

Multnomah County
FY 2027 Budget Work Session Follow Up
Homeless Services Department
May 5 and 6, 2026



1. Commissioner Brim Edwards (District 3)

Please provide what percentage of the Proposed budget goes to Population A.

SHS Local Implementation Plan
Opportunities & Goals

- **At least 75% of funding** to serve extremely low-income individuals and families with disabling conditions facing chronic or imminently chronic homelessness (Population A) **(10 year goal)**
- **2,235 additional PSH Opportunities (10 year goal)**
- **2,500 new placements** into housing **annually**
- **1,000 new households** prevented from homelessness **annually**
- **Improve system** to provide culturally-specific community-based organizations with technical assistance and capacity-building allocations

Note: New SHS KPIs in process



Response:

Population A is allocated 78% of the SHS funding within the FY 2027 Approved budget.

2. Commissioner **Brim Edwards** (**District 3**)

Please provide information about the impact of this budget on contracted staff.

Response:

Utilizing a pilot methodology to assess the impact on provider services, HSD estimated how FY 2027 budget reductions might proportionally reduce full-time equivalent (FTE) levels compared to FY 2026 budgets. For instance, a total funding reduction (100% cut) assumes an equivalent impact on all associated FTEs, while a 30% reduction assumes a 30% impact on FTEs. This data is derived from FY 2026 provider budgets. This methodology is a linear mathematical estimation subject to the following limitations and considerations:

- Estimates were developed without direct provider consultation.
- For partial reductions, the model assumes FTE cuts; however, providers might instead choose to reduce expenditures in areas like supplies or client assistance.
- The analysis does not account for braided funding, assuming HSD is the sole funding source.
- It assumes zero vacancies, though providers may opt to eliminate vacant roles or reassign staff to other internal openings.
- The shelter providers closing on June 30 are excluded. HSD has an allocation for 104 motel shelter units; affected providers may apply for these and potentially transition staff if awarded.
- Staffing requirements for the FY 2027 \$10M OTO placement funding (housing 770 individuals) will allow for the reassignment of impacted staff.

- This report is limited to provider contracts within HSD; for details regarding SHS-funded providers in other departments, please contact those specific departments.
- Assumes that the provider budget remains current or that the latest budget is available.
- The FTE impacts of subrecipients who receive passthrough funding from contracted providers is not included in this analysis.

Estimation:

Utilizing a linear mathematical estimation based on FY 2026 provider budgets is subject to the above limitations. **HSD predicts that budget reductions may impact up to 342 provider FTE positions.** The FY 2026 provider budgets submitted to HSD indicate an estimated 1,476 funded positions. **Based on the estimated impact and total funded positions, provider staffing is estimated to see up to an 18% reduction.**

These FTE figures remain estimates; final FTE impacts will be better understood after the FY 2027 budget is adopted, contract negotiations are complete, and provider budgets are finalized. HSD will collaborate with providers to determine the final provider FTE impacts Fall 2026 (FY 2027).

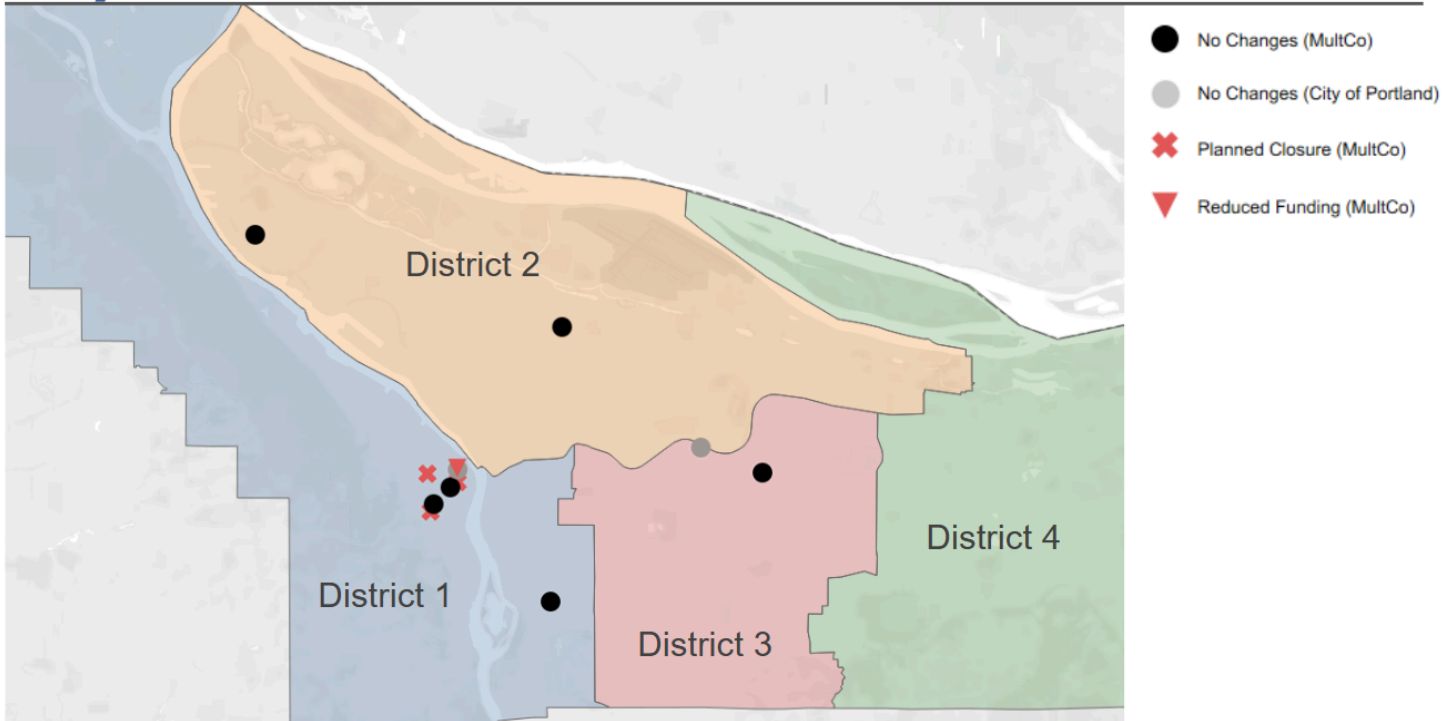
3. Commissioner Singleton (District 2)

Please provide information about day centers, including which FY 2026 locations are funded/not funded and their locations. Please provide a map form like the Shelter map.

Response:

Please see the map below (and in the appendix).

