

Welcome

Please make yourself comfortable.
We will get started in a few minutes.



Homeless Services
Department

**SHS Advisory Committee
Meeting**

November 13, 2025

3:00 PM - 4:30 PM



**Homeless Services
Department**

Agenda

Time	Agenda Item	Facilitator	Action
3:00	Welcome Land and Labor Acknowledgement Introductions	Mack Vohs	Inform
3:15	Access Recommendations Survey Results and Discussion	Mack Vohs	Discuss
4:20	Member Updates / Advocacy Opportunities	Co-chairs	Group sharing
4:30	Session closes	Close	

Introductions

- Name
- Pronouns (if comfortable sharing)
- Organization/community you represent

Land & Labor Acknowledgement

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. Let us please take a moment of silence to acknowledge the history of how we are here in this place and to honor the People.

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

Access Recommendations Survey Results & Discussion



Homeless Services
Department

Framing the Conversation: Access Recommendations

What are we talking about?

You completed a survey to prioritize access recommendations. We will review the results together to understand trends. We will discuss the top ranked recommendations and try to reach agreement on next steps.

Why is it important?

Narrowing in and adding specificity to our recommendations will make them stronger. We hope to finalize the access recommendations before January 2026 - in time for HSD leadership to review before budgeting season.

Framing the Conversation: Budget Horizon

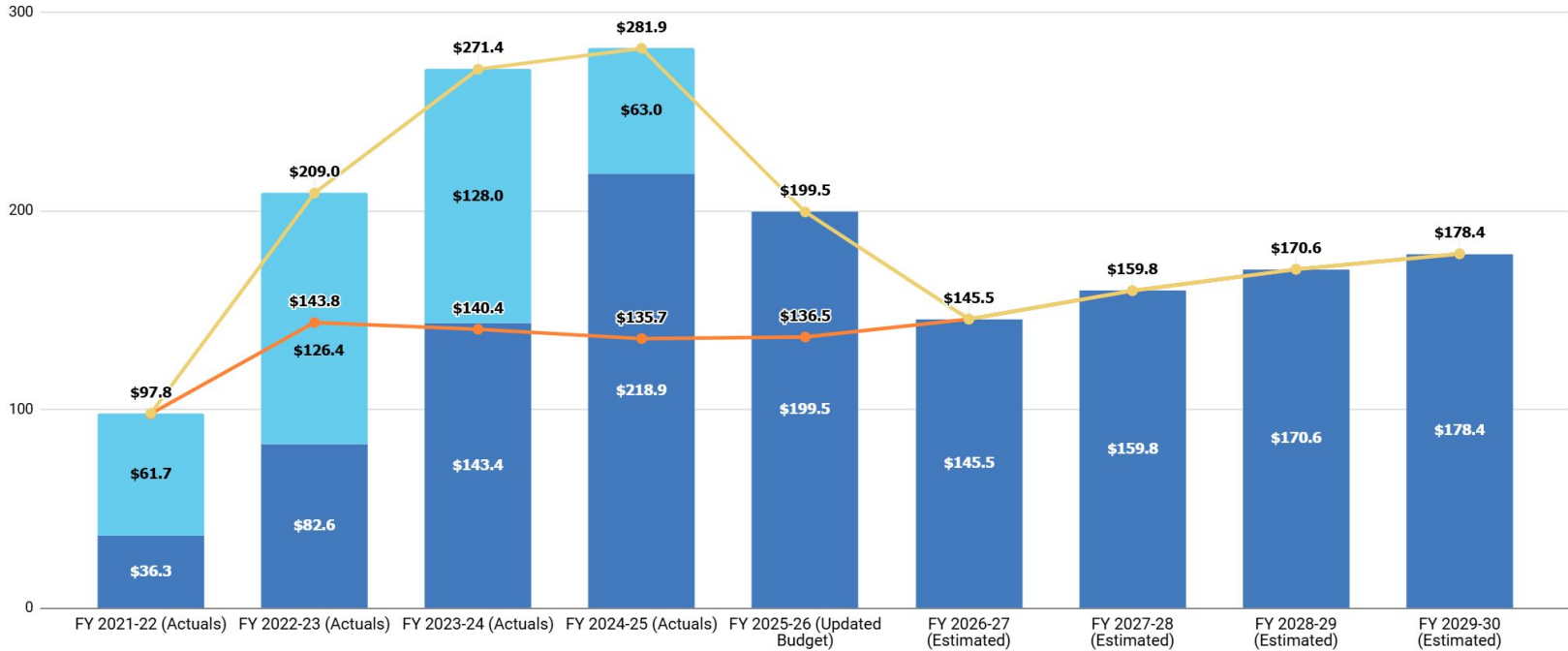
Current & Future Outlook

- The SHS forecast for FY 2025 and FY 2026 was reduced by 14% both years.
- The carryover funds are gone by FY 2027, leaving only ongoing SHS funding.
- **Not enough funding to sustain the current system**

