

Homelessness Response Action Plan

December 2025 Update



Introduction & Background

The Homelessness Response System (HRS) was created in the summer of 2024 by an Intergovernmental Agreement between Multnomah County and the City of Portland to guide our collective work to respond to homelessness. As part of this agreement, the Homelessness Response Action Plan (HRAP) was approved as a strategic reset of the community's response to homelessness. The HRAP lays out a plan to provide more and safer options for people experiencing homelessness, and aims to strengthen existing systems of care. Through a collaborative oversight model, the plan also provides opportunities to improve system-level coordination and transparency across jurisdictions and sectors.

Immediately after the passage of the Intergovernmental Agreement, County and City staff began to work on the deliverables outlined in the HRAP. That included jointly establishing the HRS oversight structure and launching three oversight committees (Steering and Oversight; Implementation; and Community Advisory). HRS staff created a data dashboard to track and publish quarterly data of the HRAP's key performance indicators, and began convening joint sessions with both the Multnomah County Board of Commissioners and Portland City Council. In May 2025, the HRS team launched an engagement process to update the HRAP. This took account of all that has been achieved and learned, along with changes that better reflect the system and program priorities of the moment.

Looking Forward

This is the first time the existing set of action items has received a comprehensive review - and it will not be the last. The HRAP was designed to be a living document that can shift and adapt as required. The engagement over the last several months has made it clear that collaboration and coordination has never been stronger, and that together, we always need to be ready and willing to engage in conversation about system and program challenges as they arise. (To read the original version of the HRAP, [visit here](#).)

A key driver for the updated plan is to align the HRAP with the established data and language of the County's homelessness response system. Instead of the nine broad policy goal areas used in the original version of the HRAP, we have organized both preexisting and new action items into five focus areas: 1.) Inflow; 2.) Safety on and off the Streets; 3.) Outflow; 4.) Care Coordination & Cross-Sector Collaboration; and 5.) Research, Data & Evaluation. In our engagement process, we've received positive feedback on this decision. Our external partners expressed their support of these changes, sharing that the

strategies are much easier to follow. (See *visual map of new focus areas below.*)

In addition to the reorientation toward new focus areas and strategies, the updated plan represents a more focused and prioritized set of action items based on the work completed to date and the immediate work ahead. It also includes five appendices: 1.) Acronym Glossary; 2.) State Partnership; 3.) Lobbying; 4.) Shelve (for now); and 5.) Completed Action Items.

Ultimately, our success in responding to homelessness is determined by whether we invest in effective solutions at a scale sufficient to meet the need. City and County homeless services systems, along with our many community partners, have served more than 50,000 individuals and families experiencing or at-risk of homelessness in each of the past two years. We are sheltering and housing more people than we ever have before. Even so, we know it's not enough.

As long as various upstream factors are at play in people's lives - the lack of affordable housing options, wages that don't keep pace with the cost of living, a lack of access to needed healthcare - both physical and behavioral healthcare - individuals and families will continue to fall into homelessness. In other words, if these factors improve, homelessness will decrease; if they stagnate or worsen, homelessness will increase. Homeless services providers cannot address these realities alone. Care coordination and partnerships driven across sectors help us both reach further upstream and do our downstream work better. We continue to be motivated by doing all we can - for as many as we can - by using our resources as efficiently and effectively as possible.

Visual Map

New System-Wide Key Performance Indicators (KPIs)		
1. People experiencing homelessness		
2. People who returned to homelessness		
3. Affordable homes (<=30% AMI) per 100 extremely low-income (<=30% AMI) renter households		
New Focus Area	New Strategy Categories	New KPI(s)
Inflow	Housing Stability & Eviction Prevention	4. Retention of individuals in HABH in permanent housing programs
	Employment Programs	5. People who became homeless
	Homelessness Prevention at System Exit	6. Number of people living without a lease agreement in HHs earning <=30% AMI
		7. Eviction judgements
Safety on/off the Streets	Shelter System	8. People experiencing unsheltered homelessness
	Outreach & Day Services	
	Health & Safety on the Streets	9. People experiencing chronic homelessness
	Information Technology	
Outflow	Permanent Housing Placement	10. People who exited homelessness system
	Landlord Engagement & Mitigation	11. People who exited homelessness to housing
	Housing Production	12. Average & median length of time homeless
Care Coordination & Cross-Sector Collaboration	Healthcare Access & Continuity	4. Retention of individuals in HABH in permanent housing programs
	Behavioral Health Access	
	Carceral Health	
Research, Data & Evaluation	Data Framework & Metrics	
	Regional Alignment	
	System & Contract Evaluation	

Reading the Plan

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Focus Area 3: Outflow

Actions that will increase the number of households leaving homelessness for permanent, stable housing.

2	1. Permanent Housing Placement: Housing placement and rental assistance programs such as rapid rehousing, Permanent Supportive Housing, and other permanent housing programs.				6
3	Number	Status	5	Action Item	Responsible
	3.1.1 (5.1.2)	 Underway		Explore all opportunities to bill Medicaid or other healthcare mechanisms for housing services, including Permanent Supportive Housing (PSH), as well as basic housing placement and retention. The goal is to develop a billing hub to help homeless service providers leverage these funds to sustain ongoing programming.	HSD, MC-COO, CCOs, MCHD
	3.1.2	 Up Next		Complete Move On pilot, evaluate pilot outcomes, and recommend next steps for Fiscal Year 2027.	HSD, CCC

1 Focus Area Number, Name, and Definition

2 Strategy Number, Name, and Definition

3 New Action Item Number

- Formulated as [Focus Area Number].[Strategy Number].[Action Item Order], allows for easy reference to where an action item appears in the HRAP.
- If an action item was carried over from the 2024 HRAP, then its original number appears in parentheses.

