Homelessness Response Action Plan

June 2024

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Executive Summary

Homelessness is one of the most pressing and complex issues facing our country, state, and county. Its ultimate solution is to create communities where everybody has a safe place to call home and the resources needed to stay there. Our task is to create a humane, coordinated homelessness response system as we work toward that ideal.

As of January 2024, more than 11,000 people were known by name to be experiencing homelessness in Multnomah County. Roughly one-quarter were living in temporary shelters and nearly half of them were identified as living outside, in vehicles, or in other places not meant for people to live.

The Homelessness Response Action Plan builds a system to address the needs of people pushed into homelessness, including preventing homelessness, coordinating behavioral health and mental health interventions, and adding hundreds of shelter and recovery beds to provide safety off the street.

This plan is an ambitious, outcomes-focused, iterative approach to addressing, resolving and preventing homelessness. Its focused goals and outcomes create a coordinated approach across systems and jurisdictions. It includes accountability and measures key metrics to assess the effectiveness of the work through better data collection and tracking, allowing for continuous improvement of our systems.

This plan contains clear goals: hundreds more shelter beds and recovery beds, more people returning to permanent housing from shelter and tents, and our ongoing work of reducing persistent racial disparities. It centers aligning and resourcing our behavioral health system, including the creation of a 24-hour drop-off receiving, deflection, and sobering center. In addressing the inflows into homelessness, it requires that people do not exit corrections, foster care, or treatment into homelessness; creates affordable homes so we can keep people housed; and prioritizes preventing our neighbors from falling into homelessness in the first place.

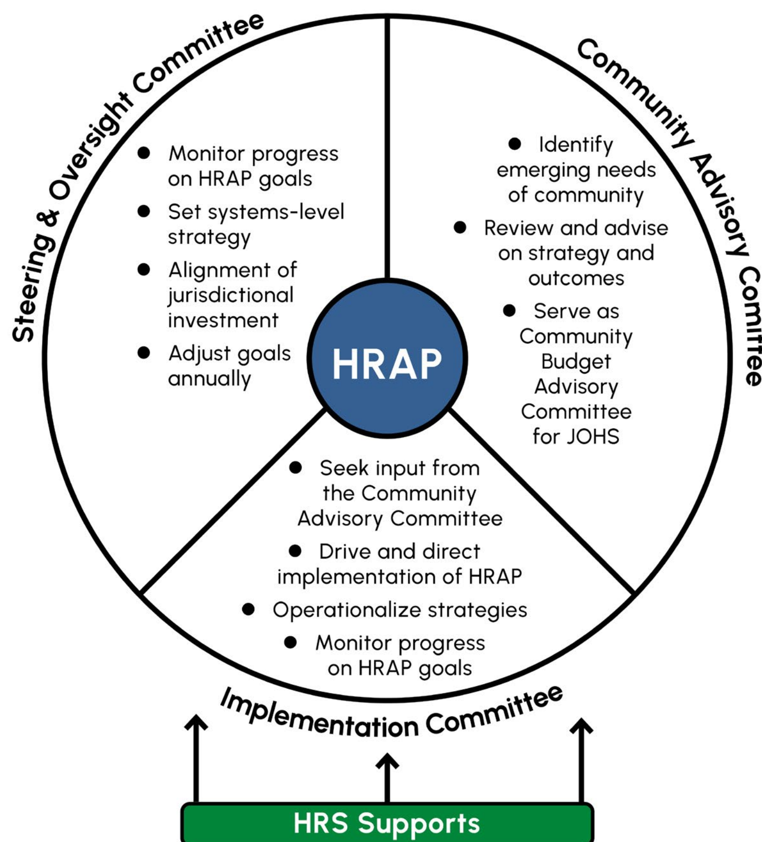
Core Goals of this Strategic Work

1. Shelter or house 2,699 unsheltered people by Dec. 31, 2025 — a number equivalent to half of those known by name to be living unsheltered in January 2024.
2. Add 1,000 units of shelter, including new and planned units, to increase shelter system capacity by nearly 40%.
3. Improve the number of people moving from shelters to permanent housing by 15%.
4. Reduce homelessness among especially vulnerable populations (including people of color and LGBTQIA2S+ people).
5. Add hundreds more behavioral health beds and open a 24-hour drop-off receiving, deflection and sobering center.
6. Increase the supply of affordable housing.

Homelessness affects communities in myriad ways, and no single government entity, let alone government department, is solely responsible, nor exclusively able, to address its causes and impacts.The responsibilities of addressing homelessness are currently scattered across multiple jurisdictions, bureaucracies, and systems. This current state hasn't worked to properly address the crisis, and it can't if things don't change.

Making sure that people experiencing homelessness encounter the interventions most appropriate for their needs requires robust coordination between governments, as well as additional resources — both for those who need help and those responding to them.

The Homelessness Response Action Plan creates new governance and accountability structures to allow decision-makers across governments, healthcare, housing providers and service providers, and those with lived experience, to set goals, objectives and the budgets needed to achieve outcomes. It creates a co-governance model in the Steering and Oversight Committee to identify responsibilities, coordination, and goals. Under that committee, it calls for an Implementation Committee to track progress, identify challenges, collaborate and hold one another accountable to solutions. And it assembles a Community Advisory Committee to elevate the issues of those across the spectrum of providers, partners, and impacted stakeholders to offer their input on goals and solutions and other kinds of feedback. That committee will take over as the Joint Office of Homeless Services' Community Budget Advisory Committee.



The plan aspires to improve transparency and accountability through coordinated communication, accurate dashboards and data, and a single location to publish updates and information.

Our ability to quickly build on the capacity and learning we've developed along the way allows us to accelerate progress now. A comprehensive approach is feasible only with the commitment, relationships and collaboration among all of our leaders. This Homelessness Response Action Plan shows us how to achieve it.

Approach and Priorities

1. Expand learning, best practices, and capacity-building to accelerate our work to meet the scale and complexity of current needs.
2. Bring more partners to the table with the strategic braiding of behavioral health, short- and long-term case management, employment, and other social support services with placement into permanent housing.
3. Develop a co-governance model, shared goals, expected outcomes, pathways to accomplish those goals, and flexibility to adjust strategies if we are not meeting them.
4. Center racial equity to diminish the known and significant racial disparities in regional homelessness can be reduced only through specific goals and investments.
5. Quantify the types of housing, shelter, and support services required to move people off the street or out of shelter and into sustainable, permanent housing.
6. Improve transparency and accountability through accurate dashboards, data, communication, and a single location to publish updates and information.

Introduction

This Homelessness Response Action Plan recognizes and addresses the gaps, silos, and lack of comprehensive cohesion in our current systems and services.

Those facing homelessness or living on the streets in our community, for example, can obtain resources like rental assistance or a shelter space from the Joint Office of Homeless Services or the Multnomah County Department of County Human Services. Those same individuals may also need behavioral healthcare in order to be stabilized enough to successfully move into housing. That often requires services coordinated by the healthcare system or the Multnomah County Health Department's Behavioral Health Division. Yet the beds needed for behavioral health treatment — mental health, substance use disorder, or co-occurring conditions — are licensed and predominantly paid for by the State of Oregon.

These services also overlap with the regional healthcare system, which treats many of the same individuals served by the Joint Office and the County. Healthcare partners have a major interest in connecting people experiencing or at risk of homelessness with housing and support services, particularly as they leave a healthcare setting. So do the foster care and criminal justice systems, which often struggle to provide individuals with the services, resources and care they need to avoid falling into homelessness. Without being connected to services across the spectrum, people who exit these systems will continue to experience homelessness at a disproportionate rate.

A major cause of the homelessness crisis is the lack of affordable housing in our region. As national and local studies make clear, as housing becomes less affordable, homelessness increases.

The production of affordable housing, the incentives that encourage new affordable housing construction, and construction permitting are the purviews of cities, Metro (with its affordable housing bond), and the State of Oregon. Even as our community's current efforts to address homelessness have attempted to scale up in recent years — adding shelter beds and increasing programs that provide rent assistance — the gap in truly affordable housing in our region has swallowed those gains and continues to push more people onto our streets.

Too often, people facing homelessness end up interacting with first responders, further straining a thinly stretched emergency response system insufficiently equipped to offer the right services or connections.

Further, unsheltered homelessness can affect the physical environment, including public spaces. This contributes to unsanitary conditions with trash and debris, even blocking rights of way — leading to the frustration of residents, business owners, and other community members who share these spaces.

While cities are primarily responsible for responding to these issues, outreach workers — as well as shelter, housing, and services options provided by the County — are essential for ensuring that response is humane. If services are infused in their work of managing public rights of way, cities can offer those living on the streets alternatives to simply moving to another location.

However, people experiencing homelessness often face numerous barriers to obtaining the services and resources they need to find stability without additional support. State-issued identification; federal and state benefits; healthcare and other supportive services; expungement services that can clear legal issues and make it easier for someone to rent; and workforce assistance, retraining and/or habilitation services can all help bring housing and stability within reach. But they're found across a spectrum of different governments and agencies that individuals are too often left to navigate alone.

This plan centers those suffering from the harms of homelessness, shifting much of the burden of identifying and accessing the right services from the individual to the governments, healthcare partners, and service providers that can help them. Homelessness disproportionately impacts communities of color, low-income individuals and households, and people with behavioral health issues. The severe trauma of homelessness exacerbates, and can even lead to, those behavioral health challenges. This plan centers equity and those with lived experiences in the solutions it offers and the engagement that informs them.

Similarly, the plan acknowledges that homelessness and the housing and services available to support people experiencing homelessness look different across the diverse municipalities and geography of Multnomah County. It creates specific goals across jurisdictions and partners in order to tackle well-known needs along the continuum of services. It identifies clear action items, policies to align and workgroups to resolve cross-jurisdictional issues, along with timelines and lead partners for accountability. It recognizes that each component of this plan is critical to the success of the overall effort.

Prior efforts to coordinate such disparate systems have helped us improve and expand existing services, allowing us to serve more people and improve collaboration among governments. But it is clear that prior work has been insufficient to meet the challenges we face today. The creation of the Joint Office of Homeless Services, the passage of city and regional housing bonds, and the passage of Metro's Supportive Housing Services Measure each form a critical foundation for the work that will follow. Our ability to build quickly from the capacity and learning we've developed along the way allows us to accelerate progress during this time when we need it most.

And now we must take the next step and improve coordination among all of us — city, county, state, healthcare, housing providers and service provider partners.

Problem Statement

As with many of our regional and national counterparts, Multnomah County has begun collecting more robust, real-time data on homelessness, allowing us over two years to develop a more complete by-name count that identified 11,153 people who were experiencing all forms of literal homelessness, as of January 2024, in Multnomah County. Through regular contact with outreach and other service providers, we were able to confirm the housing status of 8,595 of those people. From that list, 5,398 were unsheltered and 2,593 were in a funded shelter. An additional 604 were occupying temporary non-government funded shelters. The remaining 2,558 people were present in our by-name system, but did not have a known location or a connection to services in at least 90 days, so their housing status could not be confirmed. Compared to the overall local population, a disproportionate number identified as disabled, Black, Native American, and/or Native Hawaiian/ Pacific Islander.