HSD anticipates reduction in funding:

- Reduction of **\$63M** in one-time-only SHS carryover
- Reduction of **\$20M** in one-time-only FY 2026 state backfill
- Impact of the local economy on both City and County general fund
- Potential federal impacts directly or indirectly

Framing the Conversation: Budget Horizon



● Total SHS Resources ● Forecast/ Revenue ■ Carry Over (OTO) ■ Expenses

Framing the Conversation: Budget Horizon

Homeless Services Department Budget Policy Goals (FY 26)

1. Keep People Housed
2. Sustain Shelter Units
3. Prioritize Housing Placements
4. Add shelter units under the Community Sheltering Strategy

**Continued focus on Priority Populations and
Reducing Disparities**

Survey Results

- 12 responses
- Ranked recommendations and provided written feedback
- 3 priority areas:

**Program policies
and practices**

**Coordinated
service
delivery**

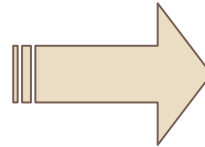
**Housing options
& supportive
services**

Context: We've simplified our wording for the slideshow

Example:

Recommendation:

Prioritize funding for resources tailored to specific populations (culturally specific, women, formerly incarcerated). Create more women-specific safe spaces beyond domestic violence programs, and boost system-wide childcare support. Increase partnerships with other organizations that may be able to provide these services. Ensure that housing support is included, recognizing that housing discrimination for these populations is a historic and current reality.

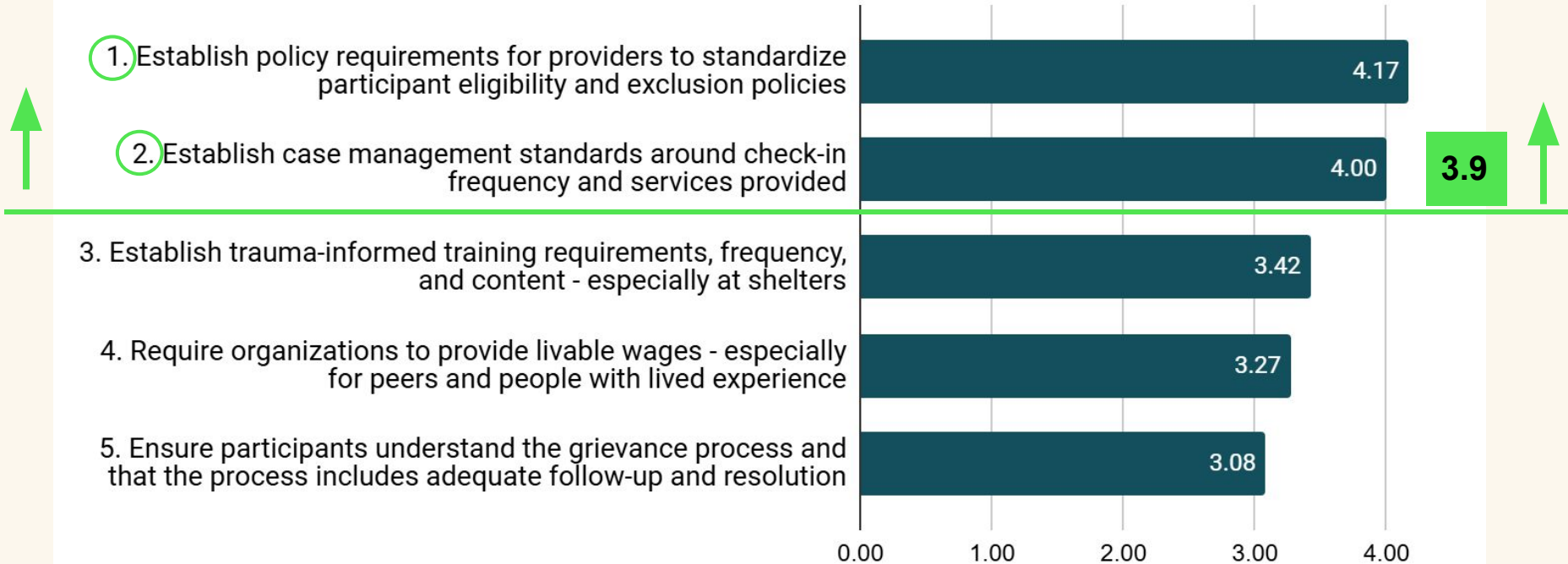


Recommendation:

