiencing chronic homelessness are at much higher risk of poor health outcomes than housed people. However, the homeless services and healthcare systems are not well connected and integration has been slowed by challenges in sharing data. In January 2025 we celebrated a historic milestone by reaching a data sharing agreement with Health Share of Oregon, an organization that helps Oregon Health Plan members get connected to care. In Q1 we received the first data analysis from this new partnership, and it has helped us understand more about the healthcare and housing ecosystem than ever before. It has also shed light on where partnerships might have the most impact, and will allow for more population-focused interventions to design programs more holistically and sustain Permanent Supportive Housing more effectively. While people identifying as Black, Indigenous, or other people of color are over-represented in those experiencing both housing insecurity and health fragility, their use of these systems may not match their need for them due to persistent and historic systemic trauma. We are continuing to explore solutions, such as integrating more culturally specific providers, and exploring the limitation of data based on past utilization, to address this challenge.

In addition to these successes, this quarter HSD's healthcare and housing team has focused on developing critical educational resources and relationships. They compiled three resource guides that will allow providers to better understand how to access the Oregon Health Plan, partner with Medicaid funded providers, and connect people to Medicaid case management; launched an HSD webpage with resources and training for providers about healthcare, disability, and social services; and presented two sessions at our October provider conferences on healthcare topics.

However, challenges remain. Even with robust data agreements in place, sharing data is still difficult due to structural and legal issues. In addition, Medicaid and housing funding structures are inherently very different, creating complex issues as we attempt to leverage the two funding sources together. The flexible way services are generally delivered in housing does not match with the detailed tracking and billing that health services require. In addition, while situationally specific, our partners in the Multnomah County Department of Community Justice (DCJ) have reported complications with implementing the Medicaid 1115 Waiver HRSN (Health-Related Social Needs) benefits. Efforts to use it for the justice-involved population they serve have not yet been successful, as the lengthy approval process has led to payment delays, and providers rejecting offers to cover rent with this benefit.

Throughout the year our team will continue to build on our initial successes with this goal while collaborating with our cross-sector partners to solve these challenges as we bring two previously isolated systems together that are key for supporting our neighbors' path out of homelessness and into housing.

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

The Homeless Service Department invests SHS in a wide range of programs to target the different needs of households experiencing homelessness in Multnomah County. This report marks the completion of the first quarter in year five of SHS implementation — the halfway point of the 10-year measure. Over the years we have invested SHS across diverse programs to meet the often complex and multifaceted needs of people experiencing homelessness. This section highlights investments across family, youth, adult, and domestic violence systems of care to showcase the reach of SHS in our community.

SHS leveraged for retention support
The start of the SHS measure was paired with an influx of resources provided by the American Rescue Plan Act (ARPA) during the onset of the COVID-19 pandemic. In 2021, federal Emergency Housing Vouchers (EHV) became available to assist households experiencing or at risk of homelessness through tenant-based voucher assistance. Since then, EHV programs have supported hundreds of households in Multnomah County to maintain stability during unstable times and HSD has infused SHS funding to ensure these households receive the ongoing retention support they need.

For over four and a half years, community based organization Path Home has worked to support the unique needs of families who receive emergency housing vouchers, and SHS has paid for the retention services for these households. In Q1, a Path Home retention specialist shared their experience working with a single mother and her child over the years. When this family entered programming, they were fleeing a domestic violence situation, the child was experiencing significant developmental delays, and the parent was navigating substance use recovery with no support system. Path Home connected the family to EHV and since then the family has been working diligently toward maintaining long-term stability. Without having to stress as much about her housing, the mother has been able to focus her attention on tracking bills and expenses, accessing disability income and resources for her child, maintaining connection with her child's healthcare providers, and even volunteering at her child's school to support his routine.

Through the EHV program this family has been able to build toward long-term stability, speaking to the relief that rent assistance can bring to households struggling to get by. As federal funding for the EHV program sunsets next year, we recognize the stability households have been able to achieve in the program and are exploring ways to ensure the transition occurs as smoothly as possible.

Youth finding employment opportunities through film
Access to employment can create pathways for more economic mobility and can be a game changer for people experiencing homelessness in maintaining stability. In Q1, organization Outside the Frame (OTF) connected youth experiencing homelessness and youth with marginalized identities to free workshops and employment opportunities in the film industry. In August, Outside the Frame hosted a sound design

basics workshop that was attended by 15 participants, and took five youth to the Issaquah Film Festival outside of Seattle to showcase their film *American Teenager* with a screening and Q and A.

Additionally, Outside the Frame supported 14 participants in securing production assistance positions on film sets and Oregon Film sponsored events. One of these participants was promoted to production assistant on their first feature film and another was hired by Outside the Frame to produce music for future films. During the first quarter, Outside the Frame launched pre-production on their first New Producer Opportunity — a youth-led production with the goal of teaching youth how to produce their own projects and pursue a career in film.

Resident-led activities increase sense of community
Almost a year ago, Francis + Clare Place opened its doors and brought online 61 new permanent supportive housing (PSH) units. Since opening, the program has steadily welcomed participants as they settle into their new home by blending support from Catholic Charities, the Native American Rehabilitation Association (NARA), and Cascadia Health to comprehensively meet residents' needs.

