







Fiscal Year 2026

Supportive Housing Services Annual Report

A report on the coordinated effort between Multnomah County and Oregon Metro, our contracted service providers, and other partners to reduce chronic and overall homelessness through the voter-approved Supportive Housing Services (SHS) Measure.

Multnomah County

Welcome

Welcome to the Homeless Services Department's
FY 2026 Supportive Housing Services Annual Report!

In this year's report you'll discover how Multnomah County continued to play a vital role in the region's efforts to reduce homelessness and create sustainable housing solutions. We're excited to share the outcomes, progress, and challenges that we navigated while supporting our unhoused, unsheltered, and at-risk neighbors using SHS measure resources.

Our commitment to providing a range of supportive services has been unwavering and we're proud of the strides we've made collectively with our partners and the community.

Thank you for your ongoing interest and support of our mission. We invite you to explore the report and learn more about the impact of the SHS measure in Multnomah County.

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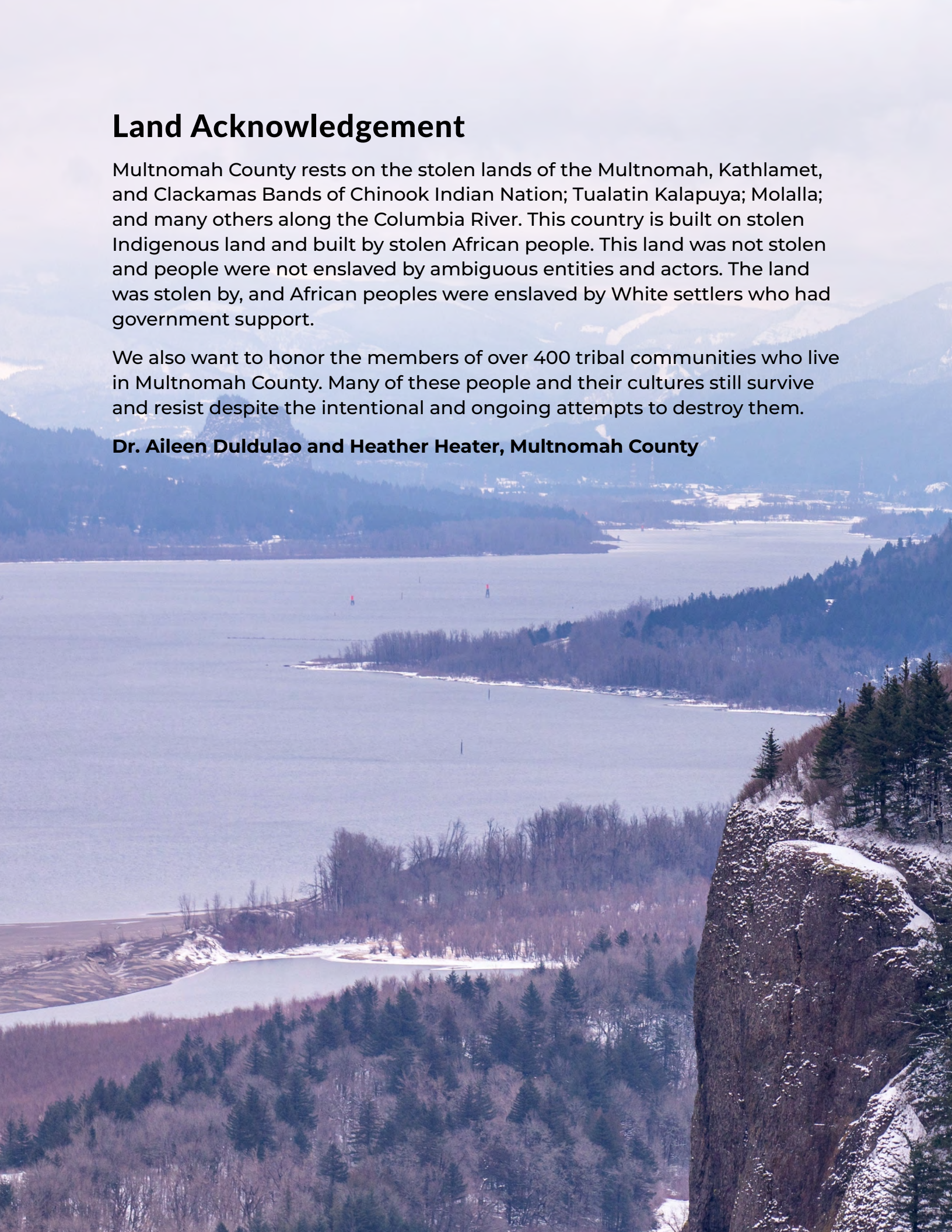
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Land Acknowledgement

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.

Dr. Aileen Duldulao and Heather Heater, Multnomah County







Community Acknowledgement

We honor the experience, time, and labor of our unhoused and housing-insecure neighbors who continually inform our work. We also acknowledge the existence of structural racism and commit to developing, implementing, and evaluating policies and practices that achieve equitable outcomes and focus on eliminating the disparities that people of color and other marginalized groups experience. We believe that focusing on racial equity sets us on a path to more effectively serve all communities.

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





About the Homeless Services Department



The Homeless Services Department addresses the homelessness crisis in Multnomah County through strong partnerships and shared power with those experiencing homelessness. We help shape local policy and partner with community-based organizations and other government entities to provide services such as rent assistance, supportive housing, street outreach, and shelter that create pathways back to housing and help prevent people from experiencing homelessness in the first place.

We also coordinate the systems of care that serve adults, families, youth, and veterans experiencing homelessness; oversee system reporting and evaluation; and serve as the lead agency for the Continuum of Care, a federal grant program led by the U.S. Department of Housing and Urban Development.



Vision

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

About the Supportive Housing Services Measure

In May 2020, voters in Multnomah, Clackamas, and Washington counties approved Measure 26-210, introducing a historic new source of funding to help end homelessness across greater Portland.

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

10-year Regional Goals

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



Geographic map of the region (Clackamas, Multnomah, and Washington Counties)

SHS-Funded Services

- Permanent Supportive Housing Services
- Rent Assistance (Short & Long-Term)
- Eviction Prevention
- Behavioral & Mental Health
- Advocacy & Case Management
- Addiction Treament / Recovery Assistance
- Housing Placement
- Language & Cultural Support
- Outreach & Inreach
- Tenant Rights
- Peer Support
- Basic Survival Support
- Employment Assistance
- Education Assistance
- Shelter
- Legal Services
- Other Supportive Services

Contracted Service Providers

Recognizing Workers and the Services They Provide

We express our deepest gratitude to our partners and providers, particularly the direct service staff who work daily to support our unhoused, unsheltered and housing-insecure neighbors. We are also deeply grateful to our Homeless Services Department staff, whose daily work ensures our community receives vital support and drives better outcomes for the people we serve.

Beacon Village

Bradley Angle

Call to Safety

Cascade AIDS Project

Cascadia Health

Catholic Charities

Central City Concern

City of Gresham

City of Portland

College Housing NW

Community Development Corporation of Oregon

Community Development Partners

Community Partners for Affordable Housing

Cultivate Initiatives

Do Good Multnomah

Ecumenical Ministries OR

El Programa Hispano Católico

Fora Health Treatment and Recovery

Greater New Hope Family Services

Helping Hands Reentry Outreach Centers

Home Forward

Housing Connector

Immigrant and Refugee Community Organization

Impact NW

Innovative Housing, Inc.

Janus Youth Programs

JOIN

Just Compassion

Latino Network

LifeWorks NW

The Marie Equi Center

Metropolitan Public Defender

Native American Rehabilitation Association of the NW (NARA NW)

Native American Youth and Family Center (NAYA)

New Avenues for Youth

New Narrative

Northwest Pilot Project

Oregon Law Center

Our Just Future

Outside In

Outside the Frame

Path Home

The Peer Company

Rahab's Sisters

Raphael House of Portland

Salvation Army

Self Enhancement, Inc.

Somali Empowerment Circle

Stone Soup PDX

Straightway Services

Telecare Mental Health Services of Oregon

Transcending Hope

Transition Projects, Inc.

Trash for Peace

Urban League of Portland

Volunteers of America Oregon

WeShine Initiative

Worksystems, Inc.

YWCA of Greater Portland



(July 2025 to June 2026)

Multnomah County SHS Advisory Committee

Cheryl Carter
Community Member

Crystal Magaña
Community Member

Daniel Carrillo
Community Member

Dwight Minnieweather
Straightway Services

Eboni Samuels
Bybee Lakes Hope Center

Ed Johnson
Community Member

Glyceria “Ria” Tsinas
Circles of Solidarity

Jamar Summerfield
Restorative Justice

Lauren Link
Community Member

Patrick Alexander
Central City Concern

Rachel Patten
Community Member

Ruby Durr
Community Member

Sandra Comstock
Hygiene4All

Theo Hathaway Saner
WeShine

Ty Schwoeffermann
Community Member

Xenia Gonzalez
Community Member

Yvette Hernandez
Community Member

Letter from the Director



I am honored to present Multnomah County's **Fiscal Year 2026 Supportive Housing Services Annual Report**. Stepping into the role of Homeless Services Department Director this past May brought a profound sense of responsibility alongside genuine optimism. Having worked for many years across all levels of homeless services, from direct frontline care to program administration, I have been deeply impressed by this region's commitment to solving homelessness. This dedication is most clearly evidenced by the voters who made this work possible by approving the **Supportive Housing Services (SHS) measure** in 2020.

This year five report marks the halfway point of the ten year funding cycle voters created in 2020. Since its implementation, SHS funding has become the backbone of our regional response to homelessness. In Multnomah County, the measure will account for approximately 60 percent of our total department operating budget going into FY 2027. Critically, this revenue helps sustain the entirety of our operations. Whether a specific initiative receives a direct SHS allocation or not, these voter-approved resources power our entire department and everything we do.

The impact of this investment is clear. Over the past year, we placed 1,463 people into housing and provided eviction prevention services to another 1,711 people. Furthermore, our shelters and transitional housing programs gave 5,238 people a safe place to sleep. We also know these interventions are highly effective, as 93% of people placed into permanent supportive housing remained stably housed twelve months later.

We achieved these outcomes through deep collaboration with community providers delivering direct services. To strengthen transparent, accountable partnerships, we implemented a new Contract Monitoring Dashboard in FY 2026 supported by SHS funds. By measuring performance against standardized program goals, we can identify gaps and make data informed improvements across our system.

While we celebrate our progress, we must remain honest about the deep struggles remaining on our streets. The frustration many residents feel is valid and deeply shared by our department. Like major jurisdictions nationwide, Multnomah County is navigating an acute housing crisis, compounded by mounting affordability pressures, a strained behavioral health system, and declining financial support. These systemic hurdles mean people continue losing their housing faster than our programs can serve them. Acknowledging this gap is not a reason to retreat, but a mandate to redouble our efforts, to hold our systems accountable, and to protect our core investments in strategies delivering real stability.

Locally, our department faces severe fiscal headwinds from structural funding cliffs and declining revenues. Preparing for FY 2027 involved adapting to a 21.7 percent overall budget reduction amid an unpredictable federal landscape. These financial realities underscore why SHS funding is so vital. Because this revenue is generated locally, it provides a crucial degree of flexibility to build programs reflecting our local values. Even as overall revenues contract, SHS dollars allow us to fiercely protect core, proven interventions like permanent housing placements, guiding our neighbors off the streets and into long term stability.

Because homelessness extends beyond county lines, solving it requires deep, creative collaboration with Metro and our neighboring counties to meet local needs and live up to public expectations. We are deeply grateful to you, our community, for staying engaged and standing with us as we confront these hard realities. Thank you for championing HSD's mission to provide coordinated, participant centered, and equitable services for people experiencing or at risk of homelessness.

Sincerely,



Nathaniel VerGow
Director, Homeless Services Department
Multnomah County



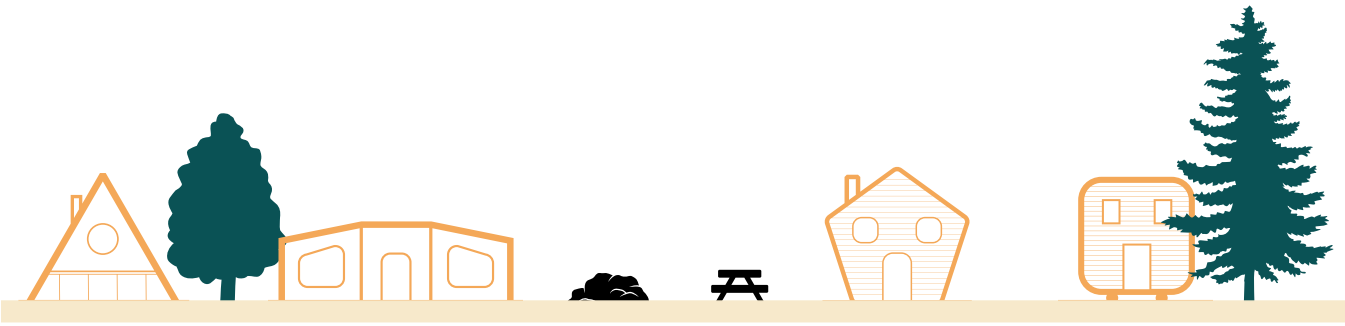
Executive Summary

Fiscal Year 2026 marks the halfway point of the 10-year SHS measure and a pivotal transition for the Homeless Services Department (HSD). Our community continues to navigate a complex crisis driven by the high cost of living, an affordable housing shortage, and the compounding challenges of untreated behavioral health needs. At the same time, we are adapting to an unpredictable federal and state funding landscape, and a 21.7% reduction to our department budget going into FY 2027. Because locally generated SHS funding accounts for approximately 60% of our total operating budget, our overarching strategy has decisively shifted from rapid system expansion to stabilization. We are strictly prioritizing investments that protect our core, proven interventions—such as housing placements, eviction prevention, and shelter capacity—to ensure that systemic financial constraints do not compromise our most effective pathways to long-term stability.

Our service delivery remains laser-focused on the community's most impacted individuals. In permanent supportive housing (PSH), 98% of households served were experiencing long-term homelessness and living with at least one disabling condition. Furthermore, we continue to advance racial equity by ensuring Black, Indigenous, and other people of color (BIPOC) access housing placements and prevention services at rates that reflect their representation in the homeless population. These equitable access efforts are yielding long-term housing stabililty, as housing retention rates remained high for most BIPOC populations in PSH and rapid rehousing programs.

Despite severe financial headwinds, SHS funding drove remarkable, measurable progress across our continuum of care:

- **Housing Placements & Sustained Support:** Over the past year, HSD placed 1,463 people into housing, achieving 147% of our annual placement goal. Crucially, SHS also sustained an additional 4,592 people in their homes from previous years, demonstrating the lasting, cumulative impact of these interventions.
- **Eviction Prevention:** We kept 1,711 people from falling into homelessness, far exceeding our prevention targets.
- **Shelter & Outreach:** On the streets and in temporary accommodations, 4,434 individuals found a safe place to sleep across 1,871 SHS-supported shelter units, 804 individuals received support in transitional housing, and outreach teams engaged 640 new individuals.
- **Lasting Stability:** Most importantly, these interventions provided reliable relief, with 12-month housing retention rates holding exceptionally strong at 93% for PSH participants and 84% for RRH participants.
- **System Capacity:** Systemwide, we added 201 new SHS-funded supportive housing units this year, bringing our total to 1,751 since 2021—achieving 78% of our 10-year goal.



We achieved these outcomes through dedicated financial stewardship, exceeding our minimum spending goal by 6% and successfully deploying 86% of our overall SHS program budget—an investment of over $168 million directly into the community. Because this work relies on the expertise of community organizations, we invested heavily in provider capacity this year, delivering targeted training, technical assistance, and localized support to stabilize our network of 60 contracted community partners, including vital culturally specific organizations.

To further maximize these resources, HSD is driving major infrastructure innovations. We partnered with the Department of County Human Services to launch the Medicaid Waiver Rent Assistance Program (MWRAP), utilizing Medicaid-funded rent and utility support to complement traditional SHS funding. Internally, a new Contract Monitoring Dashboard now evaluates program goals against actual performance for real-time tracking. Regionally, we are aligning with Metro and neighboring counties to streamline our Coordinated Access system to ensure faster, more equitable pathways to housing, while actively preparing for the spring 2027 launch of Clarity HMIS to modernize regional data sharing and transparency.

As we reach the halfway point of the ten-year SHS measure, it is unmistakably clear that these funds are vital to Multnomah County. These local resources underpin our complete homelessness response system, serving as the backbone for the entirety of our operations and protecting our most effective interventions. Yet, even as we right-size our system to adjust for the end of rapid expansion and shifting revenues, we must acknowledge a difficult reality: these resources alone are still not enough to serve everyone in need. While we are making strides to stem the tide, the crisis remains very real. The high cost of living, housing shortage, and deep behavioral health complexities continue to create a level of need that exceeds what our programs can currently support.

As we look toward the next five years, we will continue to adapt our strategies to match these financial realities, holding our system accountable and fiercely protecting the core programs that deliver long-term stability. Above all, we remain focused on transparently showing voters and the public the true impact of their continued support. We hope this report does exactly that—shining a light on the incredible work SHS makes possible, and illustrating just how critical this measure is to our entire system's response, our shared future, and the lives of our neighbors.



‘Overjoyed to have a key to my apartment’

After years of housing instability, Pamela has a lease in her name

“Northeast, Southeast, then back to Northeast, so I moved around a lot,” Pamela recalls, thinking about the parts of Portland she’s lived in over the years.

For a long time, Pamela struggled to feel truly at home in the city she was born and raised in. She went 15 years without a lease in her name. For six of those years, she lived in Troutdale with the father of her daughter. While the situation was functional, it was far from ideal for anyone involved.

“Staying with my daughter’s dad, [I had a home] but I still felt homeless,” Pamela says.

Her adult daughter (who has since passed away) told her about a program through the Portland Housing Bureau that could help her secure housing.

Through additional support from a Metro Supportive Housing Services-funded rent assistance voucher, Pamela qualified for an apartment at Renaissance Commons.

“I was just so happy, and overjoyed to have a key to my apartment,” she said. Once she got settled and the movers left, the first thing she did was take a walk around the neighborhood.

“I got to know the Kenton neighborhood. The park is right there. The train is right there. And it just felt good, to leave and go places and then know I’m going to my house,” she recalled with a grin.

“It took me a while to unpack once I was here because I was like, wow, okay, this is what you strived to do. And now it’s for real. So it took me like a year to unpack my stuff,” Pamela said.

After multiple years in her apartment, Pamela is finally confident in calling her apartment her home; after all, she has now lived there for longer than she did in her previous home. The lease still proudly displays her name. She plans to keep it that way.

- Story courtesy of Oregon Metro



Housing & Services

Approved by voters in 2020, SHS funds have helped thousands of people across our county exit homelessness, avoid losing their homes, access emergency shelter, and connect with outreach services. In FY 2026, SHS represented 54% of our total department budget. Because SHS makes up the majority of our funding, it is often braided with other funding streams to maximize the reach of our total investments.

With SHS integrated across our programs, we've refined our data tracking to clearly show which outcomes are driven specifically by SHS versus the broader system. This work took place over the last two years in collaboration with our SHS, data, and business services teams through a pilot to connect actual SHS spending to outcomes pulled from HMIS. This robust reporting process clearly identifies the percentage SHS is paying for services across each program type (PSH, RRH, shelter, etc.) to yield the total outcomes that can be attributed to SHS. This pilot improved our ability to capture all SHS investments and has since been adopted as our primary methodology for pulling SHS outcomes. **The outcomes discussed throughout this section represent SHS-specific outcomes and not the entire homeless services system in Multnomah County.**



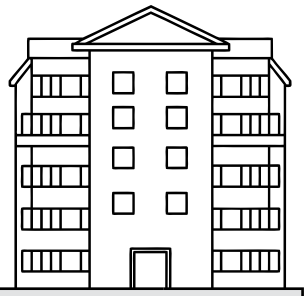
Housing & Services

Permanent Supportive Housing Capacity and Need

In Multnomah County's Local Implementation Plan (LIP), supportive housing was named the number one priority for SHS funding with a particular emphasis on serving those with extremely low-incomes, living with a disability, and experiencing long-term homelessness. To address the growing need for permanent supportive housing (PSH) in our community, Multnomah County conducted a gap analysis and set a 10-year goal of creating 2,235 new supportive housing units.

Before the start of SHS there were less than 1,500 supportive housing units in Multnomah County. Over the last five years of SHS implementation that number has increased by 123% to 3,152 units, with SHS funding supporting all new PSH units that have opened since 2021. **At the end of FY 2026 we have added 1,751 new supportive housing units, achieving 78% of our 10-year goal in just the first five years.**

Although we've made progress, the need in our community continues to outpace supply. According to a report from Portland State University's Homelessness Research and Action Collaborative that informed our Local Implementation Plan, there were 4,936 households in need of PSH when the SHS measure began. That number has since grown by 26% to 6,221.



Housing and Services Data

Figure 1: PSH Capacity and Need		
Number of PSH units created and total capacity	# of SHS-funded PSH units/vouchers added since July 1, 2021	1,751
	# of SHS-funded PSH units/vouchers added in Year Five	201
Households in need of PSH	# of households in need of PSH in 2021 (baseline)	4,936
	# of households in need of PSH in Year Five	6,221

Housing Placements and Preventions

In our FY 2026 SHS Annual Work Plan, we set a goal of placing 674 households in permanent supportive housing (PSH), rapid rehousing (RRH), housing with services, and housing only programs. By the end of the year we achieved 147% of our goal by placing 994 households (1,463 people). In FY 2026 alone, SHS helped 1,463 people exit homelessness and sustained an additional 4,592 people in their housing from previous fiscal years. Across Multnomah County's housing programs, SHS newly housed or sustained 6,055 people across 3,956 households. In a tighter funding

environment, we expect the pace of new housing placements to slow over time and ongoing support for existing households to stabilize.

In PSH, we placed 452 people (395 households), surpassing our placement goal of 248 by 182% for people and 159% for households. In addition to new placements, SHS funding sustained 2,811 people who were placed in PSH in a previous year, meaning that in FY 2026 SHS funding supported 3,254 people (2,506 households) in PSH. This demonstrates the lasting support SHS is providing thousands of people in our community yearly. In RRH we placed 1,046 people from 606 households, exceeding our goal of 357 by 293% for people and 170% for households. A total of 1,911 people (1,118 households) were newly placed or sustained in RRH at the end of FY 2026.

In FY 2025, Metro moved away from capturing outcomes in a category titled “Other Housing Programs” and created “Housing with Services” and “Housing Only” categories. Housing with Services programs refer to permanent housing programs that offer support services without strict eligibility criteria like PSH. Housing Only programs refer to permanent housing programs solely providing housing and not support services. In Multnomah County, housing with services and housing only programs represent a small portion of our housing investments. This year, SHS helped place 71 people (41 households) in housing with services and 46 people (16 households) in housing only programs. Including those newly placed this year and sustained from previous years, SHS supported 717 people (337 households) in housing with services and 276 people (77 households) in housing only programs.

Although the SHS measure was designed primarily as an intervention for people experiencing prolonged episodes of homelessness, it also allows us to fund upstream investments that prevent people from becoming homeless to begin with. Multnomah County’s Local Implementation Plan (LIP) included homeless prevention as a planned investment to strike a balance in the services we provide to meet community need. We primarily partner with Multnomah County’s Department of County Human Services (DCHS) to distribute homeless prevention funding. During FY 2026, SHS dollars kept 1,711 people (1,147 households) from falling into homelessness. This is a modest 4% increase in households served since last fiscal year and a 163% achievement of our FY 2026 goal to serve 700 households with homeless prevention services.

In FY 2026, Multnomah County issued 153 RLRA vouchers and newly leased up 233 households. RLRA vouchers issued and the total households newly leased in RLRA represent different metrics resulting in different outcomes. The number of RLRA vouchers specifically refers to how many tenant-based vouchers were distributed during the fiscal year. A tenant-based voucher is not attached to a specific building and can be used for private rentals, whereas project-based RLRA is attached to specific buildings. In the RLRA program, "newly leased up" refers to households that have moved into an RLRA unit—whether tenant-based or project-based—where Home Forward and the landlord have executed an agreement. This agreement defines subsidy amounts, the tenant’s share of rent, communication expectations, and policies regarding rent increases. This count also includes households issued a voucher in the previous fiscal year who completed their housing search and signed a lease during the current fiscal year.

Figure 2: Housing Placements and Prevention Programs[1]		
Permanent supportive housing (PSH) placements	# of households placed in PSH in Year Five	395
	# of people placed in PSH in Year Five	452
Total (unduplicated) sustained in PSH	# of households sustained in PSH in Year Five	2,113
	# of people sustained in PSH in Year Five	2,811
Rapid Rehousing (RRH) placements	# of households placed in RRH in Year Five	606
	# of people placed in RRH in Year Five	1,046
Total (unduplicated) sustained in RRH	# of households sustained in RRH in Year Five	574
	# of people sustained in RRH in Year Five	1,008
Housing with Services (HwS) placements	# of households placed in HwS in Year Five	41
	# of people placed in HwS in Year Five	71
Total (unduplicated) sustained in HwS	# of households sustained in HwS in Year Five	296
	# of people sustained in HwS in Year Five	646
Housing Only placements	# of households placed in Housing Only in Year Five	16
	# of people placed in Housing Only in Year Five	46
Total (unduplicated) sustained in Housing Only	# of households sustained in Housing Only in Year Five	61
	# of people sustained in Housing Only in Year Five	230
Total (unduplicated) housing placements	Total (unduplicated) # of households placed in PSH, RRH, Housing with Services or Housing Only in Year Five	994
	Total (unduplicated) # of people placed in PSH, RRH, Housing with Services or Housing Only in Year Five	1,463

[1] All data in this section has been de-duplicated. We remove duplicates from each individual service category and between categories when we calculate the totals. For this reason, individual service categories cannot simply be added together to arrive at the totals.

Figure 2: Housing Placements and Prevention Programs (continued...)		
Eviction / Homelessness Prevention	# of households served with prevention services in Year Five	1,147
	# of people served with prevention services in Year Five	1,711
Total (unduplicated) housing placements and preventions	Total (unduplicated) # of households placed in PSH, RRH, Housing with Services, Housing Only or served with prevention services in Year Five	2,047
	Total (unduplicated) # of people placed in PSH, RRH, Housing with Services, Housing Only or served with prevention services in Year Five	2,971
Regional long-term rent assistance (subset of housing placements)	RLRA vouchers issued in Year Five[2]	153
	Households newly leased up using RLRA in Year Five	233
	People newly leased up using RLRA in Year Five	374
	Total households in housing using RLRA in Year Five	1,247
	Total people in housing using RLRA in Year Five	2,105
	Total households housed using an RLRA voucher since July 1, 2021	1,532
	Total people housed using an RLRA voucher since July 1, 2021	2,427



[2] RLRA vouchers issued in year five refers to the number of tenant-based RLRA vouchers issued during the fiscal year in alignment with regional RLRA reporting developed by Home Forward.
[3] Metro guidance refers to active households as any households that were enrolled in SHS-funded housing programs and received services and/or rent assistance at any point during year five.

Figure 2a: Total New and Sustained in Housing Programs		
Total (unduplicated) sustained in PSH, RRH, Housing with Services or Housing Only	Total (unduplicated) # of households sustained in PSH, RRH, Housing with Services or Housing Only	2,962
	Total (unduplicated) # of people sustained in PSH, RRH, Housing with Services or Housing Only	4,592
Total (unduplicated) newly placed or sustained in PSH	Total (unduplicated) # of households newly placed or sustained in PSH	2,506
	Total (unduplicated) # of people newly placed or sustained in PSH	3,254
Total (unduplicated) newly placed or sustained in RRH	Total (unduplicated) # of households newly placed or sustained in RRH	1,118
	Total (unduplicated) # of people newly placed or sustained in RRH	1,911
Total (unduplicated) newly placed or sustained in Housing with Services	Total (unduplicated) # of households newly placed or sustained in Housing with Services	337
	Total (unduplicated) # of people newly placed or sustained in Housing with Services	717
Total (unduplicated) newly placed or sustained in Housing Only	Total (unduplicated) # of households newly placed or sustained in PSH	77
	Total (unduplicated) # of people newly placed or sustained in PSH	276
Total (unduplicated) newly placed or sustained in PSH, RRH, Housing with Services or Housing Only	Total (unduplicated) # of households newly placed or sustained in PSH, RRH, Housing with Services or Housing Only in Year Five	3,956
	Total (unduplicated) # of people newly placed or sustained in PSH, RRH, Housing with Services or Housing Only in Year Five	6,055

In Figure 2a, the total number of people and households across each housing type is a summation of the unduplicated new and sustained placements shared in Figure 2 above. These numbers are distinct from Figure 4: Ongoing Housing Support in the **Housing Stability** section of this report. Figure 2a describes only those newly placed or sustained in housing with SHS while Figure 4 represents those newly placed, sustained, and active[3] in an SHS-funded program.