Prioritize population-specific resources

Program policies and practices

Average rating (out of 5)



Recommendation: Establish policy requirements for providers to standardize participant eligibility and exclusion processes.

Eligibility

Adopt a fast, fair, and family-friendly eligibility standard across all programs. Organizations should make eligibility rules simple, clear, and easily accessible, with the goal of increasing accessibility by minimizing steps and time. Prohibit eligibility requirements that:

- Aren't housing first or path-to-housing oriented.
- Don't take a harm reduction approach (e.g., require sobriety).
- Prevent partners, families, kids, and pets from staying together.
- Deny families just above income thresholds.
- Deny/reject people with a criminal record/formerly incarcerated. Use individualized assessments focused on current safety, not past status.
- Deny participation due to lack of ID. If ID is missing, allow self-attestation for up to 45 days while staff help obtain documents. Accept alternatives (benefit letters, school records, consular IDs).
- Deny/reject people who fail application fees, background checks, or rental history checks.

Exclusion

Currently there is no consistency nor accountability across organizations with regard to exclusions. This reduces trust in services and resources and increases barriers to paths out of homelessness. To address this, the committee recommends adopting standardized, trauma-informed exclusion policies.

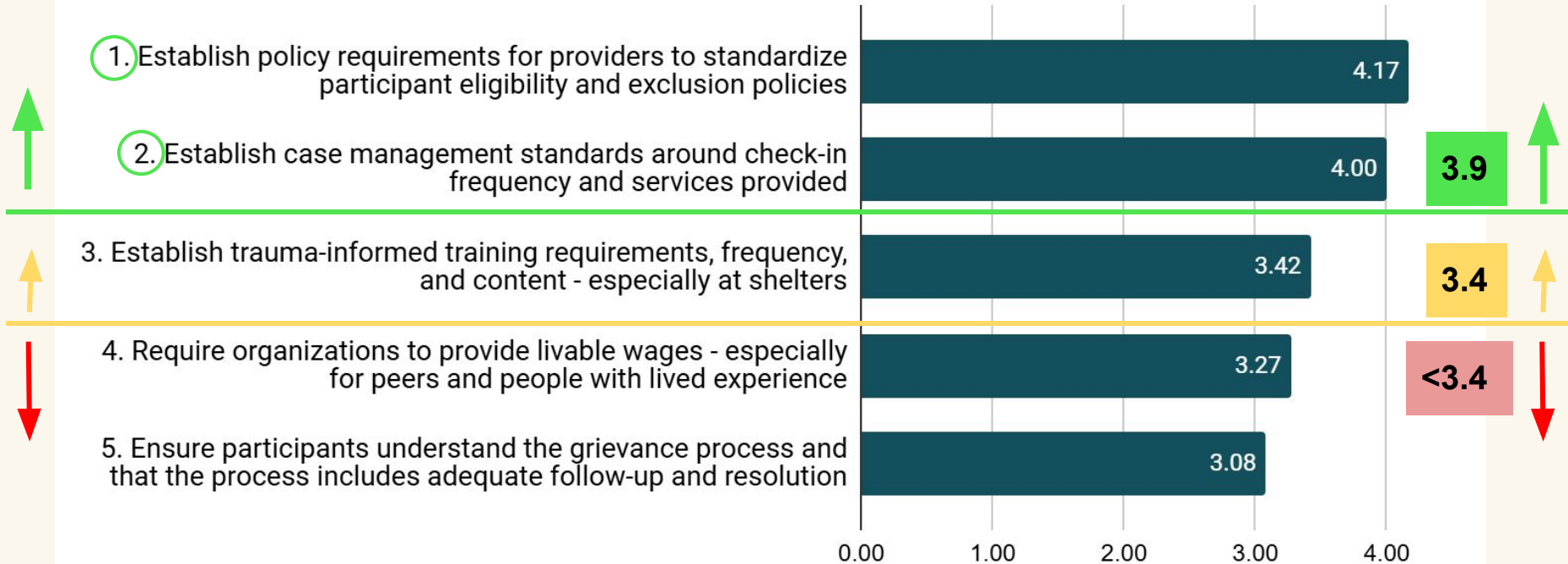
- There should be clear descriptions of what situations qualify for write ups or exclusion. Consider implementing a three-tier severity matrix.
- Prohibit exclusions for vague reasons (e.g., "being disrespectful"), arbitrary reasons (e.g., missing curfew), non-safety issues, or reasons not aligning with housing first and harm reduction practices (e.g., paraphernalia).
- Ensure that providers consider how participants who are aging or experiencing disabilities may need additional support to meet various program requirements (i.e. keeping a clean apartment).
- Staff should meet with participants to discuss expectations, agreements, and scenarios where previous conflicts have arisen and consequences or resolutions to those scenarios.
- Convene independent review boards (e.g., a panel with representatives from other organizations) to review overall policies and individual exclusions (with decisions to be made within five business days).
- Complete ADA and racial equity/overall equity checks prior to decisions.
- Ensure communications with the participant are in plain language / the participant's preferred language. Clearly describe what support is available and how to appeal.
- Implement progressive engagement (coaching, behavior agreement, case conference, final review) before any exclusion.
- Provide the option for exclusions to be on a time-limited basis, with clear criteria for re-entry.
- Organizations should track and report exclusions, appeals, demographics, and re-entry on a quarterly basis. HSD should conduct audits and address disparities through corrective action plans.
- Grievance and accountability processes should include questions regarding identity-related harms, denials, and exclusions. Consider creating an independent equity & accessibility oversight panel to review complaints, exclusion, or grievance outcomes through a disability justice and racial equity lens.

