

TO: Chair Vega Pederson; Multnomah County Board of Commissioners;  
Board Chiefs of Staff, Christopher Neal, Chief Operating Officer

CC: Stacy Borke, Department Directors for the Homeless Services  
Department (HSD), the Homeless Response System, the Health  
Department (HD), the Department of County Human Services (DCHS),  
Office of the Chief Operating Officer, and the City of Portland, Portland  
Solutions

FROM: Quinn Colling, Chief of Staff, Commissioner Singleton, Heather Lyons,  
Senior Policy Advisor for Housing and Homelessness for Chair Vega  
Pederson

RE: Background for Outreach Work Session on April 29, 2025

DATE: April 23, 2025

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This memo and the attachment serve as background for the work session on outreach as requested by Commissioner Singleton.

During the work session, each Department (HSD, HD, and DCHS) and the City of Portland will provide a 3 minute overview of the outreach programs they either do directly or fund with providers. They will also be available to respond to questions.

Here are descriptions of the different types of outreach programs for each Department and the City of Portland:

### **HSD**

HSD defines outreach as coordinated and person-centered street-based services that bring basic health and survival services, assistance with service navigation, and housing assistance to people experiencing unsheltered homelessness. This includes people sleeping outside, in vehicles, encampments, and other places not meant for human habitation. HSD does not provide outreach directly, rather they contract with non-profit agencies to do this work.

Currently, the outreach work supported by HSD falls into three categories:

- **Survival outreach** - Provide “light-touch” case management. Minimal case-loads reserved for individuals experiencing chronic homelessness in combination with compounding barriers such as history of medical trauma, abuse and cognitive impairment. Outreach teams of this nature focus on harm reduction strategies, street level medical care, accessing behavioral and mental health services, and advocate for their clients in those settings, navigate primary and specialty care clinics, and connect folks with survival gear, transportation vouchers, etc.

- **Navigational outreach** - Transitional case management support that is grounded in client advocacy, problem solving, needs assessment, crisis intervention, de-escalation, and system navigation. Teams facilitate warm hand-offs to referrals. System Navigation (referrals) are based on the needs of the individual.
- **Housing-focused outreach** - Longer-term housing-focused case management to identify housing opportunities using Rapid Re-Housing (RRH) or other housing resources (i.e. Emergency Housing Vouchers). Housing-focused outreach fulfills the goals of traditional outreach through the provision of support for basic health and safety needs, but with a greater emphasis on the need to work with people experiencing homelessness to develop and implement a housing plan.

Other information, including details, such as examples of outcomes from many providers, from HSD's memo on outreach is in the attachment.

The Department contracts a total of \$9,346,710 for outreach. These range from approximately \$420,000 to \$1.7M for 12 providers. Outcomes for different providers funded by HSD are also in the attachment.

### **HD Behavioral Health Division (BHD)**

All client facing teams in the (BHD) work with individuals who are experiencing homelessness or at risk of losing housing. Staff routinely refer into Behavioral Health Motel shelters where teams remain engaged and work with the shelter-based housing support specialists to find permanent housing. It is not uncommon for clients to be homeless at the time of their referral to teams.

In that scenario, BHD teams that provide in person services are providing *some level of outreach* to individuals and addressing basic needs with the individual, as well as seeking to refer into shelter or housing if the individual is willing and if a resource is available. Most client facing teams focus on referring to and supporting connections to various provider types which could include referral to housing case management when applicable. It is not uncommon for teams to be working with clients directly on their housing goals which includes helping them to obtain necessary documents and getting onto waitlists and more.