Safety On and Off the Streets

Shelter



By the end of FY 2026, 1,871 shelter units were either fully or partially paid for by SHS. Out of these, 145 were new and 1,726 were sustained from previous years. New units represent housing brought online during the fiscal year; sustained units refer to existing housing created in prior years. The new shelter capacity added 32 units for survivors of domestic violence, 17 units for veterans, and 28 units plus 68 motel vouchers for families.

While we expanded shelter capacity by 145 shelter units, we did not reach our original goal of adding 283 units due to significant reductions in funding at the local and state level. These shifts required HSD to redistribute funding to safeguard housing and move funding away from new shelter developments. Because of these shifts, we made the difficult decision to discontinue two shelter programs that were slated to come online this year. Additional provider changes and construction delays led to only a partial amount of units opening within the fiscal year and a shift from units to scattered site motel vouchers for the family system. The delayed programs are now anticipated to become fully operational in FY 2027 and will add 22 units to the family system and 38 units to the adult system.

Even with changes in the number of new units coming online in FY 2026, SHS served 3,718 households (4,434 people) in shelter—an 11% increase over the number of households we served in the previous year.

Transitional Housing



SHS also contributes to transitional housing programs for people in need of temporary support beyond shelter. Multnomah County's Local Implementation Plan (LIP) identified transitional housing focused on recovery for mental health and substance use disorders as a planned investment for SHS. In FY 2026, SHS funding supported transitional housing programs for homeless youth, people exiting the justice system, people recovering from substance use, and people in need of behavioral health focused transitional housing. The four programs focused on recovery-oriented transitional housing and behavioral health support were provided in partnership with Multnomah County's Health Department.

Across transitional housing programs, SHS supported 787 households (804 people). When combined with shelter, 4,505 households (5,238 people) received these short-term supports.

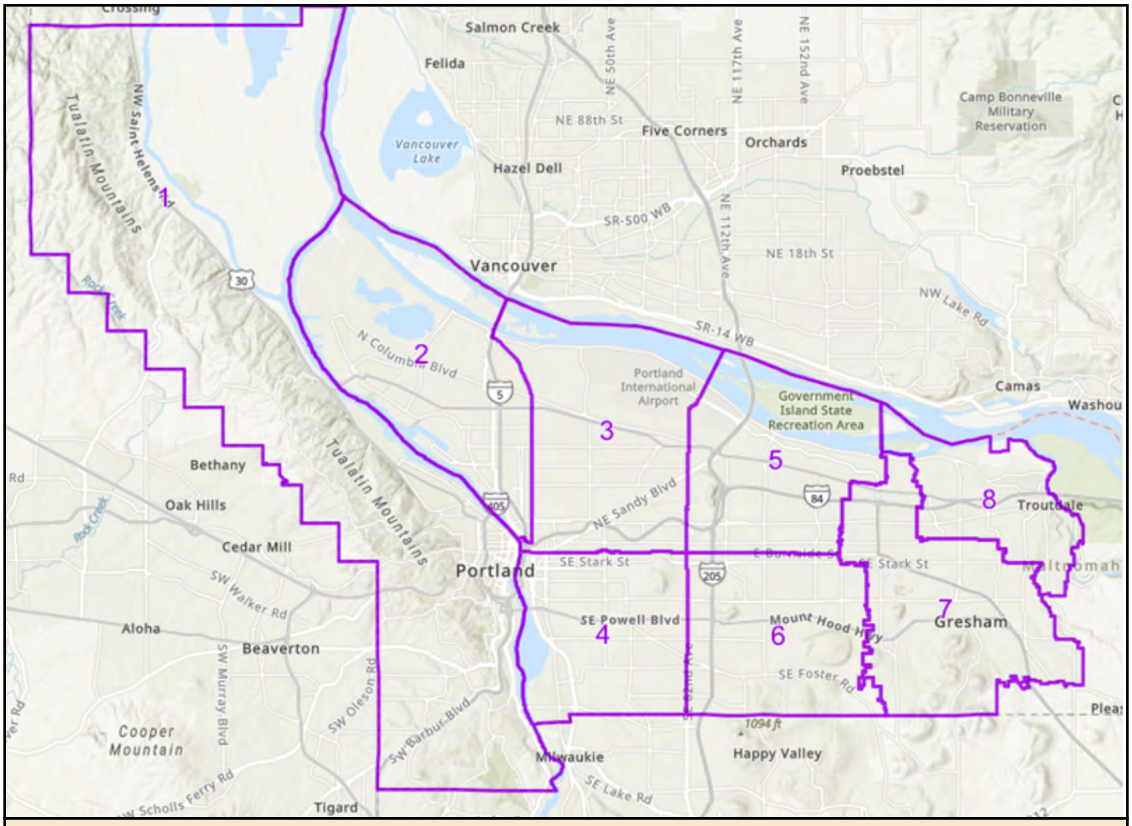
Outreach



Sending outreach teams into the field allows us to connect people experiencing homelessness directly to resources, including housing navigation, behavioralhealth support, flexible client assistance, barrier removal, and long-term stabilization services. In FY 2026, we made major updates to our street outreach strategy and significant improvements to our outreach reporting capabilities. Prior to these updates, outreach was largely uncoordinated: independent providers frequently overlapped in high-profile areas, leaving service gaps across the rest of the community.

To address this, HSD staff designed and implemented a structured geographic zone model that connects providers to dedicated regions, establishing clearer points of contact. The team initiated a weekly coordination meeting for County and frontline outreach staff to coordinate routes, discuss shifting 'hot spots', and plan collaborative work. HSD outreach staff codified these changes by publishing the first-ever HSD Outreach Services Manual to establish a baseline for housing-oriented outreach, provider safety and priorities, data entry, and core training requirements. The goal is to ensure that individuals can expect to receive similar support through street outreach, regardless of the team they engage with. This also helps our providers understand County expectations and requirements.

Six of our system's nine outreach programs were funded by SHS this year. As funding for outreach services has decreased steadily since FY 2025, we concentrated remaining resources to focus on housing-focused and behavioral health outreach. While SHS investments represent a small portion of Multnomah County's total outreach investments, the six providers running SHS-funded outreach programs successfully engaged 640 new individuals and made a total of 22,032 contacts. Our data shows that East Portland (zone six) had the highest amount of total outreach contacts, newly engaged individuals, and



Geographic map of zones throughout Multnomah County used in outreach.

We also improved data collection and accuracy by establishing mandatory requirements for providers to utilize HMIS for documenting outcomes, and rolling out an operational geospatial map called ArcGIS that collects encampment information through short surveys. We provided intensive technical assistance around these changes. Due to the nature of outreach services and the large scale of outreach provided in Multnomah County it has been challenging for providers to document complete outreach data in HMIS. But with ArcGIS, outreach teams are now able to record outreach activities in the field and capture more accurate data while working to adopt HMIS into their daily workflows. For outreach outcomes reporting this year we used ArcGIS as our primary data source for the total number of people engaged and newly served with outreach, and HMIS as the source for outreach demographic data (when available). Because of this, ArcGIS outcomes will be higher than total demographics since HMIS currently includes only partial data for people served with outreach. Going into FY 2027 we are continuing to work with providers to improve the use of HMIS for outreach data and will use this foundation for a smoother transition to the new regional HMIS platform launching in FY 2028.

Figure 3: Safety On and Off the Streets		
Emergency shelter capacity	Total inventory of emergency shelter beds/units created or sustained with SHS funds in Year Five	1,871
Emergency shelter households/ people served	# of households served in emergency shelter beds/units in Year Five	3,718
	# of people served in emergency shelter beds/ units in Year Five	4,434
Transitional housing households/ people served	# of households served in transitional housing in Year Five	787
	# of people served in transitional housing in Year Five	804
Total households/ people served in emergency shelter and transitional housing	# of households served in emergency shelter and transitional housing inYear Five	4,505
	# of people served in emergency shelter and transitional housing in Year Five	5,238
Street outreach capacity	# of organizations supported with SHS funds to conduct street outreach	6
	# of street outreach programs and/or teams supported with SHS funds	6
Outreach engagements	# of people engaged in Year Five	640[4]

[4] The number of people engaged in year five represents the total of newly engaged individuals in SHS-funded programs. This does not include non-SHS funded outreach engagements or continued engagements.

Inreach

Our goal is that no matter where someone first seeks homelessness services in Multnomah County, they can access a pathway to housing. Inreach services are one way we can accomplish this. While shelter primarily allows us to meet someone's immediate survival needs, it is also an opportunity to connect people with resources that help them transition into stable, permanent housing. In FY 2026, across all funding streams, HSD supported 14 inreach teams across 12 organizations that provided housing placement services in shelter programs.

For instance, SHS funded an adult inreach team at El Programa Hispano Católico that provided flexible rent and client assistance for people living in shelters, campgrounds, and other non-traditional locations without structured connections to services. The team helped house 25 households this year, including one senior couple whose previous property debt was contributing to their homelessness. The team was able to leverage flexible inreach funding to significantly reduce their property debt, pay for transportation to view and apply for apartments, and support with food costs during their search. With the help of the inreach team in eliminating these barriers, the couple was able to successfully move into housing.

As we move into FY 2027, we are replicating this model more broadly across our system and using inreach teams to provide on-site services at shelter programs across the County.

In addition to shelters, day centers are also an opportunity to connect people with resources that support their housing and stability goals. SHS funding supported several day centers this year, such as the Marie Equi Center and the Behavioral Health Resource Center. The Marie Equi Center was the first day center of its kind in the region when it opened in 2024, providing culturally specific housing resources and other supports tailored to LGBTQIA2S+ people who are low-income or experiencing homelessness. Visits to the center steadily increased all year, peaking at more than a thousand visits in Q4 alone. The center also contributes to our behavioral health strategies by helping people with substance use disorders navigate appropriate treatment through a person-centered and harm reduction lens.



Housing Stability

This section provides a detailed overview of key housing stability metrics and outcomes across Multnomah County's Supportive Housing Services (SHS) and countywide programs. It highlights the scope of ongoing housing support provided across PSH, RRH, Housing with Services and Housing Only models. Additionally, it examines critical performance indicators including 12-month housing retention rates, system inflow and outflow dynamics, the length of time households experience homelessness prior to placement, and rates of return to homelessness.





Ongoing Housing Support

SHS is providing housing stability for thousands of people in Multnomah County. Ongoing housing support refers to rent assistance or services that helps people sustain their housing across PSH, RRH, Housing with Services, and Housing Only SHS-funded programs.

Ongoing support figures include households / people who are:
Newly placed into housing
Sustained in housing
Receiving rental assistance and/or services
Enrolled in a housing project and actively searching for housing

In FY 2026, HSD contracted with 46 providers to administer ongoing housing support to people exiting homelessness. Of those providers, three were new to contracting with HSD and 43 had previously contracted with us.

As noted in the Housing & Services section, Figure 4 expands on the information available in the Figure 2a table, which only captures those newly placed or sustained in housing programs. Figure 4 describes the total number of people and households utilizing different housing programs. Utilization captures a broader picture than placements alone, by including people who were newly placed, sustained, and those actively receiving services or rent assistance but do not yet have a housing move in-date.

Figure 4: Ongoing Housing Support		
Total in housing utilizing PSH	# of households in PSH that received SHS-funded rent assistance and/or services in Year Five	2,704
	# of people in PSH that received SHS-funded rent assistance and/or services in Year Five	3,486
Total in housing utilizing RRH	# of households in RRH that received SHS-funded rent assistance and/or services in Year Five	1,556
	# of people in RRH that received SHS-funded rent assistance and/or services in Year Five	2,603
Total in housing utilizing Housing with Services	# of households in Housing with Services that received SHS-funded rent assistance and/or services in Year Five	365
	# of people in Housing with Services that received SHS-funded rent assistance and/or services in Year Five	778

Total in housing utilizing Housing Only	# of households in Housing Only that received SHS-funded rent assistance and/or services in Year Five	81
	# of people in Housing Only that received SHS-funded rent assistance and/or services in Year Five	286
Total in housing utilizing any of the above four housing programs	# of households in all four housing programs above that received SHS-funded rent assistance and/or services in Year Five	4,605
	# of people in all four housing programs above that received SHS-funded rent assistance and/or services in Year Five	7,023
Housing support capacity	# of service providers contracted to provide ongoing housing support (i.e., housing retention services) in Year Five across all of the above programs	46

Housing Retention Rates

Housing retention rates help us understand if people are maintaining housing once they have exited homelessness. In Multnomah County, retention rates are calculated using our By-Name List (BNL) which tracks individuals rather than households. The BNL is organized by individuals instead of households since household composition can change frequently, making individuals the more accurate and detailed method of understanding who is experiencing homelessness in our system. In preparation for migrating to our region's new Homeless Management Information System (HMIS) in spring 2027, and in alignment with HSD's continuous quality improvement goals, we have recently updated how we track housing instability. These changes to improve accuracy include using a cascading location logic that allows us to understand a person's location on a more granular level and will help us similarly see returns to homelessness and and housing stability.

In alignment with the BNL, retention rates for PSH and RRH are calculated for individuals but use slightly different methodologies to account for the time-limited nature of RRH. Specifically, the PSH retention rate is calculated by measuring the percentage of people who are still in their housing 12 months after their move-in date while the RRH retention rate is calculated by measuring the percentage of people who are still permanently housed 12 months after their RRH subsidy has ended.

Across the region, retention rate goals are set at a competitive 85% for both PSH and RRH. This year, **93% of the individuals placed into SHS-funded PSH retained their housing after 12 months**—exceeding our retention goal. Twelve month retention rates remained high for Black, Indigenous, and other people of color (BIPOC) at 93% and non-Hispanic White identifying people at 91%. Across all races and ethnicities, PSH retention rates did not dip below 91%.



By the end of the fiscal year, the RRH retention rate was 84%—just shy of our 85% annual goal. BIPOC identifying people had an 85% retention rate in RRH on par with our annual goal, and non-Hispanic White identifying individuals had an 80% retention rate.

To better understand the drivers of the RRH retention rate, we looked at the average number of months people lived in RRH, where they were living 12 months after their RRH subsidy was over, what location they exited to immediately after they left RRH, and if they met the criteria for Population A or B.

Notably, in FY 2025 people lived in RRH for an average of 12 months in comparison to nine months this year—a three month decrease. Additionally, there was a 2% increase in the number of people who returned to unsheltered homelessness 12 months after they exited RRH programs. Of those who returned to unsheltered homelessness, 57% identified as Population A. There was also a 1% increase in the number of people whose housing status was unknown over last year, and a less than 1% increase in those who were staying in shelter, an institutional housing setting, and temporary housing. Although these percentage shifts are relatively small, they contribute to the difference in the percentage of those living in permanent housing versus these other locations.

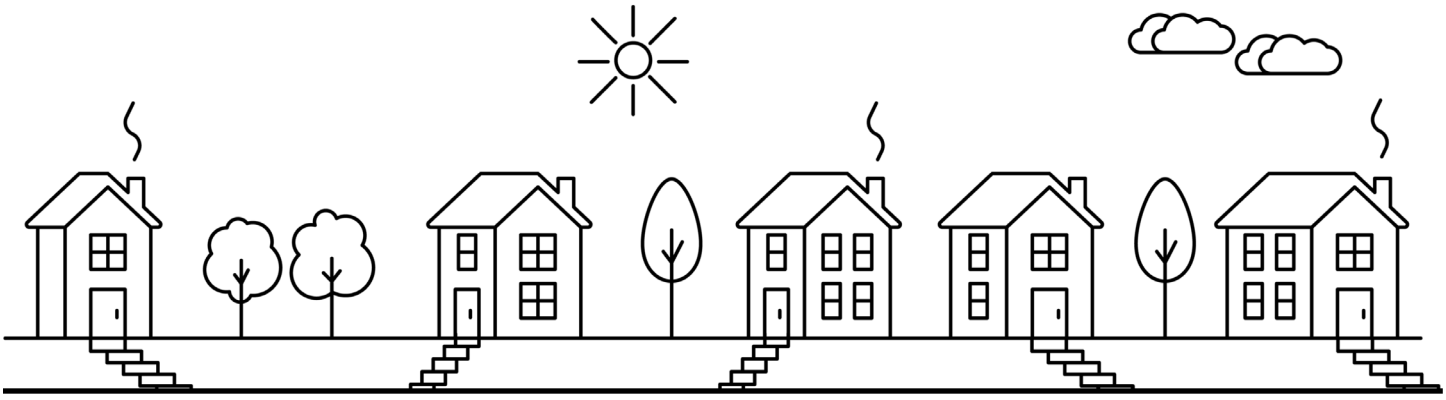


Figure 5: Housing Retention Rates		
12-month housing retention rate in PSH	% of **people** placed into PSH who retained housing at 12 months	93%
	# of **people** placed into PSH who retained housing at 12 months	1,351
12-month housing retention rate in PSH disaggregated by race/ethnicity **(Of the total people in each race/ethnicity who were placed into SHS-funded PSH, the % who retained housing at 12 months)**	American Indian, Alaska Native or Indigenous	93%
	Asian or Asian American	91%
	Black, African American or African	93%
	Hispanic or Latine	95%
	Middle Eastern or North African	100%
	Native Hawaiian or Pacific Islander	96%
	White	91%
	Non-Hispanic White	91%
12-month housing retention rate in RRH	% of **people** placed into RRH who retained housing at 12 months	84%
	# of **people** placed into RRH who retained housing at 12 months	2,247
12-month housing retention rate in RRH disaggregated by race/ethnicity **(Of the total people in each race/ethnicity who were placed into SHS-funded RRH, the % who retained housing at 12 months)**	American Indian, Alaska Native or Indigenous	81%
	Asian or Asian American	88%
	Black, African American or African	86%
	Hispanic or Latine	87%
	Middle Eastern or North African	96%
	Native Hawaiian or Pacific Islander	84%
	White	81%
	Non-Hispanic White	80%

System Inflow and Outflow

Inflow tells us the number of people who enter the homeless services system and outflow tells us the number of people exiting the system. Inflow and outflow numbers are reported using designated reporting periods to provide a snapshot of who was entering and exiting the system within a window in time. To decrease systemwide homelessness, outflow needs to be greater than inflow.

During FY 2026, 1,495 people on average flowed into the homeless services system each month while 1,204 people exited the system. Of the 1,495 people entering the system, an average of 1,044 were new to the system per month. On a monthly basis, an average of 336 people flowed out of the system to permanent housing and 855 moved to inactive in the homeless services system. Inactivity indicates the person has not recently engaged with the homeless services system.

Over the last year, we have seen a 20% increase in system inflow and a less than 1% increase in outflow. This disparity is keeping with the trend that inflow continues to outpace outflow. However, it's also critical to understand that key shifts to data methodology may be coloring this trend, in particular: changes to our inactivity policy and auto exit policy coupled with a mass auto exit prior to the reporting year in alignment with a new coordinated entry system. Put simply: a large exit prior to this reporting period may be resulting in a slow “climb” back to the list. We will continue to analyze this trend to understand what is driving these numbers.

Figure 6: System Inflow and Outflow		
Average monthly inflow #s (people)	Average number of people entering the homeless services system per month	1,495
	Average number of people entering the homeless services system per month that are new to the system	1,044
	Average number of people entering the homeless services system per month that returned from permanent housing	195
	Average number of people entering the homeless services system per month that returned from inactive	257
Average monthly outflow #s (people)	Average number of people exiting the homeless services system per month	1,204
	Average number of people exiting the homeless services system to permanent housing per month	336
	Average number of people exiting the homeless services system per month that moved to inactive	855

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

Figure 7: Length of Time Homeless		
Length of time homeless (households)	Average number of years homeless for households served in SHS programs	3.66 Years
	Average number of years homeless for all households served in county's homelessness programs	4.11 Years

Length of time homeless and length of time in a program before being housed paint a broader picture of the time it takes for households to move into housing. In SHS-funded programs, the average number of years households experienced homelessness was 3.66 years—an 18% decrease from FY 2025. This is a notable improvement from last year since the previous average was 4.45 years and higher than the system average. Comparatively, the system average (across all programs regardless of funding source) this year was 4.11 years, a 20% uptick when compared to FY 2025. We also noted changes in the length of time people are spending in housing programs before being housed. The average number of days households spent between program enrollment and becoming housed decreased by 33%, down to 47 days from 70 days last year. The only housing type to see an increased length of time between enrollment and being housed was PSH, with a slight increase of five days. **Note:** Due to regional data efforts, the methodology for this analysis will be updated in FY 2027 reporting to align with new SHS key performance indicators.

Figure 8: Length of Time in Program Before Being Housed		
Length of time in program before being housed (households)	Avg. number of days enrolled in SHS housing programs before being housed	47 Days
	Avg. number of days spent in SHS-funded PSH programs before being housed	41 Days
	Avg. number of days spent in SHS-funded RRH programs before being housed	55 Days
	Avg. number of days spent in SHS-funded Housing with Services programs before being housed	16 Days
	Avg. number of days spent in SHS-funded Housing Only programs before being housed	14 Days
	Avg. number of days spent in all County-funded housing programs before being housed	64 Days



Returns to Homelessness

Returns to homelessness provide insight into how efficient the system is at keeping people housed after they are placed into housing. Figure 9 describes the rate of returns to homelessness across housing types. While similar to retention rates, returns to homelessness is a different metric that tells us the percentage of people who were housed who became unhoused again within 24 months. Returns to homelessness exclusively captures if a person was housed and became unhoused, verified by their entry into a shelter program or other indicator in the BNL data.

With this framing in mind, the average rate of returns to homelessness was 9% for SHS programs and 12% for countywide programs. The average rate of returns to homelessness was 5% in PSH and 10% in RRH. Retention rates and returns to homelessness percentages will not add up to 100% since not all people who exit permanent housing return to homelessness. For example, the RRH retention rate was 84% but RRH returns to homelessness was 10%. The difference in these numbers can be better understood by looking closer at what determined the RRH retention rate. Specifically, of the people whose RRH subsidy ended 12 months prior, 84% retained permanent housing, 10% returned to unsheltered or sheltered homelessness, 4% had an unknown housing status, and 2% were in temporary housing or at risk of homelessness. Returns to homelessness includes only those who were in shelter (5%) and those who returned to unsheltered homelessness (5%), for a total of 10%.

Figure 9: Returns to Homelessness		
% of people exiting to permanent housing that returned to homeless service system within 24 months (people)	Average rate of returns to homelessness for people served in SHS housing programs (PSH, RRH, Housing with Services, or Housing Only)	9%
	Average rate of returns to homelessness for people served in SHS-funded PSH	5%
	Average rate of returns to homelessness for people served in SHS-funded RRH	10%
	Average rate of returns to homelessness for people served in SHS-funded Housing with Services	11%
	Average rate of returns to homelessness for people served in SHS-funded Housing Only	27%
	Average rate of returns to homelessness for all individuals served in County homelessness programs	12%





Populations Served

In this section we take a closer look at who accessed SHS services in Multnomah County over the last year, in alignment with the measure's commitment to serve people experiencing chronic homelessness and address racial disparities.



Populations Served



Priority Populations

The SHS measure calls for 75% of SHS resources to be prioritized for extremely low-income households living with at least one disabling condition and experiencing long-term homelessness. This group, locally known as Population A, represents people with the highest needs for long-term housing support. The other 25% of resources are designated for low-income households who are either experiencing homelessness or at risk of experiencing homelessness, known as Population B.

Population A and B designation is a data requirement for all providers utilizing HMIS and is collected when participants enter a program. This year, in collaboration with Metro we decreased the number of missing or unknown Population A designations in HMIS by incorporating a filter to account for chronic homelessness. When a household is missing a Population A or B designation, the new methodology filters for chronic homelessness to determine what population they fall into. While this methodology helps ensure we are capturing all Population A households in our data, the actual definition of Population A expands beyond the federal definition of chronic homelessness. The updated methodology also does not resolve all missing designations for Population B households who do not meet chronic homeless criteria.

In Permanent Supportive Housing (PSH), 98% of households served were Population A and 2% were Population B. This split is aligned with the outcomes we anticipate for PSH as the service is designed to support the stability of chronically homeless households. In rapid rehousing (RRH) we saw a 77% Population A and 23% Population B split. Rapid rehousing is considered a service type most beneficial to Population B households since it is time limited. In past years we have seen a higher amount of Population A households served in RRH than ideal and this trend continued in FY 2026. This was partially influenced by the Population A methodology update noted above. Last year 7% of households placed in RRH were missing a Population A or B designation in comparison to less than 1% this year. This update could be contributing to the increase in the percentage of households considered Population A in RRH, paired with limited long-term resources available for Population A households.

Across all SHS service types except Housing Only and Homeless Prevention, Population A households made up the majority of those served. Homeless prevention was the only service area with a substantial amount of unknown (null) designations, with 28% of households identifying as Population A, 21% as Population B, and 50% missing a priority population. A review of provider-level data showed that the missing information is stemming from one provider. Now that we are aware of this gap, we will work closely with the organization and provide technical assistance to resolve this challenge for future reports.



Racial Demographics

One of the defining characteristics of the SHS measure is its focus on decreasing racial disparities in homeless services. The January 2026 By-Name List (BNL) showed that as of 2026, chronic homelessness for Black, Indigenous, and other people of color (BIPOC) was lower than their representation in the general population in Multnomah County. BIPOC groups represented roughly 45% of all people living below 125% of the federal poverty line and 39% of those experiencing chronic homelessness. Non-Hispanic White individuals made up 56% of all people living below 125% of the federal poverty line and 59% of those experiencing chronic homelessness.

Across all sustained and new housing placements, 65% of people identified as BIPOC and 34% as non-Hispanic White. Half of the people newly placed in PSH identified as BIPOC, 48% identified as White, and 2% had an unknown race and ethnicity. American Indian, Alaska Native or Indigenous folks made up 18% of new PSH placements. In RRH, 72% of newly placed people identified as BIPOC, 27% identified as White, and 1% did not identify a race or ethnicity. Of all RRH placements, 39% identified as Black.

BIPOC representation across homeless prevention, shelter, transitional housing, and outreach programs was near 50%. Among homeless prevention programs, 57% of people identified as BIPOC. Of those newly served in shelter, 48% were BIPOC and of those served with outreach, 41% identified as BIPOC. People who identified as non-Hispanic White made up 55% of those served in shelter, 62% in transitional housing, and 51% in outreach.

Disability Status

People living with disabilities are included in the Population A definition for SHS and are served throughout SHS programming. In FY 2026, **53% of the people placed and served with SHS reported having at least one disability.** The highest percentage of people living with a disability were served in PSH at 82%, and the lowest percentage in homeless prevention at 22%.



Gender Identity

SHS has expanded categories for reporting gender to ensure people who identify outside of the gender binary are able to be represented in the data. Gender differences in homeless services exist and people who identify as gender expansive or non-cisgender are at heightened risk for experiencing homelessness. That risk can be exacerbated if the person also has intersecting identities that have been historically marginalized, such as race.

In FY 2026, 50% of people served in SHS programs identified as women, 50% as men, 2% as non-binary, 2% as transgender, and less than 1% identified as a culturally specific identity, questioning, or a different identity not captured in HMIS. Gender is not a mutually exclusive category, meaning participants can select multiple gender identities resulting in gender percentages adding up to more than 100%. Men were served at slightly higher rates than all other genders across PSH, shelter, and outreach programs. Women were served more than all other genders in housing with services, housing only, rapid rehousing, and homeless prevention programs. The third highest gender identity outside of men and women was non-binary across all programs except for RRH. People who identified with a culturally specific gender identity were the third highest gender category in RRH.

