Homeless Services Department

Introduction

In 2025 the SHS Advisory Committee voted to focus on improving access to affordable and permanent housing services in Multnomah County and equipping participants to successfully navigate our system.

While the committee's role is to make suggestions specific to SHS, our hope is for these recommendations to impact HSD's broader equity work since SHS is a significant funding source for homeless services in Multnomah County.

Why Do We Need Better Access?

When someone is at risk of or becomes homeless in Multnomah County, getting help is not easy. It's not clear to people where to go, and it's hard to get a complete picture of what mainstream and culturally specific resources are available. There are many access points and pathways, and the process is often repetitive, fragmented, and confusing to navigate even for organizations and people who work in the system.

Many of the people navigating our system are in crisis or operating without the time, capacity, or trust to engage in lengthy processes. When they seek services, they face further barriers to access in the form of historic & current discrimination and disparities, and ineffectively designed program and system-level policies. Because of past harms, people may have a valid mistrust of service entities and be hesitant to share personal information.

On top of all of this is the fact that there simply aren't enough housing resources — which is both causing homelessness and making it worse — and not enough supportive services to go around. For some differently abled communities, there aren't any services that specifically speak to their needs.

What Does Access Mean to the Committee?

Because of these challenges, the SHS Advisory Committee would like the Homeless Services Department to lead efforts to improve access to homeless and housing services in Multnomah County and equip participants to successfully navigate our system.

Access in supportive housing means that all individuals — regardless of race, ability, gender, orientation, family status, pregnancy, or mental, physical, behavioral health status, or any other aspect of their background — are treated with respect when they ask for help, and can meaningfully and easily access, navigate, and benefit from housing and the services that support housing stability. Access is about physical space, but it's also about designing systems that are inclusive, equitable, and responsive to real-life barriers to housing, and creating accountability to these values. Access must be more than a value — it must show up in everyday interactions through clear communication, consistent follow-through, simplified navigation, and transparency about what's possible.

Equity Lens: Addressing Historic Harms, and Integrating Accommodations

Access in the homelessness services system means that all individuals are treated with respect when they ask for help, and can easily navigate and benefit from housing and the services that support housing stability. The system must address and attempt to remedy historical harms, discrimination and disparities. To improve access within the housing services system, the committee uplifts the need for

HSD to address policies that perpetuate stigma and trauma, and strengthen programs' cultural responsiveness to prevent alienating or discouraging potential participants.

- Address distrust of program staff / mistrust of services (esp. for immigrants), and hitting walls and feeling hopeless due to inaccessibility. Address chronic failures of the system leading to self de-selection.
- Address system environment leading to being "over-served and under-helped" (too many steps and/or limited services not matching needs).
- Address lack of accommodations for folks living with disabilities. Address lack of ADA spaces in general and housing programs that aren't compliant with accessibility requirements (showers, appliances, etc) and are not held accountable.
- Address how programs create barriers to services for people with mental illnesses/substance use.
- Address the lack of opportunities for participants to communicate their experiences with homelessness services programs, including grievances.

Top 5 Access Recommendations

Recommendation 1: Coordinated Access & Intake

Make system navigation easier by creating a centralized intake system with clear, streamlined processes and standardized waitlist policies that reduce barriers, especially for people with disabilities or behavioral health challenges.

Recommendation 2: Prioritize investments in homeless prevention

Prioritize supportive services aimed at preventing homelessness and addressing housing stability.

Recommendation 3: Prioritize investments in housing options

Expand housing options, especially in underserved geographic areas. Prioritize population-specific services and participant preferences.

Recommendation 4: Contracted provider requirements

Establish requirements for contracted providers, including:

A) Participant eligibility and termination processes

B) Provision of livable wages, benefits, and development opportunities - especially for peers and people with lived experience.

Recommendation 5: Ensure outreach is equitably distributed

Ensure outreach is equitably distributed and strategic to reach diverse areas of the community.