Catholic Charities provides on-site case management and peer support at Francis + Clare and reported an uptick in the number of residents seeking out their peer support certification and resident-led activities. In Q1, they shared that one of their residents completed the training, and after seeing this as a possibility, three more residents decided to attend the training to become certified as well. Once their training is complete, these residents will use their own lived experience with substance use and homelessness to help their neighbors in need who are currently struggling. Along with peer support, residents have organized their own 12-step recovery program, a walking group, and a book club. As more people begin to call Francis + Clare home, residents are looking forward to continuing to build community with each other.

SHS-funded Gateway Center offers hope and housing for families affected by domestic violence
For survivors of domestic violence, being housed is key to long-term safety and success. Thanks to SHS funds, for the last several years the Gateway Center — Multnomah County's call-in triage facility for domestic violence survivors — has been equipped to directly connect survivors with long-term affordable housing.

This quarter the Gateway Center completed 41 domestic and sexual violence (DSV) coordinated access housing assessments and disbursed $23,199 from SHS client assistance funding to 13 survivors for rent assistance, eviction prevention, and moving costs. Gateway Center staff help participants navigate available housing resources that best match their needs and help identify the best referral among their network of community-based partners. However, funding fluctuations have meant staff reductions for these partners at a time when the current federal climate has made navigating services more fearful and increasingly difficult for members of immigrant communities. This quarter, staff supported a trafficking survivor to secure long-term housing and connect with immigration legal services and therapy after she fled an abusive situation and was living in her vehicle. She was matched with a housing placement through the DSV coordinated access system and hopes to reunite with her son now that she has stable housing and is safe from her abuser.
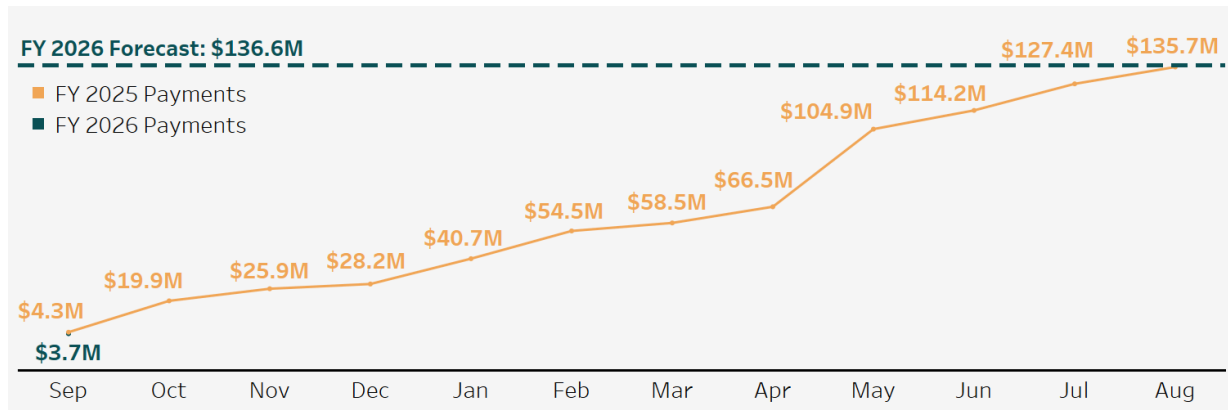
Being in a DSV situation can be profoundly destabilizing, but the Gateway Center is one of the many ways SHS is promoting hope and housing stability for our neighbors in the midst of challenging circumstances.

Quarterly Financial Update

As Multnomah County waits for the release of the new Metro SHS forecasted revenues in December 2025, the Homeless Services Department is operating on the latest $136.6M forecast for FY 2026. With fewer carryover funds from FY 2025, Multnomah County spending was expected to be lower in Q1 of this fiscal year compared to the same time as last year.

As of Q1, Multnomah County has expended $22.1 million, representing 13% of our total annual spending target. As the fiscal year continues to advance, we expect the quarterly spend amount to rise.

Collections

FY 2026 Forecast: $136.6M
- FY 2025 Payments
- FY 2026 Payments

$4.3M, $19.9M, $25.9M, $28.2M, $40.7M, $54.5M, $58.5M, $66.5M, $104.9M, $114.2M, $127.4M, $135.7M
$3.7M

Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug

Spending

- FY 2024
- FY 2025
- FY 2026

$6.9M, $14.7M, $28.0M, $46.5M, $57.9M, $76.7M, $102.9M, $117.7M, $130.1M, $147.3M, $167.3M, $218.9M
$2.7M, $12.3M, $22.1M

Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun
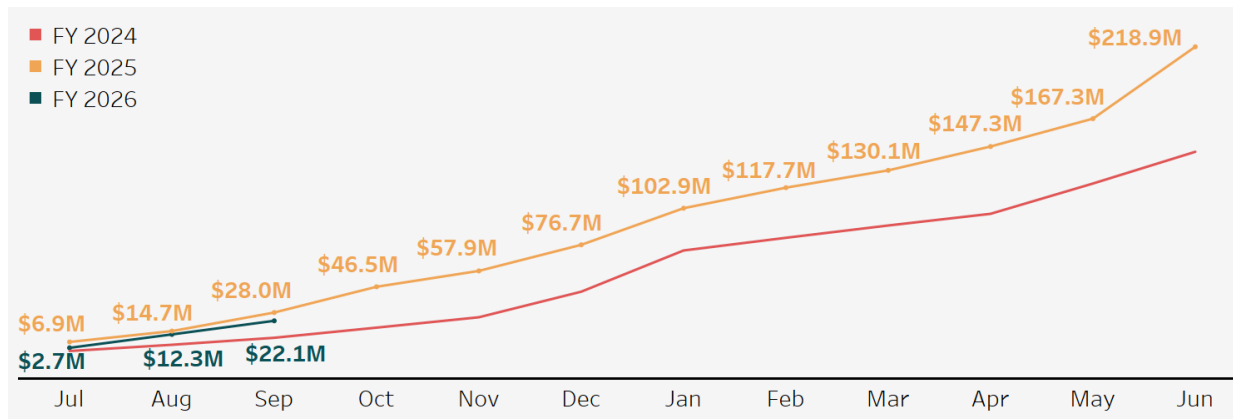
The expansion and buildout initiatives that began in FY 2024 have significantly increased the use of SHS funding since FY 2024. However, with the decrease of available carryover for FY 2026, total expenditures are lower than this time period in FY 2025.

Local Implementation Plan

Advancing regional goals through continued collaboration

Coordinated improvements to county risk mitigation programs

Multnomah, Clackamas, and Washington counties coordinated this quarter on policy and process improvements to the Regional Long-Term Rent Assistance (RLRA) Risk Mitigation Program (RMP), which provides financial protection to landlords who rent to people experiencing or at risk of homelessness and are using RLRA vouchers. It reimburses partnering landlords and property owners for eligible expenses such as property damage and operational losses. The program is designed to expand and support landlord partnerships, and support housing placement and retention for households exiting homelessness.

The counties employed and explored new strategies to increase overall utilization of the fund and promote its use as an eviction prevention tool. This included launching a new web form to make the claims process more accessible for partnering landlords, and discussing changes that will support case managers to be more involved in initiating claims for property owners who may not have the capacity to file a claim. Upon initial review of the policies, it appears that minor changes will allow case managers to initiate claims and to streamline risk mitigation policies across Multnomah County, the City of Portland, and the State of Oregon. By streamlining and simplifying the claims process, we are making the program more accessible for all landlords, including smaller property owners and managers who rent to RLRA voucher holders and might be less familiar with navigating government-subsidized rental assistance programs. Additionally, allowing case managers to initiate a claim could help address potential discrimination that might prevent property owners and managers from submitting a claim on behalf of the tenant.

As we move forward, challenges to this work have included navigating the necessary processes to change policies across jurisdictional partners who have different internal approval processes and timelines, and the varying investments each jurisdiction is able to make in this program. We will continue to collaborate with our regional partners to address these barriers and support participants in their housing stability.

Recovery programs across the county bring housing and healing for neighbors experiencing homelessness and substance use
One of the highest priority investments in our Local Implementation Plan (LIP) is behavioral health services for folks who are unsheltered, in shelter, or in housing. Substance use is not the primary cause of homelessness, but it can be a risk factor for people experiencing housing instability and it can become a survival mechanism after someone becomes homeless. The increasing severity of behavioral health cases that homeless services providers have seen in recent years has been largely fueled by the COVID-19 pandemic and the number of people experiencing chronic homelessness due to the ongoing affordable housing crisis.

This year SHS-funded behavioral health programs have continued to strengthen their support for people on their path to housing and recovery amid heightened community need for these services and funding uncertainties. Behavioral health providers noted that entering a new fiscal year with cuts to many programs has made it challenging to refer participants to services that match their needs. In Q1 some providers saw a surge in referrals for participants presenting with acute behavioral-health and medical needs. Reductions in available transitional recovery housing beds in the community have led to an increase in the number of people and referents seeking both housing and treatment.

Even so, in this first quarter of year five we saw an abundance of success stories across our behavioral health programs that tell a compelling story of the maturation of SHS over time and what is possible with

these kinds of investments. Community members struggling with housing insecurity and addictions found their way back to stability and healing through these interventions. A participant in the SHS-funded Cultivating Community emergency motel shelter shared:

> *"As it appears that my time here at Cultivating Community might be coming to an end soon, I wanted to take the opportunity to thank you for all the help. Before joining the motel shelter, I was mainly spending my days trying to sleep at the library and in other places I'm not proud of, stuffing my face with Oreos and soda, and hating life. I would occasionally have suicidal mental breakdowns, overdose on medications, or even end up getting put on psychiatric holds.*
>
> *I'm not proud of it, but I feel you deserve to know the truth about the situation. I did not expect to ever get out of that cycle. I was fairly confident that my remaining life would be miserable and short. That is why I feel deeply indebted to Cultivating Community for changing the trajectory of my life. For the first time in a very, very long time, I feel that there is some hope for a better life. It is as if I got a second chance, and for that, at the cost of sounding dramatic, words cannot begin to properly describe how deeply indebted I feel.*
>
> *During my time here, I have managed to attend weekly therapy and care coordination appointments, maintain good relations with other participants and staff, begin treatment for PTSD, complete a job readiness training at Outside In, talk to a PCC advisor, start filling out the FAFSA with help from staff, and apply for multiple housing waitlists with help from staff. [...] With total, heartfelt sincerity, I thank you."*