4 Status Indicator

- Gears indicate work on the action item is already underway.
- Pushpin indicates work on the action item will begin after some planning, generally within the fiscal year (July 2025-June 2026).
- Blank statuses indicate the action item will be taken up by the responsible parties at a later date because the work will be a heavy lift and/or requires significant pre-work before it can begin. That work may occur in subsequent fiscal years (after June 2026), pending capacity to do so.

5 Action Item Language

6 Responsible Parties

- Generally refers to the conveners or funders of the work, and is not an exhaustive list of all parties who will be engaged in the design and implementation of the work. As the work evolves, so may those responsible.
- In most cases, the work will also involve engaging a range of system partners, nonprofit service providers, and community advisory bodies, including people with lived experience of homelessness.

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Focus Area 1: Inflow

Actions to reduce the number of people experiencing homelessness by keeping individuals and families stable in their housing, and preventing those at risk from becoming newly homeless or returning to homelessness.

1. Housing Stability & Eviction Prevention: Keeping individuals and families stably housed and preventing them from becoming homeless or returning to homelessness.

Number	Status	Action Item	Responsible
1.1.1 (2.3.3)	 Underway	Develop and implement a Housing Support Team to provide onsite and mobile crisis response services to tenants that bridge nights and weekends to increase housing stability and prevent eviction.	HRS, HSD, MCHD - BHD, PHB, Home Forward
1.1.2 (A.1.1 / A.1.2)	 Up Next	Convene a Housing Stability workgroup to align strategies and recommend investments to address and reduce inflow into homelessness. Workgroup to analyze current eviction prevention/housing retention programs, including funding ratios of rent assistance and legal defense, and make budget recommendations based on current annual funding levels.	HRS, DCHS, HSD, PHB, Home Forward
1.1.3	 Up Next	Map the current array of services within case management. Compile information on staffing ratios, eligibility, demographic data collected, and services. Document which programs have ongoing case management, their standards, and how they include or intersect with housing.	HRS, DCHS, HSD, MCHD - BHD, DCJ, MCSO, MCHD - ICS, Worksystems, CCOs, PHB, Home Forward

1. Housing Stability & Eviction Prevention: Keeping individuals and families stably housed and preventing them from becoming homeless or returning to homelessness.

Number	Status	Action Item	Responsible
1.1.4		<p>Articulate a system-wide strategy on housing stability and eviction prevention across life course/household make up (identify needed services and supports).</p> <ul style="list-style-type: none"> Review County housing stability efforts to uplift effective interventions (current and those cut due to funding) and inform future budget investments and state advocacy. Determine recommendations for expanding a program model to emphasize flexibility in eligibility criteria to allow rent assistance to serve more individuals and households in a trauma informed and responsive way. 	DCHS, HSD, Cross-Departmental SHS Team, PHB, Home Forward
1.1.5 (4.3.4)		Explore short-term rent assistance options for those who are in jail pre-trial, and are at risk of losing their current housing due to a missed paycheck.	HRS, public defenders

2. Employment Programs: Programs and supports to stabilize individuals and households experiencing or at risk of homelessness.

Number	Status	Action Item	Responsible
1.2.1	 Underway	Report on existing conditions of tracking measures, populations served, and connection to the level of the workforce pipeline by employment services programs (FY 26 Budget Note).	Commissioners Singleton & Jones-Dixon, MC - COO
1.2.2		Explore workforce, trades, and educational pathways to support individuals transitioning out of the Child Welfare/Foster Youth system up to age 25, including assistance on college applications and navigating and filling out Free Application for Federal Student Aid (FAFSA) or other financial aid applications.	HRS, HSD, DCHS-YFS
1.2.3	 Underway	Provide 300 participants who are homeless or at risk of homelessness with employment services.	Worksystems

2. Employment Programs: Programs and supports to stabilize individuals and households experiencing or at risk of homelessness.

Number	Status	Action Item	Responsible
1.2.4	 Underway	Identify barriers to employment program eligibility and service impacts.	Worksystems
1.2.5		Determine how local or state governments can help in the recruitment of employers who are willing to hire individuals with barriers (e.g., justice involvement, mental health).	Worksystems
1.2.6		Develop and share best practices to increase access to financial literacy.	Worksystems
1.2.7		Identify referral points to employment programs from existing housing programs.	Worksystems
1.2.8		Design and pilot shelter workshops on housing and employment programs. Help shelter providers and residents assess who is ready for employment programs.	Worksystems
1.2.9		If additional funding is provided, increase Career Coach FTE to perform outreach and deepen engagement with shelters to increase access to the Economic Opportunity Program employment program.	Worksystems

3. Prevention at System Exit: Preventing exits/returns to homelessness from settings and systems such as carceral, healthcare and foster care.

Number	Status	Action Item	Responsible
1.3.1	 Underway	Through increased coordination between homelessness outreach teams and jail release counselors, create predictable pathways from jail into shelter or housing programs.	MCSO, HSD, Portland Solutions, public defenders
1.3.2 (4.3.2)	 Underway	Pilot use of the Health Related Social Needs (HRSN) post-release benefit to navigate those leaving prison to supportive housing.	DCJ, public defenders
1.3.3 (4.3.1)		Develop a process to consistently determine the number of people leaving prison and jail settings into unsheltered homelessness.	DCJ, MCSO, HSD

3. Prevention at System Exit: Preventing exits/returns to homelessness from settings and systems such as carceral, healthcare and foster care.

