



FY 2024 Supportive Housing Services Annual Report

A report on the coordinated effort between Metro and Multnomah, Clackamas and Washington counties to reduce chronic and overall homelessness.



Welcome

Welcome to the Joint Office of Homeless Services' **FY 2024 Supportive Housing Services Annual Report!**

This year's report highlights the outcomes, progress, and challenges that Multnomah County faced in supporting our unhoused, unsheltered, and at-risk neighbors through housing and a range of supportive services. You will also learn about Multnomah County's ongoing contributions to the region's efforts in reducing homelessness and providing long-term housing solutions.

Thank you for your continued interest and support of our work and we invite you to dive deep into this report!

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Acknowledgments

Land Acknowledgment

Multnomah County rests on the stolen lands of the Multnomah, Kathlamet, and Clackamas Bands of Chinook Indian Nation; Tualatin Kalapuya; Molalla; and many others along the Columbia River. This country is built on stolen Indigenous land and built by stolen African people. This land was not stolen and people were not enslaved by ambiguous entities and actors. The land was stolen by, and African peoples were enslaved by, White settlers who had government support. We also want to honor the members of over 400 tribal communities who live in Multnomah County. Many of these people and their cultures still survive and resist despite the intentional and ongoing attempts to destroy them.

Credit to: Dr. Aileen Duldulao and Heather Heater, Multnomah County

Community Acknowledgment

The Joint Office of Homeless Services honors the experiences, time and labor of our unhoused and housing-insecure neighbors, who continually inform our work. We recognize the urgency to meet the needs of our community and prioritize creating culturally responsive, community-driven and sustainable systems.

We acknowledge the existence of structural racism and commit to developing, implementing and evaluating policies and practices that achieve equitable outcomes while eliminating disparities that people of color experience. We believe that focusing on racial equity allows us to more effectively serve all communities.

We thank the region's voters for their continued support with the SHS Measure! This ongoing investment in life-saving services already had a major impact in its first three years of implementation and will continue to lead to better outcomes over the next seven years and improve the lives of thousands of people experiencing and at risk of homelessness.



About the Joint Office of Homeless Services



Mission

The Joint Office of Homeless Services oversees the delivery of services for people experiencing and at risk of homelessness in Multnomah County, including things like shelter, street outreach, recovery services, and rehousing.

We work with community-based organizations and government entities to provide participant-driven, coordinated, equity-based services focused on people experiencing and at risk of becoming homeless. Central to that work is a spirit of partnership and shared power with those experiencing homelessness.

We monitor funds issued by the U.S. Department of Housing and Urban Development's Continuum of Care program, manage systems of care, and oversee system reporting and evaluation.

Vision

To create an equitable community where all people have safe, affordable, and accessible housing.



Supportive Housing Services Measure


In May 2020, voters in Multnomah, Clackamas and Washington counties approved Measure 26-210, introducing two new taxes to help end homelessness across greater Portland.

Focusing on addressing racial disparities in homeless services and chronic and short-term homelessness, the measure funds services including permanent supportive housing, shelter, outreach, behavioral health services, rent assistance and other supports.

10-year Regional Goals

- 1 Connect 5,000 people with permanent supportive housing
- 2 Expand and build new outreach teams
- 3 Stabilize 10,000 households with permanent housing
- 4 Expand network of culturally specific and other providers
- 5 Share consistent regional data and regularly updated visuals
- 6 Increase shelter capacity and access

Services Funded

 Addiction/Recovery Assistance	 Advocacy & Case Management	 Basic Survival Support	 Behavioral & Mental Health Services	
 Education Assistance	 Employment Assistance	 Eviction Prevention	 Housing Placement	 Legal Services
 Language & Cultural Support	 Outreach & In-Reach Services	 Peer Support Services	 Permanent Supportive Housing Services	
 Rent Assistance (Urgent & Long-Term)	 Shelter Services	 Tenant Rights Services	 Other Supportive Services	



Contracted Service Providers

Recognizing Workers & the Services They Provide

We express our deepest gratitude to our partners and providers, particularly the direct service staff who work daily to support our unhoused, unsheltered, and housing-insecure neighbors. Their work includes supporting people with eviction prevention services, providing survival-focused services through street outreach, helping people transition into shelters and housing programs, and helping people maintain housing with wraparound services and supports.

211info
 AllOne Community Services
 Beacon Village
 Black Community of Portland
 Blanchet House of Hospitality
 Bradley Angle
 Bridges to Change
 Call to Safety
 Cascade AIDS Project (CAP)
 Cascadia Clusters
 Cascadia Health
 Catholic Charities of Oregon
 Central City Concern (CCC)
 City of Gresham
 City of Portland
 College Housing Northwest
 Community Development Corporation (CDC)
 Community Partners for Affordable Housing (CPAH)
 Cultivate Initiatives
 Do Good Multnomah
 Ecumenical Ministries of Oregon (EMO)
 El Programa Hispano Católico
 Family Essentials, LLC
 Family Promise of Metro East
 Greater New Hope
 Family Services

Helping Hands Reentry Outreach Centers
 Home Forward
 Innovative Housing Inc.
 Immigrant and Refugee Community Organization (IRCO)
 Janus Youth Programs
 JOIN
 Juntos NW
 Lasko Refuge
 Latino Network
 Marie Equi Center
 Mental Health and Addiction Association of Oregon (MHA AO)
 Metropolitan Public Defender
 Miracles Club
 Native American Rehabilitation Association of the Northwest (NARA NW)
 Native American Youth and Family Center
 Neighborhood House
 New Avenues for Youth
 New Narrative
 Northwest Pilot Project
 Operation Nightwatch Portland
 Oregon Law Center
 Our Just Future

Outside In
 Outside the Frame
 Path Home
 Portland Street Medicine
 Project Patchwork
 Project Quest
 Rahab's Sisters
 Raphael House of Portland
 Rose Haven
 The Salvation Army
 Self Enhancement, Inc.
 Somali Empowerment Circle
 Stone Soup PDX
 Sunstone Way (f.k.a. All Good NW)
 Telecare Mental Health Services of Oregon
 Transition Projects
 Trash for Peace
 Urban League of Portland
 Volunteers of America Oregon
 WeShine Initiative
 West Coast Sober Housing
 Worksystems Inc.
 YWCA of Greater Portland

Multnomah County SHS Community Advisory Committee

Cheryl Carter
 Community Member

Melissa Bishop
 MHA AO

Crystal Magaña
 Community Member

Patrick Alexander
 Central City Concern

Daniel Carrillo
 NAYA

Rebecca Battin
 Pacific Refugee Support Group

Dwight Minnieweather
 Straightway Services

Glyceria "Ria" Tsinas
 Academy of Perinatal Harm Reduction

Ed Johnson
 Community Member

Sandra Comstock
 Hygiene4All

Jamar Summerfield
 Restorative Justice

Theo Hathaway Saner
 WeShine

Jessica Harper
 City of Gresham

Ty Schwoeffermann
 Community Member

Johnnie Shaver
 Towards Solidarity

Xenia Gonzalez
 Community Member

Julia Delgado
 Urban League PDX

Yvette Hernandez
 Community Member

Lauren Link
 Community Member



Letter from the Director

The Joint Office of Homeless Services has successfully completed our third year of implementing the Supportive Housing Services (SHS) Measure, and we have a lot of positive news to share: **This measure is working and is making a difference in our community, right now.** I would like to take this moment to recognize how much the conversation around our work has changed, and how far we've come to put ourselves on track.

Even just a year ago, our department was in a tough spot. I signed onto my role as director of the Joint Office in spring 2023, at a time when the department was the subject of intense criticism, primarily the result of underspending millions of dollars entrusted to it through this measure.

Beyond underspending, our workforce was tired from pandemic efforts to add hundreds of shelter beds and affected by leadership turnover. We weren't meeting all of the goals set out by this measure, and our community was rightfully disappointed.

I took this job understanding that there would be struggles ahead, but with confidence in our staff, service providers and ability to invest in the turnarounds that will have the greatest impact. **I'm proud to say we have made remarkable progress in the past year.**

After years of criticism for lack of a plan, and with strong

leadership from the County Board of Commissioners and Portland City Council, we now share a clear, detailed strategy for the next two years in the Homelessness Response Action Plan. This plan acknowledges that we need all hands on deck to make an impact on this crisis.

In FY 2024 alone, **we helped place 2,322 people into housing using SHS dollars.** That's a **76% increase** over our SHS outcomes last year, and more than 40% of the nearly 5,500 people housed overall.

One type of housing in particular, rapid rehousing, saw especially impressive outcomes. We placed **1,510 people in rapid rehousing last fiscal year**, more than **double our goal.** This is in no part due to our success in placing more than 300 people into housing as part of the County's SHS-funded Housing Multnomah Now initiative.

We got close to hitting our permanent supportive housing goal as well, placing **442 households into supportive housing** last fiscal year, which was **90% of our goal.** I'm proud of the progress, and know we will be able to catch up in FY 2025. Construction delays and other factors out of our control meant that 242 site-based supportive units didn't open as planned, but they are on track to open in FY 2025, allowing more people to move into permanent supportive housing moving forward.

We're also making progress in other areas. Three years into the measure, **we've opened or sustained 800 shelter beds with Supportive Housing Services funding, well above our goal** of 245 beds. Additionally, in contrast to our previous challenges with underspending, we exceeded our financial goals for the year, spending 80% of our SHS program budget. We successfully invested every new SHS dollar sent to Multnomah County in Fiscal Year 2024, effectively putting to use an unexpected increase in funding that Metro collected and sent mid-year.

While we celebrate our progress, this is by no means a victory lap, and we still have a ways to go. More than 10,000 people are still experiencing homelessness in our community right now, and more are becoming homeless every day.

But I remain hopeful, because **we are in a better place than ever to address the crisis before us.** With a roadmap before us, strong leadership, and the resources provided by the SHS Measure, I am confident in the direction we're going. We must keep moving forward together in this work, and I know we will rise to the challenge.



Daniel Field
Director, Joint Office of Homeless Services





FY 2024 Key Outcomes

BIPOC households represented 66% of PSH and 64% of RRH placements

Day center services funded by SHS for first time (90,000+ visit capacity)

2,322 newly placed into SHS-funded housing, a 76% increase from FY 2023

1,510 people served with rapid rehousing rent assistance

100% of new FY 2024 SHS dollars were put to use

1,160 people served in SHS-funded emergency and behavioral health shelter

105 sober-living and addiction treatment beds added with SHS-funding

\$17.7 million distributed to culturally specific organizations — a 91% increase over FY 2023

2,675 people served through outreach, legal services, and employment assistance

\$10M extensive investment in expanding provider capacity (United Way Grants)



Executive Summary

In Fiscal Year 2024 (July 1, 2023 - June 30, 2024), the third year of implementation of Metro's SHS Measure, Multnomah County succeeded in surpassing most goals set by Metro and fully spending all new funds received this year.

Metro's SHS Measure is a 10-year, voter-approved investment in our region's response to homelessness. Multnomah County's work of implementing this measure is shaped by our intergovernmental agreement with Metro, our County's 10-year Local Implementation Plan (LIP), annual work plans, and guidance and leadership from multiple elected and advisory bodies, along with partners and community members.

Multnomah County has successfully leveraged SHS funds to build and maintain the numerous programs and systems needed to accomplish the goals of the measure, placing many more people into permanent housing than the previous two years, while also expanding street outreach, day centers and navigation services,

increasing shelter and housing access for people living with mental health challenges and substance use, and developing an unprecedented level of collaboration across governments. The Joint Office also allocated SHS funds to support and expand the City of Portland's Temporary Alternative Shelter Sites and Safe Rest Village programs.

A primary focus for our third year of SHS implementation was continuing to build out a sustainable system that allows us to respond quickly to this continuously fluctuating source of funding, and be able to get the revenue out into the community as efficiently and transparently as possible. This year has seen data improvement, better engagement with community partners, a continued focus on racial equity, and reduced workforce challenges among our providers.

SHS funding this past year has made a measurable impact on the lives of thousands of community members experiencing or at risk of homelessness. In FY 2024, across funding streams, the Joint Office supported a total of 5,477 people in leaving homelessness for housing. SHS funding enabled almost half of those housing placements, with **2,322 people housed thanks to SHS-funded programs**. That's a **76% increase** over our SHS-funded placements from the year before — 1,004 more people.

Notably, nearly a third of those additional placements came through **the Housing Multnomah Now pilot program, which exceeded its placement target for the fiscal year**.

As our SHS programming continues to grow and strengthen, so is the impact of this measure on our community.

In the previous two years, the Joint Office did not meet its ambitious spend-down goals, which resulted in Metro and Multnomah County initiating a Corrective Action Plan (CAP) in May 2023 to address underspending. **This year marked a significant turnaround with the Joint Office spending 100% of its share of SHS revenues collected by Metro during Fiscal Year 2024, meeting our spending goals and investing 71% of SHS funds into services for people experiencing chronic homelessness and disabilities, called "Population A."** (Find spending info in the Financial Overview section). When the Joint Office received a large amount of unanticipated revenue mid-year, we established best practices for ensuring that revenue was effectively incorporated into programs and services as quickly as possible. The Joint Office met all the spending goals outlined in the CAP as of this report.

The overall tri-county SHS goal is to create 5,000 new permanent supportive housing units over the 10-year lifetime of the SHS measure. With the progress made in the first three years of implementation of this measure, Multnomah County is on track to meet our 10-year goal of creating 2,235 permanent supportive housing units. We anticipate hitting 85% of that goal by June 2025. And, we're on track with our goal of placing 2,500 people in permanent housing, transitional housing, or rapid rehousing each year.

Central to this measure is intentionally leading with race and reversing the disparate impacts of homelessness experienced by people of color.

The Joint Office has made progress in our equity work, with Black, Indigenous and other People of Color (BIPOC) making up 66% of permanent supportive housing placements (slightly below last year's outcomes), and 64% of rapid rehousing placements (slightly above last year) during FY 2024.

The impact of the measure is even bigger when looking at everyone served in housing funded by the SHS Measure — not just those who were rehoused last fiscal year. Through the end of FY 2024, **4,760 people were actively receiving support from SHS-funded housing programs** through the Joint Office, including both people newly placed in housing and people sustained in SHS-funded housing, who moved in during previous years and continue to receive services.

The Joint Office also strengthened contract management and oversight, addressing previous concerns, developing protocols that were cited as a model for other County departments. A County audit this fiscal year [found that the Joint Office met or exceeded expectations on contract monitoring.](#)

This fiscal year, the City of Portland and Multnomah County embarked on an unprecedented collaborative effort to rapidly expand access to housing and shelter in our community. Known as the Homelessness Response Action Plan (HRAP), it includes a number of benchmarks – many of which involve SHS funding and programs. While not finalized until early FY 2025, much of the work of developing the HRAP took place in FY 2024, including a new City-County Community Sheltering Strategy.

Goals of the HRAP include increasing the number of people moving from shelters into housing by 15% by the end of 2025, ensuring that people who enter permanent supportive housing remain in housing after two years, ending the practice of discharging people from prisons onto the streets, and addressing youth aging out of foster care to ensure they don't end up homeless.

Effective homeless services require a coordinated system involving multiple agencies and service providers. Building this infrastructure, or expanding our existing one, takes time. It involves developing data-sharing agreements, establishing referral processes, and ensuring services are complementary and not duplicative. During this third year of implementation of the SHS measure, the Joint Office has demonstrated the effectiveness of a carefully planned, robust and coordinated system to address the ongoing crisis of both short- and long-term homelessness in our community.