Other behavioral health programs have begun to notice broader trends in increased stability and retention, including a tenant-based Regional Long-Term Rent Assistance (RLRA) program that provides assertive community treatment & intensive case management services for participants with a dual diagnosis in mental health and substance use disorders. As a result, some of these households have been able to thrive even with a lower level of support than when they initially entered services. The team has successfully housed 128 households using a scattered-site, housing first approach that pairs the appropriate level of care with each participant's evolving needs. This incredible success demonstrates that housing first principles can be successful with a population experiencing severe and persistent mental illness and complex histories, including past evictions and justice involvement.

Bridges to Change Preparation House
Another behavioral health program that experienced success this quarter was the new Bridges to Change Preparation House, which opened in April and celebrated its first full quarter of programming in Q1. The house's recovery-oriented transitional housing model provides a safe and supportive living environment for individuals transitioning out of substance abuse or mental health treatment. Provider staff conducted highly successful outreach to make the program more widely known in the continuum of care, resulting in an increase in referrals and requests for services and new partnerships with detox and medical providers in the tri-County area and as far as Salem. Although the program is still in the process of launching and hiring staff, it was able to serve 45 people in Q1, providing the hope and encouragement necessary to bridge the gap between addiction and recovery.

When Julian[5] came into the Preparation program, he had nothing but the clothes on his back and a few days of sobriety. He was depressed, as many people in early recovery are. By the end of his stay with us, he had built a network of people who would help see him through his entire treatment process and even follow him after his graduation. Julian left the Preparation program with a set of skills that have been invaluable in his recovery. Julian attended groups and 1:1 sessions with full participation and enthusiasm, and through cooperation with clinical staff and peer support, was able to transition successfully to Bridge of Hope intensive outpatient with supportive housing. In his own words: "The guys at Bridges to Change and the house I stayed in there changed my life. I was so down when I first came into the house, I didn't know what to do. But they never gave up on me, and I never gave up on myself. And I did really good. And I'm really proud of myself. So now I'm just living my life, one day at a time, working on my sobriety and staying clean and sober."

Behavioral Health Resource Center
The Health Department's Behavioral Health Resource Center (BHRC) hit a record for average daily visits this quarter, with a total of 10,477 visits from 920 participants. BHRC staff worked with participants to make 1,931 service referrals, 950 of which were to housing, and 243 for substance use services. Despite serving more people, staff actually saw a decrease in documented incidents. The addition of a free naloxone vending machine in Q1 also made a difference. In its first four weeks the machine distributed 100 doses and, according to BHRC staff, has had a significant impact on harm reduction efforts in downtown Portland.

One participant entered the BHRC shelter following repeated hospitalizations and prolonged unsheltered homelessness. This individual had been barred from all other shelters in the area. Through consistent trauma-informed support and collaboration with the on-site clinical team, they were able to stabilize and completed 30 days in the shelter program before moving to the center's bridge housing. While in bridge housing, staff secured them a placement at a pod village serving Black, Indigenous, and people of color, and successfully transferred them into housing, marking their self-stated "first success in a shelter."

In the midst of uncertainty, County departments have doubled down on collaboration with one another, other jurisdictions, and providers to maximize community resources and continue providing a dependable safety net for our neighbors. In Q2 the Health Department and the Department of County Human Services (DCHS) will be launching a new partnership to support individuals with intellectual and developmental disabilities in DCHS's Regional Long-Term Rent Assistance (RLRA) program who are experiencing substance addiction and or untreated mental health issues that jeopardize their housing, and we look forward to reporting on opportunities with this pilot in coming months.

Behavioral health integration across Multnomah County departments and systems of care have been successful at meeting people wherever they are in their journey and providing a safe landing place for recovery to take place. The Department of Community Justice's (DCJ) tenant-based Regional Long-Term Rent Assistance (RLRA) program worked with Tony[6], who faced an immediate crisis involving severe methamphetamine addiction, relapse, and a resulting risk of both incarceration and eviction. The RLRA case manager initiated intensive intervention, persevering through multiple challenges to connect Tony with the necessary recovery and mental health providers. He entered intensive outpatient treatment,

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[5] *Name changed*
[6] *Name changed*

successfully breaking a cycle of addiction and legal jeopardy, and is celebrating over 70 days clean. Tony is proactively working toward stability by applying to move into an apartment that includes vital in-house recovery programming. The DCJ RLRA program successfully supported Tony in preventing a devastating outcome, providing a critical foundation for long-term sobriety and stable housing.

We are continually thankful for the SHS funds that make these opportunities available for our community and we look forward to the impact the measure will continue to have throughout its fifth year of implementation.

Section 2. Data and data disaggregation [7]

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

Section 2.A Housing Stability Outcomes: Placements & Preventions

Note for all data tables: Race and ethnicity and gender identity responses can be selected alone or in combination, so the raw numbers added up can be greater than the total number of people. In addition, some Q1 percentages are based on a small population size and may experience significant shifts as the year progresses.