Number	Status	Action Item	Responsible
1.3.4 (4.3.1)		Develop work plan(s) to address needed changes and capacity needs to prevent all people leaving prison or jail settings to unsheltered homelessness.	DCJ, MCSO
1.3.5 (4.3.1)	 Underway	Secure funding for a pilot program focusing on a targeted prison or jail population, or a full program for all such individuals, to implement the systemic changes needed to prevent exit to unsheltered homelessness.	DCJ, MCSO, HSD
1.3.6	 Underway	Research and document the needed services to support foster youth transitioning to living independently.	HRS, HSD, DCHS
1.3.7 (4.4.1)	 Underway	Ensure a housing navigator is assigned to all transition-aged foster youth at least six months before “aging out.”	DCHS, HSD, OYA, ODHS
1.3.8 (4.1.2)		Map access and priorities for rental assistance and connect it with transition-aged foster youth.	HRS, HSD, Home Forward
1.3.9		Monitor State of Oregon planning for expanding housing resources for youth transitioning out of carceral settings into the community.	HRS, Government Relations
1.3.10		Evaluate state and local capacity for housing navigation and retention case management for youth transitioning out of foster care to independent living; document system needs for further funding consideration.	HSD, DCHS, HRS
<p><i>See also: action items related to connections between healthcare and housing in the Care Coordination & Cross-Sector Collaboration focus area.</i></p>			

Focus Area 2: Safety on and off the Streets

Actions that ensure the immediate safety and well-being of people currently experiencing homelessness by providing outreach, shelter, day centers, crisis response, and access to services.

1. Shelter System: Designing and funding a shelter continuum that is responsive to the needs of people experiencing homelessness.

Number	Status	Action Item	Responsible
2.1.1 (1.1.4)	 Underway	Coordinate with other government funders and providers serving immigrants, refugees and asylum seekers to develop a response plan for emerging sheltering and service needs for these populations.	DCHS, Home Forward
2.1.2	 Underway	Due to the shifting financial environment, revisit the remaining shelter units needed to meet the expansion goal with a focus on the Adult, and Domestic and Sexual Violence systems.	HSD
2.1.3 (1.1.7)	 Up Next	Establish a comprehensive suite of services within the shelter system related to housing, healthcare, employment, and federal and state benefits.	HSD
2.1.4	 Up Next	Following the completion of the Shelter Evaluation Project (December 2025), establish a staff-level workgroup to frame the shared takeaways and guidance on needed discussions related to the Community Sheltering Strategy and the shelter continuum. Bring to the Steering and Oversight Committee for discussion.	HRS, HSD, Portland Solutions

See also Shelter Evaluation in Research, Data & Evaluation: System & Contract Evaluation Section.

2. Outreach & Day Services: Connecting people experiencing homelessness to support services, resources and life-saving supplies through outreach and day centers.

Number	Status	Action Item	Responsible
2.2.1	 Underway	<p>Implement a new HSD outreach strategy, beginning July 1, 2025. The strategy is designed to:</p> <ol style="list-style-type: none"> 1) Enhance communication and collaboration among all HSD-contracted outreach providers, 2) Ensure comprehensive and equitable coverage across all defined areas of the county, and 3) Incentivize engagements and reduce duplication of efforts to better connect individuals with housing and support. <p>Phased approach to include City of Portland.</p>	HSD
2.2.2	 Underway	Map outreach services across the County enterprise that work with the population of people experiencing homelessness to identify possible efficiencies.	MC-COO, HSD, MCHD
2.2.3	 Underway	Evaluate the recent placement of peer support services at the Central Library. Initial evaluation to be complete in time for FY 2027 budget discussions.	Library
2.2.4	 Underway	Complete the onboarding of the county's network of day centers to begin reporting into HMIS.	HSD
2.2.5 (A.4.1)		Develop a set of recommendations related to transport services for people experiencing homelessness between a range of service settings, including street outreach, shelters, day centers, and hospitals or other health care settings.	HSD, DCHS, Portland Solutions, CCOs, hospital systems, TriMet

3. Health & Safety on the Streets: Addressing the urgent health and safety risks faced by people experiencing unsheltered homelessness to reduce preventable illness, injury, and death.

Number	Status	Action Item	Responsible
2.3.1 (5.1.3)		Launch a pilot project of mobile crisis response teams to begin billing Medicaid for allowable services.	MC-COO, Portland Solutions
2.3.2	 Up Next	Convene workgroup to examine known causes of preventable deaths among people experiencing homelessness, recommend timely data sources to track actionable changes in number and causes of deaths, and recommend policy and programmatic solutions to save lives and prevent premature death.	HRS, MCHD, HSD, Portland Public Safety Service Area, City of Gresham
2.3.3 (5.2.3)		Establish mechanisms for presumptive eligibility for mobile crisis and street medicine services.	CCOs, Portland Solutions, HRS

See also *Health Department app in Safety on and off the Streets: Information Technology*.

4. Information Technology: Developing and utilizing tools to improve service coordination and access.

Number	Status	Action Item	Responsible
2.4.1 (7.2.3)	 Underway	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.	HSD
2.4.2 (7.2.4)		Establish metrics to evaluate the shelter availability tool's impact on shelter capacity and resource management. Regularly review system performance and adjust as needed.	HSD

4. Information Technology: Developing and utilizing tools to improve service coordination and access.

Number	Status	Action Item	Responsible
2.4.3	 Underway	<p>Design and launch an app to better connect the 30 mobile healthcare and hygiene vans operating across the county/metro region - regardless of their funding source.</p> <ul style="list-style-type: none"> • Near-term goal: Provide county outreach workers with real-time, geo-located information on van availability. • Long-term goal: Integrate comprehensive resource availability - including in-patient treatment bed availability and shelter bed availability (pulled from the HMIS shelter tool), to enable vans to signal needs and guide clients more effectively. 	MCHD
2.4.4 (7.2.5)		Add behavioral health bed capacity to the Health Department tool (see 2.4.3).	MCHD

Focus Area 3: Outflow

Actions that will increase the number of households leaving homelessness for permanent, stable housing.

1. Permanent Housing Placement: Housing placement and rental assistance programs such as rapid rehousing, Permanent Supportive Housing, and other permanent housing programs.