Populations Served Data

Permanent Supportive Housing Placements

Figure 10: Permanent Supportive Housing Placements		
Metric	**Data**	**#**
Total PSH placements	Households	395
	People	452
Population A & B (households)	Households in Pop A placed in PSH	388
	Households in Pop B placed in PSH	7
	Households without Pop A/B data	0
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	80
	Asian or Asian American	8
	Black, African American or African	107
	Hispanic/Latina/e/o	48
	Middle Eastern or North African	1
	Native Hawaiian or Pacific Islander	22
	White	272
	Non-Hispanic White (subset of White category)	255
	Client doesn't know	3
	Client prefers not to answer	7
	Data not collected	1
Disability status (people)	Persons with disabilities	372
	Persons without disabilities	71
	Disability unreported	9
Gender identity (people)	Woman (Girl, if child)	199
	Man (Boy, if child)	236
	Culturally specific identity	0
	Non-binary	12
	Transgender	10
	Questioning	2
	Different identity	2
	Client doesn't know	0
	Client prefers not to answer	1
	Data not collected	0

Rapid Rehousing Placements

Figure 11: Rapid Rehousing Placements		
Metric	**Data**	**#**
Total RRH placements	Households	606
	People	1,046
Population A & B (households)	Households in Pop A served in RRH	464
	Households in Pop B served in RRH	138
	Households without Pop A/B data	3
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	104
	Asian or Asian American	16
	Black, African American or African	408
	Hispanic/Latina/e/o	287
	Middle Eastern or North African	3
	Native Hawaiian or Pacific Islander	38
	White	397
	Non-Hispanic White (subset of White category)	334
	Client doesn't know	0
	Client prefers not to answer	7
	Data not collected	4
Disability status (people)	Persons with disabilities	432
	Persons without disabilities	487
	Disability unreported	127
Gender identity (people)	Woman (Girl, if child)	521
	Man (Boy, if child)	459
	Culturally specific identity	46
	Non-binary	14
	Transgender	9
	Questioning	1
	Different identity	8
	Client doesn't know	0
	Client prefers not to answer	1
	Data not collected	0

Housing with Services Placements

Figure 12: Housing with Services Placements		
Metric	**Data**	**#**
Total Housing with Services placements	Households	41
	People	71
Population A & B (households)	Households in Pop A served in Housing with Services	30
	Households in Pop B served in Housing with Services	10
	Households without Pop A/B data	1
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	6
	Asian or Asian American	0
	Black, African American or African	8
	Hispanic/Latina/e/o	13
	Middle Eastern or North African	0
	Native Hawaiian or Pacific Islander	3
	White	52
	Non-Hispanic White (subset of White category)	49
	Client doesn't know	0
	Client prefers not to answer	1
	Data not collected	1
Disability status (people)	Persons with disabilities	29
	Persons without disabilities	40
	Disability unreported	2
Gender identity (people)	Woman (Girl, if child)	37
	Man (Boy, if child)	31
	Culturally specific identity	0
	Non-binary	2
	Transgender	1
	Questioning	0
	Different identity	0
	Client doesn't know	0
	Client prefers not to answer	1
	Data not collected	0

Housing Only Placements

Figure 13: Housing Only Placements		
Metric	**Data**	**#**
Total Housing Only Placements	Households	16
	People	46
Population A & B (households)	Households in Pop A placed in Housing Only	8
	Households in Pop B placed in Housing Only	8
	Households without Pop A/B data	0
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	12
	Asian or Asian American	1
	Black, African American or African	9
	Hispanic/Latina/e/o	26
	Middle Eastern or North African	0
	Native Hawaiian or Pacific Islander	4
	White	17
	Non-Hispanic White (subset of White category)	9
	Client doesn't know	0
	Client prefers not to answer	3
	Data not collected	0
Disability status (people)	Persons with disabilities	10
	Persons without disabilities	34
	Disability unreported	2
Gender identity (people)	Woman (Girl, if child)	24
	Man (Boy, if child)	18
	Culturally specific identity	0
	Non-binary	1
	Transgender	0
	Questioning	1
	Different identity	0
	Client doesn't know	0
	Client prefers not to answer	0
	Data not collected	2

Preventions

Figure 14: Preventions		
Metric	**Data**	**#**
Total preventions	Households	1,147
	People	1,711
Population A & B (households)	Households in Pop A served with preventions	326
	Households in Pop B served with preventions	246
	Households without Pop A/B data	575
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	101
	Asian or Asian American	74
	Black, African American or African	383
	Hispanic/Latina/e/o	404
	Middle Eastern or North African	48
	Native Hawaiian or Pacific Islander	84
	White	770
	Non-Hispanic White (subset of White category)	687
	Client doesn't know	7
	Client prefers not to answer	29
	Data not collected	19
Disability status (people)	Persons with disabilities	379
	Persons without disabilities	664
	Disability unreported	690
Gender identity (people)	Woman (Girl, if child)	1,010
	Man (Boy, if child)	685
	Culturally specific identity	0
	Non-binary	21
	Transgender	11
	Questioning	1
	Different identity	4
	Client doesn't know	1
	Client prefers not to answer	3
	Data not collected	4

Regional Long-Term Rent Assistance Program (RLRA)

Figure 15: Regional Long-Term Rent Assistance Placements		
Metric	**Data**	**#**
Total RLRA placements	Households	233
	People	374
Population A & B (households)	Households in Pop A served in RLRA	189
	Households in Pop B served in RLRA	22
	Households without Pop A/B data served in RLRA	22
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	218
	Asian or Asian American	31
	Black, African American or African	808
	Hispanic/Latina/e/o	530
	Middle Eastern or North African	5
	Native Hawaiian or Pacific Islander	65
	White	986
	Non-Hispanic White (subset of White category)	588
	Client doesn't know	21
	Client prefers not to answer	57
	Data not collected	27
Disability status (people)	Persons with disabilities	1,179
	Persons without disabilities	926
	Disability unreported	0
Gender identity (people)	Woman (Girl, if child)	1,133
	Man (Boy, if child)	897
	Culturally specific identity	1
	Non-binary	37
	Transgender	34
	Questioning	2
	Different identity	1
	Client doesn't know	0
	Client prefers not to answer	10
	Data not collected	2

Shelter

Figure 16: Shelter		
Metric	**Data**	**#**
Total served in shelter	Households	4,505
	People	5,238
Population A & B (households)	Households in Pop A served in shelter	3,849
	Households in Pop B served in shelter	618
	Households without Pop A/B data	38
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	472
	Asian or Asian American	144
	Black, African American or African	1,090
	Hispanic/Latina/e/o	803
	Middle Eastern or North African	33
	Native Hawaiian or Pacific Islander	252
	White	3,114
	Non-Hispanic White (subset of White category)	2,914
	Client doesn't know	20
	Client prefers not to answer	101
	Data not collected	30
Disability status (people)	Persons with disabilities	3,642
	Persons without disabilities	1,531
	Disability unreported	204
Gender identity (people)	Woman (Girl, if child)	2,162
	Man (Boy, if child)	2,899
	Culturally specific identity	11
	Non-binary	140
	Transgender	126
	Questioning	7
	Different identity	16
	Client doesn't know	3
	Client prefers not to answer	26
	Data not collected	18

Figure 17: Outreach[5]		
Metric	**Data**	**#**
Total outreach engagements	Households	352
	People	363
Population A & B (households)	Households in Pop A	240
	Households in Pop B	86
	Households without Pop A/B data	26
Race & ethnicity (people)	American Indian, Alaska Native or Indigenous	49
	Asian or Asian American	3
	Black, African American or African	59
	Hispanic/Latina/e/o	34
	Middle Eastern or North African	1
	Native Hawaiian or Pacific Islander	9
	White	194
	Non-Hispanic White (subset of White category)	186
	Client doesn't know	3
	Client prefers not to answer	39
	Data not collected	3
Disability status (people)	Persons with disabilities	215
	Persons without disabilities	54
	Disability unreported	96
Gender identity	Woman (Girl, if child)	143
	Man (Boy, if child)	182
	Culturally specific identity	2
	Non-binary	10
	Transgender	4
	Questioning	1
	Different identity	1
	Client doesn't know	1
	Client prefers not to answer	17
	Data not collected	1

[5] Outreach demographics are pulled for participants with outreach engagements logged in HMIS, not HSD's ArcGIS tool. Outreach providers are still working to integrate HMIS data entry into their workflows. Because of this our HMIS data has improved, but does not yet fully represent all outreach engagements.


DEPARTMENT OF COMMUNITY JUSTICE

Provider Partnerships

HSD contracts with a wide variety of community organizations that are successfully using SHS funding to support people on their path out of homelessness and into housing. This year, we partnered with 60 community organizations, including 10 culturally specific providers, who served thousands of local residents experiencing or at risk of homelessness.





Provider Partnerships

In the ecosystem of SHS, each involved party has a distinct role. Metro collects and distributes funding to each of the three counties. The counties then ensure SHS funds reach the community through our partnerships with local organizations that deliver direct services to people experiencing homelessness. In Multnomah County, the success of the SHS measure relies on strong partner relationships, driven by collaboration across multiple teams in our department and between HSD and other County departments. For instance, we work closely with Multnomah County's Health Department and the Department of County Human Services on our healthcare strategies and prevention portfolio (for more information, see **Cross-Sector Work**).

At the center of these efforts is our program team. As the team that manages provider contracts, a sizable portion of their work is dedicated to sustaining provider partnerships through regular communication and support. They ensure that contracts are executed with clear expectations and instructions, monitor the health of those contracts, and step in to support if expectations are not being met (for more information, see **County Infrastructure**). Another key function of the program team is facilitating dedicated spaces for providers working in the adult, family, youth, domestic and sexual violence systems of care, as well as population-specific groups such as veteran services providers. They also lead regular meetings for providers who specialize in specific services, such as permanent supportive housing.

Another key team that contributes to healthy provider relationships is our equity team. The equity team provides technical assistance for new, emerging, and culturally specific providers who may be less familiar with government processes. Our partnerships with culturally specific providers are pivotal to the racial equity goals of the SHS measure because they allow us to more effectively reach and serve Black, Indigenous, and other communities of color who experience homelessness at higher rates due to past and present discrimination.

In addition to these efforts, staff on our Community Engagement team have spearheaded efforts for the last several years to host provider conferences for our contracted partners. The conferences are collaboratively designed by a committee of HSD and provider staff who identify themes and content and plan logistics. With hundreds of providers attending regularly, these events receive consistently high ratings from the provider community.

We held three provider conferences this fiscal year:

- **The Fall 2025** event drew 200 participants from 50 organizations for an all day, in-person event with sessions on the county budget, employment services, staff resiliency, meaningful inclusion of people with lived experience, behavioral health supports, protecting civil rights, Multnomah County's Homelessness Response Action Plan, and Medicaid.
- **The Winter 2026** event was a virtual check in, following up on topics related to county procurement, the state legislative session, and county budget updates.

- **The Spring 2026** in-person event was attended by over 230 participants from 62 organizations, with sessions on cross-sector case conferencing, behavioral health resources, caring for staff, eviction defense, rapid rehousing best practices, contract compliance, Homeless Response System key performance indicators, and supports for small and emerging culturally specific providers.

In addition to all of the regular and ongoing work our department does to maintain healthy relationships with our partners, provider conferences are a unique space for networking, information and resource sharing, and learning opportunities for HSD-funded service providers. They are also a critical source of provider engagement and feedback that shapes and improves our programming, budget priorities, and provider support.

Procurement Processes

While some of our partners work solely in Multnomah County, others operate across the tri-county region. To reduce duplicative processes, the three Metro counties work together to run a tri-county procurement process that allows providers to submit one application that may qualify them to receive funding and deliver services in multiple counties.

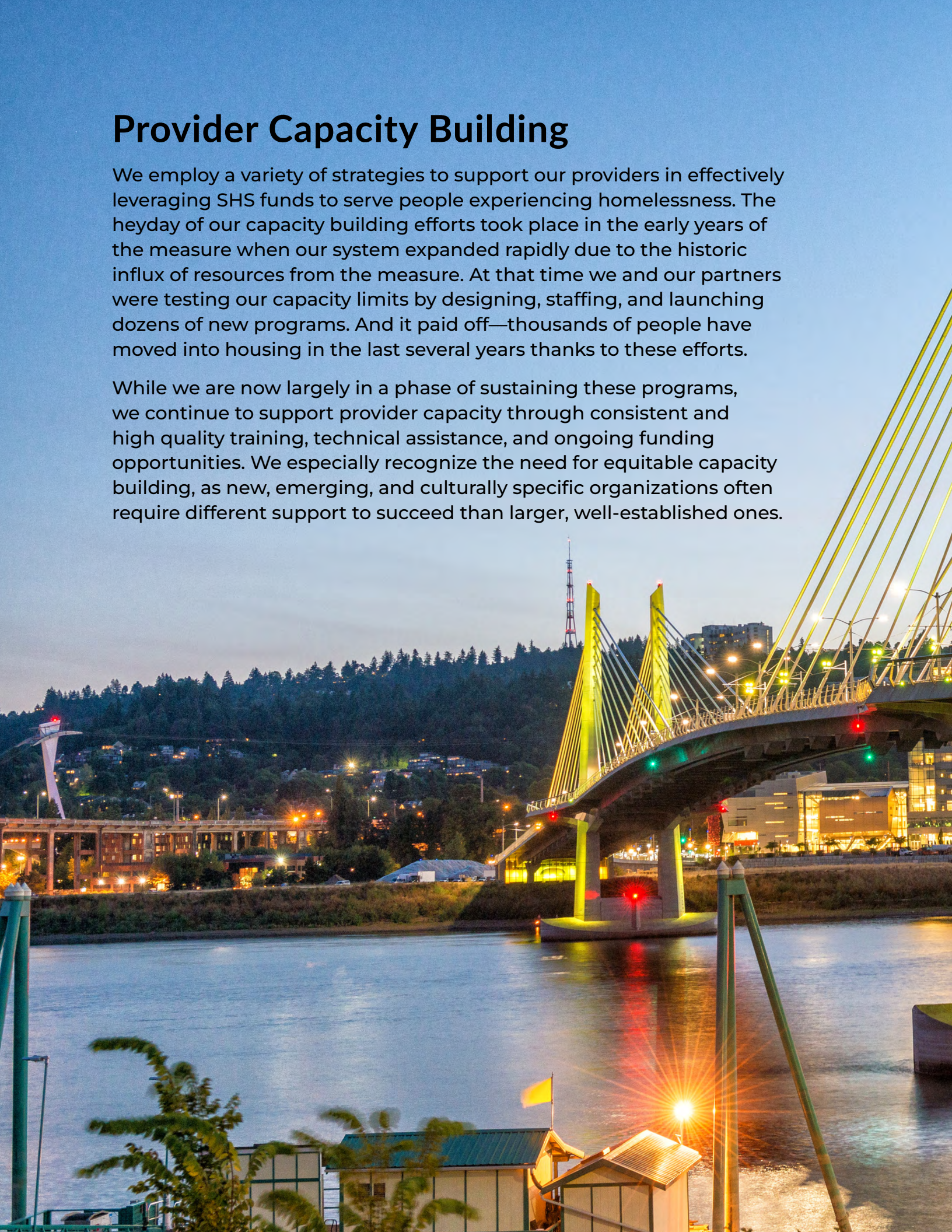
This year's procurement process, also known as the 2025 Tri-County SHS Request for Programmatic Qualifications (RFPQ), built on previous regional procurement efforts and successfully qualified 70 organizations to contract across the tri-county area for various homeless services. Because not all providers have the same level of familiarity with government procurements, the counties worked with a technical assistance provider to ensure all applicants had support drafting their proposals and navigating the process. As a result, we received strong applications and were ultimately able to select a regionally qualified supplier pool representing a diverse network of well-established organizations and grassroots, culturally-specific service providers. Following the establishment of the qualified pool, HSD issued funding opportunities that allowed newly qualified organizations to seek awards and execute formal contracts for system-wide inreach and outreach, shelter, and rent assistance.

Looking forward, HSD began planning for an FY 2027 RFPQ that centers equity by incorporating changes that respond to provider feedback from previous procurements. To lower administrative barriers, we are expanding our plain-language standards and simplifying submission processes. We are also expanding our technical assistance offerings to include not only application support but skill-building trainings that will strengthen providers' overall capacity to apply for funding opportunities across any sector.

Provider Capacity Building

We employ a variety of strategies to support our providers in effectively leveraging SHS funds to serve people experiencing homelessness. The heyday of our capacity building efforts took place in the early years of the measure when our system expanded rapidly due to the historic influx of resources from the measure. At that time we and our partners were testing our capacity limits by designing, staffing, and launching dozens of new programs. And it paid off—thousands of people have moved into housing in the last several years thanks to these efforts.

While we are now largely in a phase of sustaining these programs, we continue to support provider capacity through consistent and high quality training, technical assistance, and ongoing funding opportunities. We especially recognize the need for equitable capacity building, as new, emerging, and culturally specific organizations often require different support to succeed than larger, well-established ones.





Training & Technical Assistance

Several HSD staff support provider capacity through training and technical assistance. As mentioned in Provider Partnerships, our equity team offers technical assistance and support for new, emerging, smaller, and culturally specific providers to help them successfully navigate working with the County. Our equity engagement coordinator provided support and technical assistance to 28 culturally specific providers this year, and stepped in with process navigation support when several providers needed help translating government documents into plain language. Government materials can often create barriers for our small, new and emerging, and culturally specific providers that may not have the infrastructure some of our more established providers do. These efforts made it possible to strengthen our partnerships while improving our processes through the feedback we received.

In addition, the training coordinator on our equity team creates and facilitates training for contracted providers and provides technical assistance to help organizations create their own curriculum. Last year, we hosted more than 24 trainings with over 1,000 total registrations, covering best practices, equity, and curriculum development. One of our most highly requested trainings was “De-escalation 101: Supporting Our Unhoused Neighbors.” We supported the culturally specific provider Latino Network in facilitating this training at a recent staff retreat in which one attendee shared, "I liked learning that there [is] appropriate support. I don't have to do it alone. I appreciated the scripts." We also launched new curriculum this year related to unconscious bias and systemic inequality in housing. These were first implemented as required training in the Coordinated Access system and will be offered to all housing providers in year six.

We also provide support and training specifically for organizations serving households who are experiencing domestic and or sexual violence (DSV) and homelessness across our service systems. Our DSV technical assistance program specialist develops, delivers, and coordinates training on dynamics of abuse; trauma informed, person centered responses to DSV; systems navigation; safety planning; survivor housing protections and advocacy strategies, as well as VAWA (Violence Against Women Act) compliance for providers within Multnomah County’s continuum of care. In FY 2026 this position coordinated or facilitated 44 trainings with SHS-funded providers in attendance and provided technical assistance 163 times.



Grants

Over the years we have received feedback from providers that the County's cost reimbursement model, which requires organizations to spend their funds and then receive a reimbursement after submitting an invoice, can be especially challenging for providers who may not have large quantities of operating capital to hire staff and launch programming. Offering upfront grants bypasses this challenge, but County-wide infrastructure previously limited large-scale implementation. With the County finalizing a standardized grants process this year, departments can now easily issue capacity-building grants, strengthen our provider ecosystem, and support long-term provider sustainability and administrative efficiency.

HSD's efforts to pilot grant processes contributed to the County's success in developing a grants program. Over the last three fiscal years our System Development grants have supported culturally specific, small, new, and emerging organizations in building their organizational capacity to better deliver homeless services. The grants provide targeted support for internal infrastructure such as fiscal and business services, human resources, policies and procedures, program design and development, and strategic planning. For instance, one organization was able to use grant funding to create a website and amplify their ability to serve immigrant and refugee families from East African, West African, and Latine backgrounds.

SHS funding allowed us to provide ongoing, individualized support for grantees as they spent their awards this year. In addition to ongoing technical assistance, staff hosted two gatherings to train providers on the grant process and promote shared learning. We collected participant feedback prior to the grant cycle and throughout the process, and while we do not anticipate the opportunity to fund System Development grants next year, this input will inform our approach to supporting provider infrastructure needs going forward.



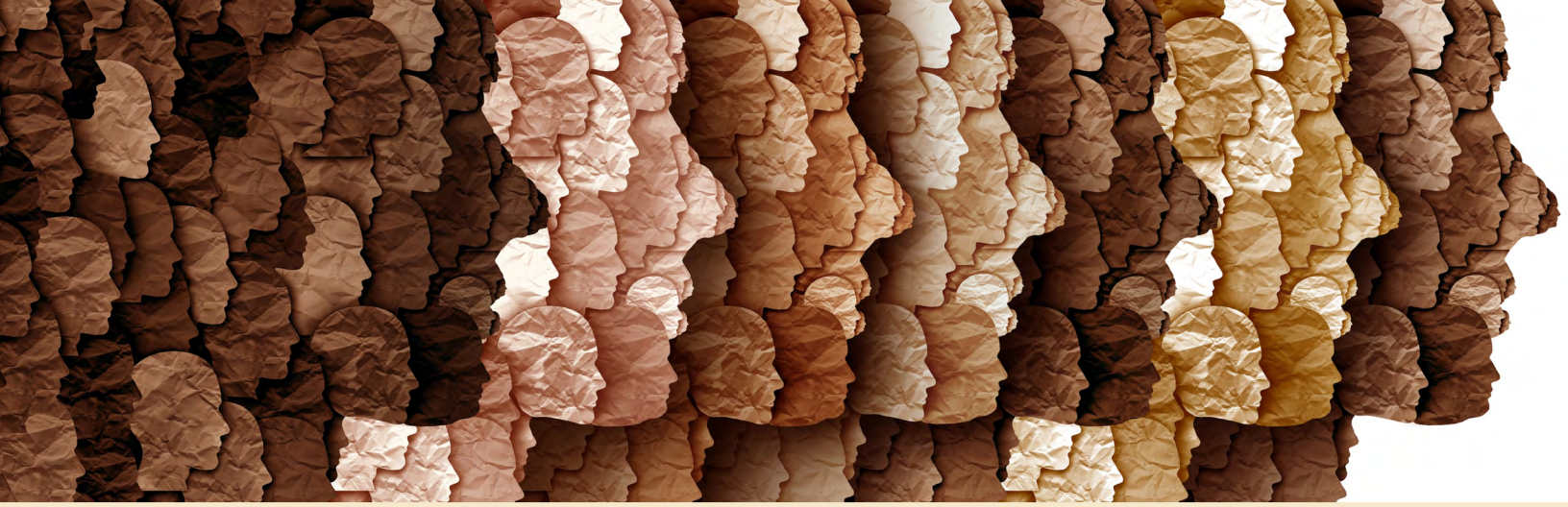
Other Capacity Building Efforts

In FY 2026 we continued to support our providers' capacity to operate permanent supportive housing (PSH) projects by preserving a per-household services funding rate of $15,000 per year with a premium funding level of $17,500 per household for some projects. This historic funding increase was designed to provide critical stabilization for Multnomah County's PSH programming and ensure that these programs remain adequately resourced to serve community members who have experienced homelessness and are starting to rebuild their lives in housing.

Over the past two years, we have also leveraged SHS funding to meet HUD's 25% local match requirement, strengthening federally funded Continuum of Care (CoC) programs across our community. In FY 2025, 97% of CoC providers continued to operate a CoC project thanks to the match, with some noting their programs would not be able to operate without these funds. Leveraging SHS as a local, flexible resource for permanent housing has been critical in a time when federal funding is becoming more volatile. We were able to continue providing SHS match funds for all eligible CoC projects this year and keep these programs open despite political turbulence and lawsuits delaying HUD contract renewals. As HUD and federal funding has begun to actively target or work against culturally specific providers and the services they offer, SHS funds have provided the necessary flexibility and support for CoC projects to continue doing the critical work of delivering services designed to support populations disproportionately impacted by homelessness.

Program or Resource	Total funding allocated in Year Five	Total # of providers participating in Year Five	# of culturally specific providers participating in Year Five[1]
Equity Engagement Coordinator (1.0 FTE)	$703,079 (includes personnel costs and indirect expenses associated with each position)	28	28
Training Coordinator (1.0 FTE)		32	8
DSV Technical Assistance Program Specialist (1.0 FTE)		42	9
PSH Service Increase	$15,000 per HH; $17,500 per HH for culturally specific projects, family projects, and buildings with at least 25% of apartments dedicated to PSH	30	12
HUD CoC Match	$5.9M	29	6

1 Includes both qualified and currently contracted providers.



Equitable Service Delivery

HSD is committed to building a homelessness response system that does not perpetuate historic discrimination based on racial, gender identity, and/or sexual orientation by implementing culturally responsive policies, guidelines, and services. We make services available to all people on an equal basis regardless of race, ethnicity and color, religion, national origin, sex and gender identity, familial status, and disability, as directed by the federal Fair Housing Act and associated rulemaking of the U.S. Department of Housing and Urban Development.

To accomplish this goal, we require all contracted providers to complete an organizational equity assessment and equity plan, and submit updates on actions taken under this plan on an annual basis. Equity assessments focus on the following six areas:

- Non-discrimination in Service Delivery/ Community Access & Partnership
- Leadership and Management
- Workforce and Training
- Culturally Specific Programs and Services/ Subcontracting
- Community Outreach
- Evaluation/ Data Metrics & Continuous Improvement

HSD program and equity staff are continuously improving their support and technical assistance for contracted agencies in developing these plans. This partnership has resulted in well-defined strategies with specific goals and actions. Twenty-six providers submitted an updated equity plan in FY 2026, a 73% improvement over the previous year. Most agencies' plans included goals and strategies to develop organizational equity, focusing on actions and opportunities for their own staff and leadership. However, many agencies went beyond an internal focus this year, planning and executing strategies to further equitable service delivery and community engagement. Our office shared planning and goal setting tools developed by external subject matter experts to support this process, including the Coalition of Communities of Color's Protocol for Culturally Responsive Organizations, the Government Alliance on Racial Equity's racial equity lens tool, and Portland Housing Bureau's roadmap equity tool.

Some of the themes shared across organizations' equity plans include:

Organizational Development:

- Ensuring that mission, vision and values prioritize anti-discrimination
- Staff training/development opportunities in providing culturally responsive services
- Representation of staff from all areas of the organization in equity work

Engaging and Involving Program Participants in Service Delivery:

- Including program participants in the design of programs and policies
- Seeking and acting on feedback (positive and negative) from service users, including surveys, feedback sessions, and other anonymous methods
- Including program participants in setting/implementing program performance and evaluation standards

Community Engagement:

- Developing relationships with culturally specific providers and other community-based cultural organizations to "meet people where they are" and better understand how to provide culturally responsive services
- Referring program participants to culturally specific organizations for additional services when needed or requested
- Sponsoring and/or attending community events (cultural festivals, info sessions or educational conferences) to provide a welcoming and informative space for connection

This past fiscal year also presented new opportunities to put our department's equity values in action. In August of 2025, Multnomah County initiated a countywide review of policies and documents for anti-discrimination legal compliance. Our goal with this project was to ensure that our approach to building a culturally responsive system is in line with both our core commitment to non-discrimination, and our aspirations of a culturally affirming homeless services system. HSD staff reviewed all program policies and documents to identify any practices potentially described in a way that could be perceived as using protected class status to provide or prioritize services at the exclusion of other protected classes. Policies and documents were referred to the County's project team to determine compliance and make any necessary adjustments. This review helped ensure that our policies and practices are in compliance with anti-discrimination law.



Contract Administration

We continued to build on significant contract administration improvements we have made over the last several years, focusing on implementing new and updated policies and procedures to ensure SHS funds reach our network of provider partners smoothly and on time.

Together, our program compliance project manager and Business Services team provided over 30 hours of contract administration training to contract administrators and external partners, including the SHS Advisory Committee. Thanks to the introduction of contract administration office hours, we also supported over 120 requests for technical assistance and training.

Additional improvements include:

- **Staff Training:** Implementing mandatory annual training and contract administration policy reviews for all contract administrators.
- **Budget Review Process:** Making key process improvements to our annual contractor budget review process and creating new program budgeting technical assistance tools to support consistent review and approval of contractor budgets.
- **Contract Language:** Making changes to standardized contract language that improve navigation and accessibility, clearly connect procurement authority to contracted services, and reduce administrative burden during contract amendment processes.
- **Policy Development:** Developing and implementing policies that improve budget and invoicing efficacy, such as an expense allowability determination and alignment policy that establishes guidance for HSD staff in assessing the allowability of contractor expenses to ensure consistency with program goals, priorities, and budget availability. Another new policy, the advance payment policy and procedure, establishes guidelines for HSD to provide advance payments to contractors to alleviate cash flow challenges and support program startup costs, ensuring the effective delivery of essential services.