Day Centers



Below is a list of Day Centers by funded status

Funded in FY 2027

- Marie Equi Institute, 4434 SE 25th Ave, adult*
- North Portland Drop-in Center, 9006 N Lombard, adult
- Ecumenical Ministries, 2941 NE Ainsworth, adult
- New Avenues for Youth, 820 SW Oak St, youth
- Outside In, 1132 SW 13th Ave, youth
- IRCO Africa House, 10401 NE Glisan St, youth*
- Behavioral Health Resource Center, 333 SW Park Ave, adult,
funded by MCHD in FY27 (listed as an HSD reduction in FY 2027 budget; not shown on map per HSD policy for behavioral health facility locations)
- Oasis, 599 NW 6th Ave, adult, *City funded*
- JOIN, 1435 NE 81st, adult, *City funded*

**Marie Equi Institute and Africa House both took some reduction - for both of these entities it was our understanding upon making that reduction that these were more of a “right-size” for relatively new programs and the centers could remain at the same service level. That is why both centers are listed as “funded” in our presentation and this list. We now understand that Marie Equi Institute has concerns, and we are working with the Board of County Commissioners on an amendment.*

Reduced or eliminated funding

- Bud Clark Commons, 650 NW Irving, adult, reduced funding in FY27
- Operation Nightwatch, 1432 SW 13th Ave, adult, not funded in FY27
- Trash 4 Peace, 624 NW Couch St, adult, not funded in FY27
- Rose Haven, 1740 NW Glisan St, adult, not funded in FY27
- *Behavioral Health Resource Center, 333 SW Park Ave, adult, listed as an HSD reduction in FY 2027 budget but funded by Health Department (also listed above in funded Day Centers)*

4. Commissioner Singleton ▾ (District 2 ▾)

Please share how many outreach FTE there are across the system.

Response:

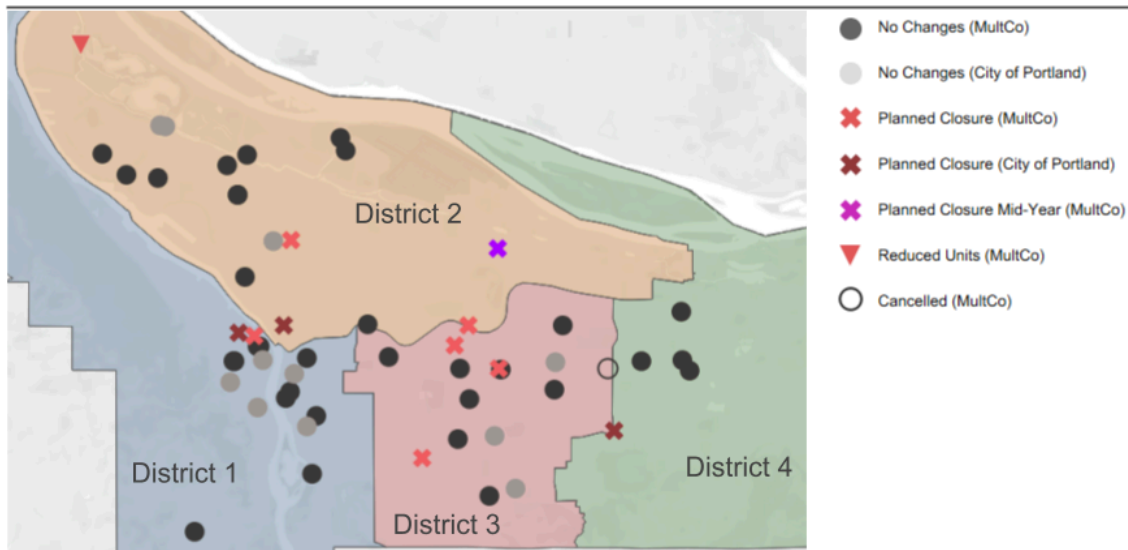
There are currently 34 FTE positions allocated to outreach providers within the Adult System. This provider staffing level is expected to decline due to the reduction in PO 30210 Safety on the Streets.

5. Commissioner **Brim Edwards** (**District 3**)

Please provide the current utilization rate of 24/7 shelters. In addition, please provide information about the number and type of shelter beds closing in each district and how these closures may impact unsheltered homelessness in each district.

Where Services are Provided

Safety On and Off the Streets

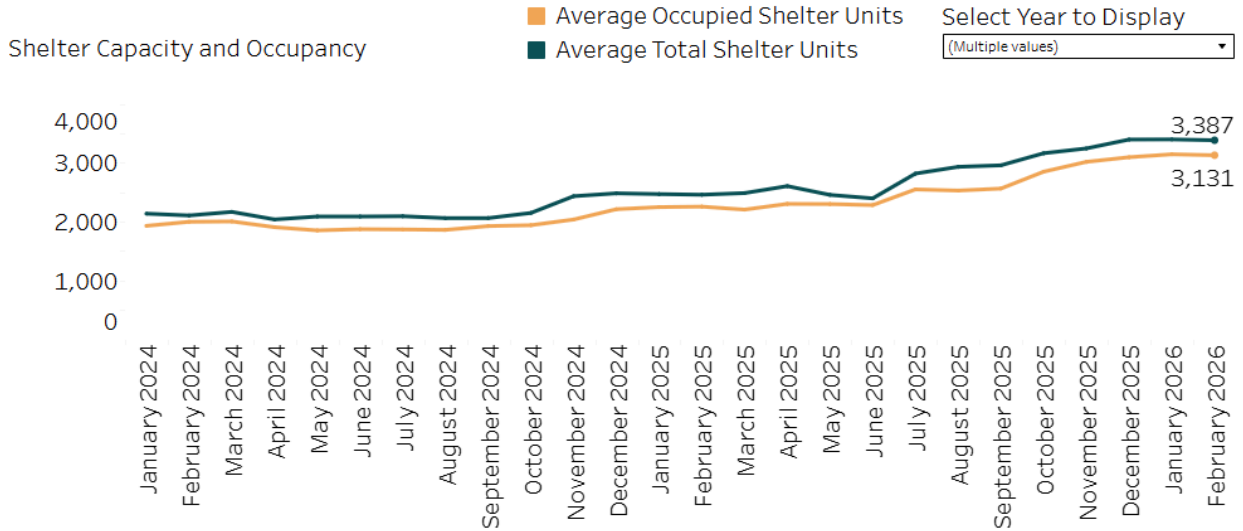
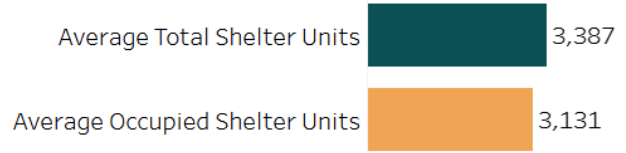


Response:

Our system-wide shelter occupancy rate is posted on our [Data Dashboard](#). (However, while some aspects of the dashboard include city Overnight Only Shelters, our occupancy tracking does not

include the City's Overnight Only shelters).