Number	Status	Action Item	Responsible
3.1.1 (5.1.2)	 Underway	Explore all opportunities to bill Medicaid or other healthcare mechanisms for housing services, including Permanent Supportive Housing (PSH), as well as basic housing placement and retention. The goal is to develop a billing hub to help homeless service providers leverage these funds to sustain ongoing programming.	HSD, MC-COO, CCOs, MCHD
3.1.2	 Up Next	Complete Move On pilot, evaluate pilot outcomes, and recommend next steps for Fiscal Year 2027.	HSD, CCC
3.1.3 (2.2.7)		Fund and implement shelter flow-through items identified in the March 2024 Community Sheltering Strategy.	HSD
3.1.4 (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.	HSD, PHB, Home Forward
3.1.5 (5.4.2)		Explore potential to expand permanent supportive housing capacity by bringing supportive services to existing affordable housing units.	HSD, Metro, CCOs, PHB, housing providers
3.1.6		Procure or produce approximately 440 new units of Permanent Supportive Housing (Fiscal Year 2026).	HSD, OHCS, PHB

See also Rapid Rehousing Evaluation in Research, Data & Evaluation: System & Contract Evaluation Section.

2. Landlord Engagement & Mitigation: Building relationships and increasing access to available housing units in our community.

Number	Status	Action Item	Responsible
3.2.1	 Underway	Assess the HSD-funded systems-level landlord engagement investments, leading up to the FY27 budget process. Engage with HSD contractors that perform landlord engagement at a program level to ensure future changes at the system level will be effective.	HSD
3.2.2	 Up Next	With Clackamas, Multnomah and Washington Counties and the City of Portland, explore a competitive solicitation at Metro to build on some of the successes of the Multnomah County pilot project on unit inventory to create a regional platform for housing navigators, and placing people into housing more quickly, consistently and successfully.	Metro, PHB

3. Housing Production: Increasing the number of available housing units at all levels of housing affordability.

Number	Status	Action Item	Responsible
3.3.1	 Underway	Complete the initial plan for the city's Unified Housing Strategy by December 2025.	BPS, PHB
3.3.2	 Underway	Publish the Notice of Funding Availability for \$15 million in federal funds for office to residential conversions by December 2025.	BPS, Prosper Portland
3.3.3	 Underway	Require the Portland Permitting Department to begin reporting out, every six months, on the System Development Charges Exemption Program. Reporting begins March 2026.	PPD
3.3.4	 Underway	Allow for self-certification and third-party review for city permit approvals by April 2026.	PPD
3.3.5	 Underway	Adopt Tax Increment Financing (TIF) Action Plans for Central City and Cully TIF Districts (Spring 2026) and East Portland TIF District (Fall 2026).	Prosper Portland, PHB

3. Housing Production: Increasing the number of available housing units at all levels of housing affordability.

Number	Status	Action Item	Responsible
3.3.6	 Underway	Participate in Metro's six-year Regional Housing Coordination Strategy (2026–2031) by contributing local data, system-level insights, and service coordination needs to support development of regional tools and strategies such as housing inventory systems, operational stabilization strategies, regional land banking strategies, and coordinated policy and funding recommendations. Use RHCS outputs to inform HRAP housing pipeline and rehousing strategies.	Metro, Counties, Cities
3.3.7	 Next Up	Report findings and recommendations for the Social Housing Plan by May 2026.	PHB
3.3.8	 Next Up	Complete and begin implementation of the Inner SE Zoning Plan in the Spring 2027.	BPS
3.3.9 (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.	Metro, PHB

Focus Area 4: Care Coordination & Cross-Sector Collaboration

Actions that promote collaboration and alignment to address critical service gaps and deliver a more effective, and coordinated response across multiple governments and sectors (including healthcare) to more effectively meet people's needs.

1. Healthcare Access & Continuity: Increasing access to healthcare for individuals who are unsheltered and those in housing programs.

Number	Status	Action Item	Responsible
4.1.1 (7.2.8)	 Underway	Expand the Regional Integration Continuum pilot to include broader provider engagement.	HSD, Metro, Health Share
4.1.2 (1.1.5)	 Underway	Design and implement a pilot of a regional post-acute care partnership - involving hospitals, health systems, CCOs, housing and homeless service providers - to expand coordinated discharge options for patients experiencing homelessness. The program will transition patients from inpatient settings into greater housing and health stability through expanded access to medical respite and medically-aligned sheltering options.	Metro, HRS, CCOs, hospital systems, HSD, Portland Solutions, Clackamas and Washington counties
4.1.3 (1.1.5)	 Underway	Design and implement regional "Systems of Care" pilot to increase placement of people experiencing homelessness and high-acuity behavioral health conditions into Permanent Supportive Housing or transitional recovery housing at discharge from inpatient psychiatric stabilization settings, with partnerships to ensure ongoing healthcare support once housed.	Metro, hospital systems, CCOs, MCHD - BHD, HSD, HRS, housing providers
4.1.4 (1.1.5)	 Up Next	Pilot options to improve housing stability and retention of existing high-acuity PSH residents through expanded coordination between PSH providers and enhanced health system care coordination and navigation.	CCOs, HSD, MCHD - BHD, housing providers, HRS, Metro

1. Healthcare Access & Continuity: Increasing access to healthcare for individuals who are unsheltered and those in housing programs.

Number	Status	Action Item	Responsible
4.1.5 (5.1.1)		Bring together state Medicaid billing expertise and develop a plan to maximize Medicaid billing and other external sources of funding for navigation and coordination services (outreach).	MCHD, CCOs

2. Behavioral Health Access: Increasing access to behavioral healthcare through inpatient and outpatient treatment expansion.

Number	Status	Action Item	Responsible
4.2.1 (3.1.2)	 Underway	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.	Health Share, CareOregon
4.2.2 (3.3.1)	 Underway	Enroll qualified individuals with Severe & Persistent Mental Illness into Oregon's Medicaid long term care benefit.	MC-COO, DCHS, HSD, MCHD - BHD, OHA, ODHS, Governor's Office
4.2.3 (3.3.2)	 Underway	Add 150 facility beds to include substance use disorder, withdrawal management, dual diagnosis beds and recovery housing.	OHA, MCHD, Health Share
4.2.4 (3.5.1)	 Underway	Address shortages in the behavioral health workforce through the removal of barriers, increased funding, and expanding and speeding up the pipeline of future workers.	Worksystems
4.2.5	 Underway	Complete a needs evaluation of behavioral and mental health services. This evaluation will review community gaps and assess the feasibility of addressing identified behavioral and mental health gaps. This includes determining if additional outpatient treatment and delivery models are sustainable through increased community investments or within existing Health Department models.	MCHD - ICS

2. Behavioral Health Access: Increasing access to behavioral healthcare through inpatient and outpatient treatment expansion.