Recommendation 1: Coordinated Access & Intake

Improve system navigation through coordinated and centralized access points. Reduce intake barriers through clear, streamlined and holistic processes that take into account unique barriers that different populations face, especially for people with disabilities

and/or mental health or substance use. Standardize waitlist management policies across SHS contracts to reduce wait times.

a. **Establish a centralized access point for services** that creates consistency in how people access programs, protects participants' privacy, and prevents requiring participants from having to reshare their information and story multiple times to get help.
b. **Address gatekeeping and make information more accessible**. Acknowledge how some communities unfairly benefit from existing relationships with providers or familiarity with the "right" questions. Develop expectations that providers actively work to dismantle interpersonal forms of gatekeeping based on race, ability, orientation, gender identity, and carceral experience. Make information clear and accessible by using plain language, writing at a 6th-grade reading level, translating documents into multiple languages, using large-print and making online resources screen-reader friendly. Require service providers to share intake and application processes in public locations (such as online).
c. **Support provider collaboration efforts** by creating opportunities for providers to connect, encourage and support one another, share knowledge, work together, and understand the role they each play. While better use of technology is key for improving our housing outcomes, our investments in human connection are equally as important for participant success, and those connections happen through providers. 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. Explore other models across the country that we could replicate to coordinate services. Offer training to ensure that all providers are aware of services available to their clients and how to navigate them.
d. **Implement 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. An assigned entity would manage the application and ranking system, and follow up with agencies and individuals to monitor progress, issues, and successes.
e. **Streamline intake processes to reduce barriers.** Establish a clear and trauma-informed process co-designed with participants, offering multiple ways to complete it (in-person, phone, online, outreach). Accept alternative documentation and build in accommodations (interpreters, extra time, quiet spaces, mobility access). Use participant feedback to fix bottlenecks and adjust for different needs (mental health, substance use, physical disabilities). Provide technical support for providers on intake forms and best practices.
f. **Standardize waitlist policies.** Ensure that waitlists remain open and people aren't dropped without specific steps that are consistent across agencies. Create a ranking system that acknowledges the impact of historical harm when determining a participant's place on waiting lists. Add a toll free number participants can readily access to check their status on the waitlist. 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.

Recommendation 2: Prioritize investments in homelessness prevention

Prioritize financial & supportive services aimed at preventing homelessness and addressing housing stability.

a. **Prioritize funding for eviction prevention** assistance over shelter spending, with increased eviction support and prioritization for families
b. **Support households facing instability:** Fill the current gap for households facing housing instability with flexible rent/utility arrears aid, eviction prevention and mediation, benefits and ID/document recovery, and employment supports.
c. **Make access to prevention services low-barrier and efficient**, and coordinate with landlords and courts. Measure success by evictions averted, length of housing stability, and income gains.
d. **Locate services where the residents already are** by incentivizing organizations to move into buildings that are providing housing. Look at models like Seattle's DESC.

Recommendation 3: Prioritize investments in diverse housing options

Expand housing options, especially in underserved geographic areas. Prioritize population-specific services and participant preferences.

a. **Prioritize strategic investments in housing people**, which is what ends and reduces homelessness. Expand investments in housing through strategies such as block leasing and shared and scattered-site housing, especially in underserved geographic areas. Collaborate with those communities throughout the process.
b. **Holistic supportive housing:** All services (SUD, mental health recovery, etc.) should have housing funding or partnerships with funding for housing attached to them.
c. **Participant choice:** Prioritize opportunities for participant choice in location and program by instituting a matching process that offers at least 2-3 placement options when possible.
d. **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 services. Ensure that housing support is part of the resources offered, recognizing that housing discrimination for these populations is a historic and current reality.

Recommendation 4: Contracted provider requirements

Establish requirements for contracted providers to operationalize equitable policies for both participants and employees. Establish policy requirements for providers to standardize participant eligibility and termination processes. Require organizations to provide livable wages, benefits, and development opportunities - especially for peers and people with lived experience.

Participant Eligibility & Termination Policies

a. **Eligibility: Establish a standardized system for participant eligibility**, developing proactive policies to ensure housing stability post-placement, and standardizing clear and simple eligibility rules that ensure consistency across providers and prevent provider bias (e.g., ableism) from influencing eligibility decisions. Balance safety and accessibility by providing clear guidance on accommodating individuals with diverse needs, such as those with pets, a criminal history, or substance use issues, while maintaining a safe environment for everyone.
Recommended eligibility rules:

- **Adopt housing first & harm reduction**: Programs must be housing first or "path-to-housing" and use harm reduction (no mandatory sobriety for entry/participation).
- **Keep families together**: Do not separate partners, families, children, or essential animals/pets. Allow family co-enrollment.
- **Fast and fair standards**: Set a rapid eligibility determination goal (e.g., 3 steps maximum with a decision in 3 days).
- **Eliminate near-poverty penalties**: Do not deny those just above income thresholds.
- **Reform criminal history assessment:** Do not deny based solely on criminal record/formerly incarcerated status. Use individualized assessment focusing on current safety risk, not past status.
- **Flexibility with identification:** Do not deny due to lack of government-issued ID. Accept alternatives (e.g., benefit letters, school records) or allow staff self-attestation for up to 45 days while assisting in obtaining documents.
- **Remove financial and screening barriers**: Do not deny based on application fees, background checks, or poor rental history.