92.4%
Shelter Occupancy Rate
in February 2026



On May 13, 2026, the COO’s office shared information with the Board of County Commissioners that included a table of all County/City shelters and proposed closures including number of units and district. Below please find an additional list of shelters closing by district with the format *Name (type) - capacity [closing date]*:

District 1:

- River District Navigation Center (congregate) - 100 units [closing 8/31]

District 2:

- Voluntary Isolation Motel (motel) - 38 units [closing 6/30]
- Walnut Park (congregate) - 72 units [closing 8/31]
- Bybee Lakes (congregate) - reducing 100 units [effective 8/31]

- Roseway (motel) - 120 units [closing 12/31]

District 3:

- Chestnut Tree (motel) - 55 units [closing 6/30]
- Beacon Village (alternative) - 10 units [closing 8/31]
- Laurelwood (congregate) - 120 units [closing 8/31]

Scatter-site shelters (i.e., not geographically specific):

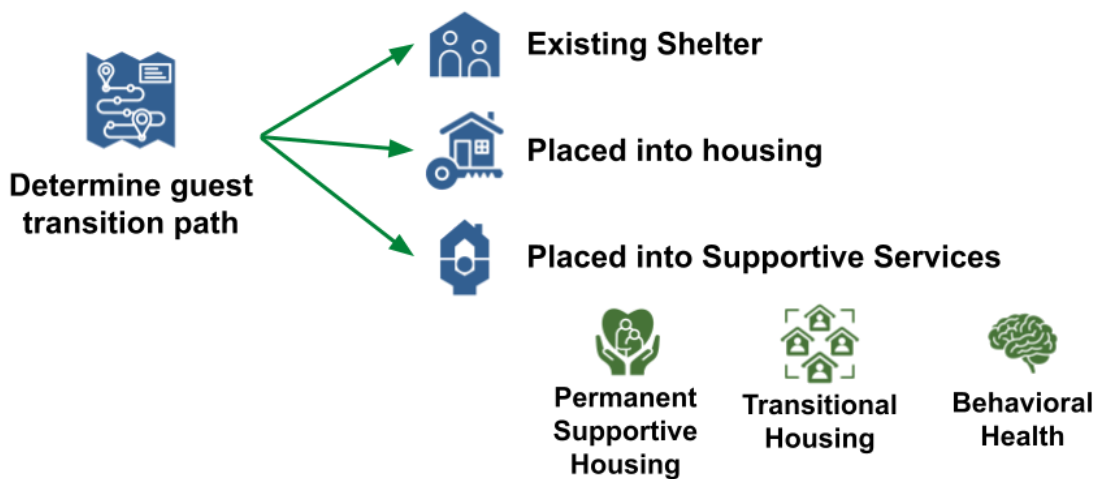
- Family System Emergency Motel Vouchers [closing 6/30]
- Bridging Connections Behavioral Health Shelter [closing 6/30]

As described in our response to the next question, HSD is working closely with impacted providers to ensure that every person in an impacted shelter will have an option that is safe off the street. This means that people should not be returning to unsheltered homelessness due to these closures. As further described below, HSD will provide regular updates to the Board on shelter closure progress and impacted guest transitions.

6. Commissioner **Brim Edwards** (**District 3**)

Please provide information about the shelter closure transition plans. If the 24/7 shelters are largely full, how will people be re-sheltered and where will newly homeless people go? Can you provide a person-level transition plan?

Funding Successful Closure Transitions



Response:

HSD is working with the providers to support an individual transition plan for each guest in shelters that are closing.

There are 203 potentially occupied shelter beds proposed to close as of June 30, 2026. Of those, 90 were not in use. Of the remaining units:

- Two motel shelters are already at 50% capacity, and will continue to ramp down slowly to accommodate planning for existing guests.

- As of May 12, 2026, there were 22 occupied rooms at the Chestnut Tree Inn, the only adult housing-focused shelter with long-term occupants closing by June 30, 2026. HSD is supporting person-level plans for each of these guests, and we are working with the provider to identify how to use recently-approved FY 2026 funds to support these households (see response to Question 8)
- Approximately 15 families using scattered site motel vouchers slated for reduction are being supported with state housing placement dollars, and those who are not yet housed will move to the new temporary family motel opening this month (see board communication from HSD dated April 29, 2026)
- HSD is working with the Behavioral Health Division to identify appropriate destinations for the participants remaining in the Bridging Connections program

As described further in Question 8, on May 7th 2026 the Board of County Commissioners approved \$200,000 in One-Time-Only General Fund Contingency for FY 2026 to be used to support exit planning for guests in shelters closing this fiscal year. HSD is partnering with impacted shelter providers on how to use these funds to support guest transitions to their appropriate next best step. Options include using funds for rapid housing placements that don't require extensive ongoing rent assistance, and also utilizing short term motel vouchers to act as a bridge until other options can be made available.

For the shelters closing during FY 2027, HSD intends to support providers to engage in the same person-level planning, and to focus new housing placement dollars on guests in shelters that are closing in the fiscal year. Other placements funded from this new housing placement funding - i.e. placements from shelters that aren't closing

- will also open up shelter units that can be backfilled with folks who need to vacate the impacted shelter programs.

HSD will continue to provide regular (every other week) aggregated updates to the Board on the status of guests who were in shelters that are closing. This will include information on what options were offered to guests, and their post-shelter destination.

7. Commissioner Brim Edwards (District 3)

Please provide information about offering retention incentives and/or severance payments for contracted staff that will be losing their jobs due to shelter closures.

Response:

Working with Central Finance and HSD HR, we recommend supporting shelter providers in paying employees through their "funded until" dates—June 30, 2026, or August 31, 2026. This commitment remains in place even if sites experience lower occupancy or close slightly ahead of schedule. This mirrors what HSD did when we were closing down County-run COVID-19 shelters. We found that the assurance of pay through a certain date helped to retain employees through shelter closure. HSD will be communicating this option to shelter providers in the next week.

8. Commissioner Singleton ▾ (District 2 ▾)

What funds are available in FY 2026 to support the shelter closures that will happen in June?

Response:

On May 7th 2026 the Board of County Commissioners approved \$200,000 in OTO General Fund Contingency for FY 2026 to be used to support exit planning for guests in shelters closing this fiscal year.

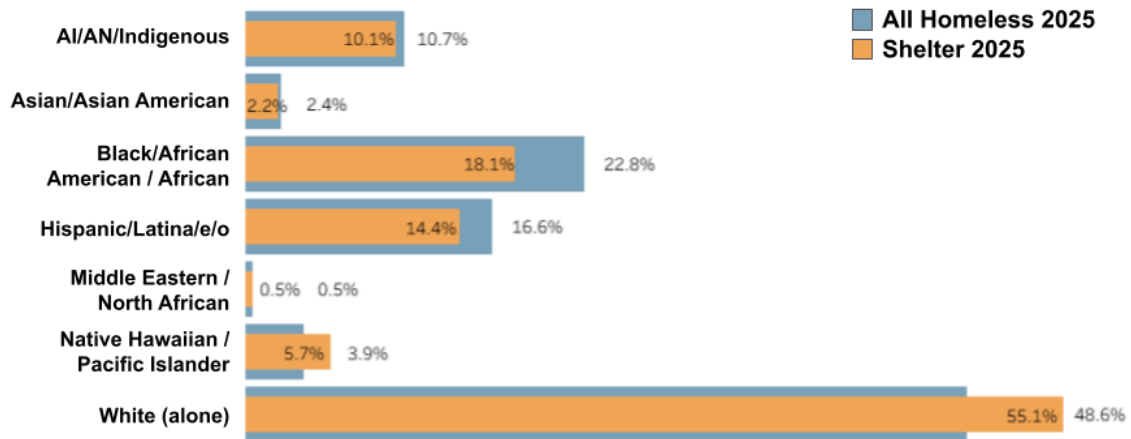
HSD is partnering with impacted shelter providers on how to use these funds to support guest transitions to their appropriate next best step. This may include housing placement for some, but it could also support placement in another motel room while the household navigates their path forward. HSD met with relevant shelter providers on Tuesday May 12th to begin planning for the use of these funds, and will continue to support this planning and disbursement through shelter closure.

9. Commissioner Brim Edwards (District 3)

Please provide numbers, in addition to percentages, for all the demographic slides (see below for example).