Number	Status	Action Item	Responsible
4.2.6	 Up Next	Explore the current portfolio of housing placement options that can serve individuals with co-occurring disorders as a precursor to Permanent Supportive Housing or other long-term housing to improve housing readiness and retention.	MCHD - BHD
4.2.7		Document mental and behavioral healthcare services for youth who are unhoused, and barriers to access for youth who are unhoused.	HRS, HSD, CCOs, MCHD, DCHS

3. Carceral Health: Increasing healthcare access during and post incarceration.

Number	Status	Action Item	Responsible
4.3.1 (4.2.2)	 Underway	Develop a community of practice for de-siloed deflection programming to meet needs of a changing Measure 110 environment. That includes an assessment of deflection program connections within residential SUD programming, as well as housing and treatment care models.	CCOs, District Attorney's Office, HRS, MCHD - BHD, MCHD
4.3.2 (4.2.4 / 4.2.7)	 Underway	Develop a community of practice for the provision of standardized, evidence-based substance use disorder and behavioral health treatment within correctional settings to develop a policy framework and program to ensure discharge medication continuity with longitudinal follow-up.	DCJ, MCSO, MCHD - CHD
4.3.3 (4.2.8)	 Up Next	Policy adaptation to provide Medicaid benefits for people in an incarcerated setting within 24 hours of release.	DCJ, MCSO, MCHD - CHD
4.3.4 (4.2.1)	 Up Next	Understand and resolve barriers to the current delivery system within correctional health services.	DCJ, MCHD - CHD, MCSO
4.3.5 (4.3.3)		Identify and secure ongoing funding sources for the Stabilization and Readiness Program.	DCJ

Focus Area 5: Research, Data & Evaluation

Actions that will align and strengthen research, data, and evaluation to drive strategic system-level decisions to improve equitable outcomes for the people utilizing homeless services.

1. Data Framework & Metrics: Increasing quality of data and metrics to better track and inform the work being done.			
Number	Status	Action Item	Responsible
5.1.1 (1.1.2)	 Underway	Build upon the existing HSD data improvement framework and develop a work plan to include data strategy, long- and short-term goals, and any additional staff (at departments and CBOs) or financial resources to support work.	HRS, HSD, Metro, CCOs
5.1.2 (7.3.1)	 Underway	Establish a data-to-policy framework to analyze disparities within key performance indicators (KPIs) to inform program, policy, and investment recommendations. Charter oversight procedures to ensure that guidance from the Implementation and Community Advisory Committees effectively inform recommendations given to City Bureaus and County Departments by the Steering and Oversight Committee.	HRS, CAC, Implementation Committee, SOC
5.1.3	 Underway	Provide an update to the Board of County Commissioners on homelessness-related data elements that can be aligned and collected across the enterprise. (FY 26 Budget Note)	HRS, MCHD, MCHD - BHD, DCHS, HSD, DCJ, MCSO
5.1.4		By the publication of the second 2026 quarterly report (May 2026), the Implementation Committee and Community Advisory Committee will make recommendations for equity indicators associated with each KPI.	HRS, HSD, HRS Implementation Committee, HRS Community Advisory Committee
5.1.5		Collect equity frameworks from programs within the HRS service system (across jurisdictions) to document how communities of focus are prioritized in services and programs.	HRS, Implementation Committee

1. Data Framework & Metrics: Increasing quality of data and metrics to better track and inform the work being done.

Number	Status	Action Item	Responsible
5.1.6		Adopt an equity framework to guide the analysis of each KPI to inform program changes and investments to meet HRAP goals and refine actions connected to equitable service provision and equitable outcomes for the communities of focus.	HRS, CAC, Implementation Committee, SOC

2. Regional Alignment: Aligning data definitions used among our regional partners and non-governmental organizations.

Number	Status	Action Item	Responsible
5.2.1 (7.1.1)	 Underway	Coordinate with Metro, Clackamas and Washington Counties, and Portland Housing Bureau to create a shared definition of Permanent Supportive Housing.	Metro, HRS, HSD, PHB
5.2.2 (7.2.9)	 Underway	Develop data sharing agreements with the City of Portland, Metro, the State of Oregon and Health Share 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.	CCOs, HSD, Metro, PHB

NOTE: The 2025 HRAP builds directly upon the foundation established by the 2020 Local Implementation Plan (LIP), which was developed with a foundational, rigorous community engagement process that established clear priorities and values for utilizing regional Supportive Housing Services (SHS) funding. The HRAP is guided by the priorities set out in the LIP, as well as current jurisdictional priorities, and is designed to evolve and meet our current challenges. This structure ensures continuity and strategic alignment, leveraging the community's original vision while adapting to the realities of the last five years.

3. System & Contract Evaluation: Evaluating system-level impacts and homeless service provider contract performance for alignment with priorities.