In addition, all of HSD's contract management and business services staff received training on program budgeting in April 2026. This session delivered key learning on program budgeting and the review and approval process. Pre and post-training surveys demonstrated nearly a 20% increase in staff confidence regarding their understanding of program budgets.

For more information about contracting improvements, see **County Infrastructure**.

Workforce Recruitment and Retention

While the majority of our workforce recruitment and retention efforts are taking place on the regional level (for more information see **Regional Coordination**), the training efforts mentioned above are also a strategy we have employed to equip staff in their roles and improve job satisfaction.



‘I feel safe’

Barbara is housed with help from Cross-Sector Case Conferencing program

Today, Barbara has a stable place to call home. It was thanks in part to a group of people from across the county she's never met and who have never met her: a group of providers who worked on her case as part of a program called Cross-Sector Case Conferencing.

Barbara loves art, music and stand-up comedy, and is a self-described Scrabble addict. She has a degree in psychology, and used to work as an employment specialist helping adults and high school students with disabilities. She also had a long-time gig writing jokes for a New York-based comedian.

“I used to joke that it would pay for my hearing aid batteries,” she said.

But about a year ago, she fell into homelessness after finding herself in a situation that threatened both her housing and her safety.

“My son started using drugs, and his behavior was scary. He would come over to the apartment and was trying to kick my door down and hollering at everybody at four in the morning,” she said. “The neighbors were

complaining, so they had threatened to evict me, and I didn't want an eviction on my record."

Her son would sometimes get violent, and Barbara once experienced a fall while dodging his attacks. "It got to the point where every time somebody knocked on my door, I was so anxious," she said.

She decided that the safest option was to leave her home in Missoula, Mont. — even though she knew it would mean experiencing homelessness in a place where she didn't know anyone.

Her first stop was Spokane, Wash. where she "stayed in a shelter there for a couple months, and then they told me my time was up and all the other shelters were full," she said.

She then went to Vancouver, Wash. in search of more resources.

"I slept in my wheelchair for a couple of nights out in the streets. And it was cold and I was scared," she said. "You don't feel safe when you're homeless, especially when you're a wheelchair user and you can't hear."

With the help of a police officer, she received a referral into one of the City of Portland's Safe Rest Villages.

It was there that she started working with Danielle, a housing case manager for Cultivate Initiatives, the organization that operated the shelter. Danielle worked closely with Barbara to find stable housing, but they had trouble securing a spot for her.

With Barbara's permission, Danielle brought her case to a Cross-Sector Case Conferencing meeting. The gatherings, which are funded with Supportive Housing Services (SHS) funding, bring together providers from across multiple types of services — including housing, healthcare, and aging and disability services — to offer resources, ideas and solutions for specific participants needing help.

As a result of Cross-Sector Case Conferencing, Barbara learned she met the eligibility requirements for assisted living housing that could be paid for by Medicaid. Within a few weeks, she had moved into an apartment of her own.

Barbara now has space to do what she loves, especially painting and drawing. She said art is an important part of her life because it boosts her self-esteem and calms her anxiety.

Most of all, Barbara says she feels safe, which she hadn't felt in a long time.

"I haven't really felt safe since my son started using drugs," she said. "I feel safe in here."



County Infrastructure

The Supportive Housing Services (SHS) measure has greatly accelerated the growth of Multnomah County's homelessness services system in the last five years. Thanks to the passage of the measure the Homeless Services Department (then known as the Joint Office of Homeless Services) expanded significantly and was able to transition from an office within the County to a separate department. Prior to SHS, our work was sustained by a modest amount of state and federal funding paired with local Multnomah County and City of Portland resources.





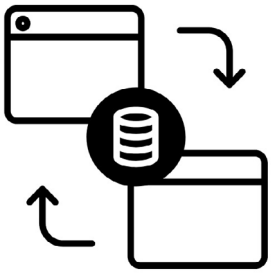
The timely infusion of SHS resources allowed us to begin meaningfully addressing the impacts of a decades-long shortage of affordable housing along with an unexpected boom in housing instability caused by the COVID-19 pandemic. This meant exponentially scaling our internal operations to deliver results as quickly as possible, and adapting our existing system to accommodate for SHS. Multnomah County was unique among the three counties that receive SHS funding in having an existing homelessness and housing system prior to SHS. Rather than building a new system from the ground up, Multnomah County worked to adapt and build out existing homeless services systems that were already serving people across our four major continuums of care. While SHS provides a more flexible resource, allowing us to be more nimble in addressing local needs, the need to accommodate older systems has also required us to navigate sometimes competing requirements tied to legacy funding streams with their own program requirements.

Anticipating the time it would take to build and adapt our infrastructure to leverage SHS dollars effectively, Multnomah County's SHS Local Implementation Plan (LIP) set a three-year ramp up period for the measure's implementation. During this time we grew our workforce, partnered with providers to launch dozens of new programs, and made significant updates to our internal infrastructure to make SHS resources flow as efficiently as possible to the community.

While rapid growth and capacity building characterized the early years of implementation, both the natural maturation of our programs and the reality of decreased SHS funding have led to a new phase in which we are largely working to sustain the progress we have made while making strategic and targeted expansions to fulfill our remaining ten-year regional goals.

In this new environment, we have continued to make improvements to key infrastructure such as data systems, monitoring and evaluation processes, staffing, and coordinated entry to ensure the ongoing success of the measure.

Data Systems



Data systems are essential in understanding whether we are achieving what we set out to accomplish with the SHS measure. This year we made significant strides in improving these systems by beginning to modernize our homeless services database, launching a new tool to better support SHS analysis and reporting, and expanding other key data infrastructure.

The homeless management information system (HMIS) that we rely on for our outcomes data has long been outdated and difficult for providers to use. Usability issues not only slow down provider workflows but also impact overall data quality and timeliness, requiring more ongoing technical assistance. Multnomah County's SHS Local Implementation Plan (our roadmap for the use of SHS funds), specifically called out HMIS as a systemwide investment priority, noting "a substantial need to strengthen and integrate existing data systems, in particular the HMIS database [...]." We are now making good on that priority through the **HMIS Replacement Project**, which will make this essential data system easier to use while improving the entire region's ability to make data-driven decisions. We were able to take on a project of such magnitude and significance thanks to the SHS Regional Investment Fund (RIF), since all three counties will use and benefit from the new system.

Multnomah County's IT team is managing the project for all three counties and is at the beginning of an extensive process to transition to our new data platform, called Clarity HMIS from Bitfocus. Each county has representatives on the project team, which began guided onboarding and implementation sessions with Bitfocus in March. Specialized teams were then launched to manage configuration, communications, and migration efforts. A provider focus group was established and the team has been conducting in-person visits to share project information with partner agencies. Implementation efforts remain ongoing, with a projected launch date of spring 2027. We look forward to sharing additional details about this monumental project in our quarterly reports, as it is one of our key SHS annual work plan goals for FY 2027.



Another major addition to our data infrastructure was a **Contract Monitoring Dashboard**, which assists HSD contract managers, staff, and community providers in measuring the extent to which service delivery expectations are being met. The dashboard allows us to evaluate program goals against actual performance by comparing a set of standardized outputs and outcome targets from provider contracts. This process helps us assess progress, identify performance gaps, and make informed decisions depending on whether targets have been met, exceeded, or missed.

The dashboard enables both HSD staff and providers to evaluate equity and monitor disparities in real time through two key features:

- **Demographic Representation:** Aligning with our annual budgetary program offer efforts, we measure the extent to which program participants reflect the demographics of a comparison population (i.e. total people served in that program; total people experiencing unsheltered homelessness, etc.). Equity in service delivery is defined by how closely the race and ethnicity of those served align with broader community demographics. For example, a program is considered "equitable" if all five racial/ethnic groups identified (by data) to be experiencing homelessness disproportionately in Multnomah County (Black, Indigenous, Hispanic, Asian or Pacific Islander) are served equal to, within two percent of, or above each group's representation of the comparison population.
- **Disaggregated Outcomes:** Staff and providers can analyze performance metrics across specific racial and ethnic categories. For example, while a shelter may report an overall 50% exit rate to permanent housing, disaggregating the data allows us to see if specific racial or ethnic groups experience higher or lower success rates than others.

While HSD staff are able to view and assess service delivery and performance across all contracted agencies, providers are only able to access performance data from their own agency. The dashboard is refreshed with HMIS data from our Data Mart on a weekly basis in both the internal and provider facing dashboards, so that the same numbers are being evaluated by staff and providers routinely.

By allowing us to examine program actuals more regularly, the Contract Monitoring Dashboard is acting as a data quality tool, as both providers and HSD staff gain deeperinsight on how the data entered into HMIS directly aligns with program measurement. A total of 180 provider user accounts have been created since the dashboard was released in January 2026, with an average of seven daily views among provider staff and eight daily views by HSD staff. Looking ahead to FY 2027, we plan to build on these processes to identify and address additional identity-based disparities beyond race and ethnicity.



Other data infrastructure updates and improvements from this fiscal year include:

- **Bringing the By-Name-List (BNL) In-House:** We began migrating our local By-Name-List (BNL) from an external process directly into our internal Data Mart, allowing for closer, more integrated tracking of the populations we serve.
- **Daily Data Integration:** We continue to import data on a daily basis from our HMIS vendor into the **HSD Data Mart**. This creates clean, accessible data views that our analysts can use to generate real-time insights.
- **New Application for Tracking Goals and Connecting Targets to Actual Outcomes:** We developed a brand-new application specifically designed to capture our contracted measures and targets. This new tool allows us to track how program targets change over time. We are building a process to move data from this new application directly into the Data Mart. This connects our contract targets directly to real-world outcomes, which is what powers our Contract Monitoring Dashboard.
- **Automated & Meaningful Reporting:** By automating much of the SHS quarterly and annual reporting data processes we have successfully freed up valuable data team capacity, allowing us to shift our focus toward deeper, more meaningful analysis of both the SHS program and our larger service system.



Monitoring and Evaluation

We made several enhancements to our contract monitoring standards this past year thanks to a dedicated project manager who led strategic planning efforts.

Key improvements to HSD contract monitoring processes this year include:

- **Annual Contract Monitoring Policy:** We revised this policy to include improved tracking requirements that ensure accountability for missing deliverables. Monthly reporting is provided to the HSD Program Director for awareness and oversight.
- **Internal Annual Report for On-site Program Monitoring:** This new report reviews and evaluates all on-site program monitoring activities across the department for the prior fiscal year. The primary objective is to summarize all on-site monitoring activities completed across all human services contracts and make recommendations for process improvements.
- **New Tools to Support after On-site Program Monitoring:** We developed a post-monitoring checklist and worksheet to support HSD contract managers in consistently and effectively conducting post-program monitoring activities, and ensuring formal findings or concerns issued during monitoring meet departmental standards. All contract managers were trained on these materials in January 2026.

Evaluation

HSD uses an evaluation framework that prioritizes research and evaluation projects based on how effective they are at reducing homelessness and supporting people's return to housing from homelessness. The framework and an accompanying workplan are updated on a regular basis to consistently reflect our current needs.



One key project from this year's framework was a review of all adult shelters funded by Multnomah County and the City of Portland. Our aim was to better understand the cost and performance of housing-focused shelter programs and the impact of having access to housing placement funds. The project team analyzed HMIS and cost data from 31 housing-focused, 24/7 adult shelter programs and conducted a qualitative analysis of surveys completed by each program.

The **Adult Shelter Review** concluded that there was a shortage of housing resources across adult shelter programs, and that limited and unequal access to these resources in Multnomah County resulted in varying housing outcomes across the adult shelter system. HSD staff presented the results of the review to Multnomah's Board of County Commissioners in January 2026, and the results played a key role in the County's budget process. Specifically, the report found that targeted increases in housing placement resources and some programmatic adjustment may result in more individuals housed with fewer total shelter units across our adult shelter system. Amid severe budgetary constraints, findings from the Adult Shelter Review — combined with significant community engagement around budget priorities — guided HSD toward a difficult, data-driven decision to rebalance shelter capacity. This decision allowed HSD to preserve vital housing programs and prevent returns to homelessness, while ensuring that remaining shelters are effective and efficient pathways to permanent housing.



The Pathways Study

We also deepened our evaluation efforts by partnering with Portland State University on the **Pathways Study,** a two-part research initiative examining how people navigate local homeless service systems. Co-produced alongside an advisory group of individuals with lived experience of homelessness, the study gathered insights from over 500 people with lived experience who shared their personal stories of the bottlenecks and strengths of our current system. Survey data showed an overwhelming 98% of respondents want permanent housing, while qualitative mapping pinpointed how service disruptions pull people out of care. These initial findings offer invaluable evaluation metrics that will allow us to streamline program pathways, remove administrative friction, and ensure SHS investments deliver maximum stability across our community.



Illustrated Storymap by Stefanie Koehler in collaboration with the TREES Lived Experience Committee and K. Conte.

View Phase 1 Report: The Pathways Study: Findings from Surveys of People with Recent Experience of Homelessness in Multnomah County

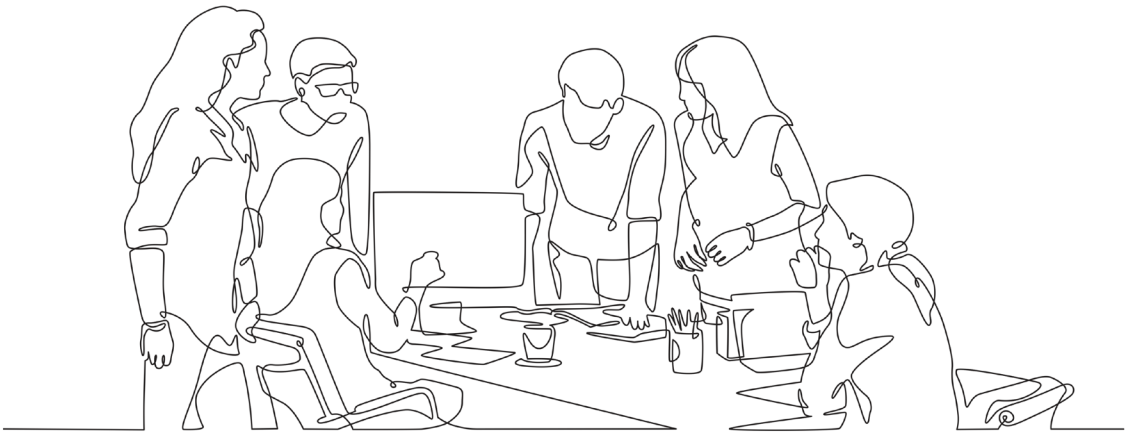
View Phase 2 Report: Without a Map: A Lived Experience Study of the Paths People Create Through Homelessness

Staffing Capacity

Multnomah County's Homeless Services Department (HSD) has seen significant shifts in staffing levels in recent years, driven primarily by changes in funding. A major staffing increase first occurred as a direct response to the introduction and scaling of the SHS measure. This growth was necessary to manage the greater scale and complexity of the regional homeless services system. With HSD contracting approximately 80% of funds to external providers, our primary role centers on funding, oversight, and technical assistance. Consequently, the FY 2022 staffing expansion focused on strengthening internal capacity across administration, finance, contracting, and performance management. This was essential for effectively managing the substantially larger portfolio of external contracts funded by SHS.

However, following this expansion HSD has undergone a reduction in funding and, consequently, a reduction of staff positions in fiscal years 2026 and 2027. As noted in the **County Infrastructure** section, nearly every funding stream, including SHS, has seen a decrease from prior years. As a result, going into FY 2027 we experienced a 14% decrease in FTE, for a total of 16 positions. The reductions impacted a broad range of positions and staff working in SHS-funded roles. This included one position on our department's small SHS team, whose five current members are responsible for coordinating regional and cross-sector work, leading continuous quality improvements for our internal SHS efforts, facilitating our SHS advisory committee, and setting and reporting on SHS goals in Multnomah County. These changes had not yet taken place at the end of the reporting fiscal year, but will be an ongoing challenge going into year six.

While the resources available to us to do this work are changing, new leadership at the helm will help bring stability. After spending nearly a year without a permanent leader, Multnomah County's board of commissioners approved the appointment of Nathaniel VerGow as HSD's new director in May 2026. Nathaniel brings more than two decades of leadership experience in public health, housing, and human services, and we look forward to the strategic vision and operational excellence that he will bring to this role.





Program Access

When someone is at risk of or becomes homeless in Multnomah County, getting help should not be difficult. Yet government systems are notorious for being complex and challenging to navigate even for people who work in the system. This was emphasized in January 2026 when Multnomah County's SHS Advisory Committee asked HSD to lead efforts to improve access to homeless and housing services and equip participants to successfully navigate our system (for more information, see **Advancing Racial Equity**).

HSD staff worked on several initiatives to help improve program access this last year:

- **Improved Lease-up Processes:** The first residents of the Rajo (formerly the Cesar Apartments), a 47-unit permanent supportive housing (PSH) project in SE Portland, were able to quickly move into their new homes in January 2026 with the help of a new lease-up process designed collaboratively by HSD's Coordinated Access and PSH teams, Home Forward, and the PSH provider. The project is providing services to Somali, refugee, and immigrant communities through the Somali American Council of Oregon (SACOO), and it was important to design a lease-up process responsive to this community's unique needs. The team decided to host an in-person lease-up event at a space that was familiar and felt safe, where future residents would be able to complete all of the necessary paperwork at one time while enjoying food and community. This approach was so successful that we plan to implement it at other site-based PSH projects in the future. Our partners presented on the experience at the Housing Oregon Conference in September 2026.
- **Program Transfers:** We also refined our transfer process to help individuals move from housing placements unable to meet their needs to Coordinated Access projects better suited for them. A panel of providers meets on a monthly basis to review and make decisions on transfer requests.
- **Health and Housing System Coordination:** A new pilot in partnership with Metro, local hospitals, coordinated care organizations, health plan partners, and behavioral health and housing providers is providing coordinated behavioral health and housing support to 30 people discharging from inpatient psychiatric hospital settings. This includes coordinated placement into hotel shelter, outpatient behavioral health care, and permanent housing. We expect the pilot to conclude in October 2026 and enter an evaluative phase that will provide guidance on scaling these efforts.

Challenges



Multnomah County's capacity and infrastructure to implement the Supportive Housing Services (SHS) measure faces severe fiscal pressure from compounding revenue losses and structural funding cliffs. Because SHS accounts for approximately 60% of all homeless services funding in Multnomah County, the volatile nature of the tax means our entire safety net is vulnerable to economic shifts. Looking ahead, HSD faces even tighter capacity constraints following two major funding cliffs in FY 2026: the significant depletion of one-time-only SHS carryover funds and the loss of ongoing funding from the City of Portland. This challenge is underlined by persistent uncertainty surrounding federal streams.

These compounding reductions have created a fundamental capacity mismatch across our regional safety net. Multnomah County and its partners are operating a service footprint designed during peak funding years that is simply no longer fiscally sustainable under current revenue levels. Meanwhile, systemic drivers like skyrocketing rents and housing shortages continue to push people into homelessness faster than our system can help them exit.

Despite these severe constraints, HSD is protecting core, proven interventions. The FY 2027 budget process for Multnomah County was built around three core priorities: keeping people housed, protecting new housing placements, and promoting shelters as a pathway to housing. These priorities were not established in a vacuum. Starting in October 2025, HSD led a comprehensive engagement process with leaders and frontline staff from our network of providers across Multnomah County. By collaborating with specialists in shelter, housing, and wraparound services, we ensured our strategy is rooted in the reality of those doing the work on the front lines.

The foundation built through SHS remains vital: thousands of individuals have been housed, rent assistance continues to prevent mass evictions, and life-saving outreach remains active across the county. However, managing a shrinking budget will not end this crisis on its own. To build a truly sustainable infrastructure, Multnomah County continues to engage regional, state, and federal partners to secure sustained, predictable funding for affordable housing, behavioral health care, and eviction prevention. Addressing these needs requires shared accountability across every level of government to match the true scale of community need.





Cross-Sector Work

The Homeless Services Department leverages Supportive Housing Services (SHS) funding through a cross-sector strategy that reaches across departments, health systems, and regional jurisdictions to address homelessness. Collectively, these collaborations expand affordable and supportive housing capacity, streamline care access, and foster long-term stability for impacted community members.





Cross-sector Partnerships

Most SHS funds in Multnomah County reach the community through local homeless services providers who contract with the Homeless Services Department (HSD) directly. However, HSD is not the only department at the County that interacts with people experiencing homelessness. To best leverage the resources the measure has given us, we need to meet people where they are. Since the measure began, HSD has used a "One County" approach by passing SHS funding to other departments at Multnomah County whose programs align with SHS goals, allowing us to address homelessness head on and across sectors.

This year we made dozens of SHS investments in six other County departments and offices. Throughout the year HSD works in close collaboration with each department that receives SHS funds to ensure SHS programming is delivered in alignment with the overall goals of the measure:

- **Multnomah County Health Department.** SHS funding in the health department supported our health and behavioral health integration efforts through investments in a behavioral health resource center, multiple recovery-oriented transitional housing projects, recovery-oriented PSH, and more.
- **Department of County Human Services.** These investments allowed us to prevent homelessness for over 1,700 people, provide long-term rent assistance vouchers and wraparound services for people with intellectual and developmental disabilities, offer housing support for families fleeing domestic violence, and more.
- **Department of Community Justice.** Investments in the justice system allowed us to support people transitioning out of carceral settings in gaining stable homes through regional long-term rent assistance (RLRA).
- **Department of County Management**. SHS was leveraged for staffing to launch a fiscal compliance program that helps us responsibly deliver and monitor the use of SHS funds in partnership with our providers.
- **Emergency Management.** These resources provide vital supplies and support when extreme weather threatens unhoused neighbors. Funding maintains a supply warehouse, supports staff leading severe weather activations and trainings, and enables quick shelter setup during extreme heat or cold events.
- **Homelessness Response System & Action Plan.** SHS funded the Homelessness Response System team responsible for coordinating homelessness efforts with the City of Portland and our regional partners, facilitating a cross-sector action plan with a collaborative oversight structure, and developing system-wide goals and performance indicators to publicly monitor our progress. The work is codified in an intergovernmental agreement between the City of Portland and Multnomah County.



Health and Behavioral Health Integration

Community engagement during the development of our Local Implementation Plan revealed that the number one service need across the County was more behavioral health services capacity. With the introduction of the SHS measure, voters created a local opportunity to expand intensive mental health supports and substance use services, peer supports, and culturally specific behavioral health services for people experiencing homelessness.

The continuing scarcity of behavioral health resources in Oregon has fueled an ongoing need both within and beyond the homelessness system of care. And we know that to successfully address this we must work together with our partners to break down the barriers between the health and homelessness systems. As a result, one of our highest priority SHS goals during this last year was to identify opportunities for service integration between Medicaid and SHS-funded programs (see **Work Plan Performance**). Our work on this goal has increased the connection between these two systems in several key ways.

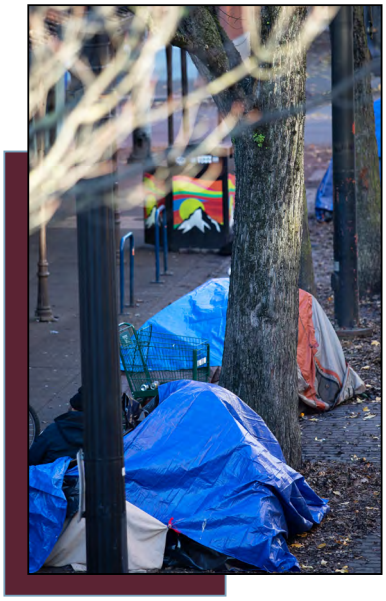
One example of this was our launch of the Medicaid Waiver Rent Assistance Program (MWRAP) through a partnership with the Department of County Human Services. This allowed us to create a more robust safety net by connecting people at risk of homelessness with Medicaid Health-Related Social Needs (HRSN) benefits and expand access to rent assistance for those with qualifying health concerns. A core component of this project was the close collaboration between HSD and DCHS to update Oregon Health Authority guidelines for the HRSN program and refine complex workflows to ensure that health-related social supports are seamlessly delivered to those in need.

In addition, through the introduction of cross-sector case conferencing Multnomah County providers partnered directly with health systems, social services, and county leaders to deliver real-time wraparound care and unlock new resources for participants. Designed as a dedicated platform for inter-system collaboration spanning healthcare, housing, social, and disability services, cross-sector case conferencing

facilitates real-time problem solving and resource allocation for shared clients. This program was originally focused on participants in PSH or belonging to a 55+ priority pool with behavioral health conditions but in FY 2026, in partnership with Health Share, HSD broadened the program's scope to encompass all individuals experiencing homelessness. This enabled service providers across the continuum of care to utilize the referral pipeline. Operational partnerships were further reinforced with the Multnomah County Health Department—particularly behavioral health teams and the SHS-funded Promoting Access to Health (PATH) team—alongside key engagement from DCHS.

Early data are encouraging. Among individuals who participated in cross-sector case conferencing, emergency department utilization and inpatient admissions were lower, and substance use disorder treatment utilization was higher in the six months following case conferencing compared with the six months prior. Those findings should be viewed as an early signal of potential impact, as additional study is required.

In addition to expanding cross-sector case conferencing to all HSD-funded providers, we partnered with Health Share of Oregon and the City of Portland to launch "Office Hours," a pilot program that fostered collaboration and care coordination for individuals supported by HSD programs focused on getting outreach workers key health insurance information and care management connections. Office Hours have yielded critical insights into what information is most critical for cross sector partners to access to ensure effective cross sector communication. The program offers technical assistance to ensure patients are properly assessed for permanent supportive housing and allows partners to coordinate efforts to locate individuals lost to care. By utilizing system notes, alerts, and existing meeting spaces, the group is facilitating better coordination and outcomes. For example, after discovering that a client's MSST Assessment predated a major health change, HSD staff successfully coached the healthcare provider on how to support the client in requesting a reassessment.



Assertive Community Treatment & Intensive Case Management RLRA Program

With 140 households successfully housed, the Assertive Community Treatment & Intensive Case Management (ACT/ICM) RLRA program is making it possible for people with a diagnosis of severe and persistent mental illness to leave homelessness and find long-term success in housing. All of the program's 150 vouchers have been assigned, with ten households currently searching for housing. The vouchers are tenant-based rather than assigned to a specific building, meaning participants can choose their housing from the open market.

Recently, a participant named Joel[6] was referred to the program. Joel had been in a shared residential facility but lost stability and was cycling between hotels, hospitals, and jail. Staff built a connection and were able to link Joel with a medical provider and initiate the RLRA referral process. In part, thanks to this support, Joel achieved a major milestone in his journey by moving into his own apartment. According to staff:

> Since securing housing, he has made remarkable progress. With the support of our housing specialist, he has learned to navigate electronic portals and payment systems, gaining essential skills for independent living. He continues to take his prescribed medication consistently and has developed safe, supportive relationships with his care team. He is also actively addressing his legal concerns. Most excitingly, he has begun training as a peer support specialist, a role that will allow him to use his lived experience to help others on similar paths. The stability provided by housing, combined with the comprehensive support of our program, has laid a strong foundation for his self-sufficiency and long-term success.

Community members with complex histories of homelessness, mental health diagnoses, and justice involvement often face overwhelming barriers to housing. The ACT/ICM RLRA program and its stories of success are demonstrating how the right blend of long-term rent assistance and tailored wraparound services can provide the resources these populations need to gain, and remain, in stable homes.



[6] Name changed

Data Connections between Health and Housing Systems

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.

As a result, we now have access to a combined data set that looks at both homeless data as well as diagnostic and billing data from Medicaid. In early FY 2026 we received the first data analysis from this new partnership, and it helped us understand more about the healthcare and housing ecosystem than ever before.

Beyond revealing strategic partnership opportunities, the data enables population-focused interventions to create holistic programs and support long-term housing stability. Currently, this combined data set helps analyze PSH participants experiencing complex behavioral health challenges, such as co-occurring substance use disorder and psychosis, to uncover trends and recommend strategies that stabilize housing while lowering medical acuity.

In addition, 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.

Cross-Sector Work Data

For the last several years Multnomah County has partnered with the Portland Housing Bureau (PHB) to expand local permanent supportive housing capacity through the 2018 Metro Housing Bond. Since 2021, PHB has created 330 affordable housing units in bond-funded buildings, and SHS is funding supportive services for 216 of these units. HSD and PHB have also worked to increase the accessibility of affordable housing by partnering to add more publicly funded affordable housing units via an online inventory available to case managers funded with SHS dollars. These are examples of how we are working across jurisdictions and leveraging SHS with all available funding sources to make the most impact.