"I'm proud to show the Joint Office showed strong gains in both performance and spending this past fiscal year, and we have made great strides in our urgency and accountability in relation to this work," said Multnomah County Chair Jessica Vega Pederson. **"What this really equates to is better support for people who are connected to our services. These are shelter beds for people. This is the opportunity to stay housed and safe. These are really good outcomes for community members who are part of the priority populations that we're serving. And for many, this is a brand-new life."**

Phase 1 of SHS Implementation

Realizing the SHS promise by delivering critical services for chronically homeless households.

The Joint Office of Homeless Services is delivering on the promise of the SHS measure by faithfully executing the Phase 1 (years 1-3) plan outlined in Multnomah County's Local Implementation Plan (LIP). Developed through extensive community engagement and input from over 350 individuals experiencing homelessness, the LIP guided the creation of the SHS investment goals. These priorities reflect the community's vision for **immediate and transformative action** to address homelessness and support vulnerable populations.

In FY 2024, significant progress has been made. SHS investments resulted in 2,322 individuals being housed this year — an increase of 76% compared to the previous year. This accomplishment reflects the measure's intent to quickly expand access to stable housing while addressing the unique needs of those who are chronically homeless or facing severe barriers to stability. The expansion of rapid rehousing programs and day center services also responds directly to the community's call for **flexible, low-barrier housing solutions that provide immediate support and pathways to long-term stability.** While the SHS program is often seen as primarily serving single adults, it is important to note that 25% of the people housed through a regional long-term rent assistance voucher are children under the age of 18, who are part

of a chronically homeless household. This highlights the broad impact of SHS services on entire families in need.

Stakeholder engagement during the SHS planning process for the LIP underscored the urgent need to address housing for individuals with severe and persistent mental illness. In response, JOHS initially released 200 long-term permanent supportive housing vouchers, with 100 allocated to Assertive Community Treatment (ACT) and Intensive Community Treatment (ICT) programs, and 100 dedicated to New Narrative, a regional behavioral health and housing provider. Since that time, JOHS has scaled up the ACT/ICM program by an additional 50 permanent supportive housing vouchers, bringing the total to 150. **These targeted interventions are another critical factor in reducing returns to homelessness by addressing both housing and behavioral health needs in a coordinated manner.**

Throughout these efforts, JOHS has remained committed to equity, with 64% of rapid rehousing placements going to BIPOC households—further evidence of our focus on addressing the racial disparities highlighted in the Local Implementation Plan. **The SHS measure has allowed us to meet urgent needs while maintaining transparency, collaboration, and accountability to the community.** By fulfilling the goals set forth in Phase 1 of the plan, the Joint Office is not only meeting its promise to voters but is also laying the foundation for long-term solutions that will continue to address homelessness in Multnomah County.



The Aurora
SHS Permanent Supportive Housing

Housing & Services



The Joint Office of Homeless Services funds a robust and comprehensive portfolio of housing and homeless services programs that serves thousands of individuals in the Portland metro region.

Housing & Services

The Supportive Housing Services Measure has allowed us to greatly expand our impact, but we are also fortunate to receive funding from multiple sources and deliver services that go beyond those funded by the measure. In total, across funding streams, the Joint Office and our partners supported over 15,000 people moving into or retaining housing; enrolled or sustained over 18,800 people with homelessness prevention rent assistance; and assisted over 9,100+ people with emergency shelter. The FY 2024 systemwide outcomes, published annually in our Q4 System Performance Reports, are available on the [JOHS Tableau dashboard](#). SHS funding is driving these systemwide increases, allowing us to help more people with housing and services.



Key SHS Outcomes: FY 2024

- 2,322 people** newly moved into SHS-funded housing
- 1,160 people** served in SHS-funded emergency and behavioral health shelter
- 90,000+ visits** expanded capacity in day center services with FY 2024 SHS funding
- 2,675 people** served through outreach, legal services, and employment assistance
- 1,510 people** served with rapid rehousing rent assistance
- 105 sober living beds** added with SHS funding to take action against the addiction crisis

2,322 people newly moved into SHS-funded housing

Leveraging all funding streams, the Joint Office supported 5,477 people in newly leaving homelessness for housing this year. **SHS funding accounted for 2,322, or 42%, of people newly placed in housing.** We have used SHS funding strategically to expand permanent supportive housing, providing long-term rent assistance with supportive services. **Since 2021, SHS has accounted for 77% of the added permanent supportive housing units/vouchers in Multnomah County.**

System-wide eviction prevention strengthened by SHS funding

Eviction prevention is emerging as a critical need across the country, driven by fluctuations in the rental market and the lingering impacts of the COVID-19 pandemic. Multnomah County has seen a similar rise in demand for eviction prevention services. **Between October 2023 and September 2024, there were 11,243 eviction cases filed in the County** — an average of 1,000 cases per month, with over 85% caused by nonpayment. This data highlights the precarious position of households that may be working but still unable to keep up with rising rent costs. In 2024 alone, SHS funding played a critical role in maintaining staffing and disbursing homelessness prevention rent assistance, particularly in communities disproportionately affected by eviction, such as Black, Indigenous, and People of Color (BIPOC) households.



“Sitting down, having a coffee, and being able to share your experience is really vital to your own mental health.”

Ecumenical Ministries of Oregon’s (EMO) HIV Day Center offers a safe space for guests to meet their basic needs and find community.

Every weekday, people living with HIV are welcomed inside the HIV Day Center, a safe and confidential space in Northeast Portland run by EMO. The center, which was the first freestanding HIV center in the country when it opened three decades ago, helps people meet their basic needs and find community and connection.

And thanks to funding from the Joint Office of Homeless Services and the Supportive Housing Services Measure, the center increased its impact last year, expanding its service hours to its pre-COVID levels. These days, clients can find community and services at the center every weekday from 9 a.m. to 4 p.m.

The center is one of seven drop-in centers able to expand their services this year as part of an FY 2024 Joint Office funding package of unanticipated Supportive Housing Services dollars. That same package is also allowing two brand-new day spaces to open in FY 2025. As a result, people made more than 90,000 visits to daytime drop-in services in Multnomah County last fiscal year.

At the HIV Day Center, guests stop by for a meal, do their laundry, take a shower, and get their mail. Many of the guests are experiencing homelessness and might not have access to those basic, daily opportunities otherwise.

The center also provides a safe community for guests, many of whom have similar life experiences.

“Many of our clients deal with discrimination and stigmatization because of their [HIV] status,” said Taylor Silvey, Ecumenical Ministries of Oregon’s public relations and public health coordinator. “Sitting down and having coffee and being able to share your experience is really vital to your own mental health.”

Many day centers offer more than immediate services — they also connect clients to long-term support. That’s the case at the HIV Day Center, where participants are referred to healthcare, housing and other supports.

“The funding from JOHS has been huge for us,” Silvey said. “It’s allowed us to extend our hours. It’s allowed us to provide more meals and provide more support in the community. So it’s really had a direct impact on our ability to meet the increased needs of our clients.”

Josh Stromberg-Wojcik (L),
Chautauqua Cabine (M), Julie Galstad (R)
Ecumenical Ministries of Oregon - HIV Day Center



Housing & Services (Continued...)

System-wide eviction prevention strengthened by SHS funding (Continued...)

Through community engagement during the development of the Local Implementation Plan (LIP), short-term rent assistance was identified as a critical tool to prevent homelessness. The LIP reflected this input by making short-term rent assistance one of the core commitments for the first phase of SHS investments. In FY 2024, the County's investments in short-term rent assistance have demonstrated a clear commitment to these community-driven priorities. Despite reduced federal funding from the American Rescue Plan, **Multnomah County was able to serve 18,802 people with homelessness prevention rent assistance, including 398 people specifically funded through SHS.** Additionally, SHS funding was crucial in supporting the staffing capacity needed to manage the disbursement of rent assistance, enabling culturally specific organizations such as Immigrant and Refugee Community Organization, Self Enhancement Inc., El Programa Hispano Católico, Latino Network, and the Native American Youth and Family Center to maintain service levels. By ensuring these organizations had the necessary staff, the county was able to effectively reach vulnerable populations, helping to prevent evictions and stabilize families.



Metropolitan Public Defender's (MPD) Housing Barrier Mitigation Program, funded by SHS, also contributed to the County's eviction prevention efforts. The program provided legal support to 605 clients this year, utilizing over \$450,000 in client assistance funds to address housing barriers and prevent eviction. As eviction filings rise, increasing from 6,609 in 2022 to 8,894 in 2023, **SHS funding remains an essential resource for preventing homelessness and ensuring stability for households living on the edge.**

In line with our commitment to equity, 85% of those receiving homelessness prevention through SHS in Multnomah County are BIPOC households, demonstrating that local eviction prevention efforts can help to address racial and economic disparities.

As federal funding for rent assistance becomes more limited, maintaining staff capacity and legal services through SHS funding will be key to managing the growing demand for eviction prevention and ensuring that vulnerable households remain housed.

1,160 people served in SHS-funded emergency & behavioral health shelter

In Multnomah County across funding streams, service providers helped 9,101 people access emergency shelters this year, with SHS funding accounting for 12% of that total — 1,160 people. We used SHS funding strategically to open 205 new shelter units, expanding alternative, congregate, and motel shelters. Additionally, SHS funding supported longstanding shelter programs, providing critical resources for repairs and wage increases, reinforcing the overall strength of the County's shelter system. This includes 17 sites opened by the County or Joint Office since 2020 alone. SHS funds also help expand the City of Portland's Temporary Alternative Shelter Sites and Safe Rest Village Shelters.

First year of SHS-funded day center services, with a capacity to serve 90,000+ visits

This year, the Joint Office strategically used SHS funding to sustain and expand existing day center and drop-in services for people experiencing homelessness, and develop two new day centers that will open in FY 2025. Day and drop-in services include a diverse range of support including meals, survival outreach and affinity spaces. Often these services provide a brief respite from the day-to-day challenges for people experiencing homelessness and offer opportunities to build community. Across all of the SHS-funded day centers, the Joint Office has funded the capacity for 90,000+ annual visits. This number assumes repeat visits by the same individuals.

2,675 people served through outreach, legal services and employment assistance

Beyond housing and shelter, the SHS measure funds a wide range of supportive services, including street outreach, shelter in-reach, legal services, and employment programs. This year, the Joint Office provided these services to 2,675 people. Examples include the Clean Start employment program and the Community Volunteer Corps at Central City Concern, the employment program at Stone Soup PDX, film workforce development with Outside the Frame, and Expanding Pathways to Employment at Cultivate Initiatives. See **Attachment B** for additional support-services-only programming.



Housing & Services (Continued...)

Serving 1,510 people with rapid rehousing rent assistance

We've been able to serve more people this year as a direct result of SHS funding. In FY 2024, the Joint Office used SHS funding to significantly expand our services across multiple program categories, guided by the frameworks outlined in Multnomah County's Local Implementation Plan (LIP), and the new Homelessness Response Action Plan approved earlier in 2024.

A key focus this year was increasing housing placements through rapid rehousing programs, which offer low-barrier rental assistance typically up to 12 months, paired with case management and flexible client assistance. Service providers supported 910 households (1,510 people) through rapid rehousing — a 117% increase over the previous year. This growth was driven by deepening two major investments; Housing Multnomah Now, the rapid rehousing program that helped 313 households move from homelessness to housing before June 30, 2024, and "Immediate Response" client and rent assistance for existing rapid rehousing programs.



Using SHS funding to take action against our addiction crisis, adding 105 sober living beds

This year, we also used SHS dollars to increase behavioral health investments, expanding access to addiction treatment services and recovery-oriented housing. Our addiction response work was largely funded by FY 2023 unanticipated revenue that was then allocated for this purpose. The \$15 million SHS investments to expand addiction treatment services were managed by the County Health Department through the Behavioral Health Division's Addiction Services Team. They put SHS funding to use by helping service provider Bridges to Change purchase a property in Gresham that will be used for an addiction treatment program to include both residential treatment and transitional housing.

This investment demonstrated the power of bringing together multiple funding streams: The SHS investment was combined with a one-time investment from Care Oregon and funds from Oregon's opioid settlement.

As a result of that 2021 settlement, pharmaceutical companies will pay the state of Oregon \$600 million over the next 14 years, and the County will receive allocations from that funding. This year's investment in Bridges to Change demonstrates an opportunity for braiding together opioid settlement dollars with SHS dollars, allowing for continued expansion of addiction treatment services targeted specifically to people experiencing chronic homelessness.

The Addiction Services Team also used SHS funding to support longstanding community treatment providers to purchase properties that will serve as sober living facilities. The providers are Juntos NW, Miracles Club, Project Quest, Project Patchwork, and West Coast Sober Housing. **Those investments resulted in 105 more sober living beds in Multnomah County.**





The primary purpose of the Supportive Housing Services (SHS) Measure is ultimately to create more supportive housing and tailored services specifically serving people experiencing chronic homelessness. In FY 2024, we were able to serve more people with permanent supportive housing thanks to an increase in the number of permanent supportive housing units and vouchers across our system.

Housing & Services Data

Since implementing the measure, SHS funding has created 335 additional project-based permanent supportive housing units with SHS-funded support services, and 927 SHS-funded Regional Long-Term Rent Assistance (RLRA) vouchers.

As we expand available supportive units, we also must measure if these units are making an impact on chronic homelessness in our region. The SHS measure requires us to focus most of our SHS funding on households who meet the definition of "Population A," meaning they are experiencing chronic homelessness and have one or more disabilities. (This is in contrast to "Population B," meaning households who are experiencing episodic or short-term homelessness.) To see if we're making an impact on this population, each year we measure the number of households who meet the Population A definition and are not currently in housing. Then we compare that number to our baseline, which is the number of people in Population A that were needing housing as of 2021. For FY 2024, we determined that 4,852 Population A households needed housing. That's a slight decrease over our FY 2021 baseline of 4,936 households.

Using Built for Zero to measure progress on ending chronic homelessness

Multnomah County is committed to ending chronic homelessness and uses the Built for Zero methodology to track progress and drive change. Communities in Built for Zero work toward measurably ending homelessness by strengthening data-driven systems. Key to that work is creating a quality by-name list of people experiencing homelessness and using that list to help pair services to people in need.

Following best practices recommended by Community Solutions, the organization behind Built for Zero, we have concentrated our work on one population at a time. Our first area of focus is "Population A," or chronically homeless adults living with disabilities.

We have built our by-name list of people in Population A, but are still working toward the "quality" benchmark as defined by Community Solutions.

Even though our Built for Zero work is focused on Population A, it's allowed us to improve our data system-wide. Building upon our past couple years of work on Built for Zero, we've been able to develop a methodology to create a by-name list of everyone experiencing homelessness in Multnomah County, as well as a special by-name list focused on people experiencing unsheltered homelessness. These new by-name lists were used to inform the Homelessness Response Action Plan. The plan used our by-name list of the number of people experiencing unsheltered homelessness as of January 2024 as a baseline, with goals developed from that baseline number.

In addition to our work in Multnomah County, we collaborate closely with Built for Zero teams in Washington and Clackamas counties, as well as a project manager from Community Solutions. This

regional partnership allows us to align methodologies, share crucial information and streamline efforts, ultimately reducing administrative burden and maximizing our collective impact to serve people experiencing homelessness with a timely and effective approach.

While year-to-year comparisons are currently limited due to methodological adjustments, the FY 2024 data reveals an average monthly inflow of 554 Population A adult households (entering homelessness) and an average outflow (exiting homelessness) of 419 Population A adult households. **This indicates a need to accelerate efforts to reduce inflow and increase outflow to achieve our goal of ending chronic homelessness.**

Permanent Supportive Housing (PSH): Capacity vs. Needs (Year 3)		
SHS Metrics	Data Points	2023-24
Permanent Supportive Housing (Units & Capacity) vs. Need	New SHS Permanent Supportive Housing Units/Vouchers (since 7/2021)	1,515 Units / Vouchers <i>Total capacity *include 35 units of ROTH'</i>
	Systemwide Permanent Supportive Housing Units/Vouchers added (since 7/2021)	1,953 Units / Vouchers
	Population A Households Needing Supportive Housing (2021)	4,936 in 2021
	Population A Households Current Need	4,852 in 2024
Households entering and exiting homeless services	Tri-County Inflow / Outflow (Built for Zero) measuring Population A Adult-Households	Inflow 554 Households Outflow 419 Households

¹Recovery Oriented Transitional Housing is transitional housing with an intensive level of clinical wrap around support services

Housing & Services Data (Continued...)