Housing Placements By Intervention Type: Permanent Supportive Housing

Number of housing placements- Permanent Supportive Housing	Current Quarter	Year to Date					
	Number	Subset- Population A placed into PSH	Percentage: Population A	Subset- Population B placed in PSH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	56					56	23%
Total Households	44	43	98%	1	2%	44	18%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	4	7%	4	7%
Asian or Asian American	1	2%	1	2%
Black, African American or African	26	46%	26	46%
Hispanic/Latina/e/o	3	5%	3	5%
Middle Eastern or North African	0	0%	0	0%
Native Hawaiian or Pacific Islander	1	2%	1	2%
White	24	43%	24	43%
Non-Hispanic White (subset of White category)	24	43%	24	43%
Client doesn't know	2	4%	2	4%
Client prefers not to answer	0	0%	0	0%
Data Not Collected	0	0%	0	0%

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[7] *The data received each quarter may be slightly different than the revised and most up-to-date information received in the Annual Report. Data from the Annual Report will be used for final year-end figures.*

Disability status				
	#	%	#	%
Persons with disabilities	40	71%	40	71%
Persons without disabilities	13	23%	13	23%
Disability unreported	3	5%	3	5%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	25	44%	25	44%
Man (Boy, if child)	31	55%	31	55%
Culturally Specific Identity	0	0%	0	0%
Non-Binary	0	0%	0	0%
Transgender	2	4%	2	4%
Questioning	0	0%	0	0%
Different Identity	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data not collected	0	0%	0	0%

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

Number of housing placements-Housing with Services	Current Quarter	Year to Date						
	Number	Subset-Population A placed into Housing with Services	Percentage: Population A	Subset-Population B placed in Housing with Services	Percentage: Population B	Number	Percentage of Annual Goal
Total People	50					50	17%
Total Households	20	3	15%	17	85%	20	7%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	1	2%	1	2%
Asian or Asian American	0	0%	0	0%
Black, African American or African	2	4%	2	4%
Hispanic/Latina/e/o	5	10%	5	10%
Middle Eastern or North African	0	0%	0	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%
White	46	92%	46	92%

Non-Hispanic White (subset of White category)	45	90%	45	90%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data Not Collected	1	2%	1	2%
Disability status				
	#	%	#	%
Persons with disabilities	7	14%	7	14%
Persons without disabilities	42	84%	42	84%
Disability unreported	1	2%	1	2%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	22	44%	22	44%
Man (Boy, if child)	28	56%	28	56%
Culturally Specific Identity	0	0%	0	0%
Non-Binary	0	0%	0	0%
Transgender	0	0%	0	0%
Questioning	0	0%	0	0%
Different Identity	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data not collected	0	0%	0	0%

Housing Placements By Intervention Type: Housing Only

Number of housing placements- Housing Only	Current Quarter	Year to Date						
	Number	Subset- Population A placed into Housing Only	Percentage: Population A	Subset- Population B placed in Housing Only	Percentage: Population B	Number	Percentage of Annual Goal
Total People	4					4	11%
Total Households	1	0	0%	1	100%	1	3%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	2	50%	2	50%
Asian or Asian American	1	25%	1	25%
Black, African American or African	1	25%	1	25%
Hispanic/Latina/e/o	4	100%	4	100%
Middle Eastern or North African	0	0%	0	0%

	#	%	#	%
Native Hawaiian or Pacific Islander	0	0%	0	0%
White	2	50%	2	50%
Non-Hispanic White (subset of White category)	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data Not Collected	0	0%	0	0%
Disability status				
	#	%	#	%
Persons with disabilities	1	25%	1	25%
Persons without disabilities	3	75%	3	75%
Disability unreported	0	0%	0	0%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	2	50%	2	50%
Man (Boy, if child)	2	50%	2	50%
Culturally Specific Identity	0	0%	0	0%
Non-Binary	0	0%	0	0%
Transgender	0	0%	0	0%
Questioning	0	0%	0	0%
Different Identity	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data not collected	0	0%	0	0%

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

Number of housing placements- Rapid Re-housing	Current Quarter	Year to Date						
	Number	Subset- Population A placed into RRH	Percentage: Population A	Subset- Population B placed in RRH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	126					126	35%
Total Households	66	23	35%	42	65%	66	18%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	8	6%	8	6%
Asian or Asian American	1	1%	1	1%
Black, African American or African	45	35%	45	35%

Hispanic/Latina/e/o	37	29%	37	29%
Middle Eastern or North African	0	0%	0	0%
Native Hawaiian or Pacific Islander	7	5%	7	5%
White	50	40%	50	40%
Non-Hispanic White (subset of White category)	42	33%	42	33%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	1	1%	1	1%
Data Not Collected	0	0%	0	0%
Disability status				
	#	%	#	%
Persons with disabilities	53	42%	53	42%
Persons without disabilities	51	40%	51	40%
Disability unreported	22	17%	22	17%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	73	58%	73	58%
Man (Boy, if child)	44	35%	44	35%
Culturally Specific Identity	0	0%	0	0%
Non-Binary	1	1%	1	1%
Transgender	2	1%	2	1%
Questioning	0	0%	0	0%
Different Identity	2	1%	2	1%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data not collected	5	4%	5	4%