There are thousands of individuals experiencing homelessness throughout Multnomah County.[1] Thousands are living outside and unsheltered.[2] Over 2,500 are living in government-funded shelters, and thousands more are doubled up in temporary living conditions. Compared to the overall local population, a disproportionate number identified as disabled, Black, Native American, and/or Native Hawaiian/Pacific Islander.

Multnomah County has substantial, but not unlimited, funds to address homelessness and its causes. What is lacking, however, is a focused, coordinated and urgent strategy that tackles the approach and priorities laid out in this plan's Executive Summary.

A lack of truly affordable housing is a primary cause of homelessness. Some individuals experience prolonged homelessness with complex disabilities and require health, income and social support in addition to housing. But other individuals experience shorter-term homelessness, which may be remedied simply through rental support.[3]

Regardless of the population segment, the data are overwhelmingly clear that as housing supply decreases and rent burden rises, homelessness increases.

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1 The January 2024 by-name list contains 11,153 individuals. Of those, 5,398 were unsheltered; 2,593 were in shelter; 604 were in temporary non-city or county shelters; and another 2,558 have had contact with a continuum of care service since Jan. 1, 2022, but have not had a recent contact within the last 90 days.

2 "Unsheltered" is generally defined by the U.S. Department of Housing and Urban Development as people who are staying in places not meant for people to live such as in cars, parks, abandoned buildings, and on the street. It is differentiated from those experiencing homelessness while staying in emergency shelters, doubled-up or couch-surfing, or in other temporary living spaces.

3 A recent study of homeless individuals in California found that for most participants, a monthly rental subsidy of $300-$500 would have prevented their homelessness for a sustained period. (California Statewide Study of People Experiencing Homelessness | Benioff Homelessness and Housing Initiative (ucsf.edu)

The ultimate requirement to address and end homelessness is having an adequate housing supply and ensuring that this housing is affordable to households at or below 60% of the median family income, and in most cases, affordable to households at or below 30% of median family income.[4] Shelter and other transitional settings are necessary components of addressing homelessness, but they are not sufficient solutions on their own, especially given that adequate housing supply is a decades-long goal. However, when the goal of nimbly and speedily moving people into housing from transitional settings is hampered by an inability to provide the right services at the right time, these transitional settings may become permanent ones, and thus a failure of our system to achieve its intended lasting outcomes.

For those who need it most, a supportive housing and shelter system, no matter how well developed, is not a substitute for a robust behavioral health system. Oregon law promotes individual autonomy related to seeking and accepting behavioral healthcare. Without a behavioral health system that is accessible, safe and responsive to the needs of the population, the responsibility of addressing unmet behavioral health needs will continue to be shouldered by first responders, emergency rooms, and frontline housing and homeless service providers. This comes at great human and financial cost, and with a concurrent rise in homelessness. Attention is needed in every part of the behavioral health continuum, from secure residential treatment facilities to workforce development. Done well, a strong and well-supported behavioral system will not only prevent entry into and return to homelessness, but it will also leverage and sustain investments in housing and shelter.

No amount of population segmentation, housing and shelter development, or robust behavioral healthcare will achieve desired results without an intentionally designed system that organizes, purchases, and coordinates these services and assets. For decades, our federal, state, and local governments have funded a patchwork of fragmented systems supporting disperate services that were never fully resourced or coordinated to effectively address modern experiences of homelessness at scale. Service providers were often asked to fill in systemic gaps by self-organizing even while they have not been universally supported with the capacity or funding to do so. This is even more true for culturally specific organizations.

Past plans at the federal and local levels made strides in understanding the scale and complexity of the challenges associated with homelessness in their times. They helped to identify effective solutions, foster system coordination, and build capacity of some local providers. But as this plan has noted, those plans and prior investments are

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4 According to state analysts, Oregon needs to produce 554,691 new housing units in the next 20 years to keep pace with demand – and to account for the current underproduction. An estimated 32% of those units, or 176,3000, must be affordable to households that are earning less than 60% of statewide median income. 20221231_OHNA_Legislative_Recommendations_Report.pdf (oregon.gov)

insufficient to meet the challenges we face today.

It is time for our system leaders to establish a much more broadly resourced and coordinated system that acts with precision, strategic focus, nimbleness, and speed. Though strained well beyond capacity, we build from the strength of our existing providers, allowing us to move quickly and intentionally to expand and refocus our efforts to re-house our neighbors and revive our neighborhoods. Subject matter and lived expertise, along with a commitment to equity, must be at the center of this effort. Other leaders across the country who have undertaken successful initiatives to address homelessness have shown similar dedication, reflecting the urgency of the moment with taglines such as “Whatever it Takes,” “All In,” or “Built to Move.”[5] Now is our opportunity to do the same.

Vision

- A community where homelessness is rare and brief.
- A community where people take care of one another, fostering opportunity and supporting livability.
- A community where services are equitable, coordinated, effective, just and accessible.

Guiding Principles

- All people living in Multnomah County should have access to safe, stable and permanent housing.
- A comprehensive strategy on homelessness should simultaneously address the need for temporary shelter and emergency services as well as permanent long-term housing.
- Subject matter expertise, lived expertise and equity should be at the center of planning.
- Transparency and accountability for measured results should be a focus of spending and investments from all levels.
- Services to people experiencing homelessness should be person-centered and place the needs of the individual at their core.
- Collaboration and a connected system for transitions is critical to navigating both housing and health (including behavioral health) systems to achieve lasting results.
- To every extent possible, investments should be aligned and synergistic, leveraging one another to make the highest possible use of every dollar.
- Strategies shall be equitable and designed with the most vulnerable and hardest to reach in mind.

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5 In order, these were phrases used by Bill DeBlasio, City of New York; Jeff Olivet, USICH; Va Lecia Adams Kellum, City of Los Angeles

Theory of Change[6]

To reduce the number of people experiencing homelessness in Multnomah County, use data and analytics to understand and segment the homeless population; apply evidence-based, adequately resourced and braided interventions to each population segment; and ensure the interventions match the desired outcomes. Do all of the above with a premium placed on continuous engagement, improvement and speed, with the understanding that we must implement multiple interventions both in parallel and sequenced over time.

This theory of change is grounded in several systems change models, including population health,[8] continuous quality improvement and complex adaptive systems.[8]

Overarching Strategy

Effectively deploying our theory of change demands an overarching strategy that defines key population segments of interest, then maps key interventions to each population segment, driving toward a defined set of outcomes. Of note, this approach is unique among recent local plans in its clear definition of end-goal outcomes: an improvement from merely measuring services delivered or the numbers of people served. As a key contributor phrased it, "Create an unrelenting priority, and organize around it."

- Local and national data provide rough population segments around which interventions may be organized to achieve given outcomes:
- Communities of color must be prioritized as significant racial disparities persist in regional homelessness, and specific goals and investments must be made with cultural specificity. Included in the priority populations are people who identify as Black, African American or African; Native Hawaiian or other Pacific

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6 What is a Theory of Change? In this context, a Theory of Change is a common understanding of the "missing middle," of how and why the desired outcomes will be achieved with the proposed activities and interventions. It is the recipe that demonstrates how the ingredients yield the finished dish. It is the pathway to change.

7 An excellent introduction to this concept is provided in Kindig and Stoddart's article in The American Journal of Public Health, 2003. The article outlines the goals of population health: to maintain and improve the health of the entire population and to reduce inequities in health between population groups, understanding the patterns of determinants that influence such outcomes.

8 The literature on complex adaptive systems is vast, spanning primary care to engineering. The best illustration in the context of homelessness can be found in an article by Fowler, et al., in the Annual Review of Public Health, 2019. Succinctly stated, "coordinated approaches to homelessness must consider the extensive heterogeneity in the population, as well as in the types and timing of services. Given the multiple pathways into homelessness and the diversity of the homeless population, a one-size-fits-all approach is inadequate." National leaders on homelessness often speak of the need to have multiple strategies operating simultaneously and emergently.

Islander; American Indian, Alaska Native, Native or Indigenous; Latina/Latino/Latinx/Latine; Asian or Asian American.

- Youth exiting foster care and individuals leaving carceral settings. While these groups require different interventions, they are highlighted together as high-priority populations because they disproportionately drive racial disparities in homelessness, particularly among Black and African Americans. With a focus on these populations, we not only reduce and prevent homelessness, we address racial disparities as well.
- Individuals 55 and older. One in 3 people experiencing chronic homelessness in 2020 was 55 or older. People 65 and older are the fastest growing age group of people who experience homelessness; by 2030, without intervention, their numbers will triple.[9]
- Individuals who identify as LGBTQIA2S+.
- Individuals exiting inpatient medical and behavioral health facilities.
- Individuals with an exacerbation/recurrence of an underlying substance use disorder or mental health condition (a key driver of returning to homelessness).
- Individuals without other disabling conditions, and with a gap in income secondary to divorce, loss of job, increase in rent, medical expense, and more.[10]

Outcomes

The outcomes of the Homelessness Response Action Plan are focused on making an impact on the baseline list of people in the by-name count as of January 2024. We acknowledge that economic, public health or environmental crises may result in more people entering homelessness even as the plan is being implemented. We also recognize that people living in the margins survive amid fragile, precarious circumstances, and that the risk of becoming homeless is real at any given point. Meeting people's basic needs will remain a challenge without a meaningful restructuring of our economic climate and social safety net systems.

- Informed by the latest data from the local Homeless Management Information System (HMIS) database, adopt clear, achievable goals with measurable outcomes, including goals and outcome measures addressing a coordinated shelter strategy.
- Identify a baseline number of people experiencing unsheltered homelessness as of January 2024 (Completed: That figure is 5,398 individuals on the by-name list)

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9 See this excellent study by Dennis Culhane and team Emerging-Crisis-of-Aged-Homelessness-1.pdf (upenn.edu)

10 See the California Statewide Study referenced in footnote 3.

- Shelter or place in housing 2,699 unsheltered people (the number equivalent to 50% of the number of unsheltered people on the by-name list) by Dec. 31, 2025).
- Reduce unsheltered homelessness for the following priority populations at a rate equal to or greater than that population's proportion of the overall population in the baseline number:[11]
    - Black, African American or African
    - Native Hawaiian or other Pacific Islander
    - American Indian, Alaska Native or Indigenous
    - Latina/Latino/Latinx/Latine
    - Asian or Asian American
    - Adults over the age of 55
    - LGBTQIA2S+[12]
- Increase exits from adult shelter to permanent housing by 15% by Dec. 31, 2025.[13]
- Ensure 75% of people housed in permanent supportive housing retain their housing 24 months after placement.[14]
- End all behavioral health, health system or hospital discharges to the street by Dec. 31, 2025.
- End discharges from carceral settings to the streets by 2026.
- End homelessness for youth aging out of foster care in Multnomah County by 2027.