Addressing the challenges of long-term housing stability

To determine if we are effectively using the SHS measure to resolve people's homelessness, we also track how many people remain in housing after a certain length of time. Our latest data present a complex picture of housing retention.

For permanent supportive housing, we measure retention by tracking how many people are still in permanent supportive housing one year later. Last year, we reported that 99% of households in SHS-funded permanent supportive housing remained housed a year later. We knew this was a remarkably high number and that it would likely right size as the program continued and as more people were served. Indeed, that is what happened this year: for FY 2024, **our one-year retention rate for SHS-funded permanent supportive housing was 89%**. This remains well above our goal of 85% retention.

Meanwhile, our SHS-funded rapid rehousing programs saw a slight increase in retention, rising from 84% to 85%. For rapid rehousing, retention is measured one year "post-subsidy," meaning it measures how many people are still in housing one year after their rapid rehousing subsidy ended.

Average length of time homelessness

Another way to measure our progress is by tracking the average length of time individuals served by SHS programming have experienced homelessness. This year, the average length of time people experienced homelessness across SHS-only programming is 4.24 years, with the median time at 2.07 years. Due to improvements made to our data collection process this year, the methodology for this data point has been updated to yield more accurate tracking and analysis, allowing for trends to be monitored yearly.



Measuring returns to homelessness over 24 months

This analysis examines a 24-month return rate to homelessness. This means it tracks individuals placed in Supportive Housing Services (SHS) programs during Fiscal Year 2022, which spans from July 1, 2021, to June 30, 2022.

The analysis identifies any returns to homelessness based on activity recorded in the Homeless Management Information System (HMIS) within two years of their initial placement, meaning it tracks returns until June 30, 2024.

Housing Retention vs. Returns to Homelessness (Year 3)		
SHS Metrics	Data Points	2023-24
Housing retention rates for PSH and RRH	SHS Housing Retention Rate (12 month intervals)	89% PSH 85% RRH
Length of homelessness and returns to homelessness ²	System-wide Average and Median Time Homeless (HUD)	4.15 yrs Avg. 2.13 yrs Median
	SHS-Only Average and Median Time Homeless (HUD)	4.24 yrs Avg. 2.07 yrs Median
	SHS-Only Average length of time between enrollment in programming to housing	93 days
	System-Wide Average Rate of Returns to Homelessness (last 24 months)	26% Avg. return rate
	SHS-Only Average Rate of Returns to Homelessness (HUD) subset of system-wide rate (last 24 months)	19% Avg. Return

²This is a HUD data point that is captured in HMIS at the time of intake. Clients are asked to give a start date for their homelessness which is used to measure the amount of time between the start of a person's homelessness (not when they began accessing services) and when they move into permanent housing.

Housing & Services Data (Continued...)

Supportive housing services: a responsive system for addressing homelessness

This year, we were able to help more people leave homelessness for housing thanks to SHS funding, which is **filling gaps in our system and increasing housing opportunities**. This year, we saw a large increase in the number of people housed in SHS-funded programs, resulting in no small part from rapid rehousing programs like Housing Multnomah Now. Meanwhile, our providers were able to serve households in SHS-funded permanent supportive housing this year as more units and vouchers came online. We did notice a temporary dip in SHS-funded prevention

services, but this was the result of strategically using federal American Rescue Plan dollars for this purpose, a decision driven by the time-limited nature of American Rescue Plan funding. The number of households served with SHS-funded prevention services is expected to rebound in FY 2025 now that American Rescue Plan funding is no longer available. This adaptability ensures that the county can meet pressing housing needs and maintain a responsive system for addressing homelessness.

New Served Housing Outcomes (Year 3)		
SHS Metrics	Data Points	2023-24
Permanent Supportive Housing Placements	Quarterly Reports	442 Households 574 People
Rapid Rehousing Placements	Quarterly Reports	910 Households 1,510 People
Permanent Housing Only Placements	Quarterly Reports	197 Households 238 People
Homelessness Prevention ³	Quarterly Reports	334 Households 398 People
Total Housing Placements and Preventions	Unduplicated Total Households / People	1,805 Households 2,236 People ⁴

³Our SHS-funded homelessness prevention outcomes are lower this year because the County used \$8 million of American Rescue Plan Act (ARPA) funds for homeless prevention instead of SHS funding. Blending these two funding sources allowed us to exceed our prevention goals. For more information, see Attachment A.

⁴ These numbers will be lower than adding the totals for PSH, RRH, HP, and OPH individually, as some people/households were served in multiple SHS programs in the same fiscal year.

826 households using RLRA vouchers: our key to long-term housing success

Over the past three years, SHS funding has played a critical role in expanding long-term rent assistance in Multnomah County, specifically with Regional Long-Term Rent Assistance (RLRA) vouchers. Funded entirely by SHS, RLRA vouchers are flexible, long-term housing vouchers that can be used in a variety of ways. They can be project-based at affordable housing developments so that specific units are deeply affordable for households who move into them. They can also be provided as tenant-based vouchers to households who secure apartments within private-market housing. The vouchers are intended to be paired with supportive services, ensuring long-term affordability and stability in housing.

This year, **the number of households newly housed through RLRA vouchers increased by 36%**, rising from 314 households in FY 2023 to 428 in FY 2024. The number of RLRA vouchers issued also saw significant growth, rising from 265 in 2023 to 453 in 2024. Currently, of the active vouchers, 698 are tenant-based and 128 are project-based.

There is a difference between the number of issued vouchers and the number of households who have been housed with the vouchers. The difference reflects the fact that not all households who were issued a voucher in FY 2024 have moved into housing yet. Some households are still in the housing search phase, which is why we track those who have moved into housing as well as those still searching.

The program's cumulative impact continues to grow. By the end of FY 2024, **826 households were in RLRA-funded housing, representing a 66% increase from the previous year**, when 496 households were housed. This comparison between 2023 and 2024 underscores how **the RLRA program has expanded to meet the growing needs of households**, solidifying its role as a key pillar in the region's efforts to combat homelessness and provide long-term housing stability.

The growth in new leases signed and total households served highlights the RLRA program's increasing capacity and its essential contribution to securing positive housing outcomes.

When we compare the outcomes of households using RLRA vouchers between FY 2023 and FY 2024, we see significant growth in the program's ability to help people find long-term stability in housing. **Thanks to the RLRA program, SHS has been instrumental in increasing our overall capacity to provide essential housing assistance.**



Housing & Services Data (Continued...)



RLRA program housing retention; 96% at 6 months, 87% at 12 months

Program retention data shows strong stability for households, with a high retention rate of **95.7% at six months and 86.5% at 12 months**. Notably, 18.5% of households have been in the program for more than two years, reflecting the program's ability to support long-term housing stability for a significant portion of participants. Note that this represents households that moved into housing more than two years ago at the start of SHS funding.

222 new landlords this year leasing to RLRA voucher holders

The landlord recruitment data highlights our ongoing efforts to expand housing options for RLRA voucher holders. Currently, 409 landlords are leasing to RLRA voucher recipients. Notably, 222 of these landlords are new to the RLRA program, demonstrating **successful outreach and recruitment efforts**, which are largely driven by our service providers' housing case managers and landlord liaison team. With the growing number of participating landlords, RLRA voucher holders now have access to a more diverse range of housing options in the private market, offering greater flexibility and opportunity.



Average lease-up time was 76 days

The data on lease-up times for households during the reporting period shows that **22.9% of households were able to lease within 30 days**, while 25.5% took between 31-60 days. Lease-up times extended further for some, with 16.1% leasing within 61-90 days, 10% within 91-120 days, and 14.5% taking more than 120 days. Households leasing in place accounted for 3.5%, while project-based lease-ups made up 7.5%. On average, households took 75.5 days to lease after receiving a voucher.

< 9% of RLRA voucher holders exited the program this year

During the reporting period, 72 participants either exited the program or passed away, representing 8.7% of the total participants. Among those who exited, 36.1% transitioned to other permanent housing, while 1.4% returned to homelessness. A significant portion of exits, 30.6%, had unknown destinations, and 25% were due to the head of household passing away. RLRA funds serve people in Population A, who are more likely to have chronic and other health challenges. No participants exited to family/friends or institutional settings and no exits were attributed to voluntary exit, program violations, or loss of eligibility.

Average monthly RLRA tenant contribution of \$111

During the reporting period, **the average monthly tenant payment was \$111**, while the average monthly assistance payment was significantly higher at \$1,273. Additionally, the average monthly utility reimbursement payment was \$56. In total, \$8,066,202 was paid in assistance (includes rent and utility reimbursements). The average family size for voucher holders was 1.5, reflecting a predominance of smaller households receiving assistance.

RLRA unit size: 58% one-bedroom apartments

As of the last day of the reporting period, the majority of units (58%) were one-bedroom, while 20.9% were smaller than one-bedroom units. Two-bedroom units made up 13.4% of the total, with three-bedroom units accounting for 6.7%. Larger units with four or more bedrooms were less common, representing just 1% of all units. This distribution reflects a significant proportion of smaller housing units within the program.

98% of RLRA voucher holders make less than 30% of the Area Median Income

For total active households, the vast majority (97.9%) had incomes at or below 30% of the Area Median Income (AMI). A smaller portion, 1.8%, had incomes between 31-50% of AMI, and only 0.2% of households had incomes above 50% of AMI. This data highlights the significant concentration of low-income households within the program.

42% of voucher holders are 25-54 years of age; 26% are under age 18

The age breakdown of household members in the program shows that 42.1% are 25-54, making up the largest group. Participants under age 18 account for 25.8%, while 23.6% are 55-69. Individuals aged 18-24 years old represent 5.4%, and those 70 and older make up 3.1% of the total. This distribution reflects a wide range of ages, with a notable portion of younger and middle-aged participants.



Brian Mitchell
Housing Multnomah Now

“Everything is easier when you have housing.”

Brian Mitchell experienced several years of homelessness, but never gave up on his dreams.

“I resided in a tent for three years, but I had a vision in the midst of what I was going through. I had a vision that I would be a better man for myself and my community,” he said.

“I would always tell people: One day I’m going to college, and I’m going to graduate. And everybody told me I was crazy. I was in my tent doing homework — sometimes two, three, four nights, I’d stay up all night doing homework.”

Brian was camping in Old Town when he connected with a housing navigator with Transition Projects. And thanks to the pilot program Housing Multnomah Now — which blended street outreach with intensive housing navigation services — Brian was able to get into a studio apartment at Bud Clark Commons pretty quickly after applying.

The Housing Multnomah Now program, launched in early 2023, aimed to connect hundreds of people experiencing unsheltered homelessness to housing. The pilot program tested new methods of outreach, bringing housing navigators, case managers, and dedicated funding for rent assistance and other needs directly to campsites. The program also connected people in low-barrier shelters to housing resources.

Funded by the Supportive Housing Services Measure, Housing Multnomah Now exceeded its goal of housing 300 people by June 30, 2024, ultimately housing 313 people.

Brian now has his own studio apartment to call home, inside Bud Clark Commons, which includes a Resource Center and shelter space operated by Transition Projects and supportive housing apartments operated by Home Forward. “It makes everything a little bit easier when you have housing.”

Brian’s goal is to be a drug and alcohol abuse counselor. Now, thanks to the stability provided by his housing, as well as having a part-time job doing maintenance at the facility, he is on track to graduate in December with a degree in drug and alcohol counseling.

“I want everybody to be somebody, to be the best that they can be,” he said.

Housing & Services Data (Continued...)

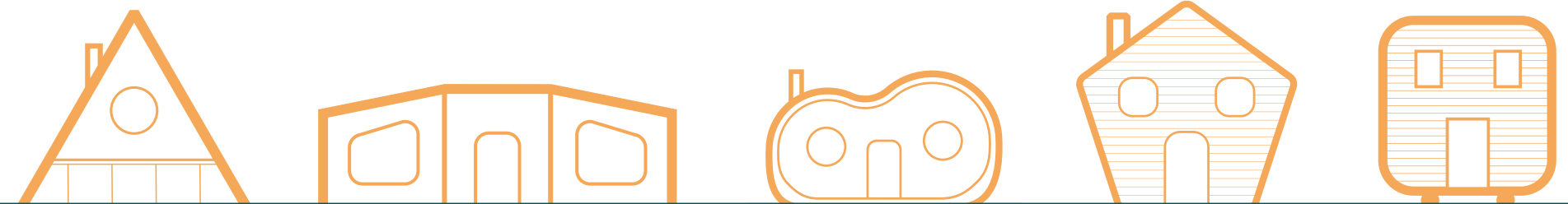
Regional Long-Term Rent Assistance Vouchers (Year 3)		
SHS Metrics	Data Points	2023-24
RLRA Vouchers Issued in FY 2024	Quarterly Reports & Housing Authority Data	453 Vouchers
RLRA Households Leased Up in FY 2024	Quarterly Reports & Housing Authority Data	428 Households
Total # of Households in Housing Using RLRA in Year Three	Quarterly Reports & Housing Authority Data	826 Households
RLRA Households Using an RLRA Voucher since July 2021 whether or not still in housing	Quarterly Reports & Housing Authority Data	974 Households
People Housed Using an RLRA Voucher since July 2021 whether or not still in housing	Quarterly Reports & Housing Authority Data	1,454 People



Extended shelter stays highlight ongoing housing challenges, average stay is 90 days

Looking at our data on SHS-funded shelters, we see an average shelter stay of 90 days in year three. Our data tracking SHS-funded shelter exits highlights the complexities individuals face in securing stable housing. Of people leaving shelter, 33% left for permanent housing, 7% left for temporary housing, and 3% transitioned to institutional settings (e.g., jail, prison, or hospitalization). A substantial portion — 18% — returned to homelessness, emphasizing the barriers to long-term stability. The largest group, 38%, fell into a category titled "other," which includes clients going to unknown exit destinations, clients for whom data wasn't collected, clients who passed away during their shelter stay, or clients who preferred not to answer. These figures reveal that while we have expanded housing opportunities and services in our shelters, many people who access shelter still return to homelessness. Addressing this is one of the goals of the two-year [Community Sheltering Strategy](#) created by the Joint Office this year, which aims to increase exits to permanent housing by 15% across shelter types by Dec. 31, 2025.

Emergency Shelter (Year 3)		
SHS Metrics	Data Points	2023-24
SHS-Funded Shelter Capacity (Created/Sustained)	Congregate Beds + Non-Congregate Units	800 Beds
Households Served in SHS-Funded Emergency Shelter in FY 2024	Households with services starting before and ending within, or continuing after, the year's end (HMIS 'Active Households')	871 HH
People Using SHS-Funded Emergency Shelter Beds in FY 2024	People with services starting before and ending within, or continuing after, the year's end (HMIS 'Active Clients')	1,160 People



Outreach efforts supported by SHS funding

Outreach is a field-based process in which outreach workers and case managers develop relationships with individuals and families currently experiencing homelessness and help them access resources like housing, day centers, shelter or behavioral health treatment. In Multnomah County's SHS Local Implementation Plan (LIP), outreach is a key investment for SHS funding as a support for people to access housing. The LIP recommends expansion of culturally specific outreach services especially for those communities of color who have been disproportionately impacted by housing insecurity and houselessness due to institutionalized racism and inequity.