Housing Placements By Intervention Type: Eviction and Homelessness Prevention

Number of Preventions	Current Quarter	Year to Date						
	Number	Subset-Population A served with HP	Percentage: Population A	Subset-Population B served with HP	Percentage: Population B	Number	Percentage of Annual Goal
Total People	327					327	47%
Total Households	167	18	11%	149	89%	167	24%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%

American Indian, Alaska Native or Indigenous	41	12%	41	12%
Asian or Asian American	28	9%	28	9%
Black, African American or African	101	31%	101	31%
Hispanic/Latina/e/o	59	18%	59	18%
Middle Eastern or North African	13	4%	13	4%
Native Hawaiian or Pacific Islander	14	4%	14	4%
White	126	39%	126	39%
Non-Hispanic White (subset of White category)	105	32%	105	32%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	3	1%	3	1%
Data Not Collected	4	1%	4	1%
Disability status				
	#	%	#	%
Persons with disabilities	120	37%	120	37%
Persons without disabilities	184	56%	184	56%
Disability unreported	23	7%	23	7%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	167	51%	167	51%
Man (Boy, if child)	153	47%	153	47%
Culturally Specific Identity	0	0%	0	0%
Non-Binary	5	1%	5	1%
Transgender	1	0%	1	0%
Questioning	0	0%	0	0%
Different Identity	1	0%	1	0%
Client doesn't know	0	0%	0	0%
Client prefers not to answer	0	0%	0	0%
Data not collected	2	1%	2	1%

Section 2.B Regional Long-Term Rent Assistance Program

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

RLRA data is not additive to the data above. Housing placements shown below are duplicates of the placements shown in the data above.

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

Regional Long-term Rent Assistance Quarterly Program Data	Current Quarter	Year to Date				
	Number	Subset - Population A in RLRA	Percentage: Population A	Subset- Population B in RLRA	Percentage: Population B	Number

Number of RLRA vouchers issued during reporting period	43	34	79%	9	21%	43
Number of **people** newly leased up during reporting period	81	44	54%	37	46%	81
Number of **households** newly leased up during reporting period	47	37	79%	10	21%	47
Number of **people** in housing using an RLRA voucher during reporting period	1813	1226	68%	587	32%	1813
Number of **households** in housing using an RLRA voucher during reporting period	1064	895	84%	169	16%	1064

Program to Date – Since July 1, 2021					
	Subset - Population A in RLRA	Percentage: Population A	Subset- Population B in RLRA	Percentage: Population B	Number	
Number of **people** in housing using an RLRA voucher	1533	72%	603	28%	2136	
Number of **households** in housing using an RLRA voucher	1173	87%	175	13%	1348	

Race & Ethnicity	This Quarter	Year to Date

	#	%	#	%
American Indian, Alaska Native or Indigenous	184	10.1%	184	10.1%
Asian or Asian American	29	1.6%	29	1.6%
Black, African American or African	681	37.6%	681	37.6%
Hispanic/Latina/e/o	5	0.3%	5	0.3%
Middle Eastern or North African	61	3.4%	61	3.4%
Native Hawaiian or Pacific Islander	866	47.8%	866	47.8%
White	514	28.4%	514	28.4%
Non-Hispanic White (subset of White category)	456	25.2%	456	25.2%
Client doesn't know	10	0.6%	10	0.6%
Client prefers not to answer	33	1.8%	33	1.8%
Data Not Collected	15	0.8%	15	0.8%
Disability status				
	#	%	#	%
Persons with disabilities	979	54.0%	979	54.0%
Persons without disabilities	834	46.0%	834	46.0%
Disability unreported	0	0.0%	0	0.0%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	988	54.5%	988	54.5%
Man (Boy, if child)	768	42.4%	768	42.4%
Culturally Specific Identity	1	0.1%	1	0.1%
Non-Binary	22	1.2%	22	1.2%
Transgender	34	1.9%	34	1.9%
Questioning	1	0.1%	1	0.1%
Different Identity	0	0.0%	0	0.0%
Client doesn't know	0	0.0%	0	0.0%
Client prefers not to answer	6	0.3%	6	0.3%
Data not collected	1	0.1%	1	0.1%

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

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

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

The outreach and shelter tables have been removed from the Q1 report and will be added in Q2 in alignment with the cadence of reporting for those two outcomes.

Section 3. Financial Reporting
Please complete the quarterly financial report and include the completed financial report to this quarterly report, as an attachment.

The Q1 financial report has been attached at the end of this report. **Please see pages 24-26.**

Glossary:

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

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

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

Shelter: Overnight shelter, congregate shelter, alternative shelter, motel shelter, tiny houses, pod villages, recuperative centers, shelter, that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters. Includes in-reach services.

Recovery Oriented Transitional Housing, Stabilization Transitional Housing, Transitional Housing: Provides temporary lodging and is designed to facilitate the movement of individuals and families experiencing homelessness into permanent housing within a specified period, but normally no longer than 24 months. Requirements and limitations vary.

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

Outreach: Activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. *Metro is using the HUD ESG Street Outreach model.*

The initial contact should not be focused on data. Outreach workers collect and enter data as the client relationship evolves. Thus, data quality expectations for street outreach projects are limited to clients with a date of engagement.