Safety On and Off the Streets: Who We Serve

Comparison of Shelter Participants vs. All People Experiencing Homelessness (FY 2025)



Response:

Please see the linked slide deck attached with the requested information.

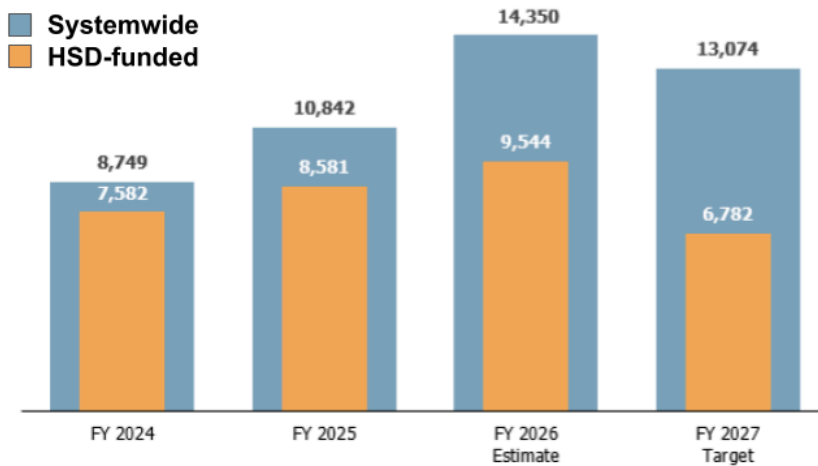
10. Commissioner **Brim Edwards** (**District 3**)

Please provide details about the gap between the number of the shelter beds provided by the County and the number of shelter beds funded by others, including the City.

Outcome Statement / KPI

Safety On and Off the Streets

People Served in Shelter



Outcome:
Reduction of Unsheltered Homelessness

KPI:
People served in shelter

For information on all outcomes/KPIs, see the department section of the budget.



Fy 2027 Systemwide projections reflect current understanding of City of Portland reductions

FY 2027 Approved Budget | 44

Response:

In order to delineate the gaps between the number of shelter units provided by the County, City, and non-publicly funded organizations, we have gathered data from two primary sources:

- **HMIS-Participating Shelters:** For City and County-funded programs, we pull inventory data directly from our Homeless Management Information System (HMIS).
- **Non-Publicly Funded Shelters:** For programs that do not receive public funding or use HMIS, we utilize an annual process where partners self-report their bed and unit capacity.

This process is part of our annual Housing Inventory Count (HIC), which is a federal mandate from HUD. Every Continuum of Care (CoC) is required to conduct this count annually. **Please note that these non-publicly funded shelters and their participants were not included in the projections shown on our budget slide.**

For FY 2026, we identified 1,516 City-Funded shelter units and 218 non publicly-funded shelter units.

The projections on who will be served across the system shown in the slide above included information we had at the time regarding City shelter closures. Specifically, the calculations included the City's proposed reductions of the Weidler, Centennial, and Northrup Shelter Closures. On Monday, May 11th the City of Portland announced an additional set of proposed closures; HSD will work with the City to update our projections of people served next year and will provide that to the Board when complete.

11. Commissioner Moyer (District 1)

Please provide information about the 17% of people that cannot maintain their housing post-subsidy. Are there any data trends that help us understand why they are unable to maintain their housing?

The same question for the 9% for Permanent Supportive Housing (PSH).

Response:

Quantitative Data seldom tells us “why” we are seeing such trends, which is why we support in-depth evaluations when questions like this arise.

We currently have two projects that can help us understand this question in greater detail: the Rapid Rehousing Evaluation and Pathways Study.

The RRH Evaluation is still in progress and is currently engaging providers and program participants in qualitative data collection, with results available early next fiscal year. However, the statistics you see are common across RRH recipients in other communities, particularly in areas with a high rent burden. With this in mind we can look at the RRH Best Practices brief, which identifies a number of common barriers to housing stability observed in many other communities during and after rapid rehousing subsidies. These include:

- Limited funding for ongoing Case Management for individuals who ultimately need longer term support.
 - Exit/transition planning, especially around choosing a unit that is sustainable for the client's long term income plan, is a particularly critical need, beginning in the first few months of housing. This is particularly critical in communities with a high rent burden, such as the Portland Metro area.
- Inadequate resources within funding streams offering flexible "step-down" subsidy schedules tailored to individual needs.
- Inadequate transfer processes for adults needing more than RRH can offer (please note, Multnomah County has addressed this with a pathway for Population A that meets this need, but lack of available PSH remains a barrier).

The Pathways Study surveyed clients about what situations or factors contributed to their current or most recent episode of homelessness. While the study did not distinguish between former clients of RRH or PSH programs, and the broader population

experiencing homelessness, many of the factors identified are likely causes of homelessness among program clients. The top 10 reasons (respondents could choose all that apply) were:

- Lost or reduced income (44.3%)
- I experienced a trauma (34.3%)
- Eviction notice (31.4%)
- Conflict with others (24.5%)
- Increased housing costs (22.5%)
- Unexpected expenses (22.0%)
- My substance use (20.0%)
- Domestic violence (19.5%)
- Wanted my own space (19.3%)
- Someone else stopped paying rent (19.1%)

The full report is available on the PSU HRAC website at <https://www.pdx.edu/homelessness/pathways-study>

In short, each study finds that cost is a contributing factor to housing stability issues, and access to flexible ongoing funding is often a key need, especially in situations that require a longer subsidy to regain stability. More robust case management, to ensure families and individuals are connecting to housing they can afford, as well as other critical services that help to bridge this gap, are also essential but need to be paired with adequate supports.

Beyond research strictly focusing on homelessness, we are looking into the impact of health conditions, in particular behavioral health co-morbidities, on the stability of housing placements in partnership with HealthShare. In the last year, beginning with Multnomah County, HealthShare has entered into a tri-county agreement that allows integration of HMIS data with health claims data to explore a “High Acuity Behavioral Health” cohort who suffers from a specific combination of SUDS and psychosis. We have found this cohort has a disproportionate number of exits among those leaving PSH and

RRH. We will be focusing on PSH first to understand more about this cohort, with an eye towards research that drives immediate health interventions, such as early onboarding of Pharmacotherapy for opiate use, and access to Behavioral health

12. Commissioner Singleton (District 2)

Please provide the total housing placement goals across contracts by system: Adult, Youth, Family, and Domestic Violence.

Response:

- Adult
 - 2,086 participants newly housed (30210; 30300; 30302; 30305; 30307; 30309; 30400A; 30400C; 30400D; 30401A; 30402; 30406)
- Youth
 - 154 participants newly housed (30306; 3040; 303011)
- Family
 - 569 participants newly housed (30301; 303011; 30403)
- Domestic Violence
 - 310 participants newly housed (30303; 30405)

13. Commissioner Singleton (District 2)

Please provide information about how we monitor transitional housing outcomes.

Response:

HSD has a robust set of contract monitoring practices to ensure public funds are managed appropriately, delivered in compliance with contractual agreements, and to ensure that contract deliverables are met and understood. Monitoring practices are

required by departmental policy, and are tracked closely and evaluated by the HSD Contract Compliance Project Manager.