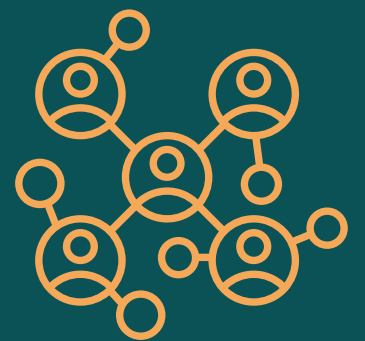
Homeless outreach programs are funded across four main areas. First, **survival programs** provide essential aid, such as meals, life safety supplies, and connections to substance abuse treatment and mental health services. Second, funding is directed toward **severe weather response**, ensuring coordinated efforts to offer shelter and supplies during extreme weather. Third, **navigation programs** focus on connecting individuals with appropriate services, which include housing assessments, domestic violence support and resources for seniors and people with disabilities. Finally, **housing-focused outreach programs** provide intensive support to help people find and maintain housing, with specialized services for those experiencing mental health challenges and families transitioning from shelters. The overarching goals of these programs are to assess individual

Outreach (Year 3)		
SHS Metrics	Number of Teams	Number of Outreach Workers
Survival Outreach	3	3.75
Severe Weather Outreach to Shelter	1	8
Navigation Outreach	13	31.33
Housing-Focused Outreach	5	8.75
Total	22 teams 17 organizations	53 Full-Time Employees

needs, coordinate services within the homeless response system, and offer direct support to people experiencing or leaving homelessness in various settings, including in shelters and on the streets.

This year saw some new approaches to outreach. As part of a funding package of unanticipated SHS revenue focused on day services, providers like Do Good Multnomah and the Marie Equi Center were able to provide "mobile day services" and pop-up day programming that included on-site outreach. Additionally, the Housing Multnomah Now initiative created an opportunity to supply outreach workers with housing placement resources that are typically in limited supply. Using SHS funds, the Housing Multnomah Now rapid rehousing program exceeded its goal and housed 313 people before June 30, 2024, supporting community members who otherwise might still be living unsheltered. All SHS-funded outreach is a subset of a larger outreach system funded by the Joint Office.

Provider Partnerships & Capacity Building



A breakdown of the ongoing work between the Joint Office and its contracted service providers to improve partnerships, refine processes, and build capacity.

Provider Partnerships & Capacity Building

Multnomah County's homeless services work would not be possible without the provider organizations that contract with us to deliver critical services to our community. **In total, 70 providers received Multnomah County Supportive Housing Services (SHS) funding in FY 2024.**

We rely on these providers to deliver essential services to our community: managing shelters, conducting street outreach, helping participants access and stay in housing, and so much more.

Despite their essential work, these provider organizations have long faced significant challenges to effectively deliver the critical services they provide. With this in mind, in FY 2024 the Joint Office leveraged SHS funding to address some of these longstanding challenges. **Key achievements include improving contract management, distributing \$10 million in organizational health grants, launching provider conferences, deepening our focus on equity, and increasing funding levels to respond to on-the-ground conditions.**

Much of this work dovetails with conversations at the regional level about employee recruitment and retention. Clackamas, Multnomah and Washington counties have been working to co-create a regional implementation plan focused on this topic, which we anticipate presenting to the Tri-County Planning Body by summer 2025.

Improved contracting practices

This year the Joint Office made extensive improvements to contract monitoring and invoicing practices to ensure providers receive contracts and invoices in a timely manner. These improvements were highlighted in a [June 2024 report](#) from the Multnomah County Auditor, which showed that the Joint Office of Homeless Services is meeting or exceeding expectations in all areas of contract monitoring and invoice processing.



Improved contracting practices (Continued...)

According to the audit report, Joint Office staff consistently conducted and documented formal contract performance monitoring activities. These monitoring measures include:

- Internal tracking tools that capture invoice details, contract status, and communications with providers
- Annual risk assessments, with results documented in writing
- Annual performance reviews with results provided to providers
- On-site monitoring when necessary, with results communicated in writing to providers

These findings follow a March 2024 report by the Department of County Management on Joint Office contracting practices as part of a year-long pilot project focused on implementing new contract monitoring practices.

Following this year-long implementation of new contract monitoring processes, **the Joint Office now has a contract monitoring system in place that the Department of County Management has recommended as a model for contract management countywide.**

Improving our contract management work is vital for our provider organizations, who rely on timely invoicing and effective contract management in order to pay their employees, buy needed supplies and deliver their essential services to the community.

The March 2024 report highlighted that over the past year, the Joint Office:

- Developed 25+ policies/procedures and trackers to support consistent admin practices across all contractors
- Built templates for key communications with providers
- Improved internal review/approval processes
- Provided clearer guidance on reimbursement requirements
- Implemented ongoing internal audits of review trackers to identify areas for improved communication
- Developed an eight-part training series and communities of practice to ensure consistent training and ongoing development
- Established regular consistency and quality improvement efforts to ensure responsiveness to community and program needs

Organizational health investments

Homeless services providers across the nation are facing challenges in building capacity and establishing or maintaining organizational health. These organizations provide critical services, but they are often underfunded and unable to pay employees a living wage or provide opportunities for career advancement. In August 2023, the Joint Office released a [Compensation, Classification and Benefits study](#) focused on Joint Office-funded homelessness and housing service providers that surfaced these issues: only 31% of surveyed employees said they felt their compensation allows them to take care of their basic needs, and half of the 1,667 survey respondents said they were likely to look for a new job within the next year.

This year, the Joint Office took **steps toward addressing these longstanding issues**. That included a new approach to addressing organizational health across our providers: flexible grants that providers could use to fill the needs of their specific organizations. **Using \$10 million in SHS dollars, the Joint Office partnered with United Way of the Columbia-Willamette to quickly distribute grants to 61 community organizations contracted with the Joint Office.** Every provider who applied was approved for funding, and the funding was distributed in proportion to

“This funding has enabled the recruitment and retention of our behavioral health staff while supporting the development of newly BIPOC-focused behavioral health and substance use disorder programs. These staff members will provide individual and group therapy, as well as substance use counseling, to our most vulnerable populations: houseless individuals, veterans, and the LGBTQ+ community.”

-Greater New Hope Family Services

the number of homeless services employees at each organization. Providers told us flexibility was important, so we designed the grants to support a variety of organizational health activities — from employee bonuses, to improved wellness programs, to training opportunities and professional development. Organizations will submit final reports on how the grants impacted their workforce in early 2025; however, anecdotally we know they have made an immediate difference for our partners.

Culturally specific providers

Another way we are expanding capacity is by increasing the number of providers who are contracted with us, with a focus on new, emerging and culturally specific providers. In addition to expanding the provider workforce and overall capacity, this increases our ability to provide culturally specific services that support communities that have been historically underserved by homeless services in our region.

Culturally specific providers (Continued...)

We know, however, that contracting with a government agency like the Joint Office can be a time-consuming, daunting process, and those challenges can be even greater for newer, smaller and culturally specific organizations. To help address this, the Joint Office added a new SHS-funded position, an equity engagement coordinator, dedicated to consistently engaging with qualified culturally specific providers — especially those that don't yet have Joint Office contracts. The work of the equity engagement coordinator has been crucial in helping increase our contracts with culturally specific providers by building strong relationships, answering questions and demystifying governmental processes.

For each public funding solicitation the Joint Office published this year, the equity engagement coordinator, along with Joint Office contract managers, held drop-in office hours and offered technical assistance to newly qualified providers. Thanks to this support, new and culturally specific providers had the opportunity to hone in their proposals and apply for solicitations with an increased knowledge of how they work. **This year, Multnomah County distributed \$17.6 million to culturally specific organizations — a 91% increase over the allocated amount from the previous fiscal year.**

Increased engagement with providers also led to a new grant program to support new and emerging culturally specific organizations as they expand their organizations. Called System Development Grants, this Joint Office-led pilot is the first of its kind in the County. The grants are providing 11 new and emerging culturally specific organizations with funding for expansion and improved delivery of culturally specific programming. The grants resulted from an engagement session that Joint Office equity staff held with 27 culturally specific providers that were newly qualified for SHS funding. Although the FY 2024 grants were not SHS-funded, the pilot was led by SHS-funded staff and will be expanded in FY 2025 using \$1 million in SHS funding.

The Joint Office also improved internal processes for funding solicitations to ensure equitable access to SHS funding. This included standardizing solicitation processes across program types and clearly outlining internal standards for SHS funding priorities, key considerations, and roles and responsibilities. We also added scoring and evaluation criteria to our solicitations to more efficiently identify providers serving culturally specific and priority populations.



"I have a job. My daughter's happy. Life is good today."

After years of instability, Monique and her daughter now have a place to call home.

For years, Monique struggled with addiction and was unable to find stability. She would couch surf, staying with family members and moving on to the next place after she wore out her welcome.

"I was in addiction, and kind of moving from place to place," she said.

Monique knew she needed to get help, especially when she thought of her young daughter's future. "I knew what it was like to not have my parents and to grow up with someone else. I decided that I wasn't going to put her through what I went through."

Her life began to change after she entered residential treatment through the Native American Rehabilitation Association of the Northwest (NARA NW). After completing her treatment program, she moved into a sober living facility, and was able to continue outpatient treatment and apply for housing with the help of NARA NW.

She was approved for permanent supportive housing, giving her access to deeply affordable housing and on-site, wraparound services. She and her daughter moved into their two-bedroom apartment in 2022. "My daughter was excited because she could have a room," she said. "There's nothing like having your own space."

Her apartment is in Hayu Tilixam, an affordable housing complex owned by the Native American Youth and Family Center (NAYA) and Community Development Partners, with on-site services provided by NARA NW.

NARA NW's supportive services, which are funded through the Joint Office of Homeless Services with Supportive Housing Services Measure dollars, helps Monique know she can get help if she ever needs it.

Since moving in, Monique and her daughter have put down roots at Hayu Tilixam. Her work is right across the street, her boyfriend lives close by, and her daughter's school is very close.

"There's no feeling to explain what I feel. I just feel at home," she said. "This is my and my daughter's home."

It's the little things, like being able to buy her daughter a new backpack and clothes for the school year, or volunteering for events at her daughter's school, that Monique says make her proud of how far she's come.

"I'm there 24/7, and I get to show up for her," she said. "I have a job. My daughter's happy. Life is good today."

Monique

Hayu Tilixam PSH Resident

Native American Rehabilitation
Association of the Northwest



Expanding provider partnerships

For the first time, the Joint Office held conferences for its providers this year (a virtual event in October 2023 and an in-person gathering in May 2024). This was in response to providers asking for more opportunities to connect with one another and with the Joint Office. These events provided opportunities for networking, information and resource-sharing, collaborative problem solving, and collective learning. Each event brought together about 150 to 200 staff across dozens of organizations.

Topics were informed by the provider community, including sessions on overcoming barriers to housing, integrating housing and healthcare, and supporting asylum-seeking households. The Joint Office looks forward to organizing more of these conferences in FY 2025, with another planned for November 2024.



Building capacity through training

The Joint Office supports providers in their training needs by compiling a monthly calendar of community classes centered on trauma-informed care, harm reduction and equity, and offering additional training tools, resources, and technical assistance through a training coordinator whose role is funded by SHS. Additionally, this year we expanded our ability to offer Assertive Engagement trainings by launching an electronic learning series in addition to ongoing in-person events. The online learning option increases access and gives providers more flexibility to become certified Assertive Engagement practitioners. Across the County and provider workforces, there were 372 people enrolled in the electronic learning series at the end of FY 2024.



Increasing service caps and rebasing contracts

The Joint Office took a key step to improve provider workforce challenges this year by adjusting funding levels to reflect current realities, specifically for permanent supportive housing providers. This was based on research by the Joint Office permanent supportive housing team and feedback from providers, who said the current funding level was not adequate to address the higher levels of acuity seen among participants. Before this year, the services cap for households receiving permanent supportive housing was \$10,000 per household.

Starting in FY 2025 the Joint Office is increasing the service cap by 50%, raising it to \$15,000 per household.

Certain permanent supportive housing programs will have an even higher service cap of \$17,500 per household: those run by culturally specific providers, programs for families, and any programs in buildings where 25% or more of the units are permanent supportive housing.

We anticipate the increased funding will not only improve participant outcomes, but will also allow providers to increase wages, adjust staffing ratios, and in turn, sustain the workforce needed to keep programming running smoothly and safely.

Rebasing contracts

The Joint Office will also rebase some longtime service contracts, increasing their funding levels. This will allow providers to continue services at their existing level while negotiating livable wages for staff and increasing staffing ratios. Planning for this project started in FY 2024 and will continue in coming years. This work was the result of the two-year Community Sheltering Strategy released by the Joint Office, Multnomah County, and the City of Portland in FY 2024. The plan recommended **re-basing shelter contracts, increasing wages for providers and improving staffing ratios**. In line with that strategy, we're rebasing shelter contracts first, but plan to expand this work and rebase other types of contracts across our system with the goal of maintaining high-quality services and ensuring our providers are able to pay equitable wages.





Utilizing alternative payment models

Another challenge we've heard from providers is that the standard payment model used by Multnomah County, called the cost reimbursement model, can create hardship for a subset of providers — specifically small, emerging and growing providers. In a reimbursement model, the County requires providers to administer services and provide goods prior to receiving payment, after which they submit invoices and receive reimbursement from the County. This can create cash flow challenges for smaller organizations with limited funding. We've heard from these organizations that they may be unable to pay their employees and deliver services before receiving reimbursement. In response to this, the Joint Office began providing limited advance payments on a case-by-case basis in June 2024 and will continue this alternative payment model as an option in FY 2025. In addition to this short-term alternative, the JOHS and County will explore technical assistance and capacity building strategies to assist providers in their long-term financial health.

Workforce compensation analysis

All three counties involved in the implementation of the SHS measure must work toward regional goals and outcomes as defined in Metro's SHS Program Work Plan. One of these goals is that all supportive housing services providers will work to build anti-racist, gender-affirming systems with regionally established, culturally responsive policies, standards and technical assistance. To support this goal, Metro asks the Counties to collect wage equity and demographic data from SHS-contracted providers on an annual basis. At the end of FY 2024, the Joint Office surveyed SHS-funded agencies for the following information:

- Total number of employees, and how many are fully or partially funded by SHS.
- Number of employees and average rates of pay for specific job categories.
- Number of employees identifying with selected racial and ethnic identities, gender identities, sexual orientations and ages.
- Number of employees identifying as veterans, as living with disabilities, or as having lived experience of homelessness or housing instability.
- Languages spoken by staff, and number speaking each language.

Providers completed this survey in August 2024, reporting information from FY 2024. We received responses from 49 of the 54 providers contacted, a 91% response rate. In the survey, we instructed providers to report wage and demographic information for all of their employees, including non-SHS-funded positions. (Two providers only shared data on SHS-funded employees.)

The table to the right reports average pay rates for selected position categories, and number of employees reported in each position category. Hourly wage rates reported by providers were converted into annual, year-round, full-time salaries to enable comparisons between organizations. We did not ask providers to report actual compensation for each employee, due to privacy considerations, so the average rates do not reflect part-time work, additional non-wage compensation or other non-monetary benefits. In addition, these rates are averaged across organizations, not across the total number of workers. For these reasons, they do not measure what the average worker is earning across our contracted provider workforce, but rather the average pay rate offered by our providers for different types of positions.

Average pay rates appear to be comparable across the five direct-service position categories (case managers, housing navigators, outreach workers, facilities staff, and other direct service or client-facing roles). Our smaller providers (employing fewer than 100 people) reported slightly higher rates of pay for direct service positions and for management positions, which may be due, in part, to a higher share of their staff being funded by SHS.

Details on this breakdown are available in Attachment F.