Recommendation: Case management is essential for ensuring successful programming and increasing housing retention rates and satisfaction. The committee recommends establishing expectations and standards for case management to create consistent expectations and clear goals for both case managers and participants, including:

- Establishing standards for check-in frequency.
- Implementing a program requirement for more case management for those needing additional services in housing first programs.
- Introducing standards for recording case notes.
- Having agencies report whether they are meeting standards, and create accountability for agencies that are not consistently communicating or checking in with participants. Have these reports included in annual evaluations of contracts with remediation steps to remain in good standing.
- Using a points system for case management. Participants needing a higher level of care would receive a higher score than someone requiring a medium or low amount of care. Each case manager would have a cap on the number of points they could have on their caseload, allowing them to serve folks with varying needs and maintain reasonable workloads.
- Making case notes accessible to providers that are updated as people make their way through various services. This could begin at first contact with outreach.
- Give participants the opportunity to give feedback on what's working and what's not working.
- Offering mandatory training by service type that ensures all case managers are trained and aware of services available to their clients and how to navigate them. Use regular provider meetings for training as needed.

Program policies and practices

Average rating (out of 5)



Program policies and practices

Top Ranked (3.9+)

1. Establish policy requirements for providers to standardize participant eligibility and exclusion policies
2. Establish case management standards around check-in frequency and services provided

Mid Ranked (3.4-3.8)

3. Establish trauma-informed training requirements, frequency, and content - especially at shelters

Lower Ranked (<3.4)

4. Require organizations to provide livable wages - especially for peers and people with lived experience
5. Ensure participants understand the grievance process and that the process includes adequate follow-up and resolution

Coordinated service delivery

Average rating (out of 5)