Multnomah County

Portland Housing Bureau

Homeless Services Department

Metro Affordable Housing Bond and SHS Alignment

Figure 18: Metro Affordable Housing Bond and SHS Alignment					
Metro housing bond-funded projects where SHS-funded services and/or rent assistance have been used to create PSH				**# of projects**	**# of units**
Since 07/2021				6	216 SHS supported PSH units, 330 total affordable units
For PSH units in bond-funded projects added in Year Five					
Project Name	**Location**	**Total Units**	**PSH Units**	**Service Provider for PSH units**	**Target Population for PSH units**
Rajo (Cesar Apartments)	1610 S.E. Cesar Chavez Blvd, Portland, OR 97214	47	47	Somali American Council of Oregon (SACOO)	Adult households seeking culturally-specific services for the Somali and broader immigrant and refugee population





‘It gives me hope’

Cross-Sector Case Conferencing bridges gaps between healthcare and housing

It’s no secret that health and housing go hand in hand. Health challenges can be a factor leading to homelessness, while homelessness creates health challenges of its own.

“Your baseline of health is diminished just by the reality of being unsheltered, underfed and underresourced,” said Jenny Greenberg, a senior program specialist at the Homeless Services Department. “And the stress and trauma of all of that, it also takes its toll.”

But the systems providing healthcare and housing are often siloed, making it difficult for providers to coordinate care across those systems.

The Cross-Sector Case Conferencing program is designed to help break down those barriers. It’s the result of collaboration between Metro, the three Portland-area counties and Health Share of Oregon — and it’s made possible with the Supportive Housing Services measure.

Central to the program are meetings that bring together providers from homeless services, housing, healthcare and other social services. Each meeting is focused on a handful of “cases” — specific clients facing hardships or barriers to health and stability.

A provider bringing forward a case will share information about the individual, what barriers they are facing, what they’ve already tried and what they need help with. Other meeting participants ask questions and share information, resources and potential solutions.

Greenberg, who leads Multnomah County’s Cross-Sector Case Conferencing program, said what makes the program unique is that clients sign information releases that give providers the ability to talk in detail about their case — often including their

medical history. “We’re able to break down the silos and help with communication and coordination on the spot, in real time,” Greenberg said.

Promising early results

It’s a simple concept, but it can be transformative for the clients it serves. According to Health Share of Oregon, about 300 of its members have been part of the program across the three counties. Preliminary data shows that six months following a case conference, participants have fewer emergency room visits, fewer inpatient hospital admissions, increased engagement in substance use disorder treatment and decreased total cost of care.

Drew Grabham, director of outreach services at **Central City Concern**, said that he hasn’t experienced a space quite like it in his years of working in homeless services.

“It’s one of the few examples where so many of our systems are really coming together with the human in the center — not from a 10,000-foot point of view,” Grabham said. “Everyone in that meeting is thinking about the human that we're talking about and how we can best serve them. That warms my heart and gives me hope.”

‘One more tool in our toolbox’

Haylee Hinkle, Shelter Plus Care Case manager on **Northwest Pilot Project**’s retention team, says she’s seen positive results for her clients.

In her role, Hinkle works with low- or zero-income older adults who are in permanent affordable housing, helping them achieve stability and retain their housing long-term.

Part of her role is helping clients access healthcare. But because she isn’t a healthcare provider herself, she sometimes runs into barriers when trying to get clients the help they need.

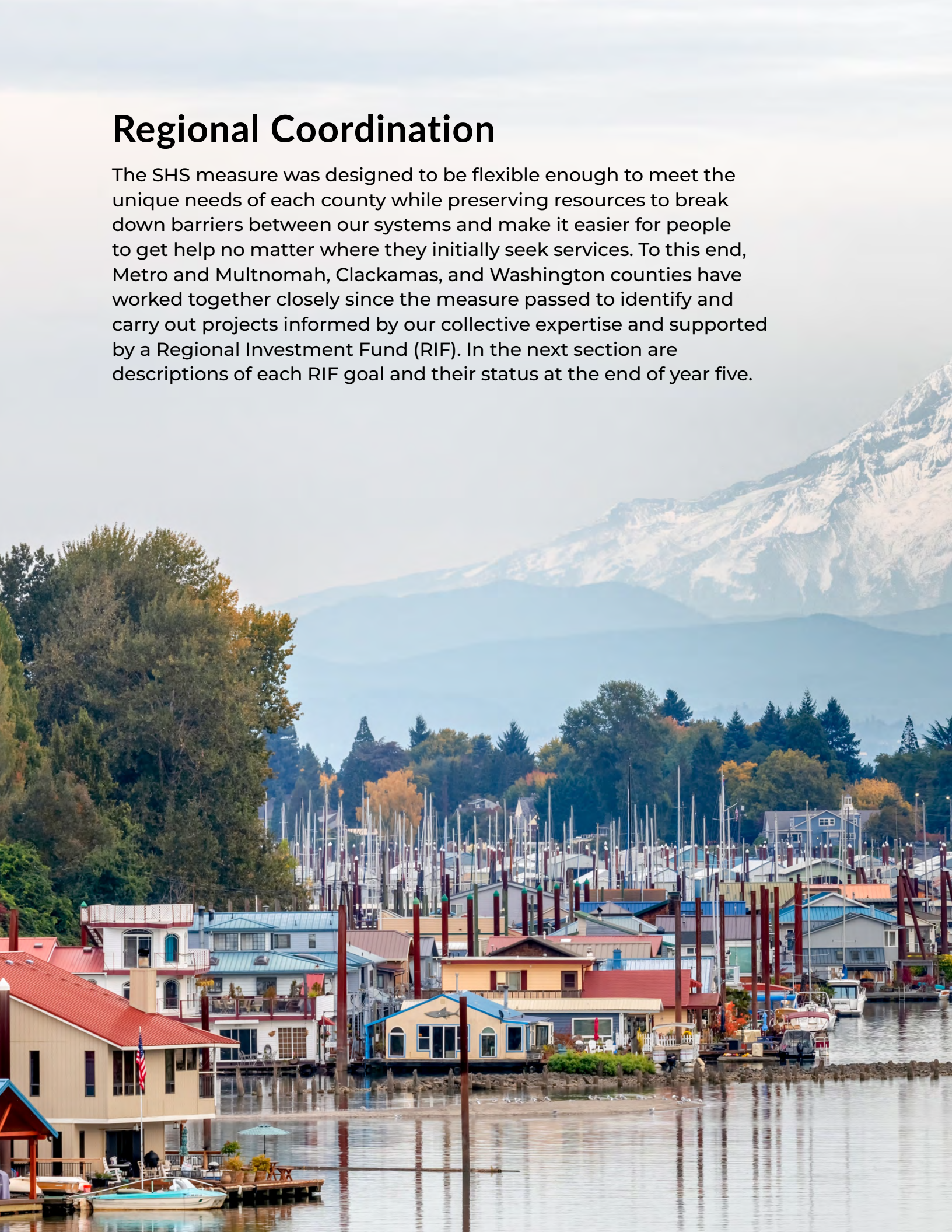
One of her clients needed medical care, but “wasn't sure exactly what insurance he had. He was pretty sure he had a primary care provider, but he hadn’t seen her in a while and wasn't sure if he was even still a patient there,” she said.

“I found out exactly what insurance plan he has ...They were able to tell me that he did have a primary care provider and what office they were out of,” Hinkle said. “They were also able to connect me with a social worker at that primary care office that I could reach out to, to work together to support the client.”

“A lot of the time it really is just throwing things at the wall and seeing what sticks,” Hinkle said of her work. The Cross-Sector Case Conferencing meetings are “one more thing, one more tool in our toolbox, that we have to help us navigate these really complicated situations.”

Regional Coordination

The SHS measure was designed to be flexible enough to meet the unique needs of each county while preserving resources to break down barriers between our systems and make it easier for people to get help no matter where they initially seek services. To this end, Metro and Multnomah, Clackamas, and Washington counties have worked together closely since the measure passed to identify and carry out projects informed by our collective expertise and supported by a Regional Investment Fund (RIF). In the next section are descriptions of each RIF goal and their status at the end of year five.





Regional Investment Fund

Spending and Outcomes in Year Five

Coordinated Entry

Total Expenditures: $423,670

Description: The Coordinated Entry regional goal focuses on making the homeless services system more accessible, equitable, and efficient for people seeking services and the staff assisting them. The goal supports greater connection between Multnomah, Clackamas, and Washington counties' Coordinated Entry systems, including efforts to strengthen regional alignment, improve data and system connectivity, and reduce barriers to accessing housing resources.

Progress: A workgroup made up of Coordinated Entry staff and subject matter experts from Multnomah, Washington, and Clackamas counties examined central aspects of each county's Coordinated Entry process to determine where greater consistency across jurisdictions would improve access to housing resources. The group spent the year discussing key areas such as eligibility processes, case conferencing, and data system connectivity and was able to achieve greater operational alignment in these areas. County staff then began the process of integrating the agreed-upon regional approaches into local workflows, identifying training needs, and continuing to work on areas where greater consistency is still needed.



Landlord Recruitment

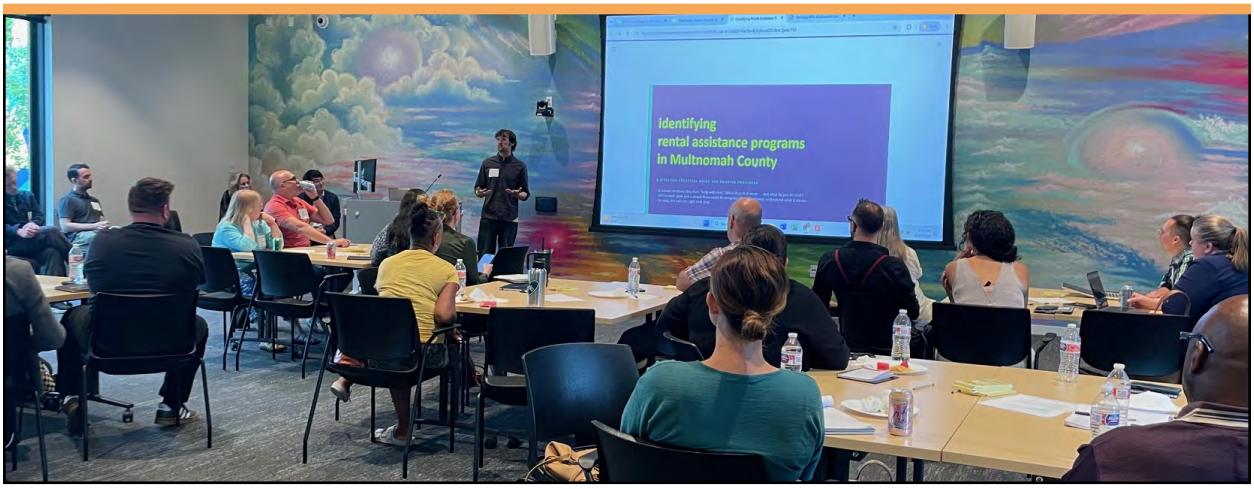
Total Expenditures: $1,662,895

Description: The Landlord Recruitment and Retention regional goal seeks to expand and sustain the supply of housing available to people served through SHS by developing coordinated regional approaches to landlord recruitment, engagement, and retention. The work includes building relationships with landlords, supporting housing placement, reducing landlord risk through mitigation resources, and conducting targeted outreach—including culturally responsive engagement—to increase landlord participation and improve access to housing across the region.

An important distinction is that this goal is not simply about recruiting more landlords. It is about creating the infrastructure and incentives necessary to recruit them, successfully place SHS participants in their units, resolve barriers, mitigate financial risk, and retain those landlords as ongoing partners in the homeless services system.

Progress: We have established a regional framework for landlord recruitment and are focused on maintaining landlord relationships, carrying out recruitment and retention strategies, ensuring landlords have a consistent experience across jurisdictions, and increasing utilization of the RLRA Risk Mitigation Program (RMP). A recent report[7] on the RMP showed that landlords are increasingly using this resource during tenancy for unpaid rent and utilities, demonstrating its use as an eviction prevention tool.

The workgroup is now considering which components should continue as ongoing regional infrastructure, and what level of regional funding is necessary.



[7] From the Housing Development Center RLRA Risk Mitigation Program FY 2026 Annual Report

Healthcare System Alignment

Total Expenditures: $460,461

Description: The regional Healthcare System Alignment goal focuses on strengthening coordination between homeless services, housing, and healthcare systems so people experiencing homelessness can more easily access coordinated housing and health supports. The goal recognizes that housing stability and health are closely connected and seeks to improve cross-system coordination, data sharing, and approaches for people with complex health and behavioral health needs.

Progress: Multnomah County worked with Metro, neighboring counties, city governments, and healthcare-system partners to explore stronger connections between housing, homeless services, and healthcare systems. Key initiatives such as the Medicaid Waiver Rent Assistance Program (MWRAP), cross-sector case conferencing (CSCC), and improved data sharing are described in detail in **Cross-Sector Work** and **Work Plan Performance**.

We also worked with regional partners to act on priorities uplifted by hospitals, homeless services providers, and medical respite providers such as expanding medically enhanced shelter options and coordinated health and housing support for people discharging from inpatient psychiatric hospital settings.

Medically enhanced housing and shelter is one component of a broader regional effort to better connect people experiencing homelessness with appropriate healthcare and housing supports. Specifically, the healthcare system alignment workgroup explored how healthcare organizations and homeless services systems can work together to develop housing and shelter environments capable of serving people with higher levels of health-related needs while strengthening care coordination and identifying opportunities for sustainable healthcare participation and funding. This led to the development of a pilot launching in Fall 2026 that will have ongoing capacity to shelter up to 20 people leaving emergency departments, inpatient medical care, or stepping down from more intensive respite care. Participants will be prioritized for CSCC, which will allow us to better connect them to medical stabilization resources such as outpatient and primary care.

We also supported regional efforts to launch a Psychiatric Hospital to Housing (PHH) pilot early in FY 2026 alongside partners from Metro, the Multnomah County Health Department, healthcare organizations, and homeless services providers. Since its launch in February 2026, the pilot has helped 20 participants transition from inpatient psychiatric stabilization settings and into community-based behavioral health care and behavioral health-focused motel shelter. Ten participants have been prioritized through coordinated entry and paired with housing providers, and two have been permanently housed. The pilot will continue into FY 2027, with a focus on program evaluation and continuous quality improvement.

Shifting the needle on coordination between two systems of such magnitude and complexity is no small feat, but we've made significant progress by focusing our



collective efforts. Together, these activities created more practical connections between housing, healthcare, and data systems, and we look forward to continuing our efforts in year six.

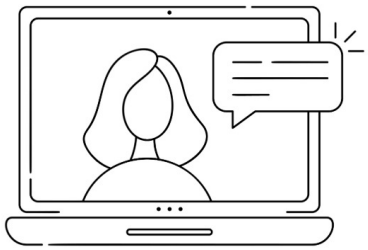
Employee Recruitment and Retention

Total Expenditures: $0

Description: The Employee Recruitment and Retention goal focuses on strengthening and stabilizing the SHS-funded homeless-services workforce. It recognizes that provider workforce stability is connected not only to recruitment and compensation, but also to contracting practices, payment processes, organizational capacity, training, technical assistance, benefits, and other conditions affecting providers' ability to recruit and retain qualified staff.

Progress: The workgroup achieved a significant milestone for this goal by developing an initial package of regional contracting recommendations focused on practices affecting provider cash flow. Regional discussions have increasingly pointed to the connection between workforce stability and contracting practices, recognizing that cash flow, administrative requirements, indirect costs, reimbursement processes, and organizational capacity can affect providers' ability to maintain a stable workforce. The recommendations highlight best practices in regional contracting that address advance payments, indirect costs, timely/partial payments, and risk assessments. HSD staff who participated in the workgroup leveraged their experience administering SHS provider contracts to inform the recommendations. We are currently in the process of following up on the recommendations and determining what additional workforce strategies need to move forward.

While no direct RIF expenditures occurred for this goal during FY 2026, we made progress as a region through the commitment of staff time and organizational capacity. This investment in coordination, provider engagement, and the development of workforce and contracting strategies has established a foundation for continued work in this area and potential future investments.



Training

Total Expenditures: $473,784

Description: This goal supports coordinated regional training that gives SHS service providers the knowledge and skills needed to deliver programs effectively and consistently. The work is intended to respond to the diverse needs of frontline staff across the region, while prioritizing culturally specific providers and the needs of BIPOC-serving organizations in training design and implementation.

Progress: Multnomah County participated with Metro and the other counties in identifying shared regional investments to address common training needs uplifted by homelessness services providers. This work culminated in a pilot of two free courses for SHS-contracted providers at Portland Community College in June and July of 2026, including Housing Service Worker Case Management Fundamentals and Housing System Navigation Essentials: Principles & Practice.

Regional training resources funded two HSD staff members who collectively coordinated 68 trainings for our broader provider network and for organizations specifically working with survivors of domestic or sexual violence experiencing homelessness. For more information, see **Provider Capacity Building.**

In FY 2026 this body of work became increasingly connected to the other regional goals. Changes involving Coordinated Entry, contracting practices, workforce stabilization, data systems, and other regional initiatives created corresponding needs for provider education and implementation support. As a result, our approach began to focus not simply on offering additional training, but on identifying training that could help providers successfully implement emerging SHS practices and expectations.

Technical Assistance



Total Expenditures: $248,896

Description: The technical assistance goal focuses on developing an approach for providing technical assistance across the tri-county SHS system. It aims to strengthen the organizational capacity of SHS service providers so they have the support and resources needed to operate effectively and sustainably, with an emphasis on capacity building, organizational development, problem-solving support, and the unique needs of culturally specific providers and organizations serving BIPOC communities.

Progress: At the end of FY 2026 the regional Technical Assistance goal remained primarily in a development phase. The workgroup's main focus was on clarifying the role of regional technical assistance in supporting provider capacity, focusing on how to

complement county-level contract management while responding to common organizational and implementation challenges faced by SHS-funded providers.

For Multnomah County, participation in this regional work occurred alongside existing provider oversight and support. Regional SHS investments funded our equity engagement coordinator, who provided technical assistance to 28 culturally specific providers this year. For more information, see **Provider Capacity Building**.

Regional efforts allowed us to identify areas where shared technical assistance can add value across jurisdictions, particularly for organizations with fewer administrative resources amid evolving SHS requirements. The remaining work is largely about prioritization, delivery structure, and funding.

HMIS Replacement Project

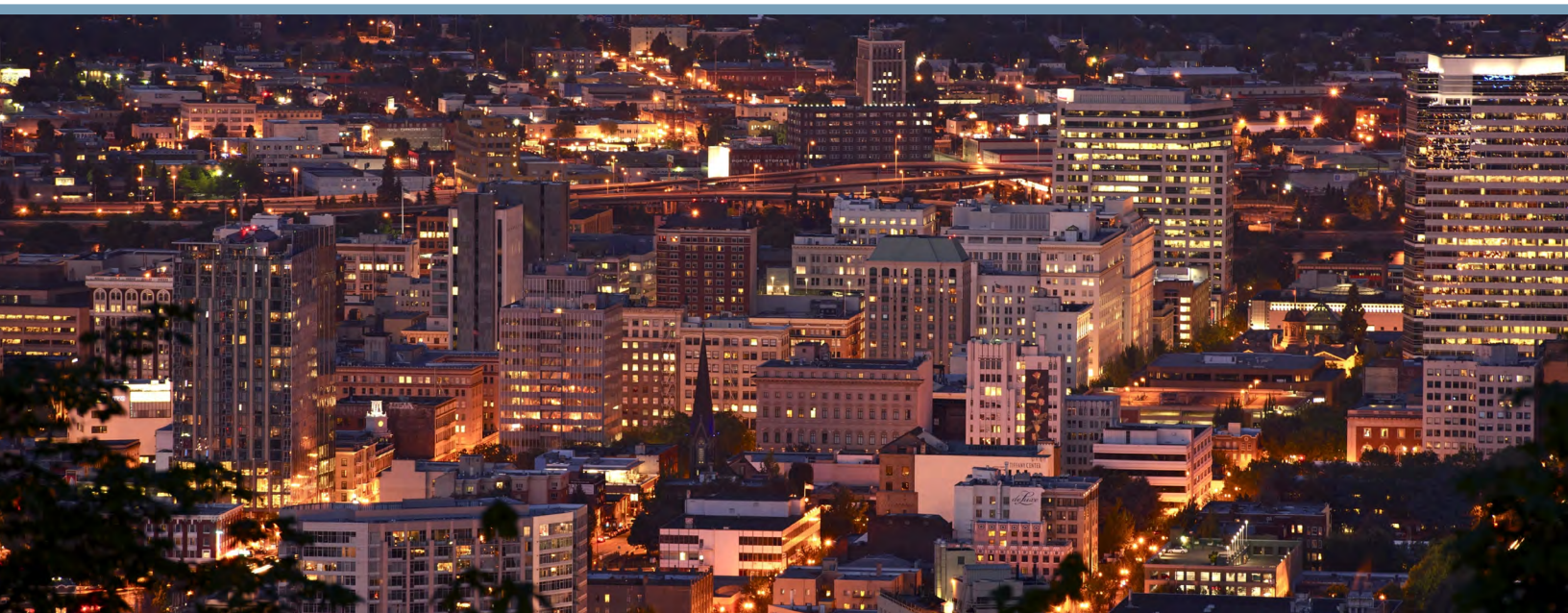


Total Expenditures: $1.8M budgeted for FY 2027

Description: Multnomah County is leading a process to modernize the platform that all three counties use to collect homelessness data. Due to the regional reach of these efforts, the SHS Regional Investment Fund (RIF) is the primary funding source for the project.

Progress: In the summer of 2025, Multnomah, Washington, and Clackamas counties selected Bitfocus, a technology company with national experience providing homeless response technology systems, to work with the three counties and dozens of community providers to replace our current system. Multnomah County's IT team is managing the project, which officially kicked off in March 2026. All project support roles are on board, including three project-dedicated business system analysts (one per County) and one change manager. The team began a series of configuration sessions with Bitfocus that took place every other week through August 2026.

We look forward to sharing updates on this project in future reports, as it is a regional objective and one of Multnomah County's SHS annual work plan goals for FY 2027.



One-Time-Only Funds (TCPB-approved April 2025) use of RIF One-time / Carryover

Total Expenditures:

- **HMIS:** $1,637,394
- **Coordinated Entry:** $3,337,018
- **Regional Landlord Recruitment:** $843,470
- **Healthcare System Alignment:** $649,880
- **Training:** $650,206
- **Technical Assistance:** $1,349,228

Description: In April 2025 the TCPB approved the use of Regional Investment Fund (RIF) carryover for one-time-only investments. These resources provided flexible, non-recurring funding to advance regional SHS priorities and make targeted investments that strengthen the regional homeless services system.

HMIS: This funding supported staff associated with Multnomah County's **administration of the Homelessness Management Information System (HMIS)**, which all three metro area counties use to coordinate and optimize homeless services regionally.

Coordinated Entry: We improved access to homeless and housing services through investments in three HSD **Coordinated Access staff** positions that helped lead processes for assessing and prioritizing people for housing resources; **Coordinated Housing Access (CHAT)** teams that conducted outreach, assessed people experiencing homelessness for housing resources, helped mitigate barriers, and supported people in rapidly transitioning to available housing; an **Access Center for youth** that provided outreach, eligibility screening, and referral services; a **Coordinated Access System and Referral Case Manager** who coordinated shelter and housing access efforts across domestic violence and sexual assault service providers; various **coordinated access resources for families**; and **navigation teams** that helped people living unsheltered access shelter, housing placement, hygiene resources, and more.



Healthcare System Alignment: These investments funded health connection services and **peer health navigators** who connected people experiencing homelessness to health services that assisted them in returning to permanent housing; as well as a **recuperative care program** that provided short-term residential care for individuals experiencing homelessness in need of ongoing medical care.

Regional Landlord Recruitment: We worked to maintain and expand access to low-barrier housing placement opportunities through **landlord liaison teams** that engaged and provided education to property managers, housing providers, and community partners.

Technical Assistance: We leveraged $1M for **System Development grants** that helped new, emerging, and culturally specific providers build infrastructure and set new providers up for success in contracting with the County and delivering services. (For more information, see **Provider Capacity Building**). These funds also supported the work of our **equity engagement coordinator**, who provided technical assistance to culturally specific organizations, supported System Development grant recipients, and facilitated our Equity Advisory Committee.

Training: These investments funded staff who facilitated **Assertive Engagement** skills practice sessions and supported providers with certification; and **HSD's domestic and sexual violence team** who offered ongoing training for housing providers on recognizing and responding to domestic and sexual violence.



Other Regional Coordination

Metro and the counties collaborated on numerous projects over the past year to help advance a regional response to homelessness.

Administrative Rules

One of our key shared achievements is the development of administrative rules that will establish a baseline standard of care for the region and create a consistent experience for people seeking services no matter where they enter the system. This project has been a high priority for Metro Council for some time and will ensure that each county is defining and carrying out services in the same way and in alignment with state and federal best practices.

Metro and subject matter experts from the three counties worked together to create clear, consistent definitions and standards of practice for SHS-funded services in eight service areas:

- Homelessness prevention
- Housing only
- Housing with services
- Outreach
- Permanent supportive housing
- Rapid rehousing/ short term housing programs
- Shelter
- Transitional housing

By the end of FY 2026, four sets of rules were drafted with subject matter experts and SHS service providers. Once the remaining drafts are finalized, they will be submitted to the Metro Council in fall 2026 for formal approval and implementation.

Regional Data Workgroup

The four jurisdictions established a regional data workgroup to recommend outcomes and develop data and reporting practices for each goal in Metro Council's SHS Reform Work Plan. The workgroup built on the foundation established in the 2025 data sharing agreement between Metro and the three counties, with the goal of increasing transparency, strengthening accountability, and fostering a more aligned and coordinated regional system.

We continued aligning regional data collection, analysis, and reporting by finalizing groundbreaking data sharing agreements between Health Share and each of the three counties so our homelessness system data and healthcare claims data can be leveraged to promote health and housing stabilization for community members experiencing homelessness. In addition, the three counties worked with Metro on refined definitions for Population A and B to ensure consistent alignment and reporting.



HMIS Transition

In FY 2026, jurisdictions around the region collaborated to select a new HMIS vendor and began the work to ensure a smooth and coordinated transition to the new HMIS system. Agencies across all three counties have partnered closely to hold regular cross-county meetings and joint sessions with the new vendor, and create shared governance. The new system will enhance collaboration, reporting, and data quality across the three counties and Metro.

Risk Mitigation Program

The Regional Long Term Rent Assistance (RLRA) Program continues to provide rent subsidies to qualified low-income tenants. The RLRA Risk Mitigation Program (RMP), one program under RLRA, reimburses landlords for eligible excess operating expenses and losses associated with the operation of housing units that receive RLRA subsidies. The purpose is to provide financial protection to landlords that provide high-quality affordable housing to people who have experienced homelessness or have substantial risk of experiencing homelessness. In FY 2026, the counties continued to provide the RMP and further collaborated to ensure that the program is responsive to the needs of landlords and participants. Key improvements included the creation of a more accessible claim form, policy changes that allow case managers to initiate claims on behalf of property owners and managers, and increased coordination with local and state-level housing agencies to align policies across the three county programs.



Advancing Racial Equity to Address Existing Disparities in Homeless Populations

Mutnomah County's Homeless Services Department advances racial equity across homelessness programs through five core pillars and community engagement. While funding constraints and disparities persist, we leverage culturally-specific investments and regional partnerships to improve housing stability for all.



Strategies to Advance Racial Equity

Across the nation, data shows that communities of color experience homelessness at high rates, face significant barriers to accessing resources, and often experience worse outcomes in homeless and housing programs than non-Hispanic White households. These challenges also affect us locally, so in developing the SHS measure with a focus on addressing racial inequities, our community compassionately stepped up to ensure that race is not a predictor of whether someone becomes homeless in our region. SHS resources are used to serve people of all identities experiencing homelessness and our work to address disparities takes place within that context. And, SHS gives us a unique opportunity to fund culturally responsive and culturally specific services that ensure everyone has access to help that meets their individual needs.