In addition to monitoring performance outcomes through day-to-day functions of contract management (e.g. budget spending, progress toward performance targets), all contracts are evaluated annually for risk, including a review of past performance, and performance feedback is communicated through formal written communication. Lastly, programs are more closely monitored through intensive on-site program monitoring at least once every three years, or more frequently depending on evaluated risk.

All human-services contracts are required to submit quarterly performance reports to HSD. These reports require contractors to demonstrate to HSD their progress toward delivering programs and reaching target goals for performance measures during the reporting period. They submit a data dashboard and complementary narrative report that demonstrates this work. In support of these reports, HSD monitors all performance measures through our recently launched Contract Monitoring Dashboard. This comprehensive system includes the tracking of all transitional housing outcomes.

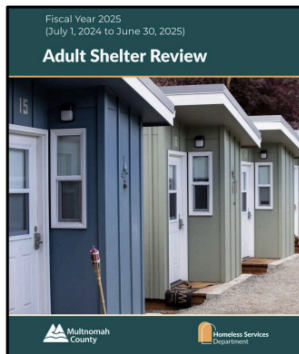
By centralizing our data, the dashboard allows HSD to provide consistent performance measurement across all programs, resulting in simpler and more accurate reporting.

For more information, please visit our [Contract Monitoring Dashboard](#) webpage.

14. Commissioner **Brim Edwards** (**District 3**)

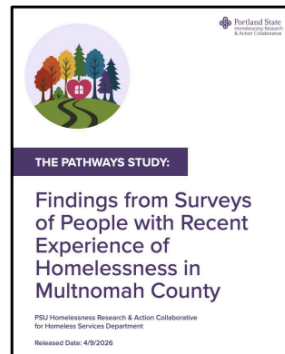
Please provide information about how this budget delivers deeply affordable housing. What is the total amount of affordable housing that our community needs?

Using Research to Guide System Rebalance **How the Budget Delivers**



Adult Shelter Review ([LINK](#)):

- Biggest predictor of housing placement out of shelter is access to housing programs



Pathways Report ([LINK](#)) *(Integrating lived experience with TREES advisory panel):*

- Deeply **affordable** housing is greatest need
- Financial barriers are biggest challenge

Response:

Multnomah County, and HSD, do not produce or manage affordable housing directly. Rather, our rent assistance programs are designed to help people afford their housing in the following ways:

- Rapid rehousing rent assistance helps people stabilize in housing until they are able to maintain that housing on their own. Case managers work to identify housing that will be affordable for the household in the longer term.
- Permanent Supportive Housing provides both rent assistance and supportive services to help people maintain their housing

more permanently, specifically for people who would not be able to maintain that housing on their own.

All of our programs use “rent reasonableness standards” to determine limits on the amount of rent that can be paid via our programs. However, since our programs do sometimes support people renting in the fair market, the ongoing increases in rent costs in the housing market do pose a challenge as more funding paid towards rent is less funding that we can spend on supportive services or additional housing placements.

HSD is actively partnering in the various groups who are convening to understand how to better access affordable housing vacancies.

The City of Portland’s Housing Bureau recently presented updated estimates on the need for deeply affordable housing. As shown on the slide below, there are over 13,000 units needed at the 0 - 30% AMI level in the City of Portland alone. The link to these slides is [here](#).



Revised 2045 Target

Total units:

87,750 units

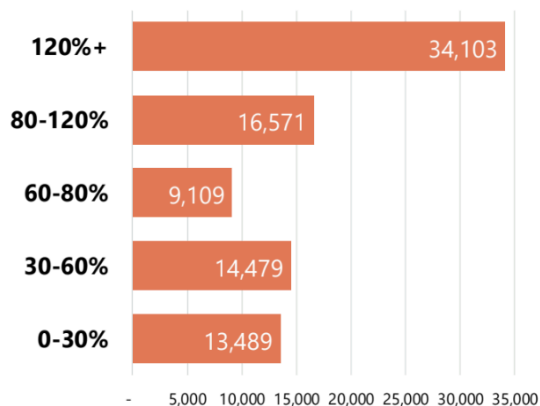
Annual production

target:

4,400 units

Lower income need:

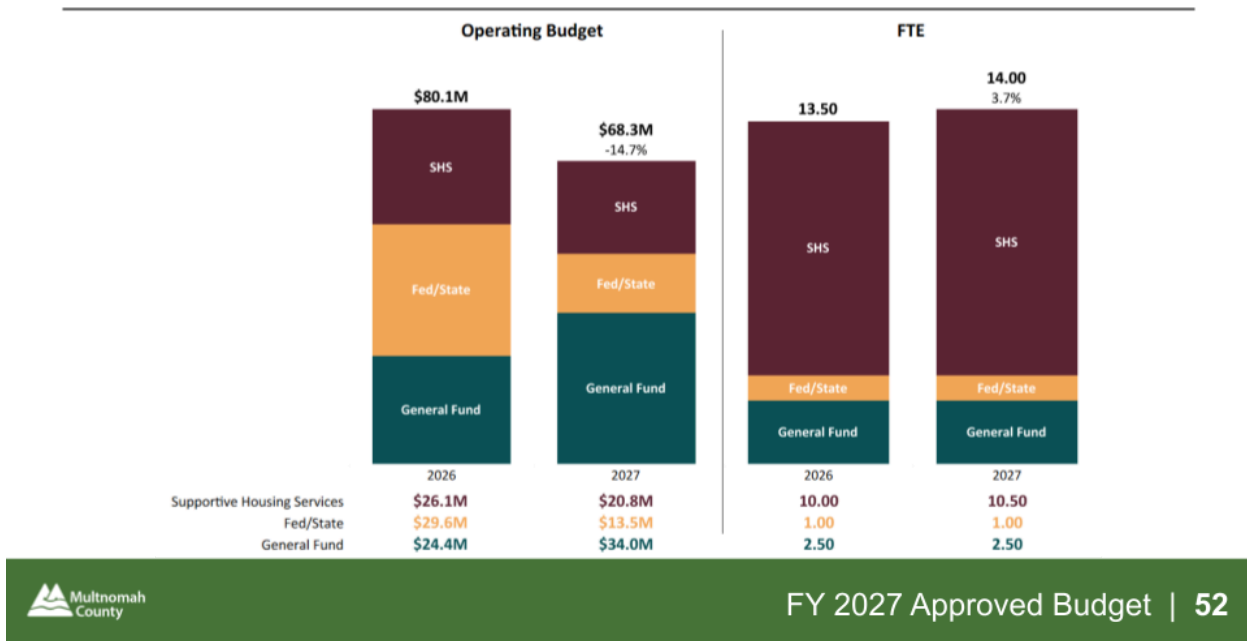
37,080 units



15. Commissioner Singleton (District 2)

The Housing Placement and Retention FTE is growing by 0.50 FTE. Please provide information about how many contracted workers are funded in this area.

**Operating Budget and FTE
Housing Placement and Retention**



Response:

The 0.50 FTE increase in Housing Placement and Retention is a shift in how a position was allocated, but it does not reflect an FTE increase in HSD overall. In FY 2026, the position was in the Safety off and on the Streets Division (30200A); however, 50% of the time has been moved to Housing Placement and Retention Division (30300A) for FY 2027 to align with the supervisor’s role.