1. Make the system easier to navigate through coordinated and centralized access points

4.30

3.9



2. Reduce intake barriers, especially for people with disabilities and/or mental health or substance abuse

3.75

3. Standardize waitlist management policies across SHS contracts to reduce wait times

3.75

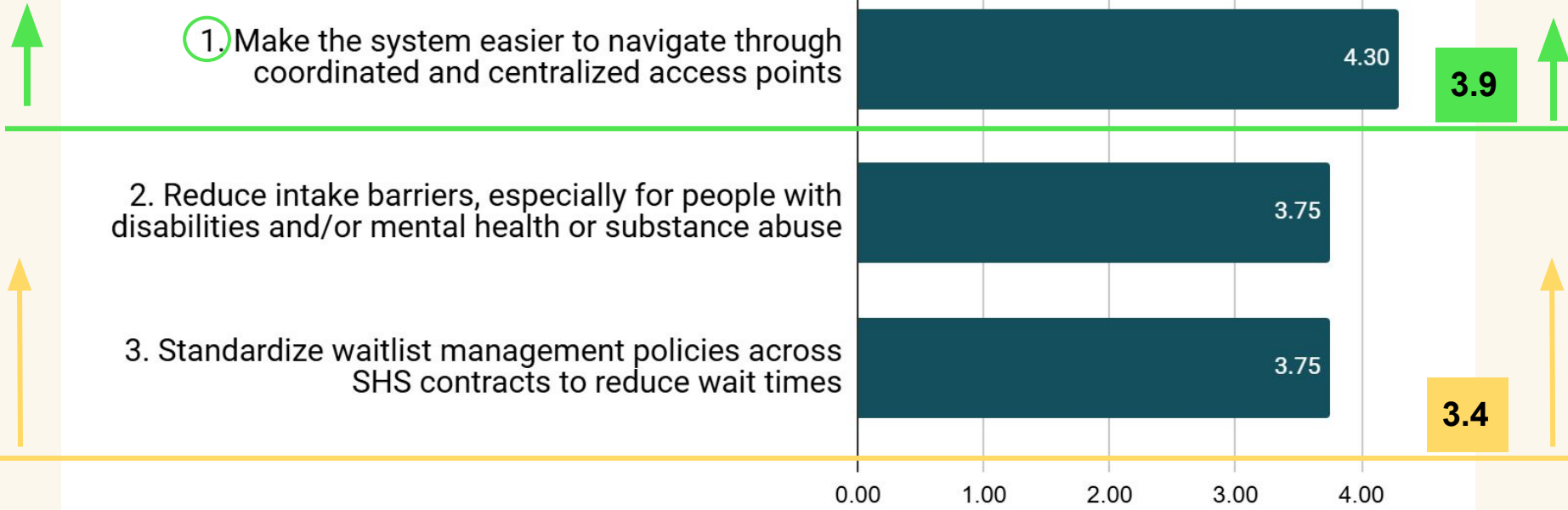
0.00 1.00 2.00 3.00 4.00

Recommendation: Consider the strategies below to make the overall system easier to navigate for everyone, especially for people experiencing chronic homelessness.

- **Establish a centralized access point for services** that creates consistency in how people access programs and prevents requiring participants from having to reshare their information and story multiple times to get help. This would include a universal application that keeps enrollment to three steps or fewer and results in a decision within three business days. Participants would be assigned to the case lists of all providers from the central system that they qualify for. Traditionally, one way institutional discrimination operates is that some communities have relationships with providers or have more understanding of how to ask the right questions, which unlocks access and knowledge of where and how to apply for assistance. Centralizing the intake and application processes and requiring service providers to post them in public locations is a start to breaking down interpersonal aspects of gatekeeping and inequitable access based on race, ability, orientation, gender identity, and carceral experience. Creating a ranking system that acknowledges the impact of historical harm when determining a participant's place on waiting lists is another.
- **Make information more accessible to people seeking services.** Use plain language, write at a 6th-grade reading level, translate documents into multiple languages, use large-print and make online resources screen-reader friendly.
- **Add street outreach workers and peer support specialists** to help people connect to services.
- **Support provider collaboration efforts** by creating opportunities for providers to connect, share knowledge, work together, and understand the role they each play. In particular, peer support focused groups need more opportunities to connect. Within the centralized intake model, formalize provider collaboration through a shared directory and referrals, warm handoffs, and regular cross-agency huddles so participants move smoothly and each provider's role is clear. Also explore other models across the country that we could replicate to coordinate services.
- **Track patterns of where historically harmed groups** may be falling off waitlists, not getting and retaining housing, not completing services, or not thriving during or after services. Intentionally collect feedback from these groups.