We have long held equity as a core value and work to advance it through five pillars:

Pillar	Pillar Description	Current Practices / Work
Monitor and Review	HSD monitors, supports, and provides technical assistance (TA) to providers	HSD requires all contracted service providers to develop an Equity Work Plan. Providers report on progress in their annual reporting. HSD's Equity team provides technical assistance to providers related to creating and monitoring progress on their required Equity Work Plans.
Project Partner and Subject Matter Expertise	HSD collaborates with teams across the department and region to provide an equity lens in projects, policies, processes, and practices.	HSD's Equity team participates in equity considerations and recommendations for regional goal implementation. HSD requires Racial Equity Lens Tool (RELT) use as part of the budget process and review. Department expectation is to use RELT as a decision-making support for programming and policy adjustments.
Training and Tools	HSD develops, coordinates and facilitates equity-based training for providers and staff. Training needs are identified by providers and through feedback received from program participants. HSD also provides tools for evaluation, as needed.	HSD has provided training and support on the use of HSD's Racial Equity Lens Tool to partners at Metro, Clackamas County, and Washington County. HSD provides an equity-based training calendar to HSD staff and partners on a monthly basis. HSD trainers provide subject matter expertise and training on equity and DSV programming.

Pillar	Pillar Description	Current Practices / Work
Workforce Equity	HSD's equity team facilitated all HSD staff engagement to create an HSD work plan on how to implement Countywide workforce equity needs and priorities of the HSD workforce.	HSD's Equity Steering Committee supports the integration of countywide equity initiatives into department-specific practices.
Community Partner Engagement	HSD's equity team leads and supports work plans and goals around workforce equity for the department such as the System Development Grants. HSD partners with providers and jurisdictional partners on training and initiatives and provides support to partners who do not have the capacity for this work alone. HSD facilitates advisory committees to ensure provider and participant perspectives are incorporated in our work.	HSD has provided small grants to new and emerging culturally specific providers to develop their infrastructure and promote future work with the county. HSD also offers equity-focused technical assistance to all providers, as well as process navigation support for organizations new to contracting with the county. Equity-focused technical assistance helps expand our system's culturally specific capacity while supporting culturally responsive capacity in all services. The SHS-funded Equity Engagement coordinator facilitates and supports the Equity Advisory Committee.

One of our key accomplishments this year was helping promote the use of a shared racial equity lens tool across the region. Throughout the fiscal year our equity manager trained staff at Metro and Clackamas and Washington counties on how to use the HSD Racial Equity Lens Tool (RELT) that HSD developed and has used to inform our processes since 2022. We now have a regional standard for deliberating and communicating equity considerations and an equity-based decisionmaking framework that is accessible to regional teams. In support of this work, HSD's equity manager and the other jurisdictions' equity leads met regularly to coordinate regional equity initiatives and share resources.

In all our equity work, we lean on the lived and learned experiences of our community. One key way we are doing this is through the work of our **five advisory committees and boards**. In alignment with our efforts to prioritize provider and participant experiences, our Equity Advisory Committee created recommendations for setting small, new, and emerging culturally specific providers up for success in working with the county. Their recommendations pointed to the county's reimbursement model, insufficiently sustained funding, and lack of contract onboarding as top barriers for these providers. The recommendations were presented at our spring 2026 Provider Conference and department leadership is considering how they may influence future work.

Through these efforts we are continuing to improve our equity practices both internally and externally to meet the needs of our workforce, partners, providers, and people receiving services. Despite funding challenges and shifts in equity work across our County, we have and will continue to lead with equity in our work.

Equity Landscape Scan

Although we have made significant strides in recent years to address racial and other inequities, we are committed to understanding what gaps still exist so we can address them strategically. The equity analysis we conduct every year for our SHS annual report helps us understand who is being served in SHS programs and indicates whether there could be ongoing barriers for certain populations in accessing homelessness services. Two years ago this analysis revealed persistent disparities in services for people of color across different service types. This prompted us to create a goal in our FY 2026 SHS annual work plan to further analyze racial and other disparities in our services and outcomes and assess the equity strategies currently in place to address them.

As part of these efforts, in year five we updated the equity-related outputs and outcomes tracked in our provider contracts. These measures help us assess if certain populations are being underserved in HSD-funded programs by comparing the demographics of people served in our programs to the demographics of people experiencing homelessness in Multnomah County, and the demographics of people experiencing homelessness with those of the broader Multnomah County population. We conduct this analysis on post-service access and outcomes data. Demographics are not considered in determining program eligibility.

Below are the key findings from our equity landscape scan and a summary of our current gaps, equity initiatives, and opportunities. For more information about this work plan goal, please see **Work Plan Performance**.

One of the main limitations for our equity work is the rising prevalence of reduced and unpredictable funding, resulting in difficult cuts to key initiatives. For instance, over the past few years SHS has funded grants for small, emerging and culturally specific providers as part of our technical assistance strategy. While we were able to continue offering technical assistance to grantees who received the last iteration of the grants, due to decreased funding we were not able to offer new grants this year or in FY 2027.

In addition to impacting our ability to invest in organizational and infrastructure development for new and emerging culturally specific providers, less funding creates more competition for limited resources. Applying for County funding can be challenging for smaller culturally specific providers, giving an advantage to larger, more established, non-culturally specific organizations. HSD's Equity Advisory Committee highlighted this gap as one of the core issues that smaller culturally specific providers are facing when trying to work with the County. Our SHS Advisory Committee also emphasized this in their December 2024 equity recommendations, which called for a more diversified pool of SHS providers and for HSD to offer more



intentional opportunities for new providers to become qualified and receive technical assistance.

Another limitation we are facing in our equity work relates to changes in the national equity landscape and updated federal guidance on program delivery. As federal changes take shape, providers have voiced uncertainty about the future of their funding as impacts to culturally specific programs are still unknown. With potentially limited funding opportunities for equity-focused expansion, we will need to work intentionally and collaboratively with our partners to understand what equity challenges they are experiencing and what opportunities there may be to address them in a more restricted environment.

Despite changes in funding and approaches to equity work in our region and beyond, equity remains a focus of the SHS measure and a core value of HSD. In the midst of this environment, the five main pillars of our equity work continue to guide our priorities and current practices. Because so much of our work takes place through external partners, we worked diligently to incorporate equity practices and decision-making frameworks into our processes to keep equity at the center of our work.

As we enter the sixth year of SHS facing new and ongoing challenges related to our equity work and the overall implementation of the measure, SHS continues to be a local lifeline for thousands of individuals and the providers who serve them. In the new fiscal year, we will continue to deepen provider support, incorporate community expertise, and explore creative solutions that require fewer financial resources.

A few emerging opportunities include:

- **Increasing technical assistance for providers**, including support navigating changes to equity practices, helping ensure services address disparities and meet the needs of diverse participants.
- **Incorporating more opportunities for advisory committees** to give feedback on current projects to ensure equity considerations from service providers and those with lived experience of homelessness are elevated.
- **Expanding and tailoring training opportunities** to address emerging equity issues providers are experiencing.



Engagement

Our advisory boards and committees bring together community members who use their lived and learned experience to guide HSD leadership and Multnomah County's Board of Commissioners in our work to address homelessness. Advisory groups provide opportunities for members to learn about our work, bring a community perspective to our decisionmaking, and make recommendations on programs, services, and policies. Each of our boards and advisory committees are structured to elevate the experience and expertise of people of color and people with lived experience of homelessness because these groups are highly impacted by homelessness and have historically been left out of decisionmaking spaces. Two of our committees—the Equity Advisory Committee and the Lived Experience Advisory Committee—are not mandated by a funding source but were commissioned by our department because their expertise is essential for our work.

We have five community advisory bodies, each with a different focus:

- **SHS Advisory Committee:** Advises about SHS work and provides guidance and recommendations about SHS programming and investments.
- **Equity Advisory Committee:** Provides guidance and recommendations to help address racial disparities in HSD's work on ending homelessness.
- **Lived Experience Advisory Committee:** Uplifts the voices of people who are or have been unhoused to ensure our work centers their experiences.
- **Community Budget Advisory Committee:** Required by County Charter; reviews and makes recommendations on our budget and operations.
- **Continuum of Care Board:** Federally mandated by HUD, this group advises on and oversees the implementation of priorities and policies related to Multnomah County's Continuum of Care (CoC).

Engagement also takes place beyond the work of our committees. One notable example of this was our budget engagement strategy. Our interim Director and finance Director hosted a budget session during our fall 2025 Provider Conference, and our equity team led two budget engagement sessions in partnership with Multnomah County Homelessness Response System staff last December. In anticipation of a challenging budget deficit, dozens of providers came together to share their priorities for HSD funding (a significant portion of which is SHS) and how to achieve balance across service investments. The feedback from these engagements influenced the development of our FY 2027 budget, including our policy priorities and how we made decisions in a difficult funding environment. As a

result, we were able to craft our budget around community priorities of keeping people housed, making housing placements, and maximizing shelter effectiveness.

SHS Advisory Committee

Launched in the fall of 2022, Multnomah County's SHS Advisory Committee brings together homeless services providers, people with lived experience, and community members from across the County to advise HSD on SHS funding and programming. This group is one of the key ways we are ensuring that people of color and people with lived experience have a voice in guiding the implementation of SHS in Multnomah County.

This is important because part of what makes the SHS measure unique is its focus on addressing the fact that due to historic and current discrimination, race is a predictive factor in whether someone will experience homelessness. While some communities of color represent a very small percentage of the overall population in Multnomah County, they represent a significant portion of people experiencing homelessness. Because of their overrepresentation in the homeless population, we must have the voices of the people who are most affected at the table to ensure that our decisionmaking is equitable and takes their needs into account.

In alignment with this value, of our 17 SHS Advisory Committee members, 65% represented communities of color and 71% had recent lived experience of homelessness. In addition, 42% of the committee identified as Black. Our members' various intersecting identities allowed them to advocate for many populations highly affected by homelessness—the elderly, disabled, queer, formerly incarcerated, and more.

The committee's top priority this year was developing guidance to improve access to homeless and housing services in Multnomah County and equipping participants to successfully navigate our system. Members spent the majority of the fiscal year on this project and submitted a thorough set of recommendations to HSD leadership in January 2026.



SHS Advisory Committee FY 2026 Recommendations

Recommendation One: Coordinated Access and 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 Two: Prioritize Investments in Homeless Prevention

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

Recommendation Three: Prioritize Investments in Housing Options

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

Recommendation Four: Contracted Provider Requirements

Establish requirements for contracted providers, including:

- Participant eligibility and termination processes
- Provision of livable wages, benefits, and development opportunities—especially for peers and people with lived experience.

Recommendation Five: Ensure Outreach is Equitably Distributed

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

We integrated several of these recommendations into our programming, budget, and SHS goals. For example, we ensured that outreach is better distributed by completely redesigning our outreach strategy to cover the County equally and preserve culturally specific outreach despite decreases in funding (see **Housing & Services** for more information). The committee's recommendations regarding investments in homeless prevention and housing were also reflected in our FY 2027 budget, which prioritized preventing people in housing programs from returning to homelessness, making new housing placements, and improving shelter as a pathway to housing. County leadership also prioritized adding funding for eviction prevention services in the overall Multnomah County budget going into FY 2027.

In their recommendations the committee also uplifted the need for establishing trauma-informed training requirements for outreach workers and setting training expectations, which we folded directly into our FY 2027 SHS Annual Work Plan. Throughout this upcoming fiscal year, HSD will be leading efforts to standardize training and provide training resource navigation for outreach providers, and this work is directly reflective of the committee's input on this topic.

Additional SHS work plan goals were also informed by the committee's recommendations over the last two years regarding equity and provider capacity building. Our goal to expand culturally specific PSH opportunities for adults and families is reflective of the committee's FY 2025 equity recommendations, which

prioritize investments that "meet the housing needs of those who have been historically deprioritized and heavily impacted by inequities in the homeless services system, such as the Black community, the LGBTQIA2s+ community, those with disabilities, the elderly, the formerly incarcerated, and immigrants." Finally, our goal to implement trainings focused on clarifying program monitoring expectations for HSD staff working in contract administration largely aligns with our SHS advisory committee's FY 2024 capacity building recommendations to create accountability for outcomes described in provider contracts. We look forward to reporting on our progress toward these committee-informed goals in our FY 2027 SHS quarterly reports.

SHS Advisory Body Membership

Figure 19: SHS Advisory Body Membership

Advisory Body Name	Members who identify as people of color	Members with lived experience
SHS Advisory Committee	65%	71%
Continuum of Care Board	50%	28%
Community Budget Advisory Committee	40%	70%
Equity Advisory Committee	89%	100%
Lived Experience Advisory Committee	46%	100%

Disaggregated Race & Ethnicity of FY 2026 SHS Advisory Committee Members[8]		
Race / Ethnicity	**#**	**%**
American Indian, Alaska Native or Indigenous	4	24%
Asian or Asian American	0	0%
Black, African American or African	7	42%
Hispanic or Latine	4	24%
Middle Eastern or North African	0	0%
Native Hawaiian or Pacific Islander	0	0%
White	10	59%

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

Racial Equity Analysis

HSD's Approach to Measuring and Supporting Racial Equity

Data shows that communities of color are more likely to experience homelessness, and that many of the systems and institutions that provide homeless services have historically underserved people of color. To address this, we strive to reduce racial disparities and equitably provide services to communities overrepresented in homelessness compared to their representation in the greater Multnomah County population and among households at high risk of homelessness. Our intersectional approach centers race while also recognizing and addressing marginalization and discrimination based on gender identity, sexual orientation, ability and age.

To understand whether our strategies are having an impact, HSD requires contracted providers to collect demographic information (race, ethnicity, gender identity, etc.) that allows us to track equity across HSD programming and produce this analysis. We have followed Metro's recommendation by comparing the percentage of people identifying as Black, Indigenous and People of Color (BIPOC) who are receiving SHS services to the BIPOC share of the population experiencing homelessness, and comparing individual racial and ethnic groups.

Our official data source for people experiencing homelessness is our By-Name List (BNL). Based on administrative data collected by our service providers on an ongoing basis, the BNL provides a more complete and up-to-date assessment of homelessness in Multnomah County than other measures (such as the Point in Time Count). The BNL data used in this report is from January of 2026 (the midpoint of FY 2026).

Racial Equity Goals from the Local Implementation Plan

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

- Black, African American or African (Black);
- Hispanic, Latino, Latina or Latine;
- American Indian, Alaska Native or Indigenous (AIAN or Indigenous); and
- Native Hawaiian or Pacific Islander (NHPI).

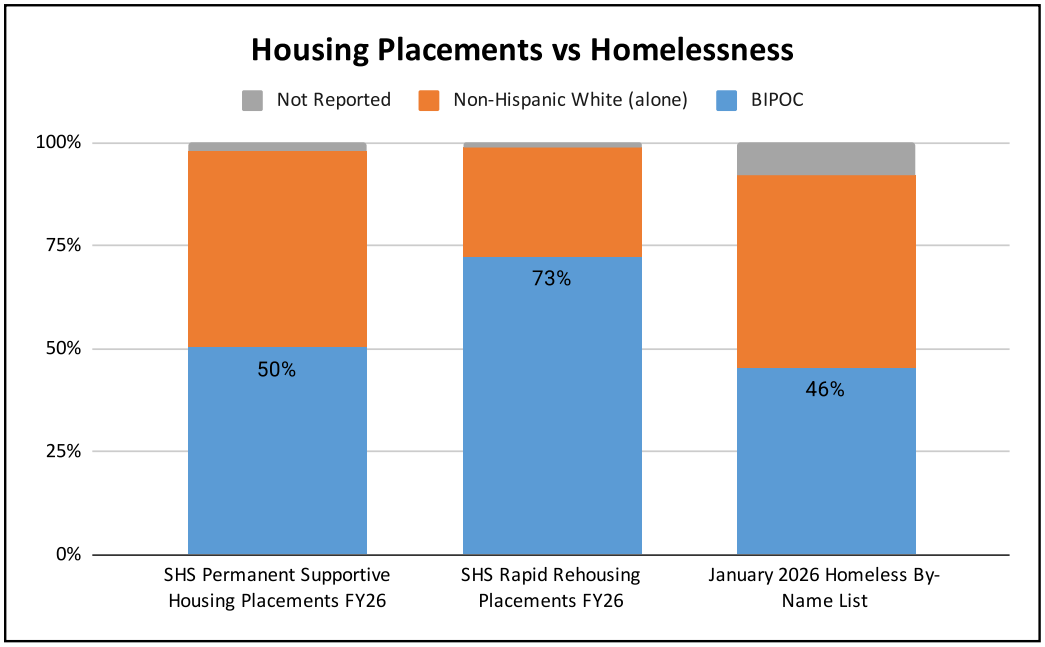
In addition, prior to SHS implementation Black and Hispanic or Latine people were under-represented among people placed in permanent supportive housing compared to their representation among people experiencing homelessness. The LIP prioritized increasing representation in service provision among these under-represented groups. Multnomah County does not use or consider protected class as eligibility criteria for services.

Primary Takeaways

In our first five years of implementation, post-service demographic data shows HSD made meaningful progress to address racial disparities both in permanent housing placements and in homelessness more generally. Multnomah County continued to advance housing equity in FY 2026 by prioritizing culturally responsive and culturally specific services for BIPOC communities in housing placement and services, maintaining high housing retention rates, and continuing to reduce the rate at which the BIPOC community experiences chronic homelessness. There are some variations by racial group and specific program, but overall Multnomah County was successful at advancing the SHS regional housing stability goals this year. While some disparities persist for several BIPOC subpopulations, the data from the past fiscal year demonstrates that our approach continues to contribute to a positive trajectory for these communities.

Access to Housing

Data shows that HSD advanced housing equity, as evidenced by placement rates for BIPOC communities measuring at rates greater than they experienced homelessness in Multnomah County. BIPOC individuals received housing placements in both Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) at rates greater than they experienced homelessness.



All BIPOC subpopulations, except for the Asian or Asian American subpopulation, received housing placements at rates greater than they experienced homelessness. The Hispanic, Latino, Latina, or Latine subpopulation was placed at lower rates in PSH, but a higher rate overall. It is worth noting that both of these subpopulations experience homelessness at rates lower than their proportion of Multnomah County's population (see chronic homelessness table).

FY 2026 Housing Placements

PSH = Permanent Supportive Housing RRH = Rapid Rehousing	PSH	RRH	January 2026 Homeless By-name List
BIPOC vs Non-Hispanic White (alone)			
BIPOC	50.4%	72.5%	45.6%
Non-Hispanic White (alone)	47.8%	26.5%	46.5%
Not Reported	1.8%	1.1%	7.9%
Race/Ethnicity Detail (*totals may exceed 100% due to multiple selections)			
Asian or Asian American	1.8%	1.5%	2.3%
Black, African American or African	23.7%	39.0%	19.8%
Hispanic, Latino, Latina, or Latine	10.6%	27.4%	14.3%
American Indian, Alaska Native or Indigenous	17.7%	9.9%	9.2%
Native Hawaiian or Pacific Islander	4.9%	3.6%	3.3%
White	60.2%	38%	53.3%
Middle Eastern or North African	0.2%	0.3%	0.9%
Gender Identity (*totals may exceed 100% due to multiple selections)			
Man	52.2%	43.9%	53.9%
Woman	44.0%	49.8%	37.4%
Non-binary	2.7%	1.3%	2.1%
Transgender	2.2%	0.9%	1.6%
Questioning	0.4%	0.1%	0.2%
Culturally Specific	0.0%	4.4%	0.2%
Not Reported	0.2%	0.1%	4.8%
Other	0.4%	0.8%	0.3%

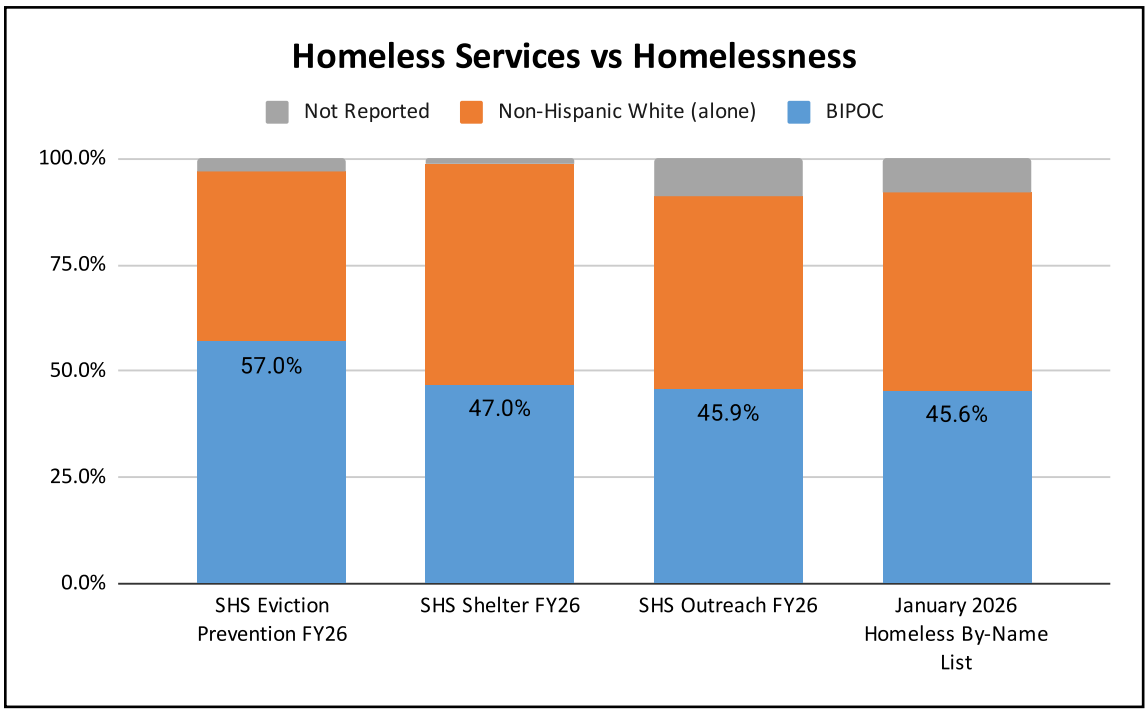
Gender Identity Supplement

Women received housing placements at rates greater than they experience homelessness in Multnomah County while men received housing placements at rates lower than they experience homelessness. This was true for both PSH and RRH. Non-binary, transgender, and questioning individuals received PSH placements at rates slightly higher than they experienced homelessness in Multnomah County, and received RRH placements at slightly lower rates. Individuals with culturally specific gender identities received no PSH placements, but were significantly over-represented among RRH placements.



Access to Services

Data indicates that HSD advanced housing equity by providing BIPOC communities access to services at rates greater than they experienced homelessness in Multnomah County. Overall, BIPOC communities received services at rates higher than they experienced homelessness, especially in eviction and homeless prevention services.



Most BIPOC subpopulations received services at rates greater than they experienced homelessness in Multnomah County, with some exceptions. American Indian, Alaska Native, or Indigenous individuals received eviction prevention services at rates lower than they experience homelessness in Multnomah County. All BIPOC subpopulations were sheltered at rates greater than or nearly equal to the rate at which they experience homelessness. The biggest gaps remain in outreach, where only the Black, African American, or African subpopulation received outreach service at rates greater than they experienced homelessness.

FY 2026 Prevention, Shelter and Outreach

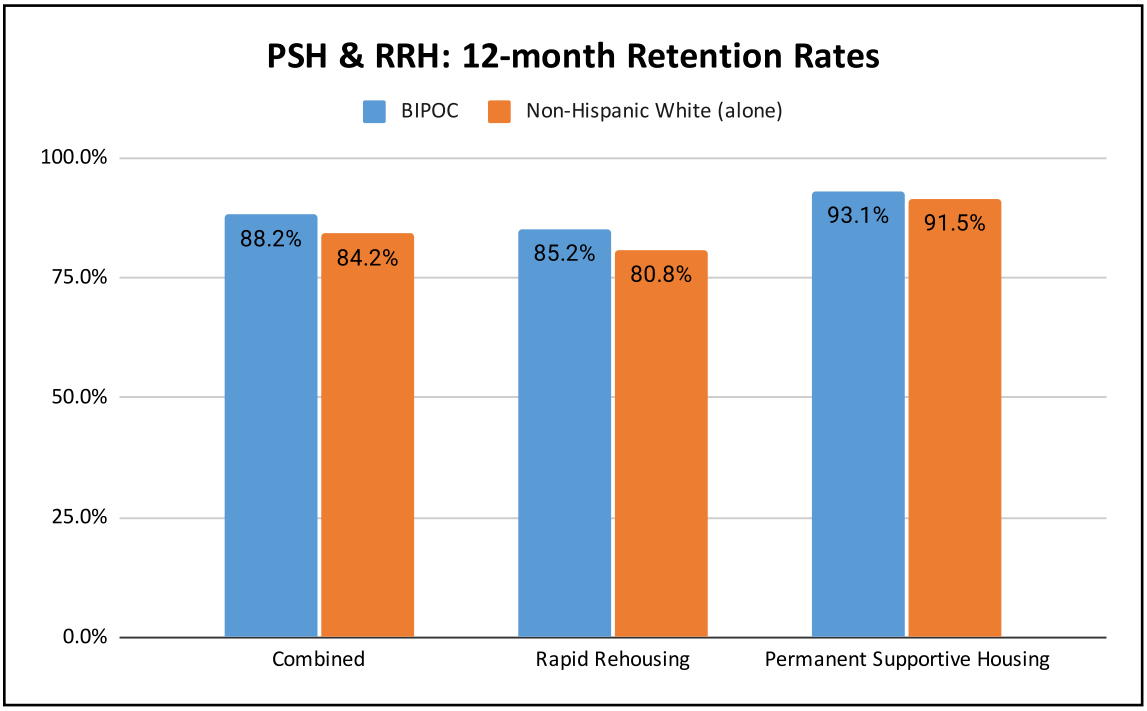
	Eviction Prevention	Shelter	Outreach	January 2026 Homeless By-name List
BIPOC vs Non-Hispanic White (alone)				
BIPOC	57.0%	47.0%	45.9%	45.6%
Non-Hispanic White (alone)	40.0%	52.0%	45.4%	46.5%
Not Reported	3.0%	1.0%	8.7%	7.9%
Race/Ethnicity Detail (*totals may exceed 100% due to multiple selections)				
Asian or Asian American	4.3%	2.7%	0.0%	2.3%
Black, African American or African	22.4%	20.8%	23.2%	19.8%
Hispanic, Latino, Latina, or Latine	23.6%	15.3%	8.2%	14.3%
American Indian, Alaska Native or Indigenous	5.9%	9.0%	7.9%	9.2%
Native Hawaiian or Pacific Islander	4.9%	4.8%	2.4%	3.3%
White	45%	59.5%	46.9%	53.3%
Middle Eastern or North African	2.8%	0.6%	0.5%	0.9%
Gender Identity (*totals may exceed 100% due to multiple selections)				
Man	40.0%	55.3%	46.4%	53.9%
Woman	59.0%	41.3%	42.5%	37.4%
Non-binary	1.2%	2.7%	1.9%	2.1%
Transgender	0.6%	2.4%	1.4%	1.6%
Questioning	0.1%	0.1%	0.5%	0.2%
Culturally Specific	0.0%	0.2%	1.0%	0.2%
Not Reported	0.5%	0.9%	4.8%	4.8%
Other	0.2%	0.3%	0.5%	0.3%

Gender Identity Supplement

Women received services at rates greater than they experienced homelessness in Multnomah County, while men received eviction prevention and outreach services at rates lower than they experienced homelessness. Non-binary and transgender individuals accessed shelter at slightly higher rates than they experienced homelessness, but received prevention and outreach services at slightly lower rates.

Housing Retention

Retention rates indicate HSD advanced housing equity with positive housing stability outcomes for BIPOC communities. Housing retention rates were higher for BIPOC individuals than non-Hispanic Whites for both PSH and RRH. Retention rates were higher overall for PSH than RRH.



Housing retention for most BIPOC groups was higher than it was for non-Hispanic Whites in RRH, with the exception of the American Indian, Alaska Native, or Indigenous population. This group had the lowest 12-month retention rate among RRH in FY 2026. In PSH, housing retention rates were higher for most BIPOC groups except the Asian or Asian American group. This group had the lowest 12-month retention rate among PSH in FY 2026.