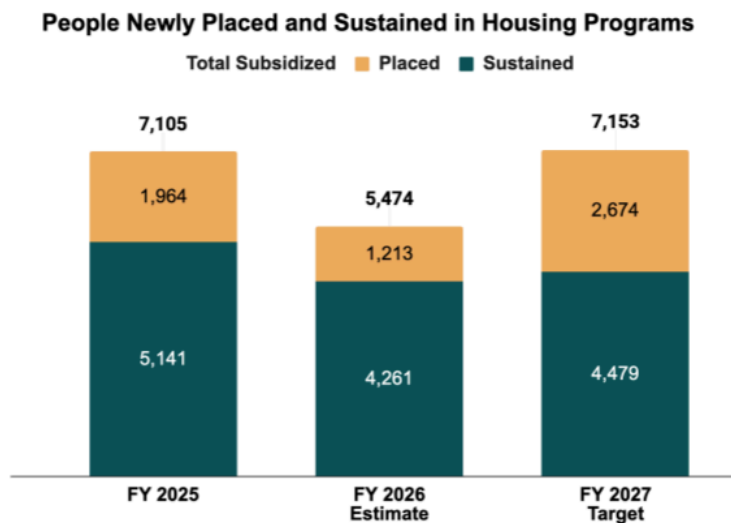
Providing details on the number of funded contracted workers within this division requires additional time for a complete response.

16. Commissioner Brim Edwards (District 3)

Please provide definitions for “placed” and “sustained”. Note: please include those definitions in future presentations.

How the Budget Delivers

Housing Placement and Retention



Response:

1. Newly Placed

Refers to individuals who transitioned into a housing opportunity during a fiscal year. Within this Division, these placements primarily occur through Rapid Re-Housing (RRH) programs. This metric represents the “Outflow”—the successful movement of individuals from homelessness into housing.

2. Sustained

Refers to individuals who were "Newly Placed" in a previous fiscal year and continue to receive ongoing rental assistance through a Division-funded program (such as Rapid Re-Housing or Homelessness Prevention). This metric measures "Housing Stability"—the ability of the program to keep individuals housed and prevent a return to homelessness.

Examples:

- **FY25 Newly Placed:** An individual who enters a Rapid Re-Housing program and secures housing in FY25.
- **FY25 Sustained:** An individual who was originally housed in FY24 and continues to receive rent assistance throughout FY25.

We distinguish between these two groups to delineate our impact: Newly Placed individuals represent our "Outflow" (exits from homelessness), while Sustained individuals represent our ability to provide stability and recidivism prevention.

To illustrate the scope of our impact, these metrics were displayed as a stacked bar chart. This format allows people to see the total volume of individuals supported by the Housing Placement and Retention Division within a single fiscal year, reflecting the combined effort of moving new people into homes while simultaneously ensuring those previously housed remain supported.

17. Commissioner Brim Edwards (District 3)

Please clarify the information on this slide i.e. does the total funding correspond to the % i.e. State EO programs would = \$4.2M of the total funding if so can you add a column showing how the \$42M is distributed.

Other Housing Pathways and Populations

To ensure broad access to housing, many housing pathways exist outside of shelter-based placement.

Housing Pathway / Populations	Percent
DSV, Family and Youth	46%
Adult Culturally-specific and Other Adult Programs	25%
HUD CoC	11%
Match (RRH)	8%
State EO Programs	10%
Total Funding	\$42M

Response:

Yes, your interpretation of this table is correct. We’ve added an additional column to show the \$ amount for each population.

Housing Pathway / Populations	Funding	Percent
DSV, Family and Youth	\$19.3M	46%
Adult Culturally-specific and Other Adult Programs	\$10.5M	25%
HUD CoC	\$4.6M	11%
Match (RRH)	\$3.4M	8%
State EO Programs	\$4.2M	10%
Total Funding	\$42M	100%

18. Commissioner Singleton (District 2)

Please provide the placement rate for BIPOC clients for Rapid Rehousing programs.

Response:

To determine placement rates disaggregated by race and ethnicity, we utilized a cohort approach focusing on individuals enrolled in Rapid Re-Housing (RRH) during FY25.

In FY25, a total of 4,278 individuals were enrolled in RRH projects. Of this total population, 66% identified as BIPOC.

The placement rate for RRH is determined by the recorded Housing Move-In Date. This date confirms a successful housing placement that is subsidized by our Rapid Re-Housing (RRH) programming. The overall placement rate for the entire FY25 cohort was 59%. When disaggregated, these outcomes emerge:

- BIPOC Placement Rate: 61%
- Non-Hispanic White Placement Rate: 56%

The data indicates that RRH programs are effective for BIPOC households. Notably, the 61% placement rate for BIPOC clients exceeds the rate for Non-Hispanic White clients. This suggests that our RRH interventions are successfully navigating systemic barriers to secure housing for BIPOC participants at a disproportionately high and successful rate.

19. Commissioner Singleton (District 2)

Are we buying down rents at affordable housing projects? Which sites and how many units? What rates are we buying down to understanding that most vacancies are in the 31% to 60% MFI and most planned units are also for that range.

Response:

Yes, this has been one of our primary strategies for expanding PSH. About 55% of the 1,952 new HSD-funded PSH units that have come online or are in the pipeline since the start of the SHS Measure are project-based PSH units within affordable housing projects. The majority of these units are within new Portland or Metro Housing Bond funded affordable housing projects, and others are units in older affordable housing developments that have converted to PSH at unit turnover. We are currently working to create 200 new PSH units through a PSH NOFA that we originally released in 2025. Of those 200 units, 70 will be project-based PSH units within two existing affordable housing projects (CCC's Hazel Heights and REACH's Wy'East Plaza). Most project-based PSH units have rents set at 60% MFI.

20. Commissioner Singleton (District 2)

Which programs are using Coordinated Access?

Is there a current waitlist for Coordinated Access?

Response:

All systems (DSV, Youth, Family and Adult) within HSD participate in Coordinated Access. The programs/services incorporated into Coordinated Access vary across each system.

In the Domestic and Sexual Violence System, services accessed through Coordinated Access include DSV shelter, rapid rehousing, transitional/rapid rehousing, and permanent supportive housing. The DSV Coordinated Access system does not use a By-Name list and therefore does not maintain a waitlist in the traditional sense. We can report that in the past 12 months (May 2025 through April 2026) we had 240 eligible households seeking long term housing through the DSV system; we connected 96 of those households to housing placements (rapid rehousing or permanent supportive housing), leaving 144 eligible households still needing a housing resource.

The Homeless Youth Continuum (HYC) has 24/7 coordinated access and safety off the streets services via the Access Center, youth shelter and drop-in programs. There is mobile access for youth through the community by screening staff. There is a single screening to determine eligibility and vulnerability. Referrals to appropriate services within the HYC occur with warm hand-offs. There is no waiting list to access safety off the streets and for screening into services. Coordinated Access provides a door to all homeless youth services.

In the Family System, services accessed through Coordinated Access include outreach and housing navigation, rapid rehousing not

connected to shelter (including federally funded rapid rehousing), permanent supportive housing, and some other long-term vouchers with lighter touch services. This system refers into 27 total programs including 22 PSH programs and 5 RRH programs. The MSST process for families also includes a questionnaire to place families onto the Multnomah County Family Shelter waitlist

In the Adult System, services accessed through Coordinated Access include permanent supportive housing (PSH), a small amount of federally-funded rapid rehousing (RRH) and a “bridge shelter” focused on serving households prioritized for housing through CA. This system refers to 53 total programs including 47 PSH projects, 3 RRH projects and 1 shelter.