Number	Status	Action Item	Responsible
5.3.1	 Underway	Evaluate the cost and performance of shelters that serve the adult system of care, in the context of service provision, housing strategies, and access to housing placement funds (December 2025).	HSD, Portland Solutions
5.3.2	 Underway	Use both qualitative and quantitative data to better understand experiences of homelessness in Multnomah County. Understand how people experiencing homelessness in Multnomah County are accessing services, encountering barriers, and moving from homelessness to housing. Identify common housing goals, strategies, and preferences among this population (Pathways Project, Initial Insight - December 2025; Final - 2026).	HSD, PSU, HRS
5.3.3	 Underway	Evaluate rapid rehousing (RRH) programs to understand what elements of a successful RRH program contribute most to participants' long-term housing stability (June 2026).	HSD
5.3.4	 Underway	As part of the body of work initiated by the Metro President's Workgroup and led by the Technical Assistance Collaborative, the SHS System Evaluation will map the SHS service system, identify needs, gaps, barriers and opportunities across the system, and at a high level, evaluate the efficacy of the existing work based on available data and engagement with system stakeholders and subject matter experts (May 2026).	Metro
5.3.5	 Underway	Evaluate how the county has spent Supportive Housing Services (SHS) funds with respect to the criteria for using those funds through a County audit. Focus is any County department that receives \$1 million or more in SHS funds.	Multnomah County Auditor
5.3.6 (5.4.3)		Complete a provider and population-specific system mapping of existing services, including outcomes toward goal.	HRS, HSD

3. System & Contract Evaluation: Evaluating system-level impacts and homeless service provider contract performance for alignment with priorities.

Number	Status	Action Item	Responsible
5.3.7 (7.3.2)	 Underway	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.	HSD
5.3.8		Review the current service model and facilitate design sessions with providers and participants to understand youth and family service gaps, informing future planning and strategic development and refinement of programs that serve youth and families experiencing homelessness.	HRS, HSD, DCHS, DCJ, MCHD - REACH

Appendix: Acronym Glossary

Acronym	Definition
ACT	Assertive Community Treatment
BPS	Portland Bureau of Planning and Sustainability
CAC	Homelessness Response System Community Advisory Committee
CCC	Central City Concern
CCOs	Coordinated Care Organizations
MC-COO	Office of the Multnomah County Chief Operating Officer
DCHS	Department of County Human Services
DCHS - YFS	Department of County Human Services - Youth and Family Services
DCJ	Multnomah County Department of Community Justice
FAFSA	Free Application for Federal Student Aid
FCAA	Federally Consolidated Appropriations Act
FERPA	Family Educational Rights and Privacy Act
FTE	Full Time Equivalent
FY	Fiscal Year
HIPAA	Health Insurance Portability and Accountability Act
HMIS	Homeless Management Information System
HRAP	Homelessness Response Action Plan
HRS	Homelessness Response System
HRSN	Health Related Social Needs
HSD	Multnomah County Homeless Services Department
IGA	Intergovernmental Agreement
KPI	Key Performance Indicator
MCHD	Multnomah County Health Department
MCHD - BHD	Multnomah County Health Department - Behavioral Health Division
MCHD - CHD	Multnomah County Health Department - Carceral Health Division
MCHD - ICS	Multnomah County Health Department - Integrated Clinical Services
MCHD -	Multnomah County Health Department - Racial and Ethnic Approaches

Acronym	Definition
REACH	to Community Health
MCSO	Multnomah County Sheriff's Office
MFI	Median Family Income
ODHS	Oregon Department of Human Services
OHA	Oregon Health Authority
OHCS	Oregon Housing and Community Services
OYA	Oregon Youth Authority
PHB	Portland Housing Bureau
PPD	Portland Permitting & Development
PSH	Permanent Supportive Housing
PSU	Portland State University
RRH	Rapid Rehousing
SHS	Supportive Housing Services
SOC	Homelessness Response System Steering and Oversight Committee
SUD	Substance Use Disorder
TIF	Tax Increment Financing
WIB	Workforce Investment Board

Appendix: State Partnership

The State of Oregon is an important partner in addressing homelessness, both as a funder and in many instances as an active partner in policy, regulation, and service provision. The Oregon State Legislature generally sets statewide funding and policy priorities, and a broad range of executive branch agencies distribute funding, set programmatic rules, regulate related public and private industries, and in some cases directly provide services.

The State currently prioritizes many of its actions relative to homelessness in its [State of Oregon Homelessness Response Framework](#), developed by and implemented through Governor Kotek's [Interagency Council on Homelessness](#).

Multiple State agencies were involved in several prior HRAP action items that were completed or have been carried over into this updated plan. Specific State agencies are named as responsible parties in this plan where they are active and ongoing engaged partners in the work. In addition to those, we believe that State agencies will be important partners in several additional action items, sometimes acting solely in consultation regarding the regulatory landscape associated with the work, and sometimes as potential implementation partners. This appendix identifies only that we intend to engage State entities to explore those partnerships moving forward.

Number	Action Item	Responsible
1.2.2	Explore workforce, trades, and educational pathways to support individuals transitioning out of the Child Welfare/Foster Youth system up to age 25, including assistance on college applications and navigating and filling out Free Application for Federal Student Aid (FAFSA) or other financial aid applications.	HRS, HSD, DCHS-YFS
1.3.3 (4.3.1)	Develop a process to consistently determine the number of people leaving prison and jail settings into unsheltered homelessness.	DCJ, MCSO, HSD
1.3.4 (4.3.1)	Develop work plan(s) to address needed changes and capacity needs to prevent all people leaving prison or jail settings to unsheltered homelessness.	DCJ, MCSO
1.3.6	Research and document the needed services to support foster youth transitioning to living independently.	HRS, HSD, DCHS
1.3.7 (4.4.1)	Ensure a housing navigator is assigned to all transition-aged foster youth at least six months before “aging out.”	DCHS, HSD, OYA, ODHS
1.3.8 (4.1.2)	Map access and priorities for rental assistance and connect it with transition-aged foster youth.	HRS, HSD, Home Forward
1.3.9	Monitor State of Oregon planning for expanding housing resources for youth transitioning out of carceral settings into the community.	HRS, Government Relations