Workforce Compensation Data Average Rates of Pay by Position Category		
Position Type	Number of Employees	Average Pay
Case Managers	546	\$54,822
Housing Navigators	237	\$54,704
Outreach Workers	156	\$53,460
Facilities Staff	208	\$57,464
Other Direct Service / Client-Facing Roles	2,758	\$54,978
Administration	772	\$65,878
Management	929	\$77,358
Executive Leadership	196	\$120,282

Pay Differential between Lowest and highest Paid Employees, by category



There is substantial variation among providers in the distribution of pay from lowest paid staff to highest paid staff. Most agencies have a differential between their lowest paid staff (commonly, these are outreach workers) and their highest paid staff (usually, the executive director) of around \$60,000 to \$100,000. Smaller agencies tend to have more compressed wage schedules — all three of the agencies with pay differentials of less than \$30,000 are smaller agencies employing fewer than 100 people. Attachment F includes a breakdown of pay differential categories for smaller and larger providers, and the distribution of pay from lowest to highest paid staff by agency.

In August 2023, the Joint Office released the results of its Classification, Compensation and Benefits study, or wage study, which analyzed administrative, survey and focus group data from 24 contracted providers, as well as employee-level data on pay and benefits for 64 different roles. That 2023 study was based on data from 2022. The table above compares 2022 median wage data from the wage study to median wages in the 2024 workforce compensation survey. There are a number of caveats to comparing this data — fewer agencies provided data for the 2022 wage study than for the 2024 survey, the 2022 wages are not adjusted for inflation or other baseline wage growth in the Portland area, and the categories in the 2022 study are narrower than those in the 2024 survey. That said, the median reported wages in each category increased substantially between 2022 and 2024.

Median Wage, Selected Categories: 2022 Wage Study vs. 2024 Survey		
Position Type	Median Wage, 2022 JOHS Wage Study	Median Wage, 2024 Workforce Survey
Case Managers	\$42,848	\$54,080
Housing / Services Navigators	\$43,680	\$52,395
Outreach Workers	\$43,680	\$50,024
Facilities Staff	\$39,250	\$49,398
Associate-Level Staff/Other Direct Services / Client-Facing Roles	\$42,795	\$55,494

Workforce Demographic Data

Our SHS-funded providers continued to prioritize and support a diverse workforce. The tables below compare workforce demographics collected from the 2024 workforce survey to demographic data collected in 2022 for the wage study. Percentages in each demographic category may not sum to 100% because not all employees provided this information. The 2024 data shows increased representation of BIPOC and non-cisgendered people over 2022.

The 2024 survey results show that many providers have staff with lived experience, with 45 out of the 49 responding providers reporting that their staff includes members with lived experience of homelessness or housing instability. And among agencies that reported the number of staff with lived experience at their organization, 33% of employees have lived experience of homelessness or housing instability.

Among the 39 providers who responded with data on employee gender identity and sexual orientation, 18% of employees said they identify as LGBTQIA2S+. Additionally, among agencies reporting disability and veteran status in our survey, 14% of provider staff identify as persons with disabilities or functional difficulties, and 2% identify as veterans.



Race & Ethnicity of Employees		
Race & Ethnicity	2022 JOHS Wage Study	2024 SHS Workforce Survey
American Indian and Alaska Native	1.7%	4.0%
Asian	3.7%	5.0%
Black or African American	14.4%	15.8%
Hispanic origin of any race	9.6%	14.5%
Middle Eastern	*	0.7%
Native Hawaiian or Pacific Islander	0.6%	1.3%
Other race	1.1%	0.5%
Two or more races	6.1%	3.8%
White	62.6%	45.3%

* Indicates rows with insufficient data (fewer than five employees or fewer than three organizations)

Somali Empowerment Circle Staff

L to R: Nathira, Sumaya, Abdi, Faisal and Ahlam



“All the trainings have set us up for success.”

Somali Empowerment Circle among 61 providers benefiting from flexible workforce stabilization grants

For smaller nonprofit service providers like Somali Empowerment Circle, having enough funding to both pay their employees and offer professional development opportunities isn't always possible. Until recently, employees would have to pay out-of-pocket for continuing education or additional training.

That changed this year, when Somali Empowerment Circle became one of the 61 organizations that received organizational health grants from the Joint Office of Homeless Services. A partnership between the Joint Office and United Way of the Columbia-Willamette allowed \$10 million of Supportive Housing Services funding to be distributed expediently to providers to invest into their staff.

The grant was designed to help address longstanding workforce challenges in the homeless services sector. As outlined in a 2023 Joint Office provider wage study, low pay and high employee turnover are significant barriers to effective service delivery across the community.

The grants were allocated across providers according to the number of homeless services-focused employees at each organization, and organizations could use them for a range of purposes, including providing employee bonuses, hiring more staff and offering wellness opportunities.

For Somali Empowerment Circle, the funding was put toward professional development opportunities, which Osman says has been especially important for their housing advocacy work. The organization helps recruit landlords to participate in programs providing housing to people leaving homelessness.

The funding has paid for staff trainings on topics like trauma-informed care and culturally specific education. And one staff member, Ahlam Osman, pursued professional coaching to develop her advocacy skills.

“[My coach] helps me advocate for myself, and with communication and negotiation — that's been really helpful for our housing program, where we have to speak directly with developers and landlords,” Ahlam Osman said.

Executive Director, Hanna Osman said these professional development trainings are especially important for small, culturally specific organizations like Somali Empowerment Circle.

“There's just a little bit of imposter syndrome. We don't always know how to communicate with larger agencies because of that power dynamic,” she said. “All the trainings have set us up for success. We are just so much more confident in navigating this space.”

Workforce Demographic Data (Continued...)

Employee Gender Identity		
Gender Identity	2022 JOHS Wage Study	2024 SHS Workforce Survey
Cisgender Woman	59.6%	51.4%
Cisgender Man	37.8%	26.4%
Nonbinary or Nonconforming	1.8%	2.2%
Transgender Man	0.5%	-
Transgender Woman	0.3%	-
Transgender Person	-	1.4%
Two-Spirit or Third Gender	-	0.2%
Other Gender	-	0.3%

In the tables on this page, the percentage of staff identifying with a demographic category is calculated for agencies that reported any data in each category (race and ethnicity, gender identity and sexual orientation.) All 49 agencies that responded to the survey provided data on employees' racial and ethnic identification, while 39 agencies reported full or partial data on employees' gender identity, and 27 agencies reported full or partial data on employees' sexual orientation. It is likely that the percentages of employees reporting specific gender identities and sexual orientations are undercounts, because many of the agencies did not provide this information (including "Other" and "Prefer not to answer") for all of their employees.

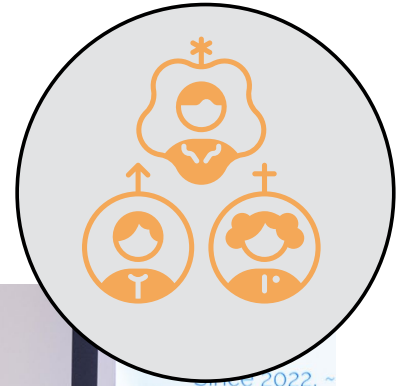


Employee Sexual Orientation	
Sexual Orientation	2024 SHS Workforce Survey
Heterosexual	24.4%
Lesbian	1.1%
Gay	2.3%
Bisexual	3.3%
Queer	1.6%
Pansexual	0.3%
Asexual	0.6%
Other Sexual Orientation	3.5%

Building an anti-racist, gender-affirming system

The Joint Office embeds an equity lens in all our work to ensure that both we and our providers are building anti-racist, gender-affirming systems with culturally responsive policies, standards and technical assistance. For more information about how the Joint Office advances racial equity broadly throughout our department, please see **Advancing Racial Equity**.

One specific way we worked toward this goal in FY 2024 was by supporting our contracted providers in creating equity work plans and setting equity goals (**see Attachment A**). The Joint Office supported providers in eliminating barriers to work plan creation and created tools for providers to monitor progress. The SHS Advisory committee also played a key role by forming an equity work group that drafted a set of recommendations designed to enhance equity in SHS programming. The work group met from September 2023 through May 2024 to tackle this key priority. This extensive process allowed members to craft a thorough set of equity recommendations informed by their significant lived and learned experience. The committee is set to finalize and publish these recommendations in early FY 2025.



Provider Partnerships & Capacity Building Data		
Topic	Required Data	Outcomes
Provider Contracts	Total number of providers contracted to provide SHS services in year 3	70
	Number of culturally specific providers contracted to provide SHS services in year 3	14
	Total dollars allocated to providers for contracts to deliver services in year 3	\$138,522,931.22
	Total dollars allocated to culturally specific providers for contracts to deliver services in year 3	\$17,692,743.87
	Total number of providers new to providing SHS services in year 3	15
	Number of culturally specific providers new to providing SHS services in year 3	6
Provider Capacity Building	Value of investments in each type of provider capacity-building effort in year 3 ⁵	Organizational Health Grants - \$10 million Assertive Engagement (AE) Training FTE - \$137,537.54
	# of providers participating in each type of capacity-building effort in year 3	Organizational Health Grants - 61 providers Assertive Engagement Training - There were 372 participants in the e-learning series. In addition, SHS funds two JOHS AE Specialists and one DCHS AE Specialist.

⁵Additional capacity-building efforts take place through the relationships that Joint Office contract managers and equity staff build and maintain with providers; however, the value of these interactions are difficult to quantify. Please see the narrative above for additional details about our provider capacity-building work.

County Infrastructure & Capacity Building



A breakdown on the growth of the SHS measure and the work to create more resilient support systems, infrastructure and resources to meet the immediate needs and establish long-term stability for those experiencing and at risk of homelessness.



When the Supportive Housing Services (SHS) measure passed in 2020, before launching regionally in 2021, the Joint Office of Homeless Services had fewer than 30 employees and a budget of about \$70 million. In addition to a mix of City of Portland and Multnomah County funds, the office leveraged a modest amount of state and federal funding to support our work of moving community members experiencing homelessness into shelter and permanent homes. The SHS measure came at the perfect time to help stem the tide of a growing homelessness crisis fueled by a decades-long shortage of affordable housing.

But it also meant that a small county office, established only four years before in 2016, had to work quickly to exponentially scale its internal operations and deliver on the goals of the measure — all during a global pandemic. Anticipating the time it would take to build infrastructure to leverage the dollars effectively, Multnomah County's SHS Local Implementation Plan (LIP) delineated a three-year ramp-up period for the measure's implementation.

As predicted, the Joint Office's SHS outcomes were relatively low in the first two years of implementing the measure. However, we have reached a turning point in year three, as the internal infrastructure we've built over the past several years is delivering results.

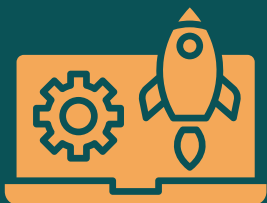
This success is largely tied to staffing. For the first time in years, the Joint Office has a stable leadership team, with a permanent director, deputy director and financial leader all in place. We have also brought on critical staff capacity in key areas such as finance, programs, and data and evaluation. Across the department, we

have a skilled and dedicated team of 100 employees.

Improved staffing has allowed us to make significant progress in areas that used to be particularly challenging. That includes our spending rate, which was difficult in our first two years of the measure. Now, with added capacity on our finance team, there's been a marked effect on our ability to efficiently deliver SHS dollars to our network of provider partners. This year we spent 100% of our share of Supportive Housing Services revenues collected by Metro during FY 2024, and 80% of our SHS program budget, which included funds carried over from past years. To help accomplish this, our leadership team developed detailed budget dashboards that help us closely monitor spending throughout the year. When a program is not on track, we adjust or shift funding to other needs. We deploy staff to work with providers to track progress and surface challenges promptly. We are tracking our spending on a regular basis and making course corrections in real time when we fall behind to make sure that we deliver on the commitments we've made and achieve our spending goals. This allows us to use resources effectively and efficiently, providing needed services and improving outcomes for real people in our community.

Building up our finance and program teams also led to significant improvements in our invoicing processes and contract management, ensuring that we are able to pay providers on time for the essential services they deliver. To learn more about our improvements in contract management, please see **Provider Partnerships and Capacity Building**.

Our sizable program team also benefited from deeper levels of coordination and cohesion provided by an expanded leadership structure partially funded by SHS. The team brought on three new supervisory roles to oversee our adult, domestic violence and youth systems, as well as our permanent supportive housing and coordinated access teams. SHS funds also allowed us to bring on a position focused on the intersection of health and housing. This role oversees work such as Medicaid 1115 Health Related Social Needs (HRSN) Waiver benefits, cross-sector case conferencing, and system-wide approaches to address elevated medical and behavioral health needs in Permanent Supportive Housing programs.



Coordinated Access Tool Redesign

One key way we improved our system infrastructure in year three was through the

redesign of our Coordinated Access (CA) tool. Coordinated Access aims to match our limited housing resources to people with the highest housing barriers. Before the redesign, Multnomah County's Coordinated Access System used a tool called the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool), which has long been known to have significant flaws related to inequitable prioritization of communities of color. Over the years, unhoused community members and homeless services providers also shared that the VI-SPDAT is not trauma-informed, culturally responsive or tailored to community priorities. It was also unclear about when households would be prioritized for resources.

To address these concerns, the Joint Office worked over the past three years to design a new CA tool. The improved tool — called the Multnomah Services and Screening Tool (MSST) — is based on local data and was shaped with feedback from key partners, including people with lived experience of homelessness and staff from 20 local service providers. The MSST is shorter and easier to understand than the VI-SPDAT, and the questions it asks are more trauma-informed,

align with local priorities, and promote equity in access to available housing resources. The redesign team incorporated many equity-focused policies, including establishing navigation teams with culturally specific providers, offering robust training for all providers, and building in flexibility to ensure participants can be assessed and supported by people who share similar backgrounds.

Households who fill out this assessment and receive placement on our community's "priority housing list" will also now fill out a Housing Preferences & Matching Questionnaire — another new tool produced through the redesign that helps match participants with the most suitable available housing resources for their needs. An approach called "housing problem solving" has also been formally added to the process, which ensures households whose scores do not rank high enough to be prioritized for housing through Coordinated Access will still be supported in finding solutions to their housing crisis.

The Joint Office data team evaluated the new process and tool to ensure they are effective, equitable and trauma-informed. They are also developing a process for ongoing monitoring and evaluation of the tool to ensure it is meeting the needs of our community.

The new tool is expected to launch in fall 2024. To learn more about our improvements to County infrastructure through the Coordinated Entry tool redesign, **please see Attachment A.**



Homeless Management Information System (HMIS) Administration

One of our biggest data capacity achievements this year was the successful transfer of the Homeless Management Information System (HMIS) from the Portland Housing Bureau to the Joint Office. HMIS is the HUD-required data system that tracks our program outcomes, and over time, it's grown to serve as the repository of most of our region's data on housing and homelessness. As part of a yearslong process to regionalize and improve our data, we have been planning to become the lead agency responsible for a tri-county HMIS. With the transfer complete, additional improvement work is now possible, including procuring a better HMIS provider that will modernize our system.

The HMIS procurement and migration process will take time, but we have laid the groundwork. We worked with the County's Information Technology Division and Gartner Consulting to outline the limitations of our current system and envision a tool that would support our strategic vision. The resulting set of recommendations from this work have built the foundation for our procurement of a new HMIS, which will begin in FY 2025.

Data Quality and Monitoring

Becoming the new lead agency for HMIS also gave us the opportunity to improve our strategy to train providers on HMIS data entry and quality. To that end, we partnered with consulting agency Focus Strategies to develop an HMIS learning management platform. On that platform, we published several training videos focused on HMIS data entry, with plans for more videos for FY 2025. We also run data quality reports to ensure data entry is running smoothly and to find any issues with project set-up or data entry processes that are impacting data quality.