Foundational Strategies to Accomplish Goals

1. Create a culture of practice for using the Equity and Empowerment Lens.[15] Applying the lens will yield:
    a. Fair and just distribution of resources and opportunities
    b. Systems that are sustainable and sustain all people
    c. Meaningful engagement of communities of color
    d. Authentically embodying racial equity and empowerment principles
    e. Bold and courageous commitment to addressing root causes and barriers

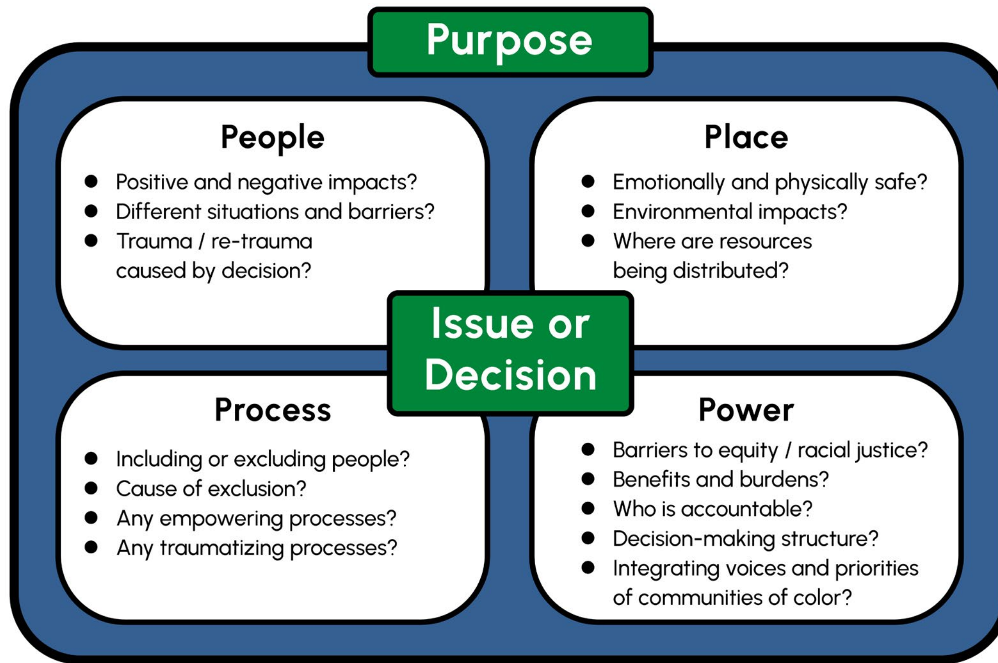
11 See appendices for January 2024 demographic data on the unsheltered population.

12 Federal Data Supporting Need for Gender-Expansive Services

13 This would take the exit percentage from 26% currently to 41% by December 2025.

14 The County currently has retention data only at the 12-month mark, but is expanding that to track at the 24-month period. The most recent report showed a 99% retention rate at the 12 month mark for individuals placed in supportive housing.

15 Multnomah County, Equity and Empowerment Lens.



2. When working through issues or making decisions, use the 5Ps framework — Purpose, People, Place, Process and Power.
3. Understand the importance of intersectionality, especially when assessing community impact.
4. Establish system-wide housing navigation, care coordination and crisis intervention capability to ensure we can match clients with the services that best meet their needs, including enrollment in public programs such as Medicaid, Medicare, Social Security, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supported Employment.
5. Simultaneously increase the number of shelters and shelter alternatives using best practices.
6. Increase access and reduce barriers to all levels of behavioral health supports.
7. Establish rapid and long-term interventions aimed at preventing unsheltered homelessness among:
   a. Youth aging out of foster care
   b. Individuals exiting the justice system
   c. People at-risk of becoming homeless being discharged from healthcare or behavioral health settings
8. Use the right dollars for the right service, including Medicaid, employment support and infrastructure funding, to increase our federal match and reduce the competition for resources based on the source. Invest in services that create long-term stability.
9. Improve real-time data and analytics to measure available space across shelter, transitional

10. housing and behavioral health resources.
11. Increase the supply of affordable housing.
12. Establish a governance structure that aligns city, county, Metro and state government strategies, resources, and outcome measurements; clarifies roles and responsibilities; and extends the table with additional resources to include nonprofit and private systems serving common populations.
13. Restructure current committees, plans and government programs to focus and align efforts to drive culture change, across the City, County and State, that fosters rapid, innovative and flexible problem-solving to address the crisis efficiently and effectively.
14. Foster accountability through each organization's hierarchy of management.

Goals

Goal 1: Establish system-wide housing navigation, care coordination and crisis intervention capability.

Outreach, relationship-building and life-saving supply provision must be effectively linked to housing navigation and moving people off the streets into supportive programs. Relationships and rapport-building remain at the center of outreach and navigation, including first responders, but staff must be equipped with the resources, tools and objectives to support transition off the streets. To achieve the radical change, we must consolidate resources and break down silos across touchpoints. Systems must be built to effectively support and resolve cycles of instability and crisis and navigate system of care transitions.

We must better align strategies to meet the needs of people experiencing homelessness and reduce repeated cycles of system interactions, and design systems that center and expand culturally specific services for people who are Black, African American or African; Native Hawaiian or Other Pacific Islander; American Indian, Alaska Native, or Indigenous; Latina/Latino/Latinx/Latine; Asian or Asian American; and LGBTQIA2S+.

Outcomes

Short-Term

- Coordinated Access team will collaborate with healthcare providers to connect and assess eligible participants to Coordinated Access[16] prior to discharge from institutional healthcare systems (e.g., inpatient psychiatric, detox, emergency departments, substance use disorder [SUD] facilities, acute inpatient care).

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16 Coordinated Access describes how organizations, service providers and government agencies coordinate care and support for individuals and households exiting homelessness into transitional or permanent housing. The JOHS Coordinated Access system maintains a centralized applicant and housing database and prioritizes access to transitional or permanent housing based on individual assessments.

- Establish pathways from health systems into shelter or housing systems, and vice versa.
- A coordinating body must be established to ensure adequate oversight of the system of navigation.
- Remove barriers that prevent navigators and first responders from establishing working relationships and connections that improve response time and access to services.
- Establish pathways and transition plans for people exiting incarceration, with emphasis on people with histories of SUD and homelessness.
- The Coordinated Access system is in an active redesign process. These redesign and pilot processes will examine and pilot changes to its prioritization scoring system that allows for more nuanced navigation and consideration of high-acuity street homelessness along with shelter, health system and criminal justice exits. Services must be designed to meet the highest-need individuals while removing thresholds around certain crime convictions.

Mid-Term

- Increased navigation and intervention services to increase the number of and better serve the people who remain housed.

Long-Term

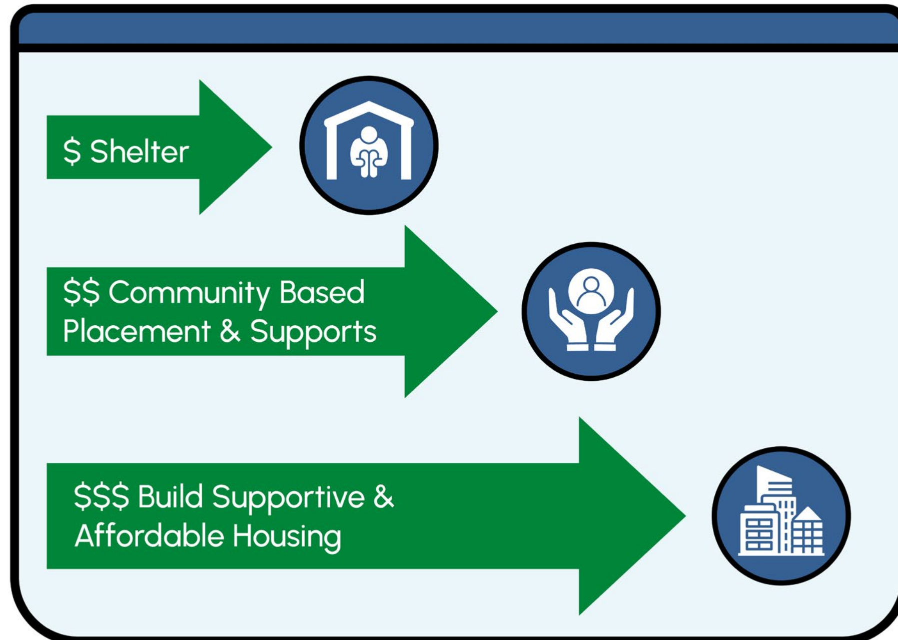
- Create a coordinated system designed to prevent homelessness by ensuring transitions from key systems are supported and crisis interventions occur sooner and more successfully.
- Operationalize an integrated data and inventory platform to support navigation into appropriate shelter, transitional housing and behavioral health beds.

	Action Item	Date	Responsible
1.1.1	Establish and implement a HRS, which is responsible for mobilizing the various jurisdictions, departments, stakeholders and service providers toward the implementation of this HRAP and the goals herein.	May 2024 - **Completed**	Homelessness Response System (HRS)
1.1.2	Build upon existing JOHS data improvement framework to set a vision for an integrated network, establish key leads and roles, and approve initial work plan. Work plan to include data strategy, long- and short-term goals, and any additional staff or financial resources to support work.	June 2024	HRS

	Action Item	Date	Responsible
1.1.3	Develop an outreach and engagement strategy workgroup and steering committee similar to the Community Sheltering Strategy.	July 2024	Joint Office of Homeless Services (JOHS), HRS
1.1.4	Coordinate with other government funders and providers serving immigrants, refugees, and asylum seekers to develop a response plan to meet emerging sheltering and service needs for refugees and asylum seekers.[17]	September 2024	State Partners, Multnomah County
1.1.5	Review and strategize on needed changes to the referral and placement system to navigate individuals leaving institutional healthcare systems to the appropriate setting for their needs.	September 2024	Coordinated Care Organizations (CCOs), Oregon Health Authority (OHA), HRS
1.1.6	Create lower-barrier, more accessible, and self-reporting documentation requirements for program eligibility for individuals with disabilities.	December 2024	JOHS, HRS
1.1.7	Establish a comprehensive suite of services within shelters related to housing, healthcare, employment and federal and state benefits.	July 2025	Shelter Strategy Oversight Workgroup, under JOHS
1.1.8	Align housing referral and placement systems to fair housing goals and practices supported by the Portland Housing Bureau to increase placement to accessible units for people with physical disabilities and access to reasonable accommodations.	December 2025	JOHS, PHB

17 All goals in partnership with Oregon Legislature and state agencies are preliminary, with some based on 2024 legislative allocations, and others that may require future legislative action. These goals will necessarily evolve in alignment and coordination with state funding and implementation partners.

Goal 2: Quickly increase the number of shelters using best practices and housing inventory. Define roles and responsibilities for shelter operators.