Coordinated service delivery

Average rating (out of 5)



Coordinated service delivery

Top Ranked (3.9+)

1. Make the system easier to navigate through coordinated and centralized access points

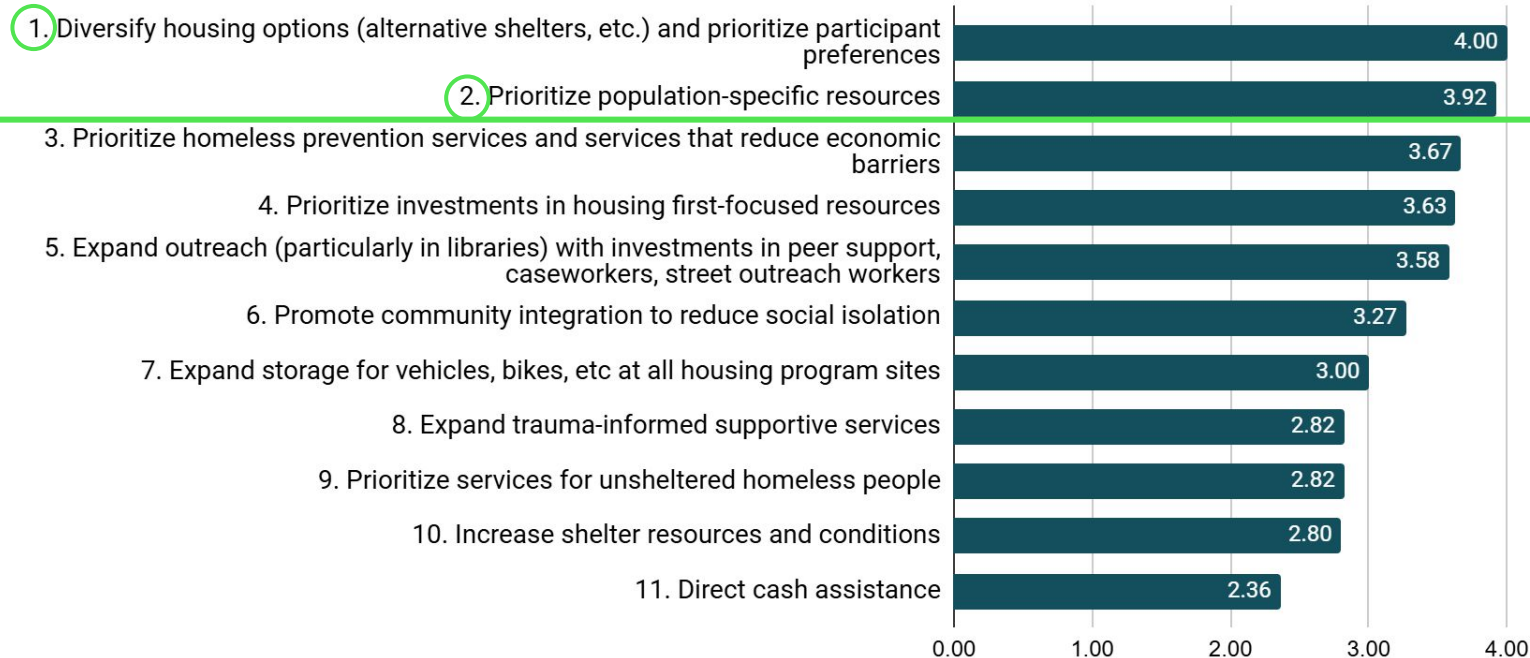
Mid Ranked (3.4-3.8)

2. Reduce intake barriers, especially for people with disabilities and/or mental health or substance abuse
3. Standardize waitlist management policies across SHS contracts to reduce wait times

Lower Ranked (<3.4)

Housing options & supportive services

Average rating (out of 5)



3.9

Recommendation: Diversify housing options (e.g. alternative shelters, etc.) and prioritize participant preferences