In addition, we've been working to update our Data Quality and Monitoring Plan. Updates to the plan include processes for HMIS data quality monitoring, and the development of routine quality data reports that are distributed to all funded agencies with direct follow-up by JOHS staff if data quality issues occur. Additionally, new organizations, projects and end users are monitored for data quality within 20 days of receiving access to HMIS.

Data capacity expansions and improvements

This year, the Joint Office led regional efforts to modernize our data infrastructure and provide data entry support to providers, paving the way for policymakers to increase data-driven decision-making and better inform the public.

Data-driven strategies to improve SHS performance and outcomes

Our current HMIS has significant limitations, especially when it comes to analytics and reporting. Until we are able to procure a new HMIS software and migrate to a new system, a process that will take several years, we are working to develop a tool called a local Data Mart. Our HMIS Data Mart, which we are developing in partnership with the County's Information Technology Division and Slalom Consulting, will be a data and reporting platform that will both improve our data and increase our ability to share data with the community — including allowing us to develop better dashboards tracking our progress. The improved reporting ability made possible with the Data Mart will allow us to better track our performance, be more accountable and transparent with the community, and allow the Joint Office, collaborative partners and leadership to access data needed for decision-making. We expect the Data Mart to launch in winter 2025.

With the creation of the Data Mart, we will be able to launch a new online data dashboard. This new public-facing dashboard, developed in partnership with Focus Strategies and Slalom Consulting, will include information on the number of people experiencing homelessness, along with data on the number of people accessing services and the outcomes they are experiencing.

The dashboards will also provide snapshots showing how many more people are newly experiencing homelessness ("inflow") and how many people are leaving homelessness ("outflow"). Additional dashboards will be designed to allow users to explore the data by slicing and filtering by participant demographics, service types and more. Beyond helping inform the public on our progress, these dashboards will provide ongoing information to better target and adjust SHS programming to meet the needs of the people we serve.

We are also working with Slalom Consulting to develop internal dashboards for Joint Office staff and providers, primarily focused on contract monitoring and program performance. These foundational tools will give the Joint Office near-real-time access to longitudinal data on agency-level program performance, in addition to program- and system-wide performance tracking and the ability to measure outcomes against anticipated targets. Being able to assess SHS program performance on a more frequent cadence will allow for better contract monitoring and help ensure we are delivering services and outcomes as expected. Initial public and internal reporting tools are anticipated for release in FY 2025.

Shelter Availability Tool

The Joint Office data team also developed a Shelter Availability Tool pilot that launched in September 2024. The tool fills a gap for outreach teams and other service providers by sharing timely information on how many shelter beds are available and where they can be accessed. The goal of the tool is to create a more efficient process for helping people move from the streets to shelter. Beyond providing information about open beds, the tracking tool also includes profiles for each shelter site to help outreach workers best match people to the shelter that most fits their needs. The tool's default setting sorts the shelters by distance from the user and includes mapping and directions functionality, all with the goal of making shelters easier to find. Before being rolled out more widely, the Shelter Availability Tool is initially being piloted by the street outreach and navigation teams that work in partnership with the City of Portland's Street Services Coordination Center.

Real-time shelter availability and referral is a component of the Joint Office's two-year **Community Sheltering Strategy**, which aims to increase our shelter inventory by 1,000 beds by the end of 2025. Launching the tool was also among the deliverables included in the City-County **Homelessness Response Action Plan**.

Evaluation activities in year three

The SHS-funded expansion of the Joint Office's Data, Research and Evaluation program allowed us to conduct evaluation activities that will help shape future programming — all in support of priorities outlined in our SHS Local Implementation Plan. In FY 2024, these projects included our Geographic Equity Study, which was an assessment of geographic equity of homeless services and a community-based needs assessment; the Pathways to Housing Study, which analyzed the factors that led people to successfully exit homelessness for housing; the Alternative Shelter Evaluation, which was a qualitative analysis of effective alternative shelter programs; and the Effective Shelter Models Evaluation, which analyzed best practices in providing emergency shelter.

For more information about each of these studies, please see **Attachment A**.





Cross-Sector Work



The work of providing services to people experiencing homelessness goes beyond a single agency or department. This year, the Joint Office was able to expand access to permanent housing and essential services by leveraging partnerships across County departments, using resources provided by the Supportive Housing Services (SHS) Measure.

Cross-Sector Work

People experiencing homelessness often have intersecting needs and identities. They could be living with a disability, involved in the justice system, or living with complex health conditions. That's why pulling in the expertise and services of all County departments is key to serving this population. Working with other County departments — specifically the Department of County Human Services, the Department of Community Justice, and the Health Department — also fits within Multnomah County Chair Jessica Vega Pederson's vision of a united "one County" approach. Below are key examples of our cross-sector partnerships and programming in FY 2024.



Examples of cross-sector partnerships and programming (Continued...)

The County has committed to using SHS funding to expand behavioral health services for those experiencing homelessness through partnerships with the Health Department. The Bridging Connections program, a motel shelter program under the Health Department's Behavioral Health Division that is operated by provider New Narrative, used SHS funding to hire a dedicated housing specialist. The housing specialist helps participants involved in County behavioral health programs secure housing that meets their needs. Additionally, the Cultivating Community motel shelter program, also run by New Narrative, serves people with severe and persistent mental illness and other behavioral health challenges. This year, SHS funding allowed the program to provide more housing opportunities to participants. And New Narrative's Douglas Fir permanent supportive housing program, designed for people experiencing mental health challenges, provided consistent support to residents, including crucial assistance to an individual with a traumatic brain injury.

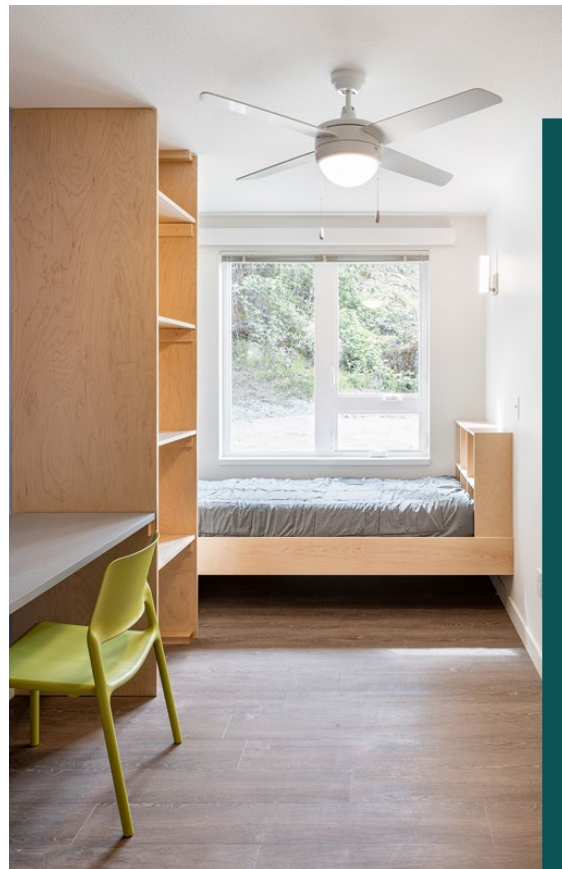
The County has committed SHS revenue to new projects that will support people experiencing behavioral health challenges. Those include recovery-oriented housing options, access to crisis stabilization services through a 24/7 stabilization center and a new 14-day stabilization and treatment program.

Overall, these accomplishments and ongoing initiatives underscore the County's dedication to tackling the complex issue of homelessness by reaching across departments and organizations to meet the needs of our neighbors and create a community where everyone feels safe and supported.

Examples of cross-sector partnerships and programming

SHS funding allowed us to partner with the Department of County Human Services' Intellectual and Developmental Disabilities Services Division (IDDSD) to improve services for people with disabilities who are also experiencing homelessness. For example, the Coordinated Access Case Management program streamlines access to permanent housing for individuals with intellectual and developmental disabilities. In addition, the IDDSD Regional Long-Term Rent Assistance (RLRA) program offers long-term rent assistance paired with services for program participants.

The Department of Community Justice (DCJ) used SHS resources to help house people who are both justice-involved and experiencing homelessness. The DCJ Tenant-Based RLRA program prioritized people who are justice-involved — including people on parole or probation or those nearing release from carceral settings — and are experiencing or at risk of homelessness. The program helps ensure long-term housing stability and reduces the likelihood that participants will become justice-involved again. Additionally, DCJ worked to connect justice-involved people with project-based permanent supportive housing at Transition Projects' Argyle Gardens community.



“Our clients who were houseless on the street... are now in apartments.”

Homeless Mobile Intake Team wins national award, USAging Aging Innovations Award, recognizing its work supporting older adults and people with disabilities.

Jeffrey Stevens' life took a turn a couple years ago when his roommate passed away. The 73-year-old musician, who'd had a long career in public access television, lost financial support, stability and his home. "That's when the support system fell apart," said Stevens. Stevens, who also has a disabling condition, was staying at a shelter funded by the Joint Office of Homeless Services when a caseworker referred him to the County's Homeless Mobile Intake Team.

The team is part of Multnomah County's Department of County Human Services' Aging, Disability, and Veterans Services Division, and it's funded by the Supportive Housing Services Measure. The team works in partnership with the Joint Office and helps people experiencing homelessness connect to existing resources, focusing on those who are aging and/or have disabilities.

The five-person team was launched in 2022, and has since served 295 participants.

Before the Homeless Mobile Intake Team existed, connections to those resources relied on phone calls and subsequent office visits. But now, those services can be brought directly to clients where they are —

rather than requiring them to travel first to a government office. "We bring Aging and Disabilities out to the streets, out literally to the people," said case manager Caitlin Lee.

Lee met with Stevens at his downtown shelter and conducted an assessment to determine his medical eligibility. Lee got Stevens approved for Medicaid and is guiding him toward housing. "I get to stay with you," said Lee. "We develop a relationship. And I walk you and guide you out of homelessness."

The mobile team conducts assessments, identifies benefits, and provides short-term intensive housing case management. The team also connects people to long-term housing vouchers through the Regional Long-Term Rent Assistance program. Case managers also connect with service partners to help cover move-in costs and provide supportive services.

"We have 15 of our clients who were houseless on the street, who are now in apartments," said Lee.

For Stevens, the mobile intake team has been a game-changer. "They [case managers] have to believe in what they're doing," Stevens said, "because you're taking care of people, and people are pretty fragile, especially as they get older. "It's hard enough to be homeless. But being involved, staying busy, and addressing the problem on the front lines was a lifesaver for me."



Jeffrey Stevens (R), client
Caitlin Lee (L), case manager
Homeless Mobile Intake Team

Multnomah County DCHS - Aging,
Disability, and Veterans Services Division



**Wendie Smith,
Housing Specialist**

Bridging Connections
Motel Shelter Program
New Narrative - Behavioral Health

“We’re meeting people where they’re at and able to partner with them toward their goals.”

New housing specialist in behavioral health motel shelter program — made possible with the Supportive Housing Services (SHS) Measure — helps participants find housing that meets their needs

For people with behavioral health challenges, it can be challenging to find a way out of homelessness and into housing.

Bridging Connections — a motel shelter program operated by nonprofit New Narrative, supported by the SHS Measure, and overseen by the Multnomah County Health Department — helps fill that gap. It serves people receiving behavioral health treatment through County programs who are also experiencing homelessness or housing instability, providing them with low-barrier motel-based shelter and on-site services.

This past year, the program was able to better support participants by adding a dedicated housing specialist, made possible with Supportive Housing Services funding. Since beginning her role in 2023, housing specialist Wendie Smith has been able to help participants secure housing that meets their needs.

Working collaboratively with participants, their treatment teams and other Bridging Connections staff, Smith can ensure participants find housing solutions that best meet their needs.

“I love that about this position — that the responsibility ultimately is on the individual, but I can make an instrumental difference in supporting them,” Smith said. “We’re meeting people where they’re at and able to partner with them toward their goals.”

Even after just a few months, Smith has seen several participants find success. One participant received a Regional Long-Term Rent Assistance voucher after moving to the shelter program last year. But because of language barriers and previous negative experiences with government agencies, the participant needed extra help to put the voucher to use.

Smith met with the participant frequently to find housing that met their needs, helped them gather all the necessary documents and talk with landlords and ultimately supported them in moving into their new place.

“It was really important with this individual, making sure that their needs were met and that they felt heard,” Smith said. “That ended up getting them housed, and they are doing very well.”

“It’s a big role, but it is so critical for these individuals that they have that support,” Smith said.

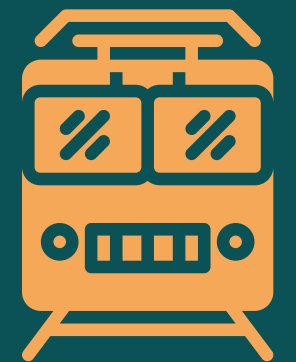


Metro Affordable Housing Bond Alignment Data

Multnomah County is continuing to leverage all available funding sources to expand permanent supportive housing capacity. This includes construction funds from the 2016 Portland Housing Bond and 2018 Metro Housing Bond. Many more projects have leveraged Portland bond funds.

Metric	Required Data	Outcomes
Metro bond-funded projects where SHS services or rent assistance funding has been used to create PSH since 7/2021	# of projects	2
	# of PSH units in the above projects	47
Metro bond-funded projects where SHS services or rent assistance funding has been used to create PSH in year 3	# of projects	1
	# of PSH units in the above projects	12
	Description of the projects	Powellhurst Place is the only Metro Bond-funded project with SHS-funded PSH that opened in Multnomah County in FY 2024. Powellhurst Place created 65 total affordable units, including 12 one-bedroom units of PSH. The building is owned and operated by Northwest Housing Alternatives and culturally-specific PSH services are provided by the Native American Rehabilitation Association of the Northwest (NARA NW).

Regional Coordination



No one person, organization or county can solve the homelessness crisis alone — it will take all of us working in close coordination to address homelessness across the region.

Regional Coordination

Over the past year, Clackamas, Multnomah and Washington counties continued to work closely together, in partnership with Metro, to advance shared objectives. This collaboration took place through the Tri-County Planning Body, collaborative administrative projects, and special initiatives such as Built for Zero. In addition, regular leadership conversations and jurisdictional work groups elevated lessons learned across programs and promoted common approaches. The following is a summary of key elements of our regional collaboration over the last year.

Tri-County Planning Body

To strengthen coordination and alignment of program implementation across the Metro region, the Tri-County Planning Body (TCPB) — the leadership body that defines the regional priorities for SHS implementation — has identified six regional goals, strategies, and outcome metrics to address homelessness. In FY 2024 the TCPB made progress toward these goals by approving Regional Implementation Fund (RIF) expenditures based on implementation plans developed by the three counties and Metro. The TCPB approved the first implementation plan in March 2024, directing \$8 million to support a menu of interventions to increase participation from landlords in rehousing programs, including outreach materials, additional policy workgroup spaces and studies, pilot approaches, and the Risk Mitigation Program. The TCPB is expected to approve additional implementation plans in 2024.

Health and Housing Integration (Continued...)

This past year, Clackamas, Washington and Multnomah counties began work with Trillium Family Services and Health Share of Oregon to establish network hubs, which will allow counties to receive referrals for HRSN housing services, including up to six months of rent and utilities, home modification and remediation, and tenancy support through case management. Counties will help create housing plans, provide technical assistance, sequence services and manage the provider network.