Outcomes

Short to Mid-Term

- Creation of a strategic map and master plan of shelter types, supportive housing and affordable housing targets, appropriate to population needs.
- Faster and more streamlined siting and development for projects that keep people housed and promote rapid interventions.
- A clear plan linked to long-term goals that establishes priorities for the investment of any new one-time dollars that become available.
- Finalize an improved shelter strategy.
- Domestic and sexual violence is the No. 1 cause of homelessness for women and families, and shelters need to be expanded to serve victims.
- Increased support for and communication with landlords to develop improved capture of community housing inventory.
- Increase the per household cap amount for permanent supportive housing to $15,000-$17,500 per household.

Mid-Term

- Increase the number of supportive housing units available.

- Decrease the number of people returning to homelessness.
- Consistent rebasing of rent and services costs per household cost for permanent supportive housing.

Long-Term

- Complete construction of the current pipeline of supportive and affordable housing projects, allowing more people to move into long-term housing options.

2. Strategy 1: Create a countywide comprehensive plan that includes sited services and housing.			
	Action Item	**Date**	**Responsible**
2.1.1	Engage in a community planning process to create a two-year sheltering strategic plan.	March 2024 - **Completed**	Community Sheltering Strategy Steering Committee
2.1.2	Review and streamline shelter services contracting process for faster and more efficient contracting that allows providers to meet workforce needs.	July 2024	JOHS
2.1.3	Identify potential locations for the siting of potential affordable housing, congregate and alternative shelters, and behavioral health services, and regularly update based on estimated need, using best practices as outlined in Oregon Housing and Community Services (OHCS) and Federal Department of Housing and Urban Development (HUD) plans.[18]	August 2024	City of Portland, Multnomah County, and Metro
2.1.4	Pass legislation that creates streamline siting for behavioral health services for both inpatient and outpatient beds.	June 2025	Oregon Legislature

18 UD 2023; Oregon Housing Community Services 2019

2. Strategy 2: Increase short-term shelter inventory by 1,000 beds by December 2025 (as recommended in the FY 2025 - FY 2026 Community Shelter Plan)				
	Action Item	**Target Population**	**Date**	**Responsible**
2.2.1	Complete, build and open 555 beds of additional adult shelter planned in FY 2024 in revised budgets for City and County.	Adults	December 2024	JOHS
2.2.2	County identifies funding needed to improve shelter sites as well as county-owned property to potentially be used for shelters.	Not applicable	December 2024	JOHS
2.2.3	Add new shelters with capacity for 250 beds using best design and trauma-informed practices. Prioritize creation of culturally specific shelter for LGBTQIA2S+ adults.	Adults	December 2025	JOHS
2.2.4	Double family shelter capacity by adding 150 units of family shelter.	Families	December 2025	JOHS
2.2.5	Add 80 units of shelter for survivors of domestic violence.	DV survivors	December 2025	JOHS
2.2.6	Create a culturally specific youth shelter with 25-bed capacity.	Youth	December 2025	JOHS
2.2.7	Fund and implement shelter flow-through items identified in the March 2024 Community Sheltering Strategy.	Not applicable	December 2025	JOHS

2. Strategy 3: Increase stabilization and supports for supportive housing providers.			
	Action Item	**Date**	**Responsible**
2.3.1	Expand current housing retention programs and increase funding to support the staffing and services needed to keep an individual housed, particularly to account for the higher level of acuity among those needing supportive housing.	June 2025	JOHS, Oregon Legislature
2.3.2	Fund 1,900 supportive housing units for people experiencing chronic homelessness across population systems through project-, sponsor- and tenant-based rental subsidies.[19]	June 2025	JOHS, Health Share
2.3.3	Develop and implement Housing Support Team to provide onsite and mobile crisis response services to bridge nights, weekends and tenants otherwise disconnected from care to increase housing stability and prevent eviction.	July 2025	HRS, JOHS and Multnomah County Behavioral Health Division

2. Strategy 4: Align landlord incentives to provide housing.			
	Action Item	**Date**	**Responsible**
2.4.1	Assess opportunities to align local, regional and statewide landlord incentives.	September 2024	JOHS, HRS, OHCS, PHB, Metro
2.4.2	Initiate pilot to secure up to 200 block/primary-leased units to support rapid housing placement.[20]	September 2024	JOHS
2.4.3	Expand the State's property insurance high-risk pool for landlords, including nonprofits, who provide supportive housing, and continue it beyond the Executive Order.	June 2025	State of Oregon 2025 Legislative action

19 [i] Multnomah-County-supportive-housing-services-local-implementation-plan-20210601.pdf (oregonmetro.gov)

20 HereTogether-2022-Roadmap-to-Accelerate-Relief-for-Portland-Regions-Homeless-Crisis-1.pdf (heretogetheroregon.org)

2. Strategy 4 (continued): Align landlord incentives to provide housing.			
	Action Item	**Date**	**Responsible**
2.4.4	Expand the State's Landlord Incentive/ Guarantee Pool to private property owners, which will increase the number of available rentals.	June 2025	State of Oregon 2025 Legislative action

Goal 3: Increase access to appropriate levels of behavioral health supports and reduce barriers to access.

Outcomes

Short-Term

- Increase in the number of behavioral health beds:
  - Expand psychiatric secure residential treatment beds and related high-intensity services by roughly 100 additional beds.
  - Add 150 beds to include both residential SUD, withdrawal management, and dual diagnosis beds.
  - 20 additional civil commitment beds.
  - 20 subacute and stabilization beds.
  - Open and operate 24/7 drop-off/sobering center.
- 200 Assertive Community Treatment (ACT) slots to work with people in severe mental distress.
- Consider changes to land use for more flexibility while siting behavioral health facilities.
- Implement the Health Department's Overdose Prevention and Response Plan.[21]

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21 The Overdose Prevention and Response Plan includes:
- Expanding stabilization and transitional housing capacity through Supportive Housing Service (SHS) funds: 1 short-term (14 days) stabilization housing for 10-12 people, and 1 longer-term (4-6 months) transitional housing for 10-12 people.
- Expanding stabilization bed capacity through a SHS-funded Stabilization Center with 20+ bed capacity.
- Expanding sobering capacity by 8 beds through SHS funds.
- Expanding recovery oriented housing through SHS-funded long-term rent assistance/permanent supportive housing (25 housing/transitional housing (75 households).
- Expanding recovery housing capacity through adding 70 SHS-funded beds.
- Planning with contractors to expand after hours (nights and weekends) access to recovery programs for youth and adults in FY25.
- Expanding contracts with peer organizations to 1) provide community based outreach that address the needs of individuals experiencing SUD and homelessness; 2) increase peer support within low barrier housing; and 3) provide street outreach and support in institutional settings with a focus on BIPOC and culturally specific communities.
- Providing case management and care coordination to an additional 150 people through the Promoting Access To Hope (PATH) program, with the goal of connecting them to treatment and avoiding homelessness.

Mid-Term

- Gap analysis of behavioral health beds.
- Gap analysis of workforce needs.

Long-Term

- A behavioral health system that has capacity to provide the right, timely treatment for individuals and includes rapid crisis response for both people who are unhoused and who are housed.

3. Strategy 1: Determine the numbers of beds and services needed.			
	Action Item	**Date**	**Responsible**
3.1.1	Partner with OHA to complete a gap analysis study of the number of inpatient and outpatient beds needed to serve the population that specifically accounts for the increases in acuity.	June 2024	OHA
3.1.2	Complete Portland Tri-County Area Mental Health Crisis Investment Decision Support Simulation Model to help leaders make decisions about how to build a better system.	December 2025	HealthShare and Care Oregon

3. Strategy 2: Increase the number of acute care treatment and residential treatment beds.			
	Action Item	**Date**	**Responsible**
3.2.1	Collaborate with the State, hospitals, and health systems to expand capacity in inpatient psychiatric services in the region, building on existing efforts, including looking at architectural and business plans and considering feasibility of expanding services for the highest-acuity patients in the state.	January 2026	State of Oregon, Oregon Legislature, Health System, and HealthShare
3.2.2	Fund and support an additional ~100 SRTF beds, especially in Class 1 facilities.	June 2028	Oregon Legislature

3. Strategy 3: Increase the number of outpatient treatment beds and services.			
	Action Item	**Date**	**Responsible**
3.3.1	Expand access to intensive case management capacity by 200 slots.	TBD, begin June 2024	Medicaid, CCOs, Oregon Legislature
3.3.2	Add 150 beds to include residential SUD, withdrawal management and dual diagnosis beds. (Funding appropriated through the 2024 Oregon legislative session will allow short-term expansion to begin this work, with additional data-driven funding likely to be allocated through future legislative action.)	June 2025	Capital costs: County, State, and/or CCOs Operation: Medicaid/CCO Oregon Legislature
3.3.3	Open a 24/7 drop-off/sobering center for first responders that offers co-occurring conditions treatment and support for people who have exited withdrawal management or acute psychiatric services but warrant additional stabilization, OR those who do not present conditions that are acute enough for higher-level services but still warrant stabilization.	TBD[22]	Multnomah County, City of Portland, CCOs, Oregon Legislature, OHA, providers

22 Rapidly evolving due to state and local investments and community needs

3. Strategy 4: Explore and begin funding any "shovel ready" projects that could increase bed capacity in behavioral health.			
	Action Item	**Date**	**Responsible**
3.4.1	Complete environmental scan of shovel ready projects with estimated cost, type, bed capacity, timeline, etc.	April 2024 - **Complete**	CCOs, HRS, Multnomah County Health Department (MCHD)
3.4.2	Develop ongoing process for environmental scan to consistently update list of opportunities for building behavioral health capacity	June 2024	MCHD, CCOs, DCA, OHA

3. Strategy 5: Address behavioral health workforce shortage.			
	Action Item	**Date**	**Responsible**
3.5.1	Address shortages in the behavioral health workforce through the removal of barriers, increased funding, and expanding and speeding up the pipeline of future workers.	June 2025	Oregon Legislature

Goal 4: Establish rapid and long-term interventions aimed at preventing homelessness among specific populations: youth aging out of the foster care system; individuals exiting the justice system; and people discharged from healthcare or behavioral health settings who are at risk of becoming homeless.

Outcomes

Short-Term

- Ensure youth aging out of foster care have a housing voucher while they secure stable employment and work toward obtaining income sufficient to support rent.
- Provide navigation services to connect to employment, housing, and other necessary services for foster youth and people exiting the justice system.
- Map existing rental assistance vouchers for integration and efficacy, and make improvements.
- Connect foster youth case managers to housing navigation.

- Provide immediate care coordination for services with people being discharged from healthcare or behavioral health settings who are at risk of becoming homeless.
- Assist with SSDI/SSI benefits and supported employment services as appropriate and provide rental subsidies for individuals coming out of carceral settings.
    - Provide people exiting the justice system with navigation services to connect to employment, health and housing services.
- Ensure those exiting carceral settings have navigators familiar with application and appeal processes specifically when criminal backgrounds are a barrier.