The following provides a snapshot of information on the work BHD is facilitating for individuals who experience homelessness, including housing placement referrals where disaggregated data is available:

### **Behavioral Health Resource Center (BHRC)/Mental Health and Addiction Association of Oregon (MHA AO):**

- # of outreach encounters through Q1 and Q2 in FY25: 1,283
- Housing specific referrals (uncategorized): 851
- Overall program cost FY25: \$5,774,552; HSD funded \$1.4M

**MHAO Old Town Inreach:**

- # of engagements with homeless community through Q1 and Q2 in FY25: 5,751
- # of referrals (not categorized) Q1 & Q2: 2,160
- Overall program cost (all HSD funded): \$832,269

**Promoting Access to Hope (PATH) team:**

- Referrals to Housing placements FY 24: 56
- Total placement referrals (includes withdrawal management, mental health treatment, etc.) FY 24: 351
- Program cost FY25 (SHS funds only): \$1,011,589
- FTE FY25 (SHS funds only): 4.7

**Cascadia Shelter Outreach:**

- Outreach services to reduce # of crisis calls to shelter team: 284
- Overall program cost (all HSD funded): \$686,981

**DCHS**

There are two internal teams that support outreach for Aging, Disability, and Veteran's Services (ADVSD) and Intellectual and Developmental Disabilities (IDDSD).

ADVSD has the Homeless Mobile Intake Team (HMIT)

This team completes outreach for aging and disabled individuals who experience homelessness. They assess them for aging and disability services and connect them to relevant housing resources.

For Fiscal Year 2025, this program cost \$1,066,706 (6 FTE). Out of the 233 referrals to HMIT:

- 18 obtained independent housing with in-home support
- 43 obtained PSH or were placed in a residential care facility
- 2 went to recovery housing
- 17 moved in with family/ friends
- 16 were already being served by ADVSD CM
- 10 were referred to other County program (IDD, BHD, etc)
- 122 remained homeless
- 1 incomplete referral

IDDSD Outreach includes a case manager that identifies clients experiencing homelessness that may qualify for IDD services. The case manager provides short term navigation and housing resources while clients await eligibility.

For FY 2025, this program cost \$163,526 (which is one FTE). The deliverables are engaging 70 clients per year, with 35 assessed for IDD services or engaged with services.

## **The City of Portland**

The City of Portland operates outreach programs as well as crisis response teams that may also do outreach. These include:

**The Street Services Coordination Center (SSCC)** is under Portland Solutions and works to connect individuals experiencing homelessness to shelter and other services and supports the coordination of encampment cleanings and removals. As available and based upon eligibility, the program provides access to congregate shelter, alternative shelter (TASS and SRVs), or hotel rooms and immediate transportation to those locations. The goal of the SSCC is to better coordinate with all agencies involved in homelessness response to expedite the delivery of services and help those in need as quickly and efficiently as possible. The SSCC engages in outreach to unsheltered individuals, encampments, and vehicles through a coordinated command structure.

The cost for SSCC is \$1.3M. Outcomes are reported weekly [here](#).

**Community Health Assess and Treat (CHAT)** - The mission of the CHAT program is to change the system of health care delivery in a prehospital care setting by responding to low acuity 911 medical calls, assess and treat in the community and follow up within 24 hours to provide care coordination to vulnerable and socially isolated populations. Their vision is to collaborate with community partners in the provision of patient-centered care focused on social determinants of health, add value to the emergency response system by decreasing ED admissions, addressing the quintuple aim goals of improving individual and population health while controlling costs. Staff are internal to the City of Portland and part of the Fire Bureau. Their budget for FY 25 was \$4.1M. Outcomes include:

- Diverted an average of 30% of patients from unnecessary emergency department visits
- Diverted an average of 15% of patients from ambulance transport
- Estimated health care cost savings (from ER and ambulance transport diversions) of \$10 million

**Portland Street Response (PSR)** - Portland Street Response is a mobile crisis response for people experiencing non-life threatening mental or behavioral health crises. PSR is dispatched by the Bureau of Emergency Communications (BOEC) to calls for service. PSR units also have the ability to self-dispatch on calls when they see someone in need. PSR currently has a total of 52 positions, including administration, supervisors, and frontline staff. PSR recently introduced new policies that permit teams to shuttle clients to services and respond to certain indoor spaces, which is expected to begin on May 1, 2025.

Their current annual budget is \$8,246,864. Outcomes can be found [here](#).

**Please see the attachments for:**

- Other information on outreach from HSD
- Outcomes for HSD outreach providers

Quinn Colling and Heather Lyons are available to meet with you in advance of the work session if you are interested.

Lastly, we sincerely appreciate the work of the Departments and the City of Portland pulling this information in a short timeline.