The Family and Adult Systems use the same Coordinated Access assessment tool (the MSST) and similar processes for prioritizing households for resources. While there are additional pathways and resources for veterans, youth under 25, and survivors of domestic violence, anyone experiencing homelessness or fleeing DV is eligible to complete the MSST. There are over 7,000 people with an open MSST assessment in HMIS. These systems both maintain a Priority Housing Pool (PHP) that consists of households who meet the prioritization score threshold and serves as an active waitlist. The PHP uses a dynamic, housing inventory-based threshold with the goal of matching each household to a program within six months.

Every single household in the PHP is matched to a dedicated case manager - something that sets Multnomah County apart from the rest of the Metro region. This approach allows households to address barriers to housing with tailored support as they wait to be matched to a Coordinated Access housing resource.

The Coordinated Access for Adults (CAA) PHP currently includes 64 households awaiting referral, with an additional 100 households

referred into a program but who are still awaiting their move in date. New households are merged into the PHP bimonthly, typically within 2-3 weeks of assessment.

On average, households received a CAA housing referral within 94 days of entering the PHP, and leased up into that housing within 71 days of referral.

The Coordinated Access for Families PHP currently includes 140 households awaiting referral. Households in the Coordinated Access for Families PHP, qualify for coordinated access services and a housing resource within 6 months. The average wait time for connection to coordinated access services (i.e. a housing navigator) is about a month.

Households that do not meet the PHP threshold are encouraged to continue engaging with service providers for ongoing housing problem-solving support.

Here is a link to our recently updated [Coordinated Access site](#), and [Priority Pool FAQ](#).

21, Commissioner Singleton (District 2)

Can you provide more details about the in depth and qualitative evaluations and include how providers and clients were engaged?

How the Budget Delivers

System Support, Access, and Coordination

Reporting and Analytical Improvements
BNL Improvements - ongoing
Health Share Data Sharing - monthly
Streamlining Contract Monitoring tools - ongoing Program Offer Monitoring tool development - FY 2027 Shelter Monitoring Project - FY 2027
HSD Dashboard: ongoing HRS HRAP Dashboard v2.0 - FY 2027
In Depth and Qualitative Evaluations <ul style="list-style-type: none"> • Rapid Rehousing Evaluation: Fall 2026 • Shelter Surveys: Ongoing • Pathways Part 2: Summer 2026 • System Modeling: Winter 2026



Response:

HSD has been working on multiple in depth projects over the last FY which will culminate at the beginning of FY 27. Each of these projects have included provider involvement in some manner:

The Rapid Rehousing Evaluation, a joint project of HSD and Focus Strategies, is designed to better understand what elements of a successful RRH program contribute most to participants' long term housing stability, and how HSD can better support, strengthen and invest in best and promising practices in RRH. The provider engagement and data collection, which is currently underway, includes a survey of program information, focus groups with

front-line staff, and interviews with program managers. The client engagement and data collection, which will occur later this year, will include interviews and focus groups.

As a follow up to the Shelter Analysis released in FY 26, HSD is in the early stages of developing a pilot shelter participant survey that could potentially be implemented at all HSD-funded shelter sites in future fiscal years. This effort will contribute to our ability to monitor and improve our shelter system. HSD is currently engaging providers to better understand current provider-level data collection already taking place, and working with the Lived Experience Advisory Committee to develop the focus of the pilot survey. HSD plans to engage providers around pilot participation in the near future, and will work with participating providers throughout the pilot.

The [Pathways Study](#) is in its final stages, and Part Two of the Study will be released by PSU this summer. This project focuses specifically on people experiencing homelessness, many of whom participate in programs funded by HSD. Part One of the study included a survey of 541 people who were currently experiencing or had recently experienced homelessness in Multnomah County. This final report will provide additional qualitative analysis to the findings included in the [Part One Report](#) that was released last month.

The HRAP 2.0 System Modeling project is a joint effort of HSD and the Homelessness Response System to develop an interactive tool that allows policymakers to project the potential effects of changing system investment allocations between assistance types on the Action Plan's Key Performance Indicators. The system modeling process and tool will primarily utilize system-level summary data (e.g. the number of persons experiencing homelessness, the average costs of different types of assistance) and will incorporate provider and participant input where needed to inform the model's assumptions.

22. Commissioner Singleton (District 2)

What is the difference between the work provided through contracted services/program work vs. the 7.00 FTE in the [System Access, Assessment & Navigation program \(30100\)](#)?

Response:

These seven staff are spread across three HSD teams: the Family System Team (1 FTE), DV System Team (1 FTE) and Coordinated Access Team (5 FTE). All seven staff support the oversight and operations of the Coordinated Access Systems in place for families with children, people fleeing domestic or sexual violence, and adults unaccompanied by children. The Family position also manages family system services contracts.

These positions manage the overall Coordinated Access Systems that over 70 contracted service providers and other partners such as housing owners operate within. Coordinated Access Staff are responsible for managing the day-to-day processes of the CA prioritization and referral framework. They facilitate shelter, transitional housing and permanent housing referral workflows for

housing projects, maintaining oversight of lease-up statuses to ensure all referrals are processed on schedule. Core duties involve administering regular Coordinated Access assessment training for providers to conduct the assessment for their participants, facilitating regular Case Conferencing, managing the Adult and Family System Housing Priority Pool to verify that clients are linked with navigators, and facilitating the referral process to ensure prioritized households are connected to suitable housing placements. Other key operational tasks include maintaining daily communication and coordination with the Coordinated Housing Assessment Team (CHAT), Family Navigators, Coordinated Access assessors, housing providers, shelter and outreach staff; supporting providers with technical assistance and monitoring policy compliance, facilitating lease-up activities for new housing projects, which includes supporting the lease-up kick-off and leading recurring lease-up meetings for new housing projects coming online; and sharing project-specific updates and requirements to service providers.