Mid-Term

- Complete data and information exchange agreements with the Oregon Department of Human Services (ODHS) and housing navigators to identify youth who are aging out of the ODHS system at least six months prior.
- Develop and use best practices for identifying housing needs, susceptibility to homelessness, physical and behavioral health needs, and employment and educational needs in concert with the Transition Readiness Assessment (TRA) for youth and young adults starting at age 14.
- Coordinate with ODHS and the Independent Living Program to ensure continuity of care.
- Reduce the number of people at risk of becoming homeless as they transition out of foster care, carceral settings, or healthcare and behavioral health settings.
- Adopt data and information exchange agreements with County Department of Community Justice (DCJ), the Multnomah County Sheriff's Office (MCSO), and housing navigators to identify individuals coming out of the DCJ system at least six months prior to discharge.
- Develop and use best practices for identifying housing needs, susceptibility to homelessness, physical and behavioral health needs, and employment and educational needs for individuals exiting the criminal justice system, including targeted behavioral health interventions, prior to release.

Long-Term

- Ensure every youth in the ODHS custody/foster child system who is aging into adulthood has guidance and secure housing, healthcare, and employment or educational pathways already in place as they exit.
- Make certain that no one is at risk of becoming homeless as they transition from foster care, justice, or physical and behavioral healthcare settings.
- Provide every person exiting carceral settings the option of secure housing, health services and employment, thereby significantly reducing the likelihood that they will be reincarcerated.

- Increase capacity for supportive housing responsive to the needs and brain development of emerging adults, especially those who are justice involved. Housing should include skill building and employment support to retain long-term housing.

4. Strategy 1: Long-term income-based housing vouchers for foster youth.			
	Action Item	**Date**	**Responsible**
4.1.1	Secure agreements for flexible housing vouchers.	June 2024	Oregon Housing and Community Services
4.1.2	Map access and priorities for rental assistance vouchers and connect them with priority populations.	January 2025	JOHS, Home Forward

4. Strategy 2: Improve access to behavioral health treatment in corrections systems.			
	Action Item	**Date**	**Responsible**
4.2.1	Understand and resolve barriers to the current delivery system within correctional health services.	July 2024	CCOs, DOC, DCJ, MCHD, MCSO
4.2.2	Develop a community of practice for standardized deflection programming to meet needs of a changing Measure 110 environment. That includes an assessment of deflection program capacity within residential SUD programming, as well as housing and treatment care models within each County correctional jurisdiction. Model the estimated diversion system capacity increases required to meet changing thresholds for drug possession and distribution charges in the Measure 110 environment.	August 2024	CCOs, Multnomah County District Attorney's Office, HRS, MCSO, MCHD
4.2.3	Leverage tele-psychiatry services to improve psychiatric care access and continuity.	October 2024	CCOs, DCJ (Mental Health Unit and Stabilization and Readiness Program)

4. Strategy 2 (continued): Improve access to behavioral health treatment in corrections systems.			
	Action Item	**Date**	**Responsible**
4.2.4	Develop policy framework and program to ensure discharge medication continuity with longitudinal follow-up.	October 2024	CCOs, DCJ
4.2.5	Continuation of Medicaid benefit while in County jails.	January 2025	State of Oregon, DCJ
4.2.6	Notification within 48 hours to CCO if a CCO member is booked in Multnomah County Jail; CCO then moves directly to case management and treatment options if the person enters a Specialty Court or diversion program.[23]	January 2025	CCO, DCJ, MCSO, MCHD
4.2.7	Develop a community of practice for the provision of standardized, evidence-based SUD and behavorial health treatment within carceral settings. Mediation Supportive Recovery (MSR) is core.	TBD[24]	OHA, DOC, DCJ, CCOs, MCSO
4.2.8	Policy adaptation to provide Medicaid benefits for people in an incarcerated setting 30 days prior to release.	TBD[25]	State of Oregon, Department of Corrections (DOC)

23 Multnomah County Criminal Justice System Map – Interception 2 (3&4)

24 Timing to be determined, pending additional scoping with state partners.

25 Timing is to be determined, pending ongoing negotiations between the State of Oregon and the federal Centers for Medicaid and Medicare Services (CMS).

4. Strategy 3: Improved navigation for those exiting corrections to gain housing.			
	Action Item	**Date**	**Responsible**
4.3.1	Conduct Assessment & Referral Center/Transition Service Unit needs analysis to determine changes and capacity needs to prevent all people leaving incarceration from entering homelessness.	June 2024	HRS, DCJ
4.3.2	Expand the Transition Services Unit to include CCOs and assign housing navigators to those exiting Corrections.	July 2024	HRS, DCJ, CCOs
4.3.3	Expand and provide ongoing funding for the Stabilization and Readiness Program, which assists with treatment, stabilization, skill development and case management services for individuals with severe and persistent mental illness who have been involved in the justice system.	July 2024	Multnomah County, DCJ
4.3.4	Explore an option for short-term rent vouchers for those who are in jail, but yet to be convicted, and are at risk of losing their current housing.	August 2024	DCJ, MCSO

4. Strategy 4: Improved navigation services designed specifically for foster youth.[26]			
	Action Item	**Date**	**Responsible**
4.4.1	Ensure a housing navigator is assigned to all transition-aged youth.	TBD	State Partners, HRS
4.4.2	Connect child welfare case managers to housing navigation systems.	TBD	State Partners, HRS
4.4.3	Connect ODHS with housing navigators in the Department of County Human Services to identify transition aged youth at least six months before "aging out."	TBD	ODHS, Oregon Legislature, DCHS, OYA

26 Timing and responsible parties for this strategy are to be determined, pending additional scoping with state partners.

Goal 5: Use the right dollars for the right service – including Medicaid, employment support and infrastructure dollars – to increase our federal match and reduce the competition for dollars based on the source. Invest dollars in services that create long-term stability.

Outcomes

Short-Term

- Use a contractor to identify opportunities to maximize federal match through our current Medicaid programs for supportive housing services and mobile crisis response services (e.g., PF&R CHAT, Project Respond and Portland Street Response), and other outreach providers (CCC's HEART and Portland Street Medicine).
    - Identify state regulatory challenges to receive federal match.
- Continue to engage in statewide and national advocacy and planning to identify pathways toward the appropriate mechanism to bill Medicaid and/or leverage other federal funding for mobile crisis response units and other outreach providers.
- Engage with state and federal delegation to reduce regulatory barriers and obtain waivers and plan amendments to enhance services.
- Enlist workforce investment boards and supportive housing specialists to promote employment for people transitioning out of homelessness.

Mid-Term

- Pursue expansion of Medicaid provider taxes or other revenues to fund critical advancements in mental health services.
- Research and apply for federal waivers that can expand critical infrastructure for behavioral health.

Long-Term

- Ensure federal dollars are maximized to invest in systems that provide stability to people who need short and long term service interventions.

5. Strategy 1: Maximize federal funding for coordination, navigation and supportive housing services.			
	Action Item	**Date**	**Responsible**
5.1.1	Bring together state Medicaid billing expertise and develop a plan to maximize Medicaid and Federally Qualified Health Center (FQHC) billing for navigation and coordination services.	June 2024	MCHD, CCOs
5.1.2	Conduct analysis of current supportive housing providers and develop a six-month plan to bill for Medicaid eligible services. Build on Congregate Housing Services Program (CHSP) for housing stability supports.	September 2024	Multnomah County, CCOs
5.1.3	Pilot project of mobile crisis response teams and outreach providers begin billing Medicaid for allowable services. Pilot program establishes the appropriate mechanism to receive FQHC reimbursement to provide resources to expand the service countywide.	TBD	City of Portland, CCOs, HRS, OHA
5.1.4	Explore expanded or additional revenue sources to fund additional behavioral health capacity.	TBD	Oregon Legislature, CCOs, Provider Subcommittee

5. Strategy 2: Leverage additional federal support to enhance delivery of behavioral health services.[27]			
	Action Item	**Date**	**Responsible**
5.2.1	Allow greater flexibility in re-enrolling homeless individuals into Medicaid at dates that are not specific to their re-enrollment.	TBD	OHA, CCOs
5.2.2	Seek federal support for paying for pre-treatment behavioral health and SUD services.	TBD	State Partners, HRS

27 Timing and responsible parties for this strategy to be determined, pending additional scoping with state partners.

5. Strategy 2 (continued): Leverage additional federal support to enhance delivery of behavioral health services.			
	Action Item	**Date**	**Responsible**
5.2.3	Establish mechanisms for presumptive eligibility for mobile crisis and street medicine services.	TBD	State Partners, HRS
5.2.4	Seek federal support for behavioral health providers, SUD providers and other appropriate community organizations to upgrade their clinical information systems.	TBD	State Partners, HRS
5.2.5	Incentivize current behavioral health and primary care groups to expand and reduce denials. Enforce and encourage existing providers to reduce denials.	TBD	State Partners, HRS

5. Strategy 3: Leverage workforce investment dollars to move people into full time employment.			
	Action Item	**Date**	**Responsible**
5.3.1	Expand regional workforce investment/ development boards priorities to focus on workforce opportunities for individuals living in shelter, transitional housing and rapid-rehousing.	September 2024	State of Oregon, Worksystems
5.3.2	Enroll 500 individuals currently in shelter or transitional housing in a WIB employment program per year.	TBD	Worksystems
5.3.3	Enroll 200 individuals currently experiencing homelessness or living in transitional housing in supportive employment.	TBD	TBD
5.3.4	Increase access to employment support services to 40% of people across the housing continuum (shelters, transitional housing, supportive housing and low-income housing).	TBD	Oregon Legislature

5. Strategy 4: Conduct a system mapping of existing services.			
	Action Item	**Date**	**Responsible**
5.4.1	Orient, align, and fund current and future service contracts toward Homelessness Response System goals and outcomes focused on equity.	December 2024	HRS, JOHS, MCHD, DCJ
5.4.2	Explore potential to expand permanent supportive housing capacity by bringing supportive services to existing affordable housing units.	December 2024	JOHS, Metro, CCOs
5.4.3	Complete a provider and population-specific system mapping of existing services, including outcomes toward goal.	March 2025	HRS

Goal 6: Increase the production of affordable housing.

As research makes clear, as housing becomes less affordable, homelessness increases. It is therefore critical that the City, County, Metro and State work together to increase the production of housing – particularly affordable housing.

According to a recent analysis by the Bureau of Planning and Sustainability, Portland needs to support the development of more than 120,000 new units of housing in the next 20 years – an average of 5,200 units per year. In order to align with Governor Kotek's statewide housing production strategy, the city should "catch-up" the units from underproduction and for households experiencing houselessness and build 55,000 units by 2032, roughly 6,000 units annually.[28]

Given that over 30% of current households are classified as low-income and cost-burdened (meaning they spend more than 30% of their income on housing expenses), more than half of the housing demand will need to be affordable for households whose incomes are at or below 80% of the area median income (AMI). This includes the need for 27,000 additional units of housing affordable to families earning up to 60% AMI over the next 10 years, of which at least 4,600 units are needed for households currently experiencing homelessness. This type of housing is highly unlikely to be built without significant direct public subsidy, for example in the form of development capital (through bond funds, tax increment finance investments, etc.) or tax abatements as

28 City of Portland December 2023 2045 Housing Needs Analysis. Adopted by City Council in January 2024.

well as ongoing support for resident services.