Number	Action Item	Responsible
1.3.10	Evaluate state and local capacity for housing navigation and retention case management for youth transitioning out of foster care to independent living; document system needs for further funding consideration.	HSD, DCHS, HRS
2.1.1 (1.1.4)	Coordinate with other government funders and providers serving immigrants, refugees and asylum seekers to develop a response plan for emerging sheltering and service needs for these populations.	DCHS, Home Forward
2.3.1 (5.1.3)	Launch a pilot project of mobile crisis response teams to begin billing Medicaid for allowable services.	MC-COO, Portland Solutions
2.3.3 (5.2.3)	Establish mechanisms for presumptive eligibility for mobile crisis and street medicine services.	CCOs, Portland Solutions, HRS
3.1.1 (5.1.2)	Explore all opportunities to bill Medicaid or other healthcare mechanisms for housing services, including Permanent Supportive Housing (PSH), as well as basic housing placement and retention. The goal is to develop a billing hub to help homeless service providers leverage these funds to sustain ongoing programming.	HSD, MC-COO, CCOs, MCHD
3.1.5 (5.4.2)	Explore potential to expand permanent supportive housing capacity by bringing supportive services to existing affordable housing units.	HSD, Metro, CCOs, PHB, housing providers
3.1.6	Procure or produce approximately 440 new units of Permanent Supportive Housing (Fiscal Year 2026).	HSD, OHCS, PHB
4.1.2 (1.1.5)	Design and implement a pilot of a regional post-acute care partnership - involving hospitals, health systems, CCOs, housing and homeless service providers - to expand coordinated discharge options for patients experiencing homelessness. The program will transition patients from inpatient settings into greater housing and health stability through expanded access to medical respite and medically-aligned sheltering options.	Metro, HRS, CCOs, hospital systems, HSD, Portland Solutions, Clackamas and Washington counties
4.1.3 (1.1.5)	Design and implement regional “Systems of Care” pilot to increase placement of people experiencing homelessness and high-acuity behavioral health conditions into Permanent Supportive Housing or transitional recovery housing at discharge from inpatient psychiatric stabilization settings, with partnerships to ensure ongoing healthcare support once housed.	Metro, hospital systems, CCOs, MCHD - BHD, HSD, HRS, housing providers

Number	Action Item	Responsible
4.1.5 (5.1.1)	Bring together state Medicaid billing expertise and develop a plan to maximize Medicaid billing and other external sources of funding for navigation and coordination services (outreach).	MCHD, CCOs
4.2.2 (3.3.1)	Increase intake, assessment, and enrollment capacity to maximize the use of all Medicaid waivers by local and state partners.	MC-COO, DCHS, HSD, MCHD - BHD, OHA, ODHS, Gov Office
4.2.3 (3.3.2)	Add 150 facility beds to include residential substance use disorder, withdrawal management, and dual diagnosis beds.	OHA
4.2.4 (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.	Worksystems
4.3.3 (4.2.8)	Policy adaptation to provide Medicaid benefits for people in an incarcerated setting within 24 hours of release.	DCJ, MCSO, MCHD - CHD
4.3.5 (4.3.3)	Identify and secure ongoing funding sources for the Stabilization and Readiness Program.	DCJ
5.3.8	Review the current service model and facilitate design sessions with providers and participants to understand youth and family service gaps, informing future planning and strategic development and refinement of programs that serve youth and families experiencing homelessness.	HRS, HSD, DCHS, DCJ, MCHD - REACH

Appendix: Lobbying

Actions that will increase funding, services and improve systems to support achievement of key performance indicators, goals and objectives of the Homelessness Response Action Plan.

2024 HRAP Number	Lobbying Item
	Based on expected shifts in investments at the federal level, pursue opportunities to maximize HUD funding opportunities, particularly related to transitional recovery housing.
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.
5.1.4	Explore expanded or additional revenue sources to fund additional behavioral health capacity.
5.2.2	Seek federal support for paying for pre-treatment behavioral health and SUD services.
5.2.4	Seek federal support for behavioral health providers, SUD providers and other appropriate community organizations to upgrade their clinical information systems.
6.1.12	Increase state remediation funds for remediation on sites for shelters, affordable housing and behavioral health facilities.

NOTE: This list will likely grow. For action items listed under any given focus area, it could be that we need policy changes or state/federal resources. Once that is clear, action items would shift to this list.

Appendix: Shelf

Previous action items that are officially on hold due to various factors or decisions.

2024 HRAP Number	Action Item	Note
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.	This item required State funding (capital) that was not realized. Without required funding, there is no identified pathway for making this a reality, and it should be shelved until there is.
3.2.2	Fund and support an additional ~100 secure residential treatment facility beds, especially in Class 1 facilities.	OHA and the governor's office are working on selection of bed types and location for most recent investments; those beds are not likely to be online for more than a year - and because they are not beds that we, as a County, have access to - this item is being shelved.
4.2.3	Leverage tele-psychiatry services to improve psychiatric care access and continuity.	This is effectively off the table with the indefinite postponement of the 1115 carceral benefit. For those currently in custody, there's no ability to engage in telehealth, so they're back to just corrections health services. There's not an additional resource above what's already there.
4.2.5	Continuation of Medicaid benefit while in County jails.	This is effectively off the table for adults with the indefinite postponement of the 1115 carceral benefit. OHA focus has shifted to implementation of the Federally Consolidated Appropriations Act (FCAA), which requires care coordination and coverage for incarcerated youth prior to release.

2024 HRAP Number	Action Item	Note
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.	This is effectively off the table with the indefinite postponement of the 1115 carceral benefit. Health Share and CareOregon indicate limited work will continue under FCAA and other Medicaid benefit expansion.
5.2.5	Incentivize current behavioral health and primary care groups to expand and reduce denials. Enforce and encourage existing providers to reduce denials.	Workgroup members, including our healthcare partners, evaluated this action item and determined that it is not a widespread problem that currently needs solving.
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).	Accounting of people who want/need these services in shelter and low-income housing is challenging. Additionally, the employment programs that are funded largely work upstream as an eviction prevention strategy. With new funding, these programs would do more in shelter settings. New action items are being developed by the workforce table.
7.2.6	Add supportive housing and affordable housing to the shelter availability tool.	PSH does not belong in the Shelter Availability Tool, which is what this action item was written to mean. What is happening and appropriate: an affordable housing inventory list managed by Housing Connector and an additional, public-facing affordable unit availability listing for those who are seeking affordable housing but are not experiencing homelessness.
A.3.3	Complete gap analysis across all professions licensed and unlicensed in behavioral health, peer support and independent living (combine with current analysis).	This was a project undertaken by a specific person at a hospital partner, and has not continued following their layoff. Consider shelving unless the work is taken up again.