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

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

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

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

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

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name.
Here are the HUD Standards if needed, https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf

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

Housing with Services, "PH - Housing with Services (no disability required for entry)":
A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability. May include any other type of housing, not associated with PSH/RRH, that does include supportive services.

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 RLRA Only programs.

Rapid Re-Housing, "PH - Rapid Re-Housing" (Services Only and Housing with or without services):
A permanent housing project that provides housing relocation and stabilization services and/or short and/or medium-term rental assistance as necessary to help an individual or family experiencing

homelessness move as quickly as possible into permanent housing and achieve stability in that housing. May include Move-In Only programs.

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

Yellow Cell = County to fill in
Blue Cell = Formula calculation

Metro Supportive Housing Services
Financial Report for Quarterly Progress Report (IGA 7.1.2) and Annual Program Report (IGA 7.1.1)
Multnomah County
FY 2025-2026

Financial Report (by Program Category) — COMPLETE THE SECTION BELOW EVERY QUARTER. UPDATE AS NEEDED FOR THE ANNUAL REPORT.

	Annual Budget	Q1 Actuals	Q2 Actuals	Q3 Actuals	Q4 Actuals	Total YTD Actuals	Variance Under / (Over)	% of Budget	Comments
Metro SHS Resources									
Beginning Fund Balance	55,848,867	62,967,180				62,967,180	(7,118,313)	113%	Counties will provide details and context on any unbudgeted amounts in Beginning Fund Balance in the narrative of their report, including the current plan and timeline for budgeting and spending it.
Metro SHS Program Funds	136,584,365	3,667,734				3,667,734	132,916,631	3%	
Interest Earnings[5]		493,221				493,221	(493,221)	N/A	
insert addt'l lines as necessary						-	-	N/A	
Subtotal Program Revenue	136,584,365	4,160,955	-	-	-	4,160,955	132,423,410	3%	
Total Metro SHS Resources	192,433,232	67,128,135	-	-	-	67,128,135	125,305,097	35%	
Metro SHS Requirements									
Program Costs									
Individual Support Costs									
Permanent Supportive Housing (PSH)									
Support to individuals who have extremely low incomes and one or more disabling conditions, who are experiencing long-term or frequent episodes of literal homelessness or imminent risk of experiencing homelessness									
Permanent Supportive Housing Services	38,044,857	2,388,136				2,388,136	35,656,721	6%	
Long-term Rent Assistance (RLRA)	16,931,283	1,887,259				1,887,259	15,044,024	11%	
Long-term Rent Assistance Admin	434,110	83,366				83,366	350,744	19%	Administrative Costs for long-term rent assistance equals 4% of Partner's YTD expenses on long-term rent assistance.
Subtotal PSH	55,410,250	4,358,760	-	-	-	4,358,760	51,051,490	8%	
Rapid Re-housing (RRH)									
Support to individuals experiencing a loss of housing									
Rapid Re-housing (RRH)	10,738,889	1,350,338				1,350,338	9,388,551	13%	
Subtotal RRH	10,738,889	1,350,338	-	-	-	1,350,338	9,388,551	13%	
Other Housing and Services Programs (not otherwise listed)									
Support to individuals who are experiencing homelessness or have substantial risk of homelessness									
Housing Only	5,161,513	575,591				575,591	4,585,922	11%	
Housing Only - Long-term Rent Assistance (RLRA)	-	-				-	-	N/A	
Housing Only - Long-term Rent Assistance Admin	-	-				-	-	N/A	
Housing with Services	5,401,746	550,435				550,435	4,851,311	10%	
Subtotal Other Housing and Services Programs	10,563,259	1,126,026	-	-	-	1,126,026	9,437,233	11%	
Eviction & Homelessness Prevention									
Support to individuals experiencing a potential loss of housing									
Eviction & Homelessness Prevention	3,794,157	311,421				311,421	3,482,736	8%	
Subtotal Eviction & Homelessness Prevention	3,794,157	311,421	-	-	-	311,421	3,482,736	8%	
Safety On/Off the Street									
Support to individuals unhoused or in temporary housing									
Shelter and Transitional Housing	64,025,542	8,510,327				8,510,327	55,515,215	13%	
Outreach and Access Services	7,825,394	1,360,215				1,360,215	6,465,179	17%	
Subtotal Safety On/Off the Street	71,850,936	9,870,542	-	-	-	9,870,542	61,980,394	14%	

Other Supportive Services (not otherwise listed)
Other supports to individuals not included in any of the above categories

Other Supportive Services	9,094,121	1,368,208				1,368,208	7,725,913	15%
Subtotal Other Supportive Services	9,094,121	1,368,208	-	-	-	**1,368,208**	7,725,913	15%

System Support Costs

System Support Costs

Systems Infrastructure	4,315,940	789,297				789,297	3,526,643	18%
Built Infrastructure	6,850,000	-				-	6,850,000	0%
Overall System Services	2,072,294	305,001				305,001	1,767,293	15%
Subtotal System Support Costs	13,238,234	1,094,298	-	-	-	**1,094,298**	12,143,936	8%