The City of Portland, Multnomah County, Metro and the State of Oregon already collaborate well on housing development. This includes coordinating overall housing production, as well as identifying potential sources of funding, developing new programs or initiatives, and investing in individual affordable development projects. However, greater alignment and strategizing is needed to achieve the aforementioned goals given the scale of need (particularly in 0-60% AMI housing that is so dependent on public subsidy) and the dwindling local resources for affordable housing development.

Toward that end, the city is developing a Housing Production Strategy – a five-year action plan for how it will support housing development and meet all of our local needs. The production strategy will include many of the items listed below, as well as additional strategies identified over the coming months. A discussion draft[29] released in February 2024 is expected to be final in late summer 2024. The city will lead this effort, but, in order for implementation to succeed, it will need all of its partners – including other jurisdictions and external development partners – to endorse and fully commit to the shared strategy. All must be marching toward the same goals.

Outcomes

Short-Term

- Develop and adopt the city's Housing Production Strategy to boost production of all types of housing, including affordable housing, and get us on track to meet our longer-term goals.
- Expand housing incentives under the Inclusionary Housing/Multiple-Unit Limited Tax Exemption (MULTE) program to ensure that more mixed-income housing (including 0-60% AMI units) is built.
- Expand Homebuyer Opportunity Limited Tax Exemption (HOLTE) housing incentives to spur the development of affordable homeownership production.
- Temporarily reduce housing development zoning code requirements intended to spur development and make housing more affordable to build.
- Prioritize the permitting applications and inspection schedules for housing projects with median family income (MFI) at 60% or below.
- Consolidate City of Portland building permitting process under a single permitting authority to speed up permitting of all housing including affordable housing.
- Identify ways to support the development and financing of affordable housing on faith-based and non-profit owned properties.

29 City of Portland Discussion Draft of 2024 Housing Production Strategy.

- Identify an additional eight commercial buildings for potential housing conversion.
- Increase the state's remediation funds to provide incentives for faster support remediation on sites for shelters, affordable housing, and behavioral health facilities.

Mid-Term

- Identify new Tax Increment Financing Districts in the Central City and East Portland to fund new affordable and other housing development.

Long-Term

- Identify a new local funding source for the construction of affordable housing, including supportive housing (if no action in 2024).

6. Strategy 1: Streamline, incentivize and finance housing development.			
	Action Item	**Date**	**Responsible**
6.1.1	Temporarily reduce housing development zoning code requirements intended to spur development and make housing less expensive to build, including allowing affordable housing projects additional flexibility in design review.	January 2024 **– Complete** (Housing Regulatory Relief)	City of Portland
6.1.2	Expand housing incentives under the Inclusionary Housing/MULTE program to ensure that more mixed- income housing (including 0-60% AMI units) is built.	February 2024 **– Complete**	City of Portland and Multnomah County
6.1.3	Expand housing incentives for HOLTE to spur the development of affordable homeownership production.	February 2024 **– Complete**	City of Portland and Multnomah County
6.1.4	Fund infrastructure investments that will facilitate local housing production,including affordable housing.	March 2024 - **Complete**	State of Oregon/ Legislature
6.1.5	Launch process to award $600 million in state funding for new affordable housing (including supportive housing) adopted by Legislature in 2023.	April 2024	State of Oregon
6.1.6	Identify 20 commercial buildings in Central City for potential housing conversion (12 have been identified so far).	June 2024	City of Portland

6. Strategy 1 (continued): Streamline, incentivize and finance housing development.			
	Action Item	**Date**	**Responsible**
6.1.7	Prioritize the permitting applications and inspection schedules for affordable housing projects. (0-60% MFI)	June 2024	City of Portland
6.1.8	Consolidate City of Portland building permitting process under a single authority (Single Permit Authority).	June 2024	City of Portland
6.1.9	Identify ways to support the development and financing of affordable housing on faith-based and nonprofit owned properties.	August 2024	City of Portland
6.1.10	Develop and adopt the city's Housing Production Strategy for the next five years.	August 2024	City of Portland
6.1.11	Identify new Tax Increment Financing Districts in the Central City and East Portland to fund new affordable and other housing development.	October 2024	City of Portland
6.1.12	Increase state remediation funds for remediation on sites for shelters, affordable housing and behavioral health facilities.[30]	June 2025	State of Oregon/ Oregon Legislature
6.1.13	Identify a new local funding source (to replace Portland and Metro Housing Bonds) for funding for the construction of affordable housing, including supportive housing.	TBD	City of Portland; Metro

30 Department of Environmental Quality: Funding: Environmental Cleanup: State of Oregon

Goal 7: Improve data and analytics across the system to measure progress and enhance use of physical and financial resources.

Outcomes

Short-Term

- Establish consistent nomenclature for services.
- Develop interim data sharing and tools to track and monitor progress toward goals.
- Produce a comprehensive plan to move to a more robust and nimble tool that integrates the provider, public safety, and healthcare needs to seamlessly move people through a system of care.
- Provide funds to develop continuous quality improvement and measurement systems to track outcomes, and iteratively adjust to improve services.
- Establish community practices to collect and respond to LGBTQIA2S+ data.

Mid-Term

- Develop a robust and integrated data platform(s) that tracks housing inventory, information for each individual requiring homelessness services (including navigation), and availability of services.
- Produce an evaluation plan to understand the short- and long-term impacts of homeless services and programs. Include effective system-level modeling of inflow to and outflow from homelessness to better understand intervention impacts on overall levels of homelessness.

Long-Term

- Move policy and planning activities from being reactive to being proactive in developing better strategies for addressing and preventing homelessness, as well as interrupting returns to homelessness.
- Fully operationalize continuous quality improvement cycle.
- Implement an evaluation plan to analyze outcomes and to understand how programs are best delivered, with a focus on priority populations who are disproportionately represented and underserved.
- Collect, track and assess data on long-term outcomes for individuals and families by race and ethnicity.

7. Strategy 1: Establish and share clear definitions.			
	Action Item	**Date**	**Responsible**
7.1.1	Coordinate with Metro, Clackamas and Washington counties, and Portland Housing Bureau to define Permanent Supportive Housing.	June 2024	Metro, JOHS, HRS
7.1.2	Define and communicate consistent language to describe services.	July 2024	HRS, JOHS

7. Strategy 2: Create a robust data platform to support adequate service provision designed with the end user in mind.			
	Action Item	**Date**	**Responsible**
7.2.1	Partner engagement and gather requirements – currently in progress to determine a data system platform. Collect and analyze requirements for the new system.	March 2024 - **Complete**	JOHS
7.2.2	Interim connection developed for shelter providers to report available access and appropriate placement spots available, to be tracked in real time.	August 2024	JOHS
7.2.3	After the interim solution, create a longer-term shelter availability tool that is integrated with other systems as necessary. Select a software vendor with experience in integrated social service and healthcare systems. Customize the software to meet the specific needs of Multnomah County, focusing on shelter management in the first phase.	TBD	Operations Committee (City/County/ Metro)
7.2.4	Phase 1 Establish metrics to evaluate the system's impact on shelter capacity and resource management. Regularly review system performance and adjust as needed.	August 2024 –March 2025	Operations Committee (City/County/ Metro)

7. Strategy 2 (continued): Create a robust data platform to support adequate service provision designed with the end user in mind.			
	Action Item	**Date**	**Responsible**
7.2.5	Phase 2 Add behavioral health capacity.	TBD	Operations Committee, CCOs
7.2.6	Phase 3 Add supportive housing and affordable housing.	TBD	Operations Committee
7.2.7	Develop a community-based health care management platform that all service providers can use to engage clients with health care information and services, including identifying clients' CCO and health plan payer; make, confirm, change medical appointments; access HRS benefits; health navigation from the medical provider/payer.	December 2024	CCOs, JOHS
7.2.8	Develop data sharing agreements with the City of Portland, Metro, and the State of Oregon to ensure data privacy, security and compliance with relevant laws (e.g., HIPAA, FERPA). Establish protocols for data sharing, including consent processes and data standards.	TBD	JOHS, Metro, CCOs

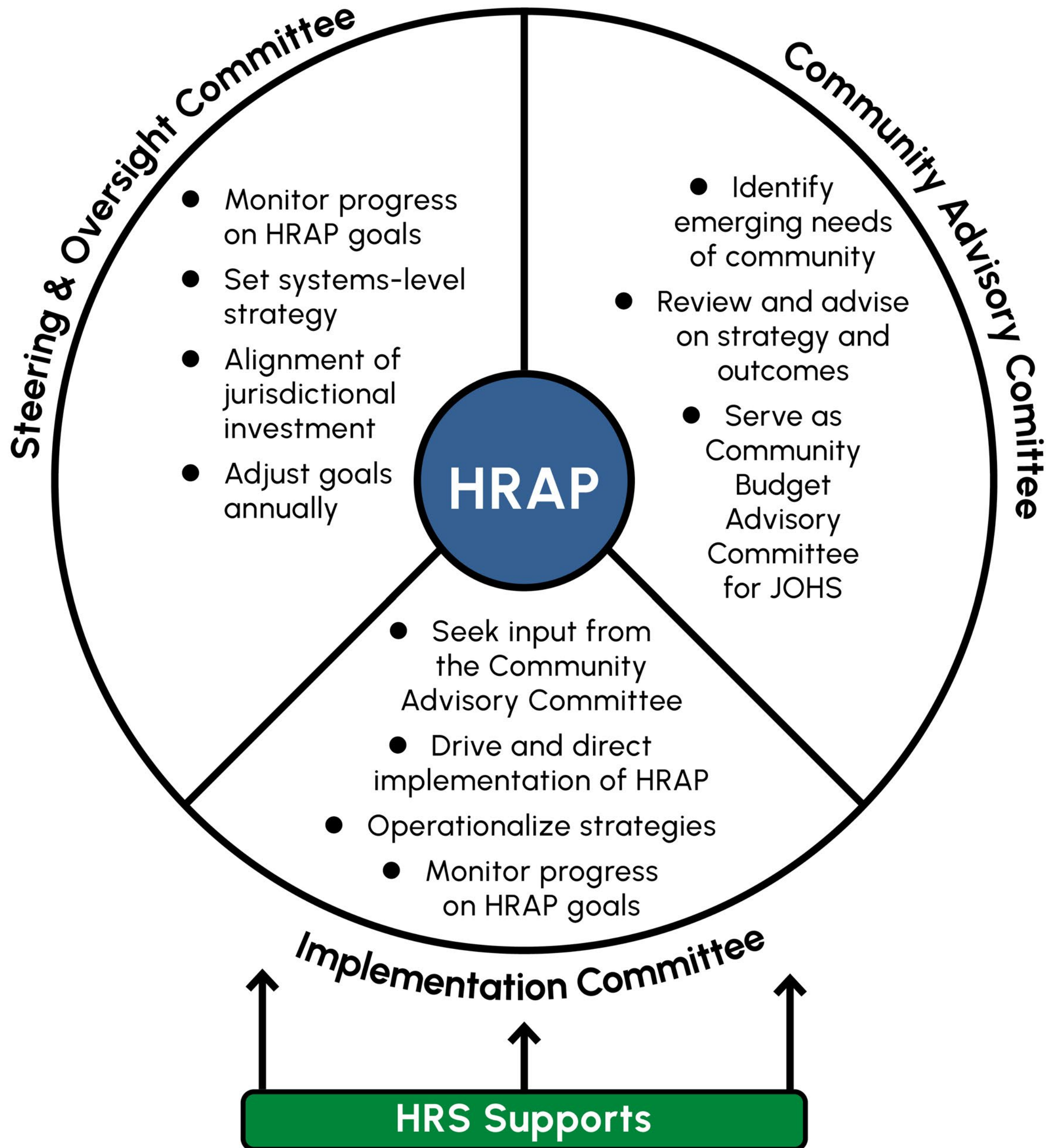
7. Strategy 3: Improve programming through continuous quality improvement and evaluation.			
	Action Item	**Date**	**Responsible**
7.3.1	Develop and implement plans for continuous quality improvement that is collaborative, data driven, responsive and rigorous. Require client feedback to refine and improve programming, communicate and support feedback loops, facilitate shared learning, cultivate a culture of continuous improvement, and support data use and improvements.	December 2025	HRS, JOHS