Appendix: Completed Action Items

2024 HRAP Number	Action Item
1.1.1	Establish and implement a Homelessness Response System, which is responsible for mobilizing the various jurisdictions, departments, stakeholders and service providers toward the implementation of this Homelessness Response Action Plan and the goals herein.
1.1.3	Develop an outreach and engagement strategy workgroup and steering committee similar to the Community Sheltering Strategy.
1.1.6	Create lower-barrier, more accessible, and self-reporting documentation requirements for program eligibility for individuals with disabilities.
2.1.1	Engage in a community planning process to create a two-year sheltering strategic plan.
2.1.2	Review and streamline shelter services contracting process for faster and more efficient contracting that allows providers to meet workforce needs.
2.1.3	Create a tool to 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.
2.1.4	Pass legislation that creates streamlined siting for behavioral health services for both inpatient and outpatient beds.
2.2.1	Complete, build and open 555 beds of additional adult shelter planned in FY 2024 in revised budgets for City and County. (Target Population: Adults & Couples)
2.2.2	County identifies funding needed to improve shelter sites as well as county-owned property to potentially be used for shelters.
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. (Target Population: Adults)
2.2.4	Double family shelter capacity by adding 150 units of family shelter. (Target Population: Families)
2.2.5	Add 80 units of shelter for survivors of domestic violence. (Target Population: DV Survivors)
2.2.6	Create a culturally specific youth shelter with 25-bed capacity. (Target Population: Youth)

2024 HRAP Number	Action Item
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.
2.4.1	Assess opportunities to align local, regional and statewide landlord incentives.
2.4.2	Initiate pilot to secure up to 200 units through block/primary leasing or other strategies to support rapid housing placement.
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.
2.4.4	Expand the State's Landlord Incentive/Guarantee Pool to private property owners, which will increase the number of available rentals.
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.
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.
3.4.1	Complete environmental scan of shovel ready projects with estimated cost, type, bed capacity, timeline, etc.
3.4.2	Develop ongoing process for environmental scan to consistently update list of opportunities for building behavioral health capacity
4.1.1	Secure agreements for flexible housing vouchers.
4.4.2	Connect child welfare case managers to local housing navigation systems.
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."
5.2.1	Allow greater flexibility in re-enrolling homeless individuals into Medicaid at dates that are not specific to their re-enrollment.
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.
5.3.2	Enroll 500 individuals currently in shelter or transitional housing in a WIB

2024 HRAP Number	Action Item
	employment program per year.
5.3.3	Enroll 200 individuals currently experiencing homelessness or living in transitional housing in supportive employment.
5.4.1	Orient, align, and fund current and future service contracts toward Homelessness Response System goals and outcomes focused on equity.
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.
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.
6.1.3	Expand housing incentives for HOLTE to spur the development of affordable homeownership production.
6.1.4	Fund infrastructure investments that will facilitate local housing production, including affordable housing.
6.1.5	Launch process to award \$600 million in state funding for new affordable housing (including supportive housing) adopted by Legislature in 2023.
6.1.6	Identify 20 commercial buildings in Central City for potential housing conversion (12 have been identified so far).
6.1.7	Prioritize the permitting applications and inspection schedules for affordable housing projects. (0-60% MFI)
6.1.8	Consolidate City of Portland building permitting process under a single authority (Single Permit Authority).
6.1.9	Identify ways to support the development and financing of affordable housing on faith-based and nonprofit owned properties.
6.1.10	Develop and adopt the city's Housing Production Strategy for the next five years.
6.1.11	Identify new Tax Increment Financing Districts in the Central City and East Portland to fund new affordable and other housing development.
7.1.2	Define and communicate consistent language to describe services.
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.

2024 HRAP Number	Action Item
7.2.2	Interim connection developed for shelter providers to report available access and appropriate placement spots available, to be tracked in real time.
7.2.7	Implement Regional Integration Continuum pilot to develop infrastructure, including data sharing agreements, dedicated navigation pathways, and case conferencing mechanism to share relevant health information between health systems, county housing and homeless services departments, and homeless service and affordable housing providers.
8.1.1	Establish Governance Charter and membership for the Steering and Oversight Committee and Implementation Committee.
8.1.2	Agree on updated City-County Joint Office of Homeless Services IGA.
8.1.3	Establish charter and membership for the Community Advisory Committee.
8.2.1	Launch Implementation Committee.
8.2.2	Launch Steering and Oversight Committee.
8.2.3	Establish committee schedules, expectations and preliminary work plans. Map coordination and alignment opportunities to other existing oversight and advisory bodies.
8.2.4	Recruit and select Community Advisory Committee membership. Launch Committee.
9.1.1	Determine which metrics to track on a public dashboard, including data sources and parties responsible for tracking.
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.
9.1.3	Launch email newsletter that updates partners, stakeholders and policy makers on key metrics and connects readers to the online dashboard.
9.1.4	Dashboard is live.
A.2.1	Allocate \$7.6 million in immediate client and rental assistance available to HSD providers for 221 households.
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.

2024 HRAP Number	Action Item
A.2.3	Move-In Multnomah contract for 140 rooms to be leased. Costs of \$4.2 million.
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.
A.2.5	Determine and align rental assistance and PSH resource needs.
A.2.6	Explore use of rent assistance and ACT services for those exiting Unity and Oregon State Hospital.
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.
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.
A.3.4	Evaluate funding contracts specifically to increase wages and training.
A.5.1	Fund outreach services at library locations.
A.5.2	Fund day services.