Regional Strategy Implementation

Regional Strategy Implementation
Investments to support SHS program alignment, coordination and outcomes at a regional level

Coordinated Entry	-	-				-	-	N/A
Regional Landlord Recruitment	2,313,288	112,736				112,736	2,200,552	5%
Healthcare System Alignment	459,390	75,848				75,848	383,542	17%
Training	470,827	78,210				78,210	392,617	17%
Technical Assistance	232,252	40,963				40,963	191,289	18%
Employee Recruitment and Retention	-					-	-	N/A
Homeless Management Information System	2,480,356	239,282				239,282	2,241,074	10%
Subtotal Regional Strategy Implementation	5,956,113	547,039	-	-	-	**547,039**	5,409,074	9%

County Administrative Costs

County Administrative Costs

Service Provider Administrative Costs (including RLRA) are reported as part of Program Costs above. Counties will provide details and context for Service Provider Administrative Costs in their Annual Program Report.

County Administrative Costs	7,621,543	2,047,948				2,047,948	5,573,595	27%
Subtotal County Administrative Costs	7,621,543	2,047,948	-	-	-	**2,047,948**	5,573,595	27%

County SHS Administrative Costs equals 49% of County's annual Program Funds.

Subtotal Program Costs	188,267,502	22,074,580	-	-	-	22,074,580	166,192,922	12%

Ending Fund Balance (incl. Contingency and Reserves)	4,165,730			45,053,555	

This section reflects budgeted contingency and reserve figures.

Budgeted Contingency and Reserves					
Contingency [3]	-			-	
Regional Strategy Implementation Contingency	251,426			251,426	
Stabilization Reserve[4]	3,292,625			3,292,625	
RLRA Reserves	-			-	
Other Programmatic Reserves	-			-	
insert addt'l lines as necessary					
Subtotal Contingency and Reserves	3,544,051			3,544,051	

Contingency equals 0% of Partner's budgeted annual Program Funds.

Stabilization Reserve equals 2% of Partner's budgeted annual Program Funds.

Program Category Descriptions

Permananet Supportive Housing Services case management, behavioral health, mental health and addiction services, peer support, other connections to healthcare programs

Rapid Re-housing (RRH) RRH services, short-term rent assistance, housing retention, case management

Housing Only rent assistance

Housing Only - Long-term Rent Assistance (RLRA) RLRA rent assistance w/o services

Housing Only - Long-term Rent Assistance Admin RLRA Administrative costs

Housing with Services support services and rent assistance

Eviction & Homelessness Prevention short-term rent assistance geared toward preventing evictions, diversion assistance, one-time stabilization assistance, other relevant services

Shelter and Transitional Housing congregate shelter, alternative shelter, motel shelter, transitional housing, tiny house, pod villages, recuperative centers, recovery-oriented transitional housing, stabilization transitional housing

Outreach and Access Services support and services other than overnight shelter, including access services, case management, hygiene programs, survival gear, day centers, access centers, service centers, resource centers, and navigation to other services

Other Supportive Services individualized services that are not captured in any category above which provide auxiliary support to participants for overall stability, including: behavioral/mental health and wellness, recovery, benefits assessment and navigation, employment & financial independence programs, legal assistance, and other services not associated with housing programs that directly support participants, etc

Systems Infrastructure service provider capacity building and organizational health, system development/management, Coordinated Access, technical assistance, community engagement, advisory body support, etc.

Built Infrastructure property purchases, capital improvement projects, etc

Overall System Services broad services which cannot be allocated under individual support costs above; including: Systems Access & Navigation, Housing Navigation, ancillary homeless services that support overall programmatic objectives, etc.

County Administrative Costs Costs not specifically attributed to a particular SHS program or program delivery, including: senior management personnel, general facilities costs, general services such as HR, accounting, budget development, procurement, marketing, agency audit and agency insurance, etc

[1] Per IGA Section 3.4.2 ADMINISTRATIVE COSTS, Metro recommends, but does not require, that in a given Fiscal Year Administrative Costs for SHS should not exceed 5% of annual Program Funds allocated to Partner; and that Administrative Costs for administering long-term rent assistance programs should not exceed 10% of annual Program Funds allocated by Partner for long-term rent assistance.

[2] Per IGA Section 8.3.3 REGIONAL STRATEGY IMPLEMENTATION FUND, each County must contribute not less than 5% of its share of Program Funds each Fiscal Year to a Regional Strategy Implementation Fund to achieve regional investment strategies.

[3] Per IGA Section 5.5.4 CONTINGENCY, partner may establish a contingency account in addition to a Stabilization Reserve. The contingency account will not exceed 5% of Budgeted Program Funds in a given Fiscal Year.

[4] Per IGA Section 5.5.3 PARTNER STABILIZATION RESERVE, partner will establish and hold a Stabilization Reserve to protect against financial instability within the SHS program with a target minimum reserve level will be equal to 10% of Partner's Budgeted Program Funds in a given Fiscal Year. The Stabilization Reserve for each County will be fully funded within the first three years.

[5] Per IGA Section 6.1.4 "Program Funds" includes interest earnings. As such, calculations of the % of Program Funds spent on various budget lines will include interest earnings in the formula.