To further support system alignment, the three counties also worked toward establishing the first medical respite program in the region through a grant partnership with Kaiser Permanente. Too often, people experiencing homelessness encounter barriers to health recovery after hospitalization as they attempt to recuperate without housing stability. Medical respite provides a safe, stepped-down level of care upon discharge. Such programs have demonstrated improved health outcomes, greater service connectivity and cost savings for hospitals. Through the grant, the counties are also able to participate in the National Institute on Medical Respite cohort, designed to provide support for building, maintaining and improving medical respite programs.

The counties are also in collaboration to better coordinate services with long-term support partners for improved

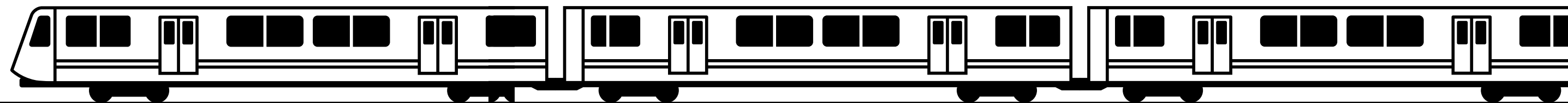
behavioral health outcomes. To this end, Washington County has established population-specific liaisons, such as a housing case manager who works with people who are over the age of 65 and/or connected to disability services, and Clackamas County has used this model to develop and issue a program offer for similar services. Clackamas County staff are standing up a behavioral health intervention team at fixed-site supportive housing programs to help stabilize participants to be able to retain their housing, and sharing ideas and best practices regarding this work.

Washington County also led efforts in the tri-county region to stand up case conferencing with health plan partners and nationwide consultants. Based on this foundation, Clackamas County established a Health and Housing Case Conferencing Pilot in March 2024. Regular participants of case conferencing include Health Share, Trillium, behavioral health partners, peer supports and plan partners. Clackamas, Washington and Multnomah Counties will continue to work together to help establish and improve these practices regionally.

Health and Housing Integration

In alignment with the TCPB's goal to create system alignment and increase long-term partnerships, the RIF is currently being utilized to invest in staff supporting health and housing system integration and regional coordination. These positions are supporting Medicaid 1115 Demonstration Waiver coordination and implementation, partnerships with Coordinated Care Organizations and healthcare partners, and the establishment of regionalized best practices for housing and healthcare integration.

The Medicaid 1115 Demonstration Waiver represents an opportunity for Medicaid dollars to pay for certain Health-Related Social Needs (HRSN), since food insecurity, housing instability, unemployment and lack of reliable transportation can significantly contribute to poor health outcomes.



“It’s like my life is brand new!”

Eric is housed with help from FUSE program

Eric struggled with alcoholism most of his adult life, and was in and out of homelessness for years. Things became even harder when he developed a physical disability that left him unable to work.

“Nobody wants to live out on the street,” Eric said. “At age 57, with all my health problems, that’s no way to live. I got into drinking a lot, because I was depressed. I’ve been through a lot.”

Now, thanks to a pilot program from the Joint Office of Homeless Services and provider East County Housing, Eric and his dog, Miss T., are housed and stable. Eric is receiving the healthcare and recovery support services that he needs.

Eric was helped with the Frequent Users System Engagement (FUSE) program, which is focused on people who frequently cycle through the homeless services, legal and healthcare systems. With the FUSE pilot, the Joint Office is using SHS funds to support people like Eric, who have complex needs and are best served with supportive housing.

The pilot resulted from a 2018 analysis done by the Joint Office along with several healthcare, housing and public safety organizations. The analysis found that when “frequent users” of emergency health and criminal justice systems are provided supportive

housing, it leads to fewer crisis responses, jail bookings and public costs.

“A stable housing environment is the most important thing to having a healthy lifestyle. That alone can bring about such a dramatic improvement,” said Darek Taylor, Eric’s case manager.

Taylor worked with Eric every step of the way, from clearing barriers to housing, to finding an apartment that would be a good fit, to applying for a lease, to working with the landlord to ensure the application would be accepted.

“Coming in here [to FUSE] has changed my life a thousand percent. It’s been such an uplifting experience,” Eric said. “I love my house. I love my neighbors. It’s like my life is brand new.”

Eric Tucker
Frequent User System
Engagement Participant

East County Housing
Rockwood Community
Development Corporation



Regional Coordination (Continued...)

Collaborative Administrative Projects

Request for Qualifications (RFQu) Process

In FY 2024, Metro led a four-jurisdictional effort to create a pre-approved list of contractors that can provide Training and Technical Assistance. Staff from all jurisdictions worked together to craft a procurement opportunity that yielded a list of 67 qualified providers. Providers qualified in 15 different areas of expertise, ranging from racial equity and social justice to unit inspection. This large pool of subject matter experts is now readily available to support capacity building across the region.

Homeless Management Information System

In March 2024, Multnomah County officially became the central administrator of the region's Homelessness Management Information System (HMIS). To facilitate this transition, the region's data teams coordinated closely to regionalize HMIS policies and procedures and update intergovernmental agreements. This robust coordination is memorialized in a regional HMIS governance structure that is still taking shape.

One of two HMIS governance bodies are currently in operation. The Regional HMIS

Council, a body responsible for overall vision, strategic direction and governance, is yet to be formed. However, the Technical Change Control Board (TCCB) has been operational since April 2024 and meets monthly to advance key activities. The TCCB consists of a representative from each county, the primary system administrator and a representative from the Domestic Violence Comparable Database system ("Comp Site"). This coordination has allowed us to set and move forward with regional priorities, such as procuring a new HMIS system, merging duplicate entries and establishing an HMIS regional Data Mart. The Data Mart has given us the opportunity to improve data access, quality and reporting efforts across the region. It incorporates regional HMIS data and is accessible to regional partners for further development to match their needs.

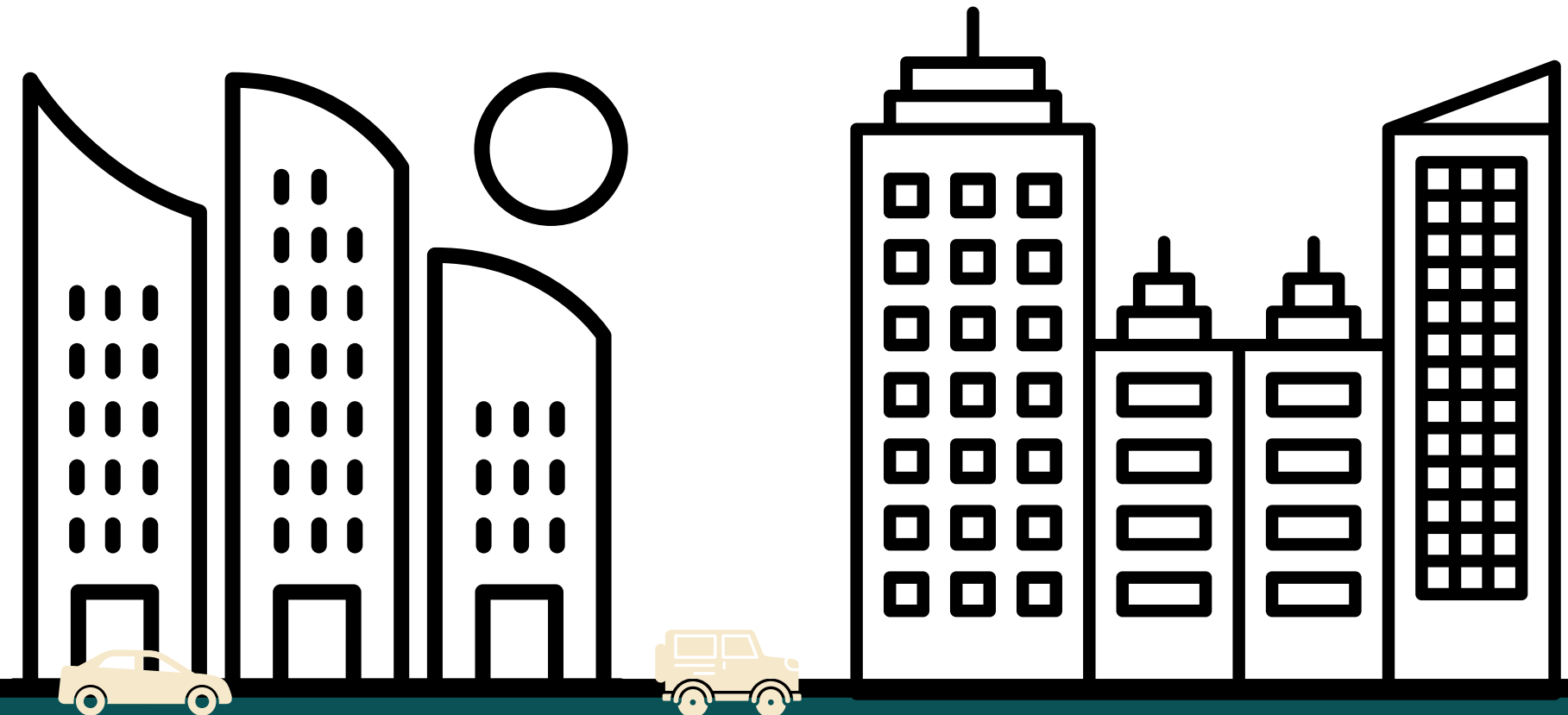
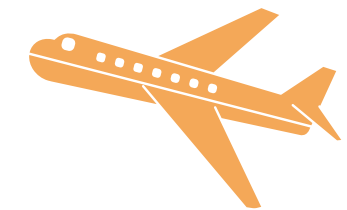
Data Collaboration

In addition to the coordination that occurs as part of the new HMIS tri-county governance structure, the data teams in each county meet on a monthly basis to exchange information, discuss best practices for project structure and resource allocation, and coordinate on all things pertaining to SHS. In addition to this monthly meeting, a larger group of analysts from each county meet on a monthly basis to exchange information about metric operationalization and other topics related to our roles as analysts. This is also a group where we discuss potential alignment with respect to SHS topics and learn best practices for other aspects of



Data Collaboration (Continued...)

work, such as Regional Long-Term Rent Assistance (RLRA) quality control in HMIS. We also consistently collaborate across the three jurisdictions, with support from Metro and external consultants, on key projects like the Medicaid 1115 Waiver expansion.





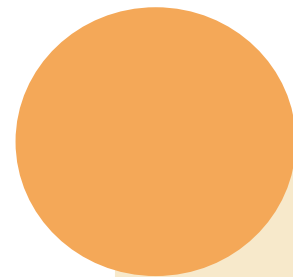
Strategic Regional Initiatives

Built for Zero Collaboration

In the third year of Built for Zero (BfZ), Clackamas, Multnomah and Washington counties met monthly to collaborate, share progress, and learn from each other's case conferencing sessions to strengthen our regional approach to ending homelessness. The counties focused on enhancing leadership involvement, aligning on common goals, and using accurate data to guide our efforts. We are also improving our ability to implement new strategies and drive change.

Point in Time Count (PIT)

The three counties worked in unison to launch their Point in Time (PIT) counts in 2023 and continued that collaboration again for a sheltered count that was completed in 2024. Through our combined efforts, all three jurisdictions have prioritized advancements to achieve a more accurate count. This collaboration continues as all three jurisdictions are in regular planning meetings to prepare for the January 2025 sheltered and unsheltered PIT count.



Advancing Racial Equity



The Joint Office has long been committed to advancing racial equity in all our work, with a focus on reducing the disparities experienced by Black, Indigenous and other People of Color (BIPOC) who are disproportionately impacted by housing instability and homelessness.

Advancing Racial Equity

The Supportive Housing Services (SHS) measure also highly prioritizes racial equity, which has given us the opportunity to fund services in alignment with those values and address gaps in services for BIPOC communities. Each year the three counties work toward equity benchmarks and operationalize equity locally by setting racial equity goals in our SHS Annual Work Plans. You can learn more about Multnomah County's racial equity goals in **Attachment A**.

To counter the ongoing mechanisms of racism and create systems that prioritize BIPOC communities, Multnomah County is committed to integrating racial equity in SHS service strategies and across all organizational functions. The Joint Office advances racial equity throughout our department by operationalizing five pillars of equity work:

 **Monitor and Review**


The Joint Office supports the equity work of our providers by monitoring and supporting their equity work plans. Joint Office staff provide technical assistance on equity work plans to providers as needed.

 **Project Partner & Subject Matter Expertise**


The Joint Office equity team collaborates with teams across the department as well as with our jurisdictional partners, including Metro, to provide an equity lens in projects, policies, processes and practices. Our budget process and review is required to include the use of the Joint Office's Racial Equity Lens Tool (RELT).

 **Training and Tools**

We coordinate and facilitate equity-based trainings for our providers and staff. Training needs are identified by providers themselves, in their equity work plans or otherwise, as well as through feedback received from program participants. We also provide tools for evaluation as needed.

 **Workforce Equity**

Our equity team leads and supports our work plan and goals around workforce equity for the Joint Office. The Joint Office supports workforce equity for providers through projects such as the 2023 wage study and this year's SHS-funded organizational health grants for workforce stabilization.

 **Community Partner Engagement**

Joint Office staff partner with providers and jurisdictional partners on training and initiatives, and provide support to partners who do not have the capacity for this work on their own. The SHS-funded Equity Engagement Coordinator convenes and supports our Equity Advisory Committee to provide recommendations on the Joint Office's work, and helps new and emerging culturally specific providers navigate government processes and build capacity. See **Provider Partnerships & Capacity Building** for more information about the Equity Engagement Coordinator's role in growing the impact of our culturally specific providers.

Equity Analysis

As the County's lead department serving people experiencing homelessness, the Joint Office is committed to inclusively leading with race in all of its work and acknowledges that many of the systems and institutions that provide homeless services have historically underserved Black, Indigenous, Latino/a/x, Asian, Native Hawaiian, Pacific Islander, and other people of color, negatively affecting the well-being of these communities. In alignment with the requirements of the SHS Measure, the Joint Office is focused on reducing racial disparities across the regional homeless services system by prioritizing these communities of color. Our equity work focuses on communities that are overrepresented in homelessness relative to their representation in the Multnomah County's overall population and among households at high risk of homelessness. The Joint Office also recognizes that other groups of people continue to face marginalization and discrimination based on gender identity, sexual orientation, ability and age. The Joint Office takes an intersectional approach and centers race, since people of color continue to experience poorer outcomes than their White counterparts across all categories of identity and belonging.

To assess equity in SHS-funded work, the Joint Office requires our contracted providers to report information on their clients' races, ethnicities and genders. This information is the basis of our SHS racial equity analysis, which compares the percentage of people receiving SHS services identifying as BIPOC to the demographic breakdown of our total population experiencing homelessness (as captured in our By-Name List data). The analysis also includes comparative data from the first year of SHS reporting (FY 2022) where it is available, to measure improvements over time in our ability to serve people identifying as BIPOC.

This work is in service to our collective goal of eliminating disparities in homeless services, which we work toward by supporting the expansion of our system's culturally specific capacity and helping providers across the whole system build anti-racist, gender-affirming and culturally responsive services.