7. Strategy 3: Improve programming through continuous quality improvement and evaluation.			
	Action Item	**Date**	**Responsible**
7.3.2	Develop and implement an evaluation plan to examine short- and long-term outcomes for each service and housing program provided. as well as system-level inflow and outflow impacts to overall levels of homelessness. The evaluation plan should integrate with the the JOHS evaluation framework and respond to three critical questions: 1. Was the program implemented as intended(e.g., What percentage of youth aging out of foster care received a housing voucher?) 2. Did the program serve prioritized populations and were outcomes equal to or better than intended? 3. To what degree did the program have the intended outcome (e.g., What percentage of those placed in PSH remain housed at year 2?)?	December 2025	HRS

Goal 8: Establish a new governance structure that aligns strategies, resources and outcome measurements; clarifies roles and responsibilities; and extends the table to include nonprofit and private systems serving common populations and with additional resources.

A governance framework responsive to the housing crisis in Multnomah County will require a significant structural change from what currently exists. No amount of population segmentation, housing and shelter development, or a robust array of behavioral health services, will achieve the desired results without an intentionally designed system that organizes, purchases, and coordinates these services and assets – in other words, a committee charged with oversight and another with implementation.

A functional system will require a governance structure that uplifts lived experience, racial equity and transparent processes for decision-making, accountability and responsibility. This system should be flexible, and members should be added, removed and changed as lessons are learned.



Governance

- Establish and engage in a Homelessness Response System, including joint goal-making, strategy formation and oversight over the larger system of care. Focus areas include unsheltered homelessness, health and recovery, supportive and affordable housing, and crisis response.
- Shared accountability for driving transformation in effective delivery of services and reduction of unsheltered homelessness in Multnomah County.
- Wherever possible, align funding priorities and timelines, pool resources where appropriate, and leverage missions and areas of expertise.
- Remove regulatory barriers and increase funding incentives to provide health services in shelters and low-income housing.
- Facilitate decision-making rooted in data and analytics that considers long-term impacts and sustainability.
- The Homelessness Response System will be overseen by the Steering and Oversight Committee. This body will be advised by two subcommittees: a Community Advisory Committee and an Implementation Committee. Multnomah County will provide administrative support for all three committees.

Steering and Oversight Committee

Key Responsibilities:

- Set strategy and Key Performance Indicators (KPI) based on recommendations from the Implementation Subcommittee.
- Monitor progress and performance toward goals.
- Ensure alignment of jurisdictional investments toward strategies and performance.
- Adjust annual goals at the completion of each year.
- Assess strategies based on performance as recommended by the Implementation Subcommittee; and review audits of the various components of the HRS.

Membership: Multnomah County Chair and the City of Portland Mayor appoint members.

- 5 voting members including Multnomah County Chair, City of Portland Mayor, a Multnomah County Commissioner, a City of Portland Commissioner, and an East County elected official.
- 4-5 non-voting members, including Metro Housing Director, Coordinated Care Organization (CCO) and Home Forward.
- County and City officials shall share all information, audits and reports with their respective body's elected members.
- **Meeting cadence: Every other month (odds)**

Implementation Committee:

Key Responsibilities:

- Addressing administrative burdens that constrain implementers and providers from delivering services in the desired manner and speed as indicated in the program intent.
- Driving and directing the implementation of goals, strategies, and outcomes approved by the Steering and Oversight Committee.
- Drafting an investment plan for the Steering and Oversight Committee.
- Operationalizing strategies and Key Performance Indicators.
- Monitoring progress toward goals with intermittent progress checks for unintended consequences; and the practice of continuous quality improvement.
- Overseeing and managing data dashboards.
- Soliciting input from Community Advisory Subcommittee to inform implementation strategies and recommendations and reporting to the Steering and Oversight Committee.

Membership includes but is not limited to:

- City Administrator; County Chief Operating Officer; County and City Department and/or Division Directors (JOHS; Portland Housing Bureau; Public Safety Services Area Deputy City Administrator; Portland Solutions Director; County's Department of Community Justice; Department of County Human Services; Behavioral Health Division and Health Department); Health Share of Oregon; Trillium; Metro Housing staff; Home Forward; service provider representative; East County representative; and school district representative.

Meeting cadence: Monthly.

Community Advisory Committee:

Key Responsibilities:

- Review and recommend strategies, plans, and outcomes identified by the Implementation Subcommittee.
- Identify emerging community needs and opportunities to the Steering and Oversight Committee and Implementation Subcommittee.
- Serve as the County Budget Advisory Committee (CBAC) for the JOHS beginning in FY 2025-26.[31]

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31 A further sub-committee – the Portland, Gresham/Multnomah County Continuum of Care Board (CoC) – will continue its work.

Membership: Recommended and approved by the Steering and Oversight Committee:

- Up to 16 members, including at least six with lived experience of homelessness within the last seven years [32] and representation from business, labor, HRS service providers, philanthropy, crisis response, first responders, affordable housing, street outreach/navigation, health, recovery, and/or the Continuum of Care board [33], as well as at least one member from the general public.

Meeting cadence: Every other month.
Committee members must be Multnomah County residents and will need to disclose any financial conflicts with Multnomah County or other partners.

8. Strategy 1: Establish goals, priorities, and governance.			
	Action Item	**Date**	**Responsible**
8.1.1	Establish Governance Charter and membership for the Steering and Oversight Committee and Implementation Subcommittee.	June 2024	HRS
8.1.2	Agree on new City-County JOHS IGA.	June 2024	Multnomah County, City of Portland
8.1.3	Establish charter and membership for the Community Advisory Subcommittee.	June 2024	HRS

8. Strategy 2: Implement Homelessness Response System Governance.			
	Action Item	**Date**	**Responsible**
8.2.1	Launch Implementation Subcommittee.	May 2024	HRS
8.2.2	Launch Steering & Oversight Committee.	July 2024	HRS

32 Lived experience of homelessness generally means being without a secure, predictable or reliable home. This can mean living in a shelter, car, tent, outside or involuntarily doubled up or couch surfing.

33 Continuum of Care (CoC) refers to a federal program led by the U.S. Department of Housing and Urban Development that is designed to promote community-wide commitment to the goal of ending homelessness and provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness.

8. Strategy 2 (continued): Implement Homelessness Response System Governance.			
	Action Item	**Date**	**Responsible**
8.2.3	Establish committee schedules, expectations, and preliminary work plans. Map coordination and alignment opportunities to other existing oversight and advisory bodies.	July 2024	HRS, JOHS
8.2.4	Recruit and select Community Advisory Subcommittee membership. Launch Subcommittee.	August 2024	HRS

Goal 9: Develop and implement a communications strategy.

Create an effective and inclusive communications strategy to increase public awareness and engagement.

Outcomes

- Clearly, transparently, and in an easily understandable way, display progress toward specific goals and metrics, as well as the status of identified policy and governance work.
- Develop a webpage or standalone microsite to house information on goals, metrics and governance, as well as storytelling of those helped, and hold all parties accountable for updating their information. A key element of the webpage would be a dashboard showing progress on key metrics.
    - The webpage and dashboard are a “homebase” for information. Communications updates will be posted on this site, as well as shared via social media from lead parties’ main accounts as well as through direct outreach to news media.
- Launch a quarterly email newsletter that updates partners and policy makers on key metrics and connects readers to the online dashboard.
- Determine the cadence for communications based on progress against metrics and flow from the results.

9. Strategy 1: Create an effective and inclusive communications strategy to increase public awareness and engagement.			
	Action Item	**Date**	**Responsible**
9.1.1	Determine which metrics to track on a public dashboard, including data sources and parties responsible for tracking.	June 2024	HRS
9.1.2	Launch development of a webpage that houses the dashboard (see below) and other key elements of information, such as governance. The webpage serves as a homebase for information and clearly identifies the leads on each piece of work, and the current status.	June 2024	HRS
9.1.3	Launch email newsletter that updates partners, stakeholders and policy makers on key metrics and connects readers to the online dashboard.	July 2024	HRS
9.1.4	Dashboard is live.	October 2024	HRS

Additional and Future Considerations for the Homelessness Response System

A. 1. Preventing people from entering homelessness.			
	Action Item	**Date**	**Responsible**
A.1.1	Assemble a workgroup to discuss eviction prevention strategies and expiring resources to determine future recommendation(s).	June 2024	Multnomah County, State of Oregon
A.1.2	Create an internal administrative workgroup solely focused on reducing the barriers to effective use of vouchers and streamlining rental assistance and distribution.	June 2024	Multnomah County, State of Oregon

A. 2. Rework voucher and assistance programs.			
	Action Item	**Date**	**Responsible**
A.2.1	Allocate $7.6 million in immediate client and rental assistance available to JOHS providers for 221 households.	June 2024	JOHS
A.2.2	Housing Multnomah Now engages 300 individuals who do not have homes and connects them with housing over FY 2024/ FY 2025. This investment includes rent and client assistance, street outreach, housing placement capacity, housing retention, landlord recruitment, etc. Minimum spend of $8 million.	June 2024	Multnomah County/JOHS
A.2.3	Move-In Multnomah contract for 140 rooms to be leased. Costs of $4.2 million.	June 2024	Multnomah County/JOHS
A.2.4	Voucher/long-term rental assistance rehaul: Offer a grace period or expanded timeline to use vouchers in response to the tight housing market.	October 2024	Multnomah County, State of Oregon
A.2.5	Determine and align rental assistance and PSH resource needs.	July 2025	JOHS
A.2.6	Explore use of rent assistance and ACT services for those exiting Unity and Oregon State Hospital.	July 2025	JOHS, MCHD, CCOs