FY 2026 Housing Retention

PSH = Permanent Supportive Housing RRH = Rapid Rehousing	PSH	RRH
BIPOC vs Non-Hispanic White (alone)		
BIPOC	93.1%	85.2%
Non-Hispanic White (alone)	91.5%	80.8%
Not Reported	95.5%	91.2%
Race/Ethnicity Detail (*totals may exceed 100% due to multiple selections)		
Asian or Asian American	90.6%	87.6%
Black, African American or African	92.9%	85.6%
Hispanic, Latino, Latina, or Latine	94.8%	86.6%
American Indian, Alaska Native or Indigenous	93.3%	80.7%
Native Hawaiian or Pacific Islander	95.6%	84.2%
White	90.8%	81.0%
Gender Identity (*totals may exceed 100% due to multiple selections)		
Man	92.1%	82.3%
Woman	93.2%	85.6%
Non-binary	90.0%	83.7%
Transgender	95.2%	78.8%
Questioning	100%	100%
Culturally Specific	100%	100%
Other	100%	100%

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

Gender Identity Supplement

Women had slightly higher housing retention rates than men, for both PSH and RRH. Questioning, culturally specific, and other gender identities had higher rates than cisgender identities for both PSH and RRH. Transgender people had higher retention rates than cisgender people for PSH and lower retention rates for RRH. Non-binary people had lower PSH retention rates than cisgender people and comparable RRH retention rates.

Chronic Homelessness

Data indicates that HSD advanced equity goals by continuing to reduce the disparate rates of chronic homelessness faced by some BIPOC communities. The rate at which the BIPOC population experiences chronic homelessness in Multnomah County continues to decline. The BIPOC population and all subpopulations (with the exception of Asian or Asian American) rates of chronic homelessness have been reduced each year since 2023. There continues to be a smaller proportion of BIPOC individuals experiencing homelessness than there is among the BIPOC population of Multnomah County below 125% of the federal poverty limit. Census data is from the American Community Survey (ACS) 1-year estimates for individuals below 125% of the federal poverty line. The rates included from census data are not directly comparable because the ACS uses mutually exclusive race categories and an additional category of "multiple races."

The proportion of BIPOC individuals experiencing chronic homelessness was smaller than the proportion of BIPOC individuals below 125% of the federal poverty level in FY 2026, but there are still some specific groups that are over-represented, including Black, African American, or African American; Indian, Alaska Native, or Indigenous; and Native Hawaiian or Pacific Islander. The Indian, Alaska Native, or Indigenous population faces the greatest disparity, with the proportion of those experiencing chronic homelessness at nearly 13 times their proportion of individuals below 125% of the federal poverty level. While a relatively small proportion of the homeless population, the rate of Middle Eastern or North Africans experiencing chronic homelessness has slightly increased each year since 2023, while all other racial subpopulations have trended downward.



Chronic Homelessness	Population (Census Data[9])	Chronic Homelessness By-name List (BNL)			
	Multnomah County population below 125% FPL[10], 2024	Jan. 2023	Jan. 2024	Jan. 2025	Jan. 2026
BIPOC vs Non-Hispanic White (alone)					
BIPOC	44.5%	42.5%	41.9%	40.4%	38.8%
Non-Hispanic White (alone)	55.5%	54.8%	55.2%	57.1%	59.0%
Not Reported	--	2.7%	2.9%	2.5%	2.3%
Race / Ethnicity Detail (*totals may exceed 100% due to multiple selections)					
Asian or Asian American	6.1%	1.7%	1.8%	1.5%	1.6%
Black, African American or African	9.9%	18.9%	18.6%	18.0%	16.8%
Hispanic, Latino, Latina or Latine	19.8%	11.4%	11.0%	10.6%	10.2%
American Indian, Alaska Native or Indigenous	0.9%	15.2%	13.6%	12.6%	11.6%
Native Hawaiian or Pacific Islander	0.5%	2.7%	2.6%	2.6%	2.3%
White	59.9%	69.5%	67.0%	66.3%	66.8%
Middle Eastern or North African	--	0.03%	0.2%	0.3%	0.6%
Gender Identity (*totals may exceed 100% due to multiple selections)					
Man	49.2%	57.0%	58.4%	58.4%	58.6%
Woman	51.1%	37.2%	36.8%	37.4%	39.5%
Non-binary	--	3.3%	2.5%	2.7%	2.8%
Transgender	--	1.6%	1.6%	1.8%	2.2%
Questioning	--	0.5%	0.3%	0.3%	0.2%
Culturally Specific	--	0%	0.2%	0.1%	0.2%
Other	--	0.1%	0.1%	0.2%	0.2%
Not Reported	--	1.5%	1.2%	0.6%	0.6%

[9] Census data is from the American Community Survey (ACS) 1-year estimates (for individuals below 125% of the federal poverty line), which normally become available in September of the following year. 2025 estimates were unavailable at the time of this report, so 2024 estimates were used. The ACS does not report non-response counts, and only asks about cisgender identities.

[10] Federal poverty level

Gender Identity Supplement

Men continue to experience greater rates of chronic homelessness than their proportion of the population below 125% of the federal poverty line, while women continue to experience lower rates than their proportion of the population below 125% of the federal poverty line. The rate of both men and women experiencing chronic homelessness has increased, with women seeing a slightly greater increase (2% vs 0.2%). The limitations of census data do not allow for population comparison of gender identities other than Man and Woman. However, we can see from the BNL data that these subpopulations (Non-binary, Transgender, Questioning, Culturally Specific, and Other) have all experienced minor fluctuations since 2023.

Persistent Disparities

Despite progress since 2023, Black, African American, or African; American Indian, Alaska Native, or Indigenous; and Native Hawaiian or Pacific Islander communities continue to experience disparate rates of chronic homelessness. While the rate at which all three of these subpopulations experience chronic homelessness have been reduced since 2023, these proportions remain notably higher than their proportion of Multnomah County's population below 125% of the federal poverty line.

The housing placement rates for the American Indian, Alaska Native, or Indigenous community remain comparatively high, but disparities remain in this population's rate of access to eviction prevention services (compared to the rate at which they experience homelessness) and RRH retention rate (compared to non-Hispanic Whites). Housing placements and access to services for the Black, African American, or African community are comparatively high, but the housing retention rates are one of the lowest of any BIPOC subpopulation.

Strategies Moving Forward

Advancing equity is a continuous process and this analysis supports our ability to pinpoint where disparities persist and to make data-driven decisions when expanding services. To address ongoing disparities in chronic homelessness, HSD is adding more culturally inclusive services to 200 new PSH units coming online in FY 2027. These expanded services will increase the options for culturally inclusive services designed for Black, African American; American Indian, Alaska Native, or Indigenous; Latine; and Somali Americans, immigrants, and refugees in Multnomah County. This expansion will increase both the number of PSH units in our community and the culturally inclusive services available to all residents to ensure participants have access to supportive services that fit their needs and support long-term housing stability.



‘If you have the want and the will, you can overcome’

JH finds stability at Thayer Family Foundation Veterans Shelter

Over a decade ago, while living in Florida, “JH” was injured in a serious car crash. Doctors prescribed him opiate painkillers to help him deal with intense pain and a challenging rehabilitation. That’s when JH’s experience with addiction began.

JH’s addiction strained his relationships with his family and children. He moved across the country to the Pacific Northwest in pursuit of work that could help him support his family from afar.

But JH soon received a wake-up call: He visited a doctor who told him he could lose his life if his addiction continued. It was then he realized he had no choice but to get sober.

“I’ve lost friends and family through my addiction. I want my family back,” he said. “I want my kids to be able to look at their dad and see he’s made something of himself. I want a better connection with them.”

JH chose to do something about it, entering Portland Rescue Mission’s recovery program. After six weeks, JH was able to secure a bed at Do Good Multnomah’s Thayer Family Foundation Veterans Shelter.

The services at the shelter, which began welcoming participants in spring 2026, are funded with Supportive Housing Services dollars and fill a gap long identified by Do Good Multnomah: an accountability-focused recovery environment for veterans experiencing homelessness.

“There isn't anything [else] like this out there right now," said U.S. Navy veteran and Do Good Multnomah Case Manager Matthew Harvey when the shelter was announced. "Having a recovery community, especially one that’s veteran-centered, is something that would have changed everything for me when I was going through my struggles.”

JH, a veteran newly in recovery who desired shared accountability, knew that the environment was exactly what he needed.

“Staff always check on you, they always ask about your day — it’s friendly,” he said. “There’s a lot of questions about how treatment is going. It’s a great group of people. I don’t feel judged.”

JH secured a job within just a few weeks of living at the shelter and has saved up enough money for a car. Most importantly to him, he’s reconnected with some of his family.

JH has also found value in the community at the shelter. Like the staff, the participants are quick to check in on each other. Whether it’s over a game of dominoes, an evening meal or a cigarette, he’s found a group of people he can lean on.

“I really wanted it this time,” JH said of his recovery. “If you have the want and the will, you can overcome.”



Work Plan Performance

Our Local Implementation Plan (LIP) is our ten-year roadmap for the use of SHS in Multnomah County, and our SHS annual work plan is how we break down that work into yearly objectives. We set both quantitative and qualitative goals that help us determine if we are on track to meet our ten year goals, and whether we are staying in alignment with key priorities in our LIP such as racial equity and capacity building. In FY 2026 we met nearly all of our quantitative goals, and all of our qualitative goals.




TO THE OPERA
MAX

Figure 20: Year Five Work Plan Performance

Category One: Housing / Program Quantitative Goals

HH = Households PSH = Permanent Supportive Housing
RRH = Rapid Rehousing SH = Supportive Housing HwS = Housing with Services

Regional Metric	Annual Goal	Actual Outcome	If goal not met, explain why and improvement performance plan.
SH Units / Vouchers Brought into Operation	# of SH units coming online: 248	201	We came short of our annual unit goal this year due to delays with Rosemont and 73Foster, two PSH projects planned to open this year and now expected for FY 2027.
Total Housing Placements[11]	# of people and HH: 674	**New people:** 1,463 **New HH**: 994	N/A We exceeded this goal.
PSH	# of new people and HH: 248	**New people:** 452 **New HH:** 395	N/A We exceeded this goal.
RRH[12]	# of new people and HH: 357	**New people:** 1,046 **New HH:** 606	N/A We exceeded this goal.
HwS	# of new people and HH: 34	**New people:** 71 **New HH:** 41	N/A We exceeded this goal.
Housing Only	# of new people and HH: 35	**New people:** 46 **New HH:** 16	We exceeded our goal for people but not our goal for HH due to a mid-year change in Metro's reporting guidance. In Q2 Metro shifted quantitative metrics from people to HH. We began reporting on HH, but our original goal was based on the # of **people** we anticipated serving. This year we provided "Housing Only" to 276 people and 77 households (including new and prior placements) and reached full program capacity.

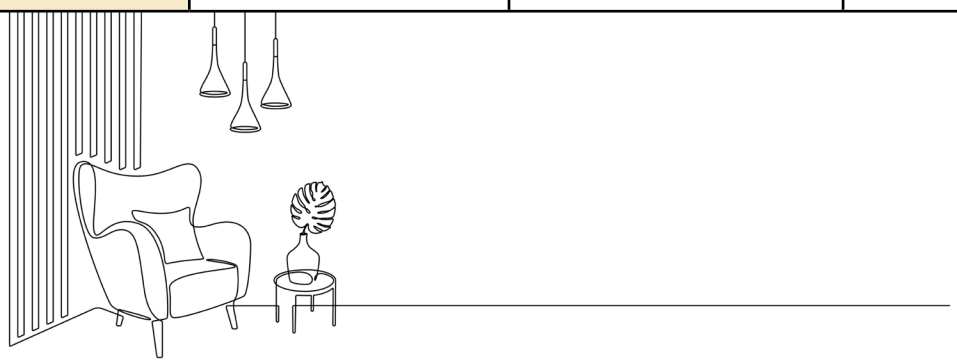
[11] Includes all PSH, RRH, Housing with Services, Housing Only
[12] Includes both sub-types if applicable, e.g. Move-In Ready, sub-type 'Services Only'

Regional Metric	Annual Goal	Actual Outcome	If goal not met, explain why and improvement performance plan.
Preventions	# of new people and HH: 700	**New people:** 1,711 **New HH**: 1,147	N/A We exceeded this goal.
PSH Retention Rate	85%	93%	N/A We exceeded this goal.
RRH Retention Rate	85%	84%	We came slightly short of our 85% goal. As noted in **Housing Stability**, this may be partially due to a three month drop in average stay length in RRH programs and a 2% rise in returns to homelessness since last year. Additionally, 57% of those returning were Population A. RRH is a lighter touch intervention designed for people at risk of or experiencing short-term homelessness. But because the need for higher-care services—like PSH—is still greater than our supply, Population A households may be placed in RRH as an interim solution even though it may not fully meet their needs.
Emergency Shelter	Total # of units: 1,507	1,871	N/A We exceeded this goal.
Newly Created Shelter Units	# of new units: 283	145	As our financial landscape shifted halfway through the year, so did funding priorities to safeguard housing supports. This resulted in pausing the development of new shelter opportunities beyond the units that came online to support families, veterans, and survivors of domestic violence.

Category One: Housing / Program Quantitative Goals

HH = Households PSH = Permanent Supportive Housing
RRH = Rapid Rehousing SH = Supportive Housing HwS = Housing with Services

Regional Metric	Annual Goal	Actual Outcome	If goal not met, explain why and improvement performance plan.
Sustained Shelter Units	# of sustained units: 1,224	1,726	N/A We exceeded this goal.
Outreach	600 people engaged in outreach services	640	N/A We exceeded this goal. HSD has significantly improved our HMIS presence and engagement tracking using HMIS alongside a new ArcGIS geographic information system tool. Because HMIS integration across all outreach providers is ongoing, engagements are calculated via ArcGIS and demographics for outreach participants are captured in HMIS, when available.
Employment Services	700 people engaged in employment programs and/or work opportunities	1,035	N/A We exceeded this goal.



Category Two: Racial Equity

Objective and Details: Assess racial and other identity-based disparities in services and outcomes, and do a landscape scan of current HSD equity initiatives.	**Did you achieve it?**
In FY 2025, HSD completed an evidence-based review and updated our equity-related outputs and outcomes, which serve as key performance indicators for budgeting and contracting. Our goal was to report on these updated measures, outline actions to address racial and other identity-based disparities, and clarify existing service and outcome disparities to guide future program and policy interventions.	Yes

Description of Progress

We completed this goal and included our racial equity assessment and landscape scan of HSD equity initiatives in the **Advancing Racial Equity** section of this report. Information about the equity outputs and outcomes can be found in **County Infrastructure.**

Objective and Details: Prioritize the future expansion of culturally specific providers and services in the system of care by identifying critical supports for culturally specific services in the new funding landscape.	**Did you achieve it?**
Over the past several years, Multnomah County strategically invested SHS funding to expand partnerships with contracted and qualified culturally specific providers. Despite FY 2026 budget constraints, expanding these partnerships and increasing culturally specific and responsive services remains vital to long-term SHS implementation and LIP alignment. HSD remains dedicated to sustaining culturally specific capacity and stabilizing this provider network through targeted technical assistance and training.	Yes

Description of Progress

Despite budget cuts, we stabilized our culturally specific provider network by:

Technical Assistance & Training

- Hosted two info sessions and provided ongoing System Development grant support.
- Translated complex contracting documents into plain language for four organizations.

Engagement

- HSD staff facilitated an Equity Advisory Committee that shared recommendations with leadership and commnity networks to improve procurement support for new, small, emerging, and culturally specific organizations.
- Our procurement and equity teams engaged culturally specific, small, and new and emerging organizations to identify and reduce barriers in upcoming procurements.
- We hosted feedback sessions for providers to share their priorities for FY 2027 budget.

Category Three: Capacity Building (Lead Agency / Systems Infrastructure)

Objective and Details: Identify opportunities for service integration between Medicaid and SHS-funded programs.	**Did you achieve it?**
We will work with departments across Multnomah County to identify pathways to leverage Medicaid funding with SHS-funded projects. This goal is one step in developing a sustainable and collaborative funding strategy for leveraging diverse funding streams such as Medicaid to support the long-term provision of services to our community and mitigate potential funding gaps.	Yes
Description of Progress	
We successfully collaborated with Multnomah County's Department of County Human Services (DCHS) to connect people at risk of homelessness with Medicaid Health-Related Social Needs (HRSN) benefits and expand access to rent assistance for those with qualifying health concerns. The HRSN benefit includes up to six months of rent assistance and case management to support with stabilization. By the end of the year we had provided rent and utilities to 2,216 individuals from 1,017 households. For more information, please see the Health and Behavioral Health Integration section in **Cross Sector Work**.	



Category Four: Capacity Building (Provider Capacity)

Objective and Details: Evaluate the impact of the PSH Services Cap Investment on provider capacity.	**Did you achieve it?**
Introduced in FY 2025, HSD continued to provide critical stabilization support to PSH by maintaining an increased level of service funding per household to ensure adequate support for individuals and families. We will analyze two years of data to evaluate this investment's impact on meeting community need, retaining staff and participants, and supporting BIPOC communities served by culturally specific organizations.	Yes

Description of Progress

In FY 2026 we maintained increased per-household services funding for PSH projects and met our goal to evaluate the impact on provider capacity.

PSH staff collected qualitative data for the past two years through a survey, ongoing analysis of provider budgets, quarterly meetings with providers, and a monthly PSH community group. While some projects stabilized with adequate funding, others struggled. This disparity depended largely on if programs were tenant or site-based. Smaller site-based PSH buildings, which are funded per unit, had fewer resources to cover essential operational and service costs like 24-hour staffing, security, and behavioral health services.

In response, HSD reallocated excess PSH funding to higher-need projects and identified ways to leverage Medicaid-funded benefits. In FY 2027 we will evaluate program costs with providers to understand their financial needs, make strategic adjustments, and better align funding with operational realities.



Category Four: Capacity Building (Provider Capacity), continued...

Objective and Details: Streamline landlord recruitment and retention across Multnomah County.	**Did you achieve it?**
Multnomah County lacks available and affordable housing options, which can exacerbate the barriers people experiencing homelessness face when attempting to enter housing. This is especially true if they are from a community that has been historically deprioritized or impacted by inequities in housing and homeless services. Landlord recruitment and retention services bridge the gap between participants looking to maintain housing that fits their needs and the relationship with property management/landlords. Over the years, HSD has funded several programs to perform landlord recruitment and retention services, but these investments have not been linked together in a cohesive strategy. HSD will develop a strategic plan to streamline landlord recruitment and retention to clarify the roles of each provider, maximize the impact of each dollar, limit duplication of services, and ultimately promote more pathways for people to exit homelessness.	Yes

Description of Progress

Multnomah County met this goal and achieved the following milestones:

- Drafted a strategic plan in collaboration with providers for landlord recruitment and retention (See **Appendix**).
- Built a foundation to regularly collaborate with a diverse set of property owners and managers and coordinate successful tenancies in Multnomah County.
- Collaborated with Home Forward to help streamline education tools and minimize duplicative materials shared with property owners and managers.
- Explored non-financial landlord incentives around education and retention efforts.
- Worked with a landlord engagement group to create two new tools to help property owners and managers navigate rental assistance programs: a website that acts as a program guide for rental assistance programs, and an education module that helps staff identify the specific rental assistance program a tenant is participating in. We hosted a focus group for Multnomah County property owners and managers and 24 representatives from different property management companies came together to test and provide feedback on the new tools.

Category Five: Other Annual Goals based on LIP

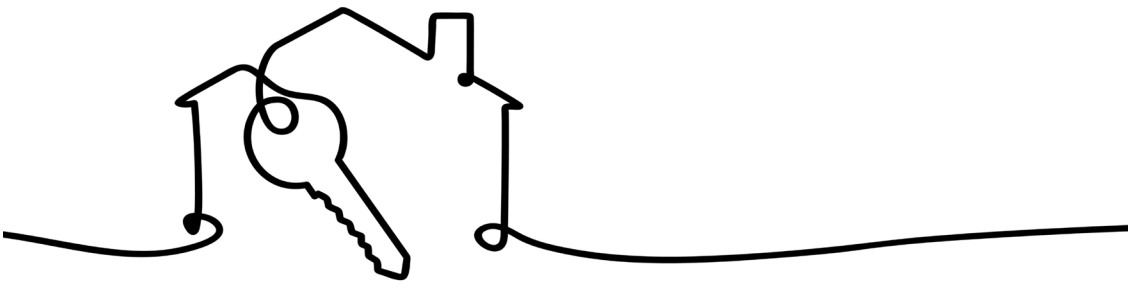
Objective and Details: Analyze program exits from Multnomah County's Regional Long-Term Rent Assistance (RLRA) program to evaluate flow through and potential service gaps in RLRA programming.	**Did you achieve it?**
FY 2026, the fifth year of SHS implementation, marks a critical mid-point to assess the RLRA program's long-term effectiveness. Given the well-documented shortage of housing for extremely low-income individuals (0-30% AMI), who require the deepest subsidies and are often underserved by traditional affordable housing developments, the RLRA voucher program plays a critical role in providing essential housing stability. To examine the program's impact on participants and the overall homeless services system, we will analyze exit data, including number of households and aggregated demographic data. We will identify trends in exit destinations (e.g., other permanent housing, returns to homelessness, institutions) and determine the reasons behind these exits where data is available, providing insights into program successes and challenges.	Yes

Description of Progress

Multnomah County met this goal and achieved the following milestones:

- Drafted an analysis examining RLRA exit destinations and demographic data (See **Appendix**).
- Collaborated with Home Forward to initiate integration of Yardi and HMIS data into a single reporting tool.

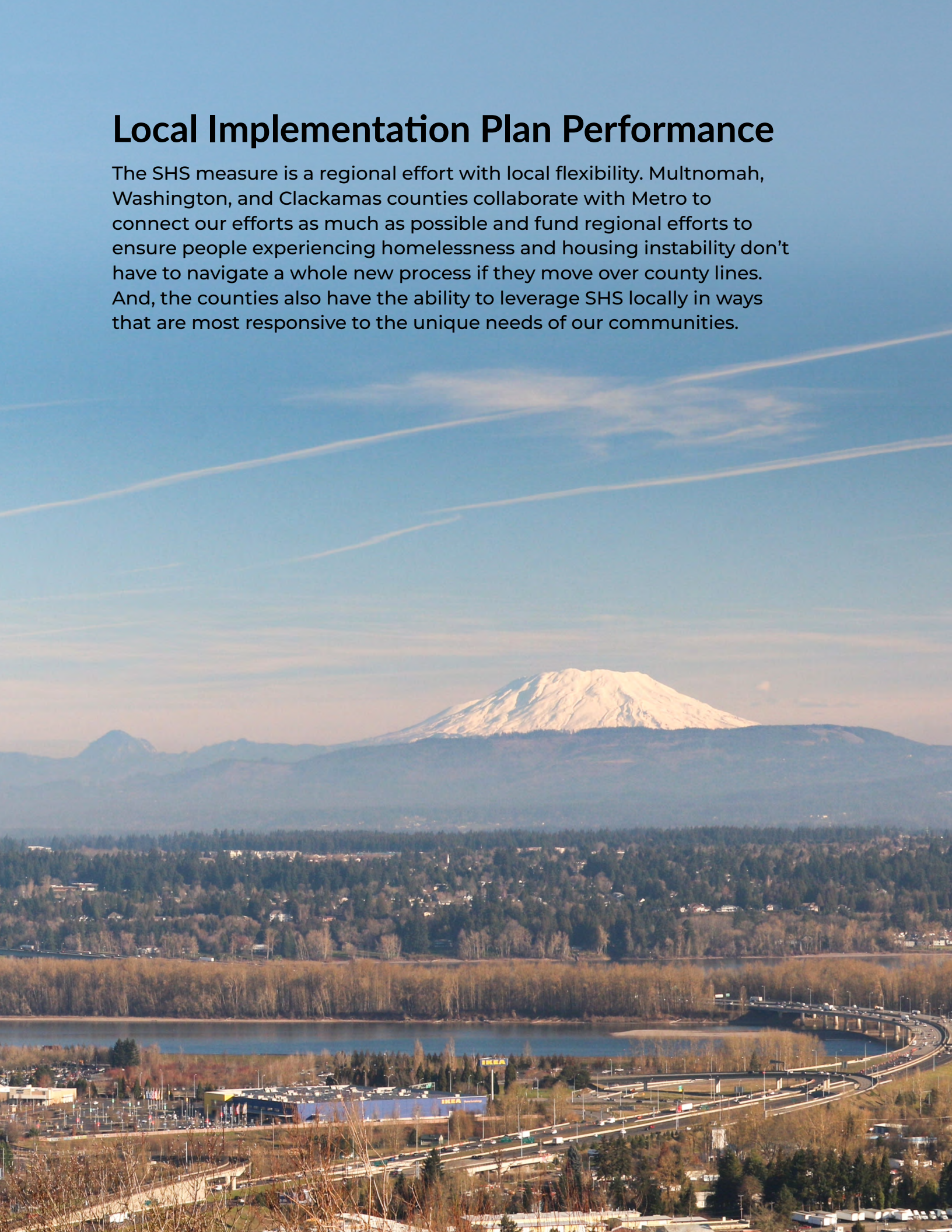
This analysis discovered initial trends across exit destinations in RLRA programming and provided insights that can be utilized for HSD's Permanent Supportive Housing (PSH) team to tailor community group meetings for service providers and support HSD's Coordinated Access team in improving transfer policies related to participants moving from one PSH program to another.





Local Implementation Plan Performance

The SHS measure is a regional effort with local flexibility. Multnomah, Washington, and Clackamas counties collaborate with Metro to connect our efforts as much as possible and fund regional efforts to ensure people experiencing homelessness and housing instability don't have to navigate a whole new process if they move over county lines. And, the counties also have the ability to leverage SHS locally in ways that are most responsive to the unique needs of our communities.





Local Implementation Plan (LIP) Performance

Each county has a Local Implementation Plan (LIP) that serves as a roadmap for our use of SHS funding. Multnomah County's LIP describes how we planned to grow our system and make improvements with SHS resources, identifies services to fill the biggest gaps, and sets specific goals that help us know if we're on track to do what the measure set out to accomplish.

We prioritized key systemwide investments in the first three years of the measure because they were essential to successfully launching SHS as a whole. The infusion of resources allowed us to build internal infrastructure to deliver SHS investments and programming and equip providers with the technical assistance to scale their operations. As the measure has matured, we have continued to make ongoing quality improvements in key LIP priority areas such as provider capacity and training, system and program evaluation, and data collection. These efforts are reflected throughout this report.

Because it was informed by extensive community input, Multnomah County's LIP has also allowed us to focus on the services people facing homelessness had been asking for, and that are most effective in supporting their housing goals. And we've been able to do it at a scale that was never possible before.

The LIP prioritized the following services, with a commitment to ensuring equitable access and outcomes for communities of color and other populations who are overrepresented in the homeless population. While these were specifically prioritized for the launch phase of SHS, these services remained central to our strategy in year five:

- Supportive housing services
- Rent assistance
- Behavioral health services
- Diverse shelter options

SHS funding has allowed us to already meet 78% of our goal to add 2,235 supportive housing units to our system. We ended year five having added a total of 1,751 new supportive housing units since 2021, with many of those dedicated to serving people with behavioral health needs.

For example, **three new permanent supportive housing (PSH) developments—the Julia West, Alder 9, and Kafoury Court—all came online this year.** Each of these projects leverages SHS funds alongside other available resources and relationships, in alignment with the strategies in our LIP.

Collaborative partnerships between Multnomah County, the City of Portland, the State of Oregon, and local housing developers and service providers all contributed to the successful launch of these programs.

The **Julia West House** brought 89 new units of affordable housing into our system for older adults leaving homelessness. All units are designated as permanent supportive housing, with 20 units equipped to provide culturally specific services designed for indigenous individuals navigating recovery.