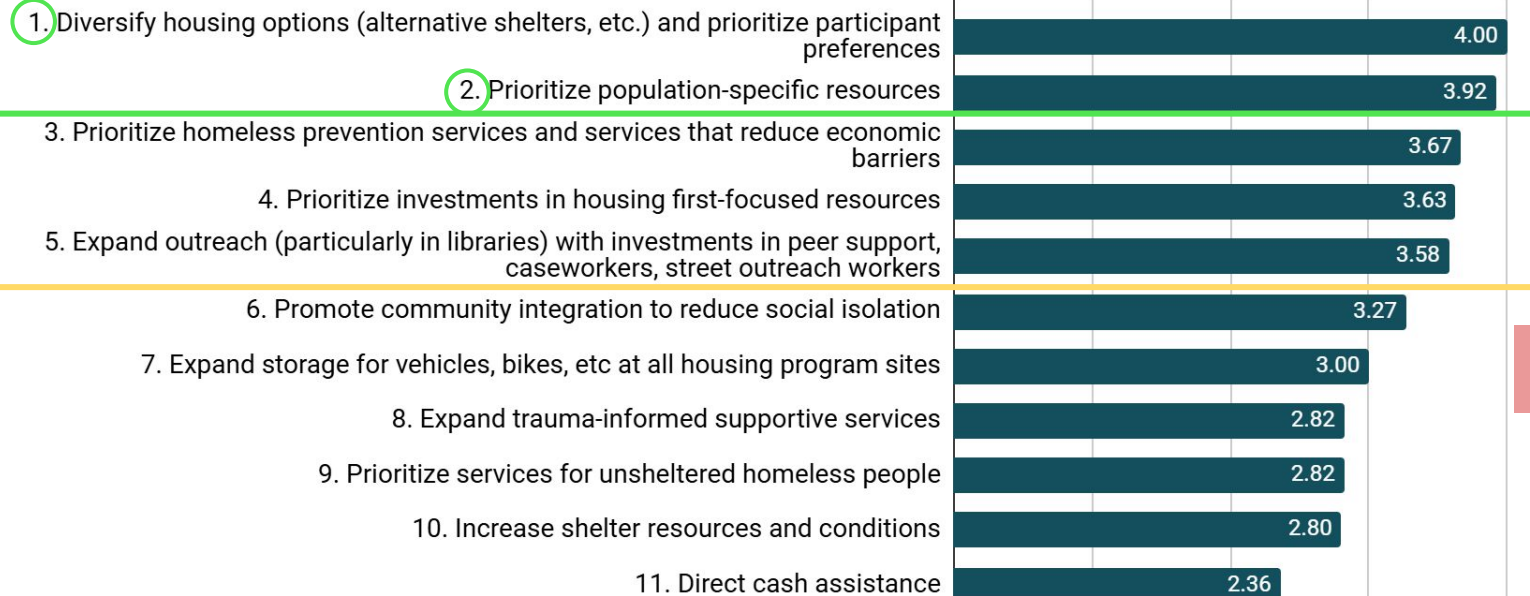
- The Homeless Services Department must prioritize strategic investment in housing people, which is what ends and reduces homelessness. As such, all services should have housing funding or partnerships with funding for housing attached to them. HSD must expand its portfolio of diverse housing options, especially in underserved geographic areas, through block leasing, shared and scattered-site housing, and low-barrier alternative shelters. The department must collaborate with local communities throughout the process, and prioritize opportunities for participant choice in location and program by instituting a matching process that offers at least two to three placement options when possible.

Recommendation: Prioritize population-specific resources

- Prioritize funding for resources tailored to specific populations (culturally specific, women, formerly incarcerated). Create more women-specific safe spaces beyond domestic violence programs, and boost system-wide childcare support. **Increase partnerships with other organizations that may be able to provide these services. Ensure that housing support is included, recognizing that housing discrimination for these populations is a historic and current reality.**

Housing options & supportive services

Average rating (out of 5)



3.9

3.4

<3.4

Housing options & supportive services

Top Ranked (3.9+)

1. Diversify housing options (alternative shelters, etc.) and prioritize participant preferences
2. Prioritize population-specific resources

Mid Ranked (3.4-3.8)

3. Prioritize homeless prevention services and services that reduce economic barriers
4. Prioritize investments in housing first-focused resources
5. Expand outreach (particularly in libraries) with investments in peer support, caseworkers, street outreach workers

Lower Ranked (<3.4)

6. Promote community integration to reduce social isolation
7. Expand storage for vehicles, bikes, etc at all housing program sites
8. Expand trauma-informed supportive services
9. Prioritize services for unsheltered homeless people
10. Increase shelter resources and conditions
11. Direct cash assistance

Discussion & Feedback

Recommendations:

1. Establish policy requirements for providers to standardize participant eligibility and exclusion policies
2. Establish case management standards around check-in frequency and services provided
3. Make the system easier to navigate through coordinated and centralized access points
4. Diversify housing options (alternative shelters, etc.) and prioritize participant preferences
5. Prioritize population-specific resources

- How do these recommendations resonate with you?
- With the FY26 budget constraints in mind, what is most important?

Member Updates



Homeless Services
Department

Member Updates

Share:

- News/updates from your organization or community
- Things happening in the SHS scene
- Advocacy opportunities
- Other opportunities

Close