A. 3. Develop a plan to increase and retain employees currently working in the system.			
	Action Item	**Date**	**Responsible**
A.3.1	Consolidate agency work and create a focused workforce development plan on the Governor's core priorities of housing and behavioral health, including workforces that support these program areas.	June 2024	State of Oregon

A. 3 (continued): Develop a plan to increase and retain employees currently working in the system.			
	Action Item	**Date**	**Responsible**
A.3.2	Establish a workgroup with labor, employers and community partners who have training and recruitment investments to evaluate changes to wages, benefits, and training to recruit and retain workers.	September 2024	Multnomah County
A.3.3	Complete gap analysis across all professions licensed and unlicensed in behavioral health, peer support and independent living (combine with current analysis).	April 2025	State (Oregon Health Policy Board [OHPB] workforce committee, ODHS, Future Ready, workforce investment boards, Employment Department)
A.3.4	Evaluate funding contracts specifically to increase wages and training.	April 2025	State of Oregon, Multnomah County

A. 4. Develop a plan to streamline and strengthen transport services for people experiencing homelessness.			
	Action Item	**Date**	**Responsible**
A.4.1	Work with the navigation group to develop a set of recommendations.	July 2024	JOHS

A. 5. Expand outreach and engagement services at key locations.			
	Action Item	**Date**	**Responsible**
A.5.1	Fund outreach services at library locations.	June 2024	Multnomah County
A.5.2	Fund day services.	June 2024	Multnomah County

Appendices

January 2024 demographic information on unsheltered homeless population:

Race	Unsheltered Homeless	Total	Overall Population[34]
American Indian, Alaska Native, or Indigenous	10%	547	1.5%
Asian or Asian American	2%	117	8.3%
Black, African American, or African	23%	1,232	6.2%
Hispanic/Latina/o/e/x	14%	731	12.9%
Middle Eastern or North African	0%	13	NA
Native Hawaiian or Pacific Islander	3%	158	0.7%
White	56%	3,044	78.1%
Unknown	8%	448	NA
Total	**100%**	**5,398**[35]	

34 According to July 2023 U.S. Census data. Note, the Census does not have a Middle Eastern or North African category. The Census does have a two or more races category (5.2% population).

35 Participants can select more than one race, so the total exceeds the number of unsheltered individuals.

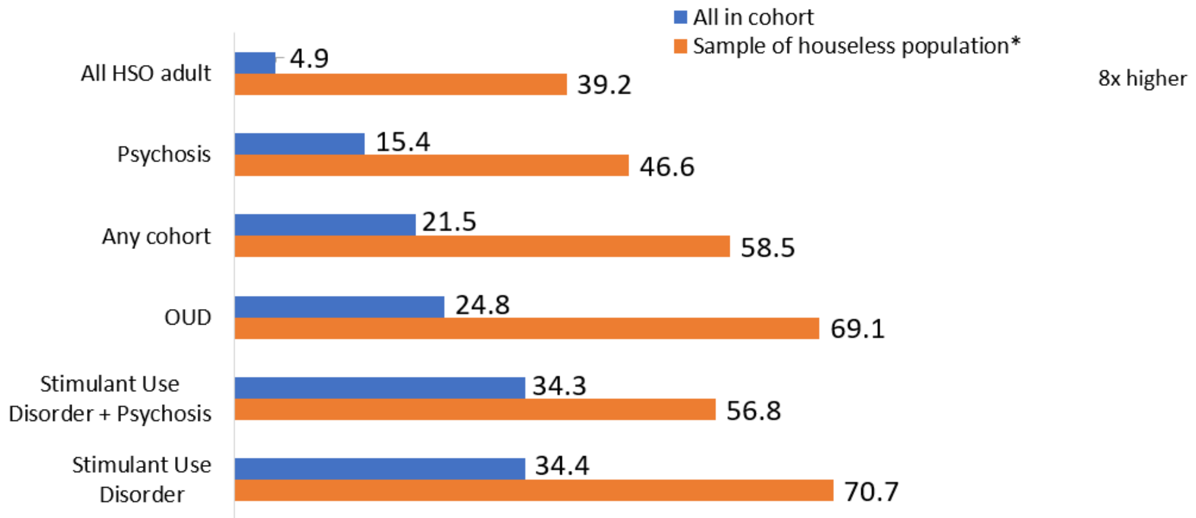
Race Category	Unsheltered Homeless	Total
BIPOC	46%	2,474
White	46%	2,475
Unknown	8%	449
Total	**100%**	**5,398**

Gender	Unsheltered Homeless	Total
Woman (Girl, if child)	52%	2,811
Man (Boy, if child)	40%	2,172
Culturally-specific identity (e.g. two-spirit)	0%	2
Transgender	1%	75
Non-binary	3%	141
Questioning	1%	32
Different identity	0%	2
Unknown gender	4%	204
Total	**100%**	**5,398**[36]

36 Participants can select more than one gender category, so the total exceeds the number of unsheltered individuals.

Benefits of Behavioral Health Bed Investments on Inpatient Admissions

A recent Health Share of Oregon analysis of regional Medicaid beneficiaries points to significant cost avoidance. The behavioral health bed investments would bring down inpatient admissions.



Current Housing Bond and Metro Housing Bond Projects[37]				
	Total New	PSH	30% MFI	Date Construction Complete (Estimate)
2024				
Dr. Darrell Millner	63	0	17	January 2024
3000 Powell	206	30	68	February 2024
Powell Hurst Place	62	12	50	March 2024
The Fairfield	75	75	0	June 2024
Francis and Clare Place	61	61	61	July 2024
Beacon Glisan Landing	41	0	41	September 2024
Meridian Gardens	85	65	70	September 2024
Tristilal Village	24	16	24	September 2024
2025				
Aldea Glisan Landing	96	0	15	January 2025
Garden Park Estate	54	25	25	Early 2025
Alder 9	159	25	53	May 2025
Albina One	94	0	32	June 2025
PCC Killingsworth	84	0	61	Mid 2025
Abbey Lot Townhouses	8	0	0	Mid 2025
Strong Family Site	75	0	11	End 2025
Dekum Court	147	0	61	End 2025

37 2022-metro-annual-report-final-2.8.2023.pdf (portland.gov)

Current Housing Bond and Metro Housing Bond Projects (continued)				
	Total New	**PSH**	**30% MFI**	**Date Construction Complete (Estimate)**
2026				
M Carter Commons	62	0	21	Early 2026
Barbur Apartments	149	0	32	Mid 2026
Portland Value Inn	96	15	39 (30%) / 25 (50%) / 17 (60%)	Mid 2026
HollywoodHUB	222	0	71	Summer 2026
2027 and beyond				
Clifford	22	22	0	2027
Williams and Russell Site	90	0	0	2027
Carey Boulevard Townhouses	53	0	0	Spring 2029
Total	**2028**	**259**	**789**	

Behavioral Health Beds				
		Beds/Units		
County	**Residential Type**	**2023**	**2024**	**2025**
Multnomah/Washington	Residential Treatment Facility (RTF)		42	15
Multnomah/Washington	Residential Treatment Home (RTH)	5	5	
Multnomah/Washington	Supportive Housing			9
Multnomah/Washington	Children's Psych Res (PRTF)		18	

Legal Entity Name	County	Status	Facility Type	Residential Type	Total Number of Beds	Number of Units	Anticipated Completion Date (with Survey)	Priority Groups (LR)	Total HSD Funds Projected for Distribution
Cascadia Health	Multnomah	Fully Executed	Licensed Residential	RTF	10		12/31/24	Aid & Assist	$2,395,000.00
Cascadia Health	Multnomah	Fully Executed	Licensed Residential	RTF	10		12/31/24	Aid & Assist	$2,410,000.00
New Narrative	Multnomah	Out for Signature	Licensed Residential	RTF	15		03/30/25	PSRB	$1,615,593.00
New Narrative	Multnomah	Fully Executed	Licensed Residential	RTF	11		02/29/24	Civil Commitment	$1,790,646.03
New Narrative	Multnomah	Fully Executed	Licensed Residential	RTF	11		02/29/24	Civil Commitment	$1,775,526.03
Telecare Mental Health Services of Oregon, Inc.	Multnomah	Fully Executed	Licensed Residential	RTH	5		02/29/24	Civil Commitment	$1,574,593.22
Cascadia Health	Multnomah	OC&P Review	Supportive Housing	SH		9	10/31/25	N/A	$2,700,000.00
Madrona Recovery Center Inc.	Washington	OC&P Generate Contract	Children's Psychiatric Residential Treatment Facilities	PRTF	18		2/29/2024	CPRTF	$2,561,098.00
Sequoia Mental Health Services, Inc.	Washington	Fully Executed	Licensed Residential	RTH	5		04/15/23	Civil Commitment	$510,550.03

Glossary of Terms / Acronyms

ACT Assertive Community Treatment

AMI Area Median Income

BIPOC Black, Indigenous, and People of Color

CBAC County Budget Advisory Committee

CCO Coordinated Care Organization

CMS Center for Medicare and Medicaid Services

DCJ Multnomah County Department of Community Justice

DOC Oregon Department of Corrections

FERPA Family Educational Rights and Privacy Act

HIPAA Health Insurance Portability and Accountability Act

HOLTE Homebuyer Opportunity Limited Tax Exemption

HRS Homelessness Response System

IGA Intergovernment Agreement

IMD Individuals with Mental Disease

JOHS Joint Office of Homeless Services

KPI Key performance indicators

LGBTQIA2S+ lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex, asexual, and two-spirit

LUBA Oregon Land Use Board of Appeals

MCHD Multnomah County Health Department

MFI Median Family Income

MSR Medication Supported Recovery

MULTE Multiple-Unit Limited Tax Exemption (MULTE)

ODHS Oregon Department of Human Services

OHA Oregon Health Authority

OHCS Oregon Housing and Community Services (state department)

OHPB Oregon Health Policy Board

OHSU Oregon Health and Sciences University

OIC Oregon Investment Council

PIT Point in Time Count

PSH Permanent Supportive Housing

PRTF Psychiatric Residential Treatment Facility

RHT Residential Treatment Home

RTF Residential treatment facility

SDC System Development Charge

SHS Supportive Housing Services (Metro funding measure)

SNAP Supplemental Nutrition Assistance Program

SRTF Secure residential treatment facility

SSD Social Security Disability Insurance

SSI Social Security Income

SUD Substance use disorder

TANF Temporary Assistance for Needy Families (TANF)

TRA Transition Readiness Assessment