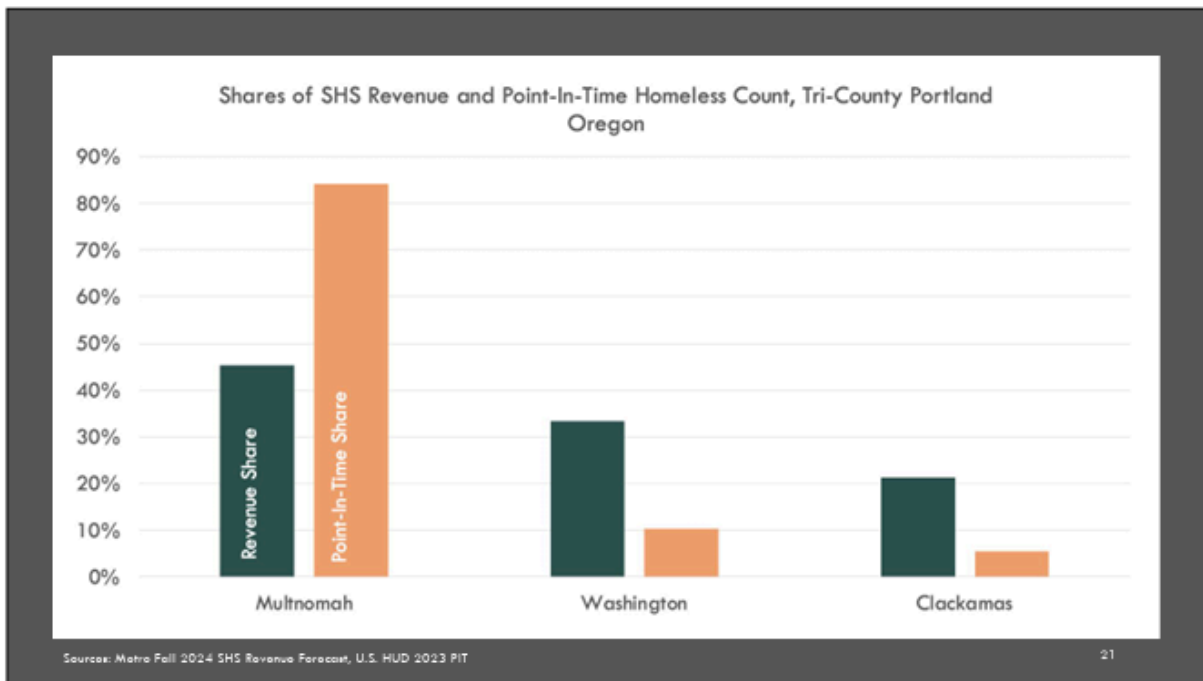
The Coordinated Access Team includes 3 Program Specialists who manage the above duties, and 2 Program Specialist Seniors who lead ongoing process improvement and alignment across the Coordinated Access Systems in place for youth, people fleeing DV/SA, families with children, adults unaccompanied by children and Veterans. One of the Senior positions is focused on the intersection of health and housing and leads Cross Sector Case Conferencing along with other projects to improve coordination and support for people with significant health and behavioral health needs within the homeless system. This team has grown over time to accommodate the demands of a much larger system of service providers and housing owners brought on by the passage of the SHS Measure.

23. Commissioner Moyer (District 1)

For the SHS funding distribution across the three counties, how much funding does each county receive compared to their homeless population.

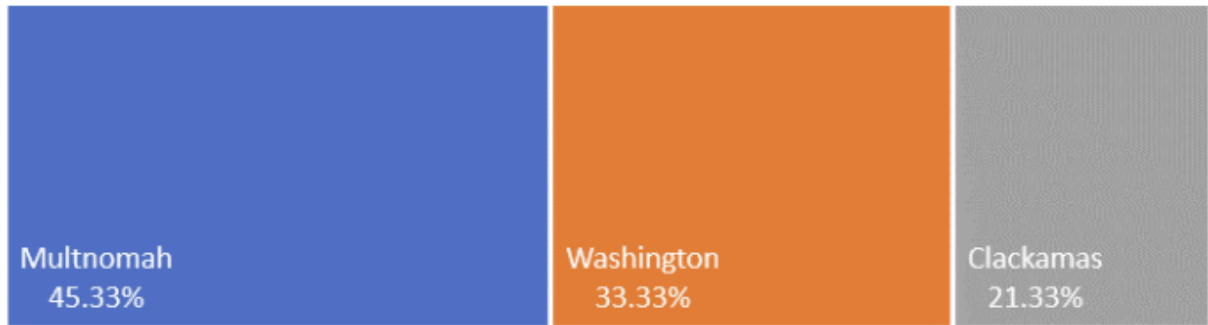
Response:

Below, please find information that compares each of the Tri-Counties on their share of 2024 Forecasted SHS revenue compared to their share of the FY 2023 Point in Time Count. This information was presented by EcoNorthwest in March 2025.



Similarly, in January the Metro Auditor’s office reviewed each County’s proportion of SHS funding to their proportion of people experiencing Chronic Homelessness in the FY 2022 Point in Time County. An image for [their analysis](#) is below.

Proportion of SHS Funding by County



Proportion of Chronic Homelessness by County



Source: Auditor's Office analysis of SHS Workplan, IGAs and 2022 Point In Time Count.

FY 2027 Future Briefings

HSD will deliver the following memos and briefings to the BCC throughout FY 2027.

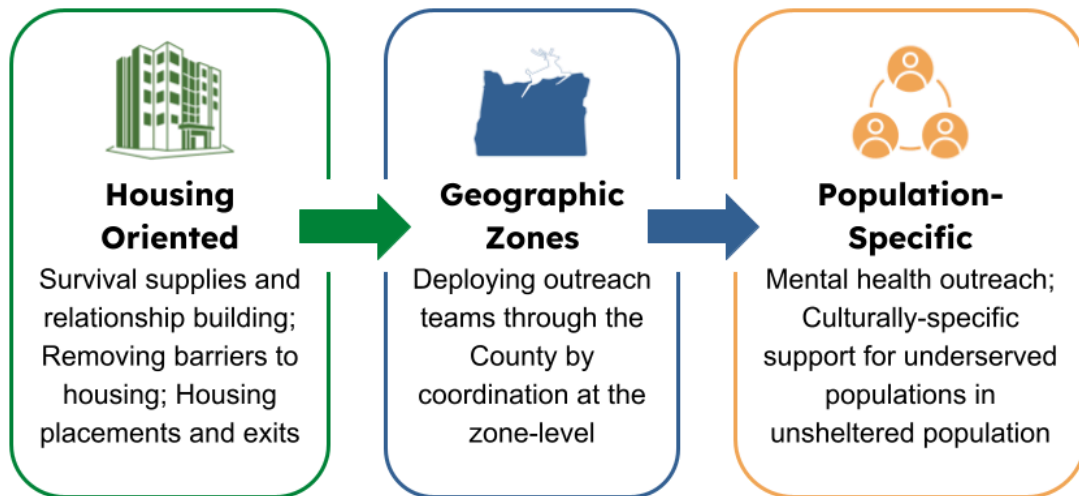
Commissioner Singleton (District 2)

Provide information about street outreach and in-reach:

- Supporting outreach workers to gather and enter data,
- Connecting outreach capacity to day centers and overnight only shelters, and
- Connecting outreach and re-entry work with the goal of reducing disparities.

Who We Serve

Safety On and Off the Streets: Street Outreach



Commissioner Moyer ▾ (District 1 ▾)

Provide information about system integration and support for populations experiencing behavioral health challenges, substance use disorder, and/or disabilities.

Would like to understand the data in relationship to services for clients who have co-occurring disorders, SPMI, ADA, LGBTQIA+, behavioral health needs. Are there barriers for these clients in getting services?

Commissioner Singleton ▾ (District 2 ▾)

Provide information about people sustained in housing: definition and more detailed data.

Commissioner Singleton ▾ (District 2 ▾)

Provide information about how we connect HSD clients to existing employment opportunities in the community.

Commissioner Singleton ▾ (District 2 ▾)

Provide information about the staff at community based organizations funded by the County. This information should be standardized across departments.

Commissioner Brim Edwards ▾ (District 3 ▾)

Future briefing on the Shelter Report Matrix that includes connecting quantitative service to the qualitative outcomes.

Commissioner Singleton ▾ (District 1 ▾)

Future briefing on the Medicaid Consultant Report and Recommendations.

Commissioner Moyer ▾ (District 1 ▾)

Please provide information about how HSD plans to use Medicaid to fund housing.