

Multnomah County District 2

For immediate release: Monday, November 24, 2025

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PRESS RELEASE: Commissioner Shannon Singleton Proposes Deflection Program Reforms

Multnomah County Commissioner Shannon Singleton unveiled a sweeping set of reforms to the county's Deflection Center Monday, which would improve the efficiency of the state-sponsored sobering program by linking its services to the county's by-name-list and other housing and safety net services.

"Today Multnomah County's deflection center operates in isolation. Because of that, we're not seeing the outcomes that voters and lawmakers expected. When 92 percent of the people law enforcement take to the deflection center are experiencing homelessness, it's common sense to link our homelessness response to our deflection efforts."

Singleton's proposals would better integrate the data systems of the deflection center with those of the Homeless Management Information System and Multnomah County's By-Name-List, an individual accounting of people experiencing homelessness in the county. Other reforms would allow homeless service providers access to the deflection center to better coordinate care and quickly get people into housing; provide immediate entry into county clean and sober shelters for deflection participants; and better integrate behavioral health and housing services at the county.

"I hope that this gives us a path forward to better services, better outcomes for the people we serve, and cost savings," Singleton said. "I'm looking forward to working with my colleagues over the coming months to put these reforms in place."

Background

In 2024, the Oregon Legislature passed House Bill 4002, which recriminalized possession of small amounts of illegal drugs while emphasizing treatment through law enforcement-initiated deflection. To comply, Multnomah County launched its deflection program on September 1st, 2024, operating out of the temporary Coordinated Care Pathway Center, managed by the County's Health Department with services provided by Tuerk House. The program involves multiple partners, including Portland Police, the Sheriff's Office, the District Attorney, the Department of Community Justice, Metropolitan Public Defender, the Multnomah County Circuit Court, the City

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of Portland Mayor's Office, the County Departments of Community Justice and Health Department. Shelter, housing and long-term behavioral healthcare are accessed via referrals.

Since the start of deflection in Multnomah County, the program has been collecting data related to how the deflection program works and who it serves. Recently, the program released its annual report which we should use to inform program improvements needed to align with "best practices and improve outcomes for individual program participants." as envisioned by the State when HB4002 was passed.

Key findings from the [Annual Report](#) -

- Since deflection began, 1044 referrals to services have been made for engaged deflection clients (9/1/2024 – 8/31/2025), with all clients receiving at least one referral as part of their custom care plan.
- Of the 354 unique clients served at the Pathway Center:
 - 92% were experiencing homelessness¹
 - 7% reported living in a personal residence, including permanent supportive housing
- 72% of clients are 26-45 years old with the majority (41%) between 31-40.
- 60% of clients require food assistance
- 19% have self-reported physical conditions
- 18% have self-reported mental health conditions.

Problem

While the deflection program has made significant progress at deflecting people from the criminal justice system, it has not yet maximized the opportunity to set the people being served onto a path of recovery from addiction or homelessness and improved outcomes for the individuals. With 92% of participants experiencing homelessness, it is unconscionable that we have not created a direct pathway into homeless services from deflection and sobering. We must redefine success for this program to include success for the people being served and address the following problems:

1. Exiting the center and returning to unsheltered homelessness
2. Lack of understanding if the person is already on the community By Name List (BNL) used to understand who is experiencing homelessness in the County
3. Failure to connect people with any existing case managers and services that could be found in our Homeless Management Information System (HMIS).
4. Requiring participants to navigate referrals on their own in order to be assessed for the level of addiction treatment needs (inpatient, outpatient, intensive outpatient)
5. The deflection program and clean and sober homeless shelters are not currently a part of the continuum of addiction treatment services.
6. Low numbers of participants from existing referral pathways.

¹ Those living unsheltered, in a tent, temporarily staying with friends or family, in a vehicle, in a shelter, in hotels/motels, and in transitional housing

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Proposed Reform

I propose the following reforms in order to provide meaningful opportunities for people to have an opportunity to recover from addiction and/or homelessness:

1. Provide immediate entry into County-funded clean and sober shelters from deflection and sobering by physically transporting people to the available shelter bed immediately upon their release from the center.
2. Train deflection/sobering center staff to check the BNL and, if the person is not listed, complete the BNL questions and add them.
3. Train deflection/sobering staff to check HMIS, reach out to any existing programs or case managers that have worked with the person in the past, and provide warm handoffs back into homelessness services.
4. Conduct the needed assessments for inpatient treatment/transitional recovery housing, onsite at the center.
5. Create a continuum of addiction treatment services from the center and other sobering services, to inpatient treatment/transitional recovery housing, intensive outpatient treatment, or outpatient services. Clean and sober homeless shelters need to be access points to inpatient and outpatient services.
6. Allow all homeless services outreach and shelter providers to refer their clients to the center.