b. **Termination: Establish a standardized system for participant termination**. Having no consistency nor accountability across organizations reduces trust in services and resources and increases barriers to paths out of homelessness. Processes for termination need to be clear and align with a housing first and/or harm reduction approach. **Adopt standardized, trauma-informed termination policies**:
   - **Transparency and standardization:** Policies must clearly define what situations warrant a write-up or termination. Consider adopting a three-tiered severity matrix for consistency.
   - **Prohibit termination 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 principles (e.g., drug paraphernalia).
   - **Accessibility and equity:** 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). Institute ADA and racial equity/overall equity checks prior to exclusion or termination decisions. Ensure grievance and accountability processes specifically address identity-related harms, denials, and exclusions.
   - **Prevent terminations when possible:** Implement progressive engagement (coaching, behavior agreement, case conference, final review) before any termination.
   - **Temporary exclusions & re-entry:** Provide the option for exclusions to be on a time-limited basis, with clear criteria for re-entry.

c. **Engagement and communication**: Require staff to meet with participants to discuss expectations, agreements, and scenarios where previous conflicts have arisen and consequences or resolutions to those scenarios. Provide clear communications in plain language or the participant's preferred language, detailing available support and the appeals process. Ensure that provider engagement policies do not require medication compliance as a condition of program participation.

d. **Review and oversight**: Convene independent review boards (e.g., a panel with representatives from other organizations) to review overall policies and individual terminations (with decisions to be made within five business days). Consider creating an independent equity & accessibility oversight panel to review complaints, exclusion, or grievance outcomes through a disability justice and racial equity lens. Require organizations to track and report terminations, appeals, demographics, and re-entry on a quarterly basis. Require HSD to conduct audits and address disparities through corrective action plans.

Provider Support and Compensation

a. **Fair, livable wages**: Ensure fair, livable compensation, adequate staffing, transparent pay, and annual cost of living adjustment. Sustainable funding streams are needed to support organizations in staff compensation with annual COLA and transparent pay bands, recognizing full program costs in rates. Conduct pay equity audits annually, address gaps, and report metrics (turnover, vacancy time, average caseload, staff survey). HSD should recognize full program costs in rates and assess compliance annually.
    - **Support peer specialists:** Peers and staff with lived experience should receive equitable compensation and full benefits.
b. **Prevent staff exploitation and promote staff wellbeing and capacity:** Adopt caseload caps and appropriate supervision ratios to prevent overwork and maintain vacancy coverage plans. Organizations should not overwork or exploit staff for labor, and should ensure that any staff safety concerns are addressed. Organizations should address and disrupt white supremacist hierarchical structures within the organization. Compensation, high standards of training, health, wellbeing, capacity, and time available directly impact the quality of care and outcomes for those served
c. **Implement leadership pathways** and shared decision-making structures that elevate lived experience.
d. **Collect feedback from participants**: Organizations should partner with the people they serve for feedback, program development, and low-threshold employment, ensuring service replication/redundancy is low and services are rooted in community development.

Recommendation 5: Ensure outreach is equitably distributed and reaches diverse areas of the community

Approach outreach strategically to reach people where they are at. Invest in peer support, caseworkers, and street outreach workers to help people connect to services.

a. **Prioritize funding for outreach**: Add peer support specialists, caseworkers and more street outreach and engagement workers, and system support for these positions.
b. **Meet people in frequently visited locations:** Add homelessness and housing resources at libraries (e.g., the Central Library), including a homelessness & housing help desk. Station outreach workers (peers and caseworkers) at libraries, day centers, transit hubs, and health/hygiene centers where people frequently gather. The current mobile-only outreach model makes consistent contact difficult, especially since most unsheltered individuals report recent displacement and loss of essential items (H4A). Each city quadrant needs a reliable location where people can consistently access the help they need when they are ready.
c. **Make services more accessible:** Assist people with access to the internet and transportation to access services.
d. **Establish standards for check-ins** regarding frequency and consistency and standards for recording case notes that are included in annual evaluations of provider contracts. Case notes should be accessible to other providers and shared as participants move through the system.
e. **Establish trauma-informed training requirements for outreach workers**: Training should be frequent (e.g., every six months and/or prior to working with clients), with a focus on de-escalation, listening techniques, and skills relevant to working with people with mental illness, substance use, domestic violence, trauma, and/or those who have experienced incarceration.