Julia West Apartments

Source: City of Portland



Kafoury Court Apartments

Source: City of Portland



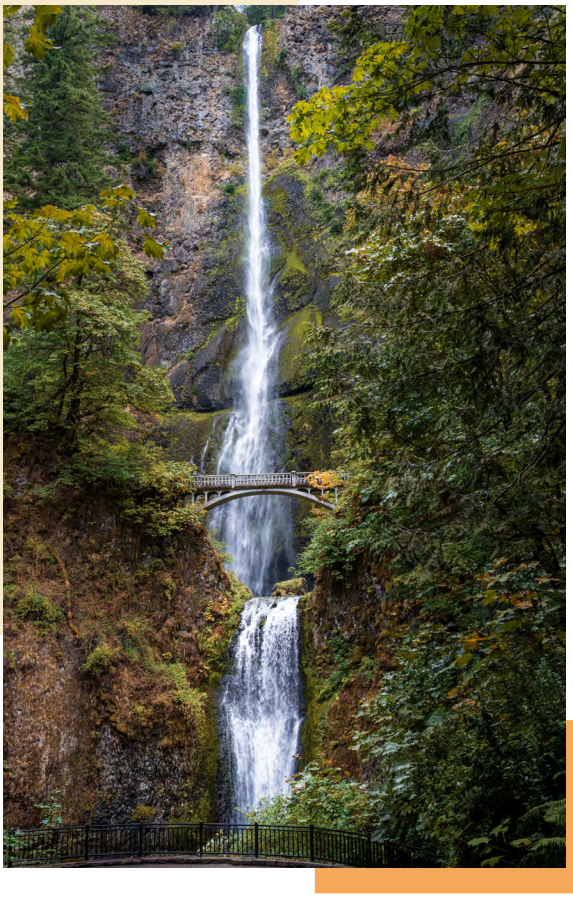
Alder 9 Apartments

Source: City of Portland

Northwest Pilot Project and the Native American Rehabilitation Association of the Northwest teamed up to offer supportive services for the building's residents. **Alder 9 Apartments** features 25 units of permanent supportive housing in a 159-unit affordable housing development funded by the Portland Housing Bond. Located in the Central Eastside of Portland, the site has access to SHS-funded supportive services offered by Impact NW. **Kafoury Court** in Northeast Portland was made possible through a partnership with the state's housing department. All of its 40 units are designated as permanent supportive housing and have access to services offered by Black Community of Portland and Northwest Pilot Project.

During the development of our LIP, community members pointed to behavioral health again and again as the top service need across the county, including intensive mental health supports and substance use services and programs specifically designed for communities of color, immigrants, and refugees. To better reach people experiencing homelessness who are in need of these services, HSD partners with the Behavioral Health Division in Multnomah County's Health Department to offer this programming. This year we invested $23.1 million in 16 programs, including crisis intervention and outreach, permanent supportive housing, rapid rehousing, and recovery-oriented transitional housing (ROTH), many of which have been operating for years thanks to SHS.

This year these SHS-funded behavioral health programs continued to strengthen their support for people on their path to housing and recovery amid heightened community need for these services. One of these programs provided rent assistance through our Regional Long-Term Rent Assistance (RLRA) program, along with assertive community treatment and intensive case management services for participants with a dual diagnosis in mental health and substance use disorders. The program noted trends in increased stability and retention for their participants, with some households thriving even with a lower level of support than when they initially entered services. By the end of this fiscal year the team had successfully housed 127 households using a scattered-site, housing first approach that paired the appropriate level of care with each participant's evolving needs. This 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.





Our LIP also acknowledged the need for a range of additional shelter options until more permanent housing became available, as well as more housing-focused resources for shelter programs. As noted in **County Infrastructure**, this was a difficult year for shelter overall in Multnomah County. But even as we made difficult cuts to shelter programs to preserve housing programs and prevent housed participants from returning to homelessness, we made strategic expansions to shelter in the areas of highest need and increased the housing resources available to shelters to move people from temporary beds to permanent homes more quickly.

One example of this was the use of SHS funds to expand shelter units and services for survivors of domestic and sexual violence (DSV) in partnership with Bradley Angle. Funded in part by SHS, the Lavender shelter added 32 new shelter beds to the DSV system and can house up to 24 families at a time. This investment ensures that more survivors and their children have immediate access to a safe, private space to sleep, paired with 24/7 access to wraparound services that are gender inclusive and culturally responsive. Along with this expansion, Bradley Angle has recalibrated their current shelter services to center racial equity given the higher rates that people of color, especially women of color, experience violence and homelessness. Lavender shelter residents have access to a full range of services, including legal advocacy, programs to build financial independence, and help finding a permanent home.

Progress Toward Our 10-Year Goals

At the midpoint of the measure we have also made significant progress toward the 10-year goals we committed to achieving in our LIP.

Figure 21: Progress on LIP 10-year Goals

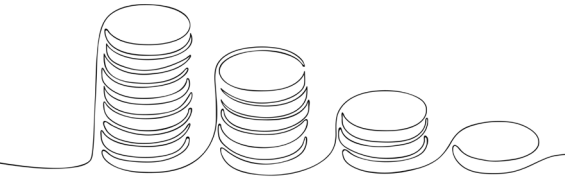
10-year Goal	Progress through Year Five
Adding 2,235 supportive housing units	At the midway point of the measure we have already achieved 78% of this goal. By the end of year five we had added 1,751 new units of supportive housing to our system.
Increasing appropriately supported permanent housing opportunities for people experiencing homelessness with significant behavioral health challenges.	We invested $23.1 million in 16 programs in the Behavioral Health Division in Multnomah County's Health Department. These investments supported people with behavioral health needs through an array of programs, including permanent supportive housing for people in recovery and recovery-oriented transitional housing.
Reducing the number of households who become homeless by 1,000 per year.	Our LIP envisioned this goal would be achieved in part by increasing successful preventions. We met the goal by leveraging SHS investments to prevent 1,711 people representing 1,147 households from becoming homeless this year.
Reducing the number of people returning to the homeless services system within two years of permanent housing placement.	We are working toward this goal. In last year's SHS annual report we found that 8% of people served in all SHS housing programs returned to homelessness within two years. This year the rate slightly increased to 9%, which we will continue to monitor in the upcoming fiscal year.
Serving communities of color at higher rates than they experience homelessness to reduce racial disparities.	Our racial equity analysis shows that overall, BIPOC communities accessed services at higher rates than they experienced homelessness. For more information, please see **Advancing Racial Equity**.
Increasing number of eligible households exiting homelessness for permanent housing by at least 2,500 per year.	We **newly** housed 1,463 people (994 households) this year, which is short of this LIP goal. However, as our SHS programming has matured over the last five years, a growing amount of our resources are now committed to sustaining people in housing who were housed in prior years. When you take into account the total people in housing thanks to SHS in FY 2026, those numbers increase to 6,055 people (3,956 households).



Financial Review

This section offers an overview of HSD's financial stewardship of SHS measure funds, including spending achievements and fiscal constraints, use of carryover funds, provider administrative rate structures, and strategic use of local, state and federal resources.





Spending

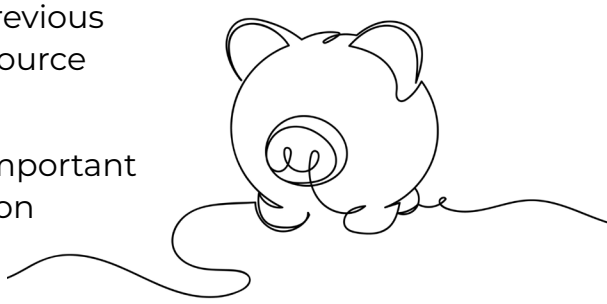
The ongoing expansion and buildout of Multnomah County's SHS programming has allowed us to steadily increase our spending over the lifetime of the measure to ensure these essential resources are making the most impact for people experiencing homelessness. In FY 2026 we continued to leverage SHS successfully, exceeding our minimum spending goal by 6% and ending the year having spent $168.7 million, or 86% of our overall program budget. This money supported programs that allowed people to move into housing, avoid falling into homelessness in the first place, access substance use treatment, learn job skills, and rebuild their lives.

In the early years of the measure, our challenge was getting funds out the door as quickly and responsibly as possible as we stood up a small department, responded to the COVID-19 pandemic, and worked with SHS revenue that was consistently higher than forecast and budgeted. We now face an entirely new challenge as tax collections dipped significantly alongside reductions in nearly every other funding source that sustains our work. As a result, going into year five we faced a dramatically different funding landscape than in previous years. For the first time since its creation in FY 2016, our department faced a major budget constraint brought about by reductions and volatility in our major funding sources, including SHS.

Our SHS measure funding has decreased several times in recent years; first by $4.7 million between FY 2024 and FY 2025. Collections temporarily increased in FY 2026 by $14.0 million thanks to an unexpected one-time large business income tax payment, but going into FY 2027, funding is projected to decrease by $6.7 million relative to the FY 2026 peak. Multnomah County has set aside $9.3 million as part of our carryover for FY 2027 to mitigate the ongoing impacts of decreasing revenues on our programming.

Carryover

Along with less ongoing SHS revenue, our carryover funds—available due to previous years' unspent funds and unanticipated revenue—was significantly limited in FY 2026. We began year five with $63 million in carryover, which was significantly lower than the $128 million from the previous fiscal year. This leaves ongoing funding as the primary source of support for SHS programs in the future.



While depleted, carryover funds did allow us to make important investments in a range of services. We spent $57.6 million in carryover on permanent supportive housing, rapid rehousing, outreach, eviction prevention, and more. Our largest investment of carryover funds was $20.5 million to support 32 shelter and transitional housing programs. Going into FY 2027 we have $46 million in carryover funds, all of which will be fully committed.

Provider Administrative Rates

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

Multnomah County determines provider administrative rates in three key ways. The County standard is called the "de minimis" rate, which was set at 15% by federal policy in October 2024. In some cases, a provider may diverge from the de minimis rate if they have an approved federal rate, which was the case for 13 of our providers this year. This included eight providers that had a federally approved admin rate of above 20%. In some cases, providers may negotiate with the County for a different rate if they feel that the de minimis is not sufficient for their operational needs. These requests are reviewed for approval by the County's central fiscal compliance team. Four providers had a County-approved admin rate of above 20% this year.

Administrative Rates	
What was the county's de minimis administrative rate in FY 2025-26?	15%
# of providers that used the de minimis rate	45
# of providers that used negotiated indirect cost agreement rates	Five (County-negotiated rate)
# of providers that used other rates (e.g., cost allocation plans)	13 (federally-approved rate)

Leverage

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

Figure 22: Funding budgeted for homeless services in FY 2026	
Funding Type	**Total Amount**
SHS Funding	$195,385,814.00*
Other Funding	$135,042,211.00
Total Funding	$330,428,025

*HSD operating budget numbers, not including contingency and reserves

Figure 23: Sources of other funding for homeless services in FY 2026		
Type	**Specific Funding Source**	**Programs and Services Funded**
Federal	OHCS ESG	Housing placement and retention, shelter
	HUD CoC	Housing placement and retention; shelter; system support, access, and coordination
State	OHCSD SHAP	Housing placement and retention, shelter
	OHCSD EHA	Housing placement and retention, shelter
	EHA VET	Housing placement and retention
	State Sandy River Delta Outreach Services	Outreach
	State Long-term Rent Assistance	Housing placement and retention, supportive housing
	State Operational Support for Shelters	Shelter
	State Oregon Rehousing Initiative	Housing placement and retention
Local	Video Lottery Fund	Employment programs, shelter
	City of Portland General Fund	Housing placement and retention; shelter; outreach; supportive housing; system support, access, and coordination
	Multnomah County General Fund	Administration and operations; housing placement and retention; employment programs; shelter; supportive housing; system support, access, and coordination



Conclusion

As Multnomah County reaches the halfway point of the 10-year SHS measure, this report reflects our significant cumulative impact and the pivotal strategic transition ahead. Five years ago, voters established a transformative local funding source that has become the operational backbone of our regional homelessness response, accounting for roughly 60% of HSD's total budget. Thanks to this sustained public investment, thousands of our neighbors have moved from the streets into permanent housing, thousands more have avoided losing their homes, and life-saving shelter and outreach services continue to operate across our community every day.

Looking ahead, our operating environment demands rigorous adaptation. Facing a 21.7% department budget reduction for FY 2027 alongside unpredictable state and federal funding, HSD has shifted focus from rapid system expansion to stabilization. Rather than diluting our impact, we are leveraging technology, cross-sector integration, and data-driven oversight to maximize every local dollar. Tools like the new Contract Monitoring Dashboard, the upcoming spring 2027 launch of Clarity HMIS, cross-sector case conferencing, and innovative health-housing partnerships like the Medicaid Waiver Rent Assistance Program (MWRAP), streamline operations, elevate transparency, and preserve core, proven interventions.

This work remains firmly grounded in our commitment to racial equity and community partnership. Lasting progress is impossible without a resilient network of community-based service providers, particularly the culturally specific organizations serving populations disproportionately impacted by homelessness. By investing in provider training, capacity building, and regional alignment with Metro and neighboring counties, we are fortifying a frontline system capable of delivering equitable, long-term outcomes even under tight financial constraints.

We must remain clear-eyed about the road ahead: systemic drivers like escalating housing costs continue to push individuals into instability faster than existing resources can respond. Yet, the outcomes documented throughout this report demonstrate that targeted, supportive housing interventions deliver real stability and change lives. Armed with the lessons of the past five years, HSD enters the second half of the SHS measure resolute in our mission, fiercely protecting core programs, and remaining deeply accountable to the voters who make this life-saving work possible.

Appendix



Landlord Recruitment Strategic Plan

Background

Throughout FY 2026, Multnomah County's Homeless Services Department (HSD) facilitated a weekly workgroup that included staff from three service providers to help inform the county's strategy to streamline landlord engagement investments. These organizations were included because they held existing landlord engagement based contracts to acquire new units, assist with risk mitigation, and provide individualized support to both property managers and tenants. Home Forward also participated in the discussions given their role as our local housing authority. The organizations discussed mission, vision, goals, financial incentives, and customer service strategies. Due to additional budget cuts in FY 2027, we shifted our approach from offering a financial incentive package to a focus on customer service and educational efforts to support existing property owners and managers.

Mission

Support a culture of collaboration with property owners and managers (POMs) that prioritizes successful tenancies in Multnomah County.

Vision

Through coordination and shared values, our intention is to increase POM participation in the system and uplift their voices as we work together toward outcomes that are mutually beneficial for the community.

Shared Goals

1. Increase access to low barrier and affordable housing units in Multnomah County.
2. Improve collaboration between POMs and service providers.
3. Create accessible resources that help POMs navigate the complexities of rental assistance programs.
4. Align financial incentives to promote long term housing and benefits to housing providers and tenants.

Roles and Responsibilities

Homeless Services Department

- Serve as contract administrator for service providers to ensure progress is made on the above goals.
- Represent Multnomah County in regional strategy coordination and priority setting with Clackamas County, Washington County, and Metro.
- Adopt budget for landlord engagement strategy.
- Set strategic priorities that are responsive to the needs of HSD-funded housing placement and retention programs and to market conditions.

Roles and Responsibilities (continued...)

Service Providers

- Enter into partnerships with POMs to reduce screening criteria and increase access to available affordable units.
- Maintain a database of vacancies available to Multnomah County providers.
- Provide stability support for tenants, including access to a damage and arrearages fund.
- Lead education efforts with POMs, including creating and maintaining a comprehensive website and educational modules.
- Provide housing problem solving support for service providers including submitting Risk Mitigation Program claims on behalf of participants.
- Organize and facilitate focus groups.
- Contribute to the creation of this plan and other materials based on their historic relationships in this work.
- Create a website, education modules, and other resources with input from other POMs and service providers.
- Provide input and feedback, as needed.

Home Forward

- Maintain relationships with property owners and managers who rent to households that receive rental subsidies from the housing authority.
- Provide valuable insight and perspective to help inform materials such as the website, education modules, and other resources to support POMs.
- Help with outreach to existing POMs.

Conclusion

Prior to FY 2026, Multnomah County's investments in landlord engagement prioritized specific housing placement initiatives rather than creating a systemwide strategy for recruiting and retaining landlord partners. The ongoing work of this workgroup allowed Multnomah County to re-scope service provider contracts to reflect this systemwide strategy and better outline roles and responsibilities. As a result of additional reductions in funding for landlord engagement work caused by budget constraints, HSD is funding only two providers for landlord engagement work in FY 2027. This plan highlights and addresses the changing landscape, offering opportunities for growth such as a more accessible housing inventory and other eviction prevention mechanisms for populations seeking housing stability.

RLRA Exit Destination and Demographic Data Analysis

RLRA Background

Since the start of SHS, Multnomah County's Regional Long-Term Rent Assistance (RLRA) program has supported over 2,400 people from 1,531 households in ending their homelessness through flexible, long-term rent assistance paired with ongoing supportive services. RLRA is foundational to SHS through its flexibility and responsiveness to the needs of the households we serve. Out of the 1,247 households leased in RLRA programs at the end of FY 2026, 86% were using a tenant-based RLRA voucher, meaning these households are renting private housing not tied to a specific building or unit. This flexibility gives households leaving homelessness the opportunity to select housing based on what they need to achieve long-term stability — such as close proximity to work, school, or medical and other services.

On the flip side, 14% of the 1,247 households leased in RLRA programs were using project-based vouchers that are connected to a particular housing project. By leveraging project-based RLRA we can bypass lengthy housing searches and create easier access to on-site supportive services. Ultimately, both tenant-based and project-based RLRA offer tailored support that helps people maintain their housing over time.

At its core, RLRA is focused on providing a pathway for people to exit homelessness and maintain long-term housing stability. Considering this focus and a more restricted funding landscape, this year we are taking a closer look at RLRA program exits to learn more about the people who are moving through the program and where they are going.

RLRA Exit Destinations and Circumstances

In FY 2026, 93 households exited RLRA programs in Multnomah County, representing 7% of the total households served during the fiscal year. The table below shows the exit destination categories used for regional RLRA reporting, the number of households that exited in each category, and the percentage those households represent related to the number of total household exits. This analysis uses exit data logged in Home Forward's data system, known as Yardi, and supplemented by Homeless Services Department programmatic reporting. The categories described in the following table and section refer to distinct exit categories in the Yardi system.

RLRA Exit Destinations	Number of Households	% of Total RLRA Exits
Permanent Housing	11	12%
Family / Friends	2	2%
Institutions	8	9%
Treatment / Higher Level of Care	10	11%
Return to Homelessness	1	1%
Death	30	32%
Unknown	31	33%
Total Number of Exited RLRA Households in FY 2026		**93 Households**

Exits to Permanent Housing or Living with Family and Friends

Of the 11 households that exited RLRA for permanent housing, six transferred to other subsidized housing units and three exited to unsubsidized units. Beyond the households that transferred, four households left the program voluntarily and only one household exited due to no longer meeting RLRA income eligibility requirements.

During the fiscal year, two single adult households exited to live with either family or friends. Both of these adults identified as women, were over the age of 60, and met the qualifications for Population A. One of the households identified as Hispanic. Each household submitted paperwork to leave the RLRA program voluntarily.

Exits to Institutions, Treatment, or Higher Level of Care

In FY 2026, eight households exited RLRA due to incarceration and were counted as having exited to institutions. The reasons for these exits vary from abandoning the unit, voluntarily exiting the program due to their circumstances, and their voucher expiring. Across these eight households, gender identity was split evenly with 50% of heads of households identifying as women and 50% identifying as men. Of those that exited, one household was Hispanic, one was White, two identified as Black and White, and four identified as Black. Amongst these households, 88% had a disability.

An additional ten households exited RLRA to a higher level of care or treatment facility. Each left the program voluntarily. Three households reported exiting to assisted living, one exited to treatment, one exited after hospitalization, and five moved to unspecified higher levels of care. Of the 10 households that left for a higher level of care or treatment, all had a disability and 80% were over the age of 55, with heads of households ranging from 36 to 101 years old.

Exits to Unknown Destinations

"Unknown" was the highest destination category for households leaving the RLRA program. "Unknown" is a specific reporting category in Yardi, the data system used by Home Forward to capture RLRA participation. This category is used when a reason for exiting is captured but the location is unclear. For this analysis, we used supplemental data from Yardi and provider notes to expand on this category and the circumstances in which households exited.

Households exiting to "unknown" destinations made up 33% of total RLRA exits for FY 2026. Of 31 households, 16 exited voluntarily — representing 52% of "unknown" exits. Six exits were due to eviction or lease enforcement. Three households exited when their vouchers expired, three exited stating family obligations, two exited by abandoning their unit, and one exited due to threatening behavior.

Five of the 31 households that exited to "unknown" destinations identified as Hispanic, three identified as non-Hispanic and multiracial, ten as White, nine as Black, two as American Indian, and one as Asian. Of the heads of households that exited, 14 identified as women and 13 as men. One household identified as both transgender and neither as a man or woman. Over half of those who exited were under 55 years old, and ages ranged from 26 to 69.

A Sobering Reality: Exits Due to Death

The connection between living unhoused and life expectancy is a well known social determinant of health. People experiencing homelessness have a decreased life expectancy in comparison to the broader population due to a lack of access to health resources and an increased risk of health challenges related to environmental exposure, poor nutrition, infectious diseases, exposure to violence, and stress-related health challenges. Tragically, death was the second highest reason households no longer remained in RLRA programming in FY 2026, accounting for 32% of program departures.

While exiting homelessness improves stability and access to services that can support longer life expectancies, prolonged homelessness has a lasting impact on health outcomes even after someone secures housing. People who have experienced extended periods of homelessness have mortality rates more than three to four times higher than the general population. Of the 30 people who passed away in RLRA programs this year, the median age was 65, with the youngest person being 30 and the eldest 98 years old.

Life expectancy, homelessness, and other identities are intersectional. Among those who passed away in RLRA, 15 people identified as White, ten identified as Black, two identified as Hispanic, one identified as American Indian, one as Asian, and one identified as American Indian and White. Additionally, 84% had a disability, 20 identified as men, ten as women, and one person also identifying as transgender.

These sobering trends emphasize the high cost of chronic homelessness on human life and demonstrate the importance of the SHS measure's focus on this population. Resources like RLRA provide an opportunity for people to live out their lives with dignity, safety, and stability, and they do not erase the lasting impacts of living unhoused.

Exits Resulting in Returns to Homelessness

Based on Yardi data, only one household representing 1% of the total 93 households that exited RLRA during the last fiscal year returned to homelessness. The person in this single adult household identified as a White woman living with a disability. The participant was between the ages of 25 and 54 years old and exited due to an expired voucher.

Emerging Trends Across RLRA Exits

Populations A/B Trends

Since the beginning of the RLRA program Multnomah County has strategically planned the roll out of RLRA vouchers to predominantly house Population A households in alignment with SHS's priority to serve households with the highest acuity, extremely low incomes, and those experiencing chronic homelessness. This strategy is evident when looking at who is being served in the RLRA. Out of the total 1,247 active households served in RLRA during FY 2026, 79% were designated as Population A, 14% were Population B, and 7% had pending Population A/B data.

Of the 93 households that exited RLRA in FY 2026, 85% identified as Population A (76 households), 6% as Population B (six households), and 9% (eight households) did not have a Population A/B designation. When comparing these Population A/B percentages to the total active households in RLRA, preliminary analysis shows that Population A households are exiting RLRA at slightly higher rates and Population B households are exiting at lower rates than they are being served in RLRA programs. Future analysis is needed to confirm these trends and help us better understand the 9% of households who did not have a Population A/B designation at the end of FY 2026.

Demographic Trends

Across the total 1,247 active households served in RLRA in FY 2026, 65% identified as BIPOC, 34% identified as non-Hispanic White, and 1% did not report race or ethnicity. The following table shows the race and ethnicities of the total active heads of households (HoH) and the exited heads of households during the fiscal year. Please note, participants are able to select multiple races and ethnicities so percentages will not add up to 100% and have been rounded to the nearest tenth.

Race / Ethnicity (alone or in combination)	% of Total Active Heads of Households	% of Exited Heads of Households[13]
American Indian, Alaska Native	13%	12%
Asian or Asian American	1%	3%
Black, African American, or African	38%	37%
Middle Eastern or North African	< 1%	N/A
Native Hawaiian or Pacific Islander	2%	N/A
Hispanic or Latine	18%	15%
White	50%	57%
Client doesn't know	1%	N/A
Client prefers not to answer	2%	N/A
Missing	1%	1%
Total # of active heads of households served in FY 2026		**1,247**
Total # of heads of households exited in FY 2026		**93**

Out of the 93 HoHs that exited RLRA, those who identified as American Indian, Alaska Native and Asian or Asian American exited at minimally higher rates than they were served, with American Indian and Alaska Native households exiting at rates 1% higher than they were served and Asian or Asian American households exiting at rates 2% higher than they were served. Heads of households exiting RLRA who identified as White made up 57% of those who exited in FY 2026 and 50% of the total active households served. Black, African American, or African HoHs exited at rates 1% lower than they were served and Hispanic or Latine HoHs exited at rates 3% lower than they were served.

Further, 86% of the households that exited identified as living with one or more disabling conditions. This is what we would expect to see given that 85% of exiting households identified as Population A. Heads of households exiting RLRA spanned a 75 year age range, with the youngest at 25 years old and the oldest at 101 years old.

Exit Circumstance Trends

Exit destinations and exit circumstances refer to two different data points in the Yardi system. Exit destinations refer to where a household went when they exited, and the exit circumstance describes why they left. The following table shows prevalence of exit circumstances across all exit destinations.

[13] If listed as "N/A", this means there were no heads of households that exited RLRA in FY 2026 with this race/ethnicity.

Exit Circumstance	% of Exited Households	% of Exited Households
Absent from Unit	3	3%
Criminal Activity	1	1%
Death	30	32%
Expired Voucher	5	5%
Lease Enforcement/Eviction (Both Project & Tenant Based RLRA)	6	6%
Program Eligibility	1	1%
Statement of Family Obligations	6	6%
Threat/Act of Violence	1	1%
Voluntary Household Exit	34	37%
Unknown	6	6%

Across all destinations recorded for the 93 households that exited this year, the most common circumstance was voluntary exits. Voluntary exits accounted for 37% of total circumstances – indicating that when folks did leave RLRA, they often left of their own accord. The second highest circumstance was death, which made up 32% of circumstances in Yardi. Of the 30 heads of households who passed away while in RLRA this year, 87% were Population A – again demonstrating the devastating toll of chronic homelessness.

Future Considerations

Understanding why people are exiting the RLRA program allows Multnomah County to better support our contracted service providers. The Homeless Services Department's Permanent Supportive Housing (PSH) team hosts monthly community group meetings for service providers to discuss relevant issues and topics related to providing ongoing supportive services. Some of the trends that this exploration highlighted could help inform future topics for that space, such as grief resources and strategies, resources and referrals for higher levels of care, or engagement strategies. Additionally, Multnomah County's Coordinated Access team is working on updating and improving how participants transfer from one PSH program to another. Greater understanding of why and how participants are moving through the system can help inform new transfer policies.

Now that we have built the infrastructure to analyze this data, the county and Home Forward can continuously review it on a regular basis to determine whether there are any shifts in the trends. This process also highlighted an opportunity to further refine our data reconciliation process to improve the relationship between data systems, Yardi, and HMIS.

Glossary

Supportive Housing Services: All SHS-funded housing interventions that include permanent supportive housing, rapid rehousing, Housing Only, Housing with Services, Preventions, and Regional Long-Term Rent Assistance. This also includes shelter, outreach, navigation services, employment services or any other SHS funding to help households exit homelessness and move into safe, stable housing.

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

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

Shelter: Emergency Shelter that offers overnight accommodations, including overnight-only and 24-hour shelters. Includes both congregate shelter beds and non- or semi-congregate units such as motels and pods. Also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD-defined overnight shelters.

Day Shelter: Provides indoor shelter, primarily to people experiencing homelessness, during daytime hours (generally between 5 a.m. and 8 p.m.). Includes day centers, access centers, navigation centers and other facilities that help connect people to resources to meet basic needs and engage them in services. On-site support services typically include restrooms, showers, laundry, mail service, haircuts, clothing, nutrition resources, lockers, ID support, etc.

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

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

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

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

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

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



HUD HMIS Approved Project Types

Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in reports, these project types are referenced by the exact HUD name.

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

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

Housing Only, "PH - Housing Only": A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include Recovery-Oriented Transitional Housing, or any other type of housing not associated with PSH/RRH that does include supportive services.

Rapid Rehousing, "PH - Rapid Rehousing" (Services Only and Housing with or without services): A permanent housing project that provides housing relocation and stabilization services and/or short and/or medium-term rental assistance as necessary to help an individual or family experiencing homelessness move as quickly as possible into permanent housing and achieve stability in that housing.

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



Homeless Services Department

Supportive Housing Services Year Five Report

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