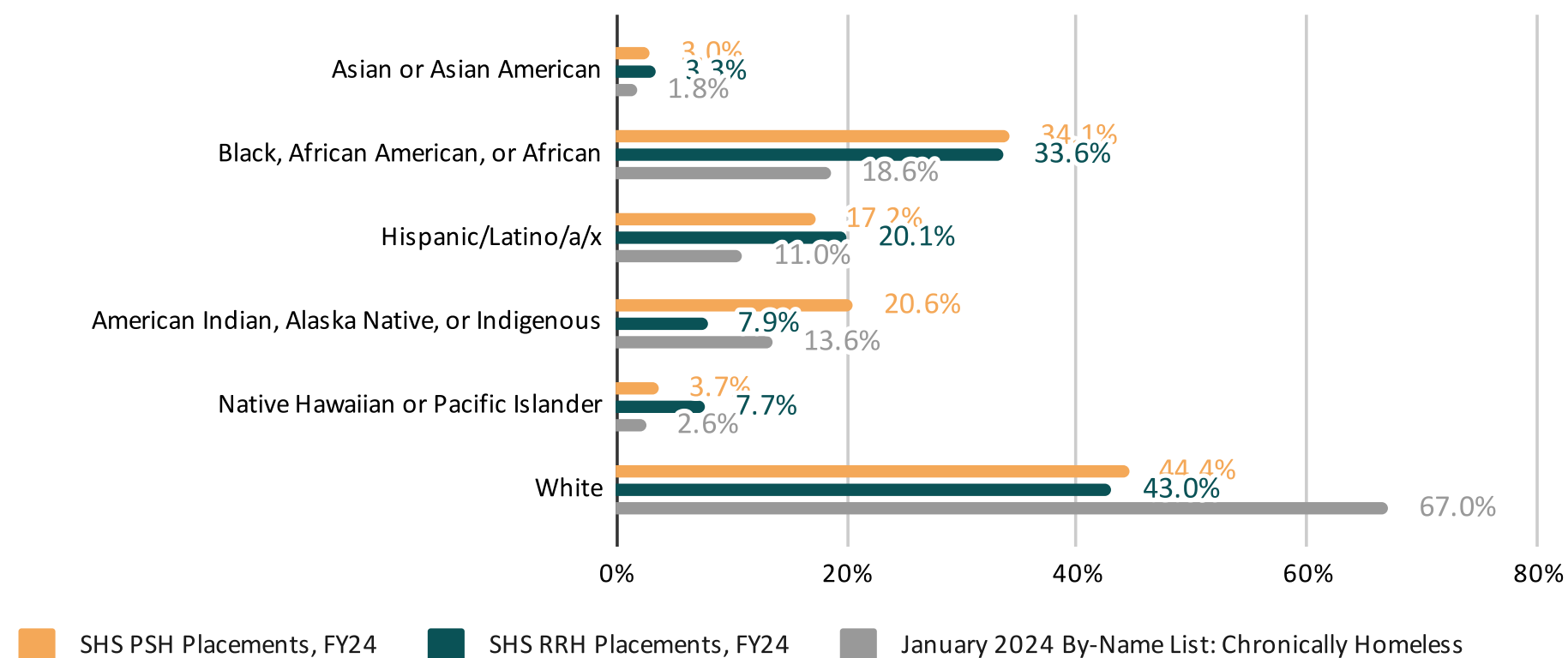
Advancing Racial Equity (Continued...)

Progress toward racial equity goals in the LIP

The Joint Office aims to serve BIPOC folks at a rate greater than their proportion of the population that is in need of services, thereby reducing their overrepresentation in the homeless population. As shown below, SHS programming has been successful in housing BIPOC people at higher rates than their representation in the overall homeless population in many instances.

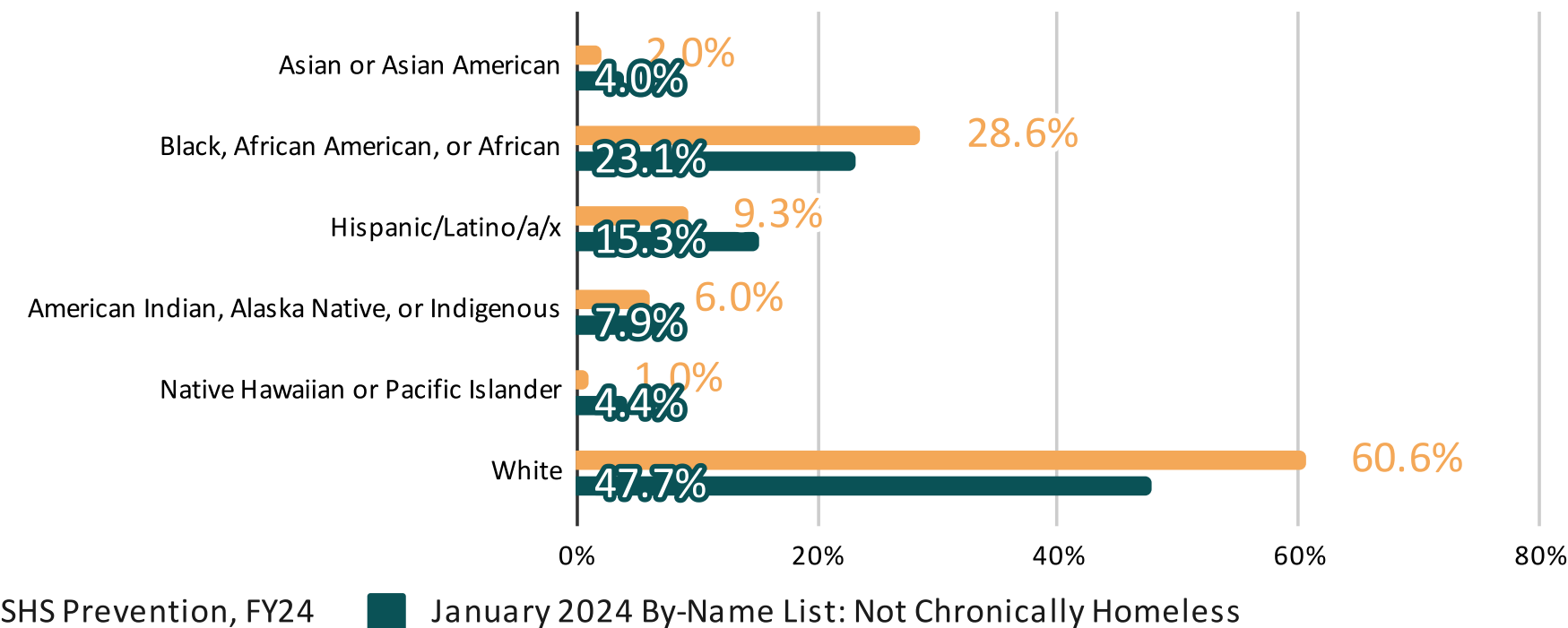
SHS Housing Placements vs Chronic Homelessness

People of Color are more represented in SHS Permanent Housing Placements



SHS Homelessness Prevention vs. Short-Term Homelessness

Black persons are more represented in SHS Homelessness Prevention services



Specifically in FY 2024, people identifying as Black, Indigenous, Latino/a/x, Native Hawaiian and Pacific Islander were served above goal rates for SHS-funded permanent housing programs (including permanent supportive housing and rapid rehousing). As an example, Black people represented nearly 19% of people experiencing chronic homelessness in January 2024, but made up around 34% of permanent housing (PSH and RRH) placements.

These groups were also served at a higher rate than in the baseline year (FY 2022). American Indian, Alaska Native or Indigenous people were placed in SHS PSH

above goal rates in FY 2024 and represented a larger share of PSH placements during FY 2024 than in FY 2023. Black people and Native Hawaiian or Pacific Islander people were also placed in SHS-funded rapid rehousing above goal rates in FY 2024 and also represented a larger share of rapid rehousing placements in FY 2024 than in FY 2023.

In FY 2024, people identifying as Black were also served above goal rates for homelessness prevention services — Black people represented 23% of those experiencing short-term homelessness, but made up nearly 29% of those receiving homelessness prevention.

Advancing Racial Equity (Continued...)

Progress toward racial equity goals in the LIP (Continued...)

Among homelessness prevention clients, between FY 2023 and FY 2024 representation of Indigenous persons went up, and BIPOC representation from other groups decreased.

Although we are meeting goals for some groups, we continue to see disparities in the provision of specific SHS-funded services to individuals from certain demographics. In particular, American Indian, Indigenous, or Alaska Native folks are being served at lower levels than expected in rapid rehousing and homelessness prevention programs. Indigenous people comprise nearly 14% of those experiencing chronic homelessness but only 8% of RRH placements; and they represent 8% of people experiencing short-term homelessness but only 6% of people served in prevention programs. Similarly, Native Hawaiian and Pacific Islander people are being served at lower levels in permanent supportive housing and homelessness prevention programs.

The culturally specific provider expansion strategies undertaken by the Joint Office have had an impact on our ability to serve BIPOC people experiencing homelessness, as outlined above and evidenced by the number of permanent housing placements and homelessness prevention clients identified as BIPOC. By continuing to invest in these activities, we will improve our provision of services to historically underserved BIPOC groups.

Provider engagement

The Joint Office's work addressing homelessness would not be possible without our network of service providers, many of whom are supported by Supportive Housing Services dollars. We rely on provider feedback to make our strategies responsive to the real challenges and successes providers are encountering as they navigate the housing and homelessness systems with people they serve. We hear from providers on a regular cadence through:

- System of care meetings led by program team staff
- Informal meetings with providers throughout the year, and ongoing communication and support for culturally specific providers led by the equity team (**see Provider Partnerships and Capacity Building**)
- Provider conferences (**see Provider Partnerships and Capacity Building**)

Provider engagement in the Community Sheltering Strategy

In addition to our ongoing engagement with providers, the Joint Office also seeks out provider input through special initiatives such as the Community Sheltering Strategy. In FY 2024, the Joint Office released its Community [Sheltering Strategy](#), developed over the span of several months. The plan was developed by a work group made up of Joint Office staff, service providers, and staff from the cities of Portland and Gresham, who met weekly to design a strategy to improve the availability and efficacy of shelter and reduce unsheltered homelessness. This work group reported on a biweekly basis to a steering committee made up of commissioners from the City of Portland and Multnomah County.

Informed by feedback and collaboration with culturally specific providers, the sheltering strategy outlines priority populations we aim to serve, recognizing that intersectional identities can have major impacts on someone's experience of homelessness and their ability to safely access services. The recommendations from the work group also aligned with and were informed by other groups, including the Joint Office's Lived Experience Advisory Committee, which elevated concerns about LGBTQIA2S+ folks in shelter — specifically, transgender folks — which resulted in a specific recommendation in the community sheltering strategy that the adult system add culturally specific shelter for LGBTQIA2s+ adults.

Representation of BIPOC communities on advisory bodies and in decision making

The design, policies and processes of Joint Office Boards and Advisory Committees, including the SHS Advisory Committee, are structured to elevate the experience and expertise of people with lived experience of homelessness, Black, Indigenous and other People of Color (BIPOC) communities, and other identities overrepresented among the homeless population.

In FY 2024, 50% of Joint Office advisory body members identified as BIPOC and 62.5% identified as people with lived experience of homelessness. Within the SHS Advisory Committee, 75% of members identify as BIPOC and 75% of members bring lived experience of homelessness. Out of the 13 members of the JOHS Equity Advisory Committee, 12 members identify as BIPOC and 12 members identify as having lived experience of homelessness.

The Joint Office is intentional about engaging BIPOC communities and people with lived experience in program design and decision making. An example of this took place in the fall of 2023, when equity staff conducted an engagement session with 27 culturally specific providers newly qualified for SHS funding. Feedback from the providers at this session helped shape the JOHS System Development Grant, an inaugural County pilot that will support the ability of these providers to expand their service capability and position them to more easily contract with the Joint Office in the future.

Advancing Racial Equity (Continued...)

Engaging the community in processes and decision-making

Community engagement is an important part of the Joint Office's work to address homelessness. It ensures that our efforts and decision-making do not happen in a vacuum, and it provides a platform for our community to share its wealth of learned and lived experience. In this way, our policies, budgets and programs can be truly responsive to the real needs and challenges people are facing in Multnomah County regarding housing and homelessness.

Our work to inform and involve communities takes place through both our regular work and special initiatives.

For instance, our Community Advisory Bodies provide avenues for regular community engagement. The Joint Office has five advisory boards and committees, each with a different focus, that give community input on homeless services to Joint Office leadership, the Portland City Council and the Board of County Commissioners.

In FY 2024, the SHS Advisory Committee shared three sets of recommendations with Joint Office executive leadership: recommendations for the use of unanticipated and carryover SHS funding, recommendations for increasing capacity for SHS providers, and recommendations for increasing access to homeless services. These recommendations were made available to the public on the Joint Office website. Joint Office leadership reviewed these recommendations and shared initial responses with the committees, including areas of current alignment and future growth, and will continue to keep the committee's guidance central in decision-making going forward.

Notably, the committee's recommendations for the use of unanticipated and carryover SHS funding were used to inform decision-making of Joint Office staff, informing the allocation process for the funds and the planning and design of their solicitations.



Supportive Housing Services Advisory Committee

Advises Multnomah County on adherence to the SHS Measure and the County's Local Implementation Plan (LIP), and provides accountability and recommendations related to the LIP and SHS program.

Equity Advisory Committee

Provides guidance and recommendations to help address racial disparities in the Joint Office's work to end homelessness. Recommendations from this committee are shared with Joint Office leadership.



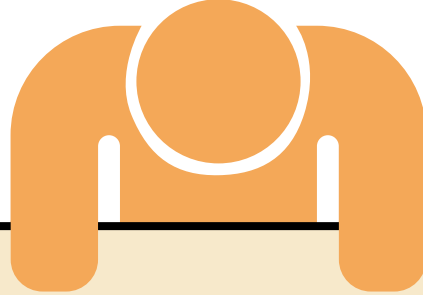
Lived Experience Advisory Committee

Uplifts the voices of people who are or have been unhoused to ensure that the work of the Joint Office centers their experiences. The committee provides insight and recommendations to help improve the services and programs we support.



Community Budget Advisory Committee

Reviews and makes recommendations on Joint Office budgets and operations. Makes recommendations to the Board of County Commissioners about the Joint Office's annual budget.



Continuum of Care Board

Advises on and oversees the implementation of priorities and policies related to the Multnomah County Continuum of Care. Federally mandated by the Department of Housing and Urban Development (HUD), the Continuum of Care Board is the only Joint Office advisory body that holds decision-making authority.





Mini
New Avenues for Youth
New Day Program

“I’m just proud of myself that I never gave up.”

Mini is housed with New Avenues for Youth’s New Day program

Mini, who also goes by Luichi, experienced homelessness and housing instability for years. Being a survivor of sex trafficking and a former sex worker presented additional barriers to leaving homelessness for housing.

“The lack of legal income, for me, was a problem. I didn’t have any way to prove that I could pay rent,” she said.

Things changed when she connected with New Avenues for Youth’s New Day program. The program supports youth ages 12-25 who are experiencing or at risk of experiencing sex trafficking or exploitation.

Through funding allocated by the Joint Office of Homeless Services from the Supportive Housing Services Measure, New Avenues provided Mini with a year of rent assistance so she could stabilize and get her life back.

“It was really exciting for me to be able to get my own place,” she said.

After one year in the program, Mini then accessed a tiered system of rent, where every three months the amount she pays increases, until she is able to pay the full amount herself. This tiered model, when combined with case management and support services, has been highly successful in helping people stay housed for the long-term.

With that stability, after a year and a half in the program, Mini received a license in massage therapy, and is now working as a licensed massage therapist.

“I’m most proud of myself for just sticking to that, and not bailing on it, and not giving up”, she said.



Financial Overview



In our Financial Overview section we provide details on how SHS dollars were put to work, including the programs that were delivered and the populations that were served, to provide transparency and display how funds are being used effectively.

Financial Overview

In FY 2024 the Joint Office of Homeless Services was able to effectively put our SHS dollars to work in the community. After addressing factors in previous years that led to underspending, we **exceeded our financial targets for the year**.

In coordination with Metro, we set our SHS target spending rate at 75% of our program budget. In FY 2024, we spent \$135 million of our \$170 million program budget, achieving a spending rate of 80%. When looking at our entire budget — including capital funding — we spent \$143 million of our \$190 million budget, or 75%.

Even though we did not spend 100% of our SHS budget, we did spend the revenue generated by the SHS measure and allocated to Multnomah County for FY 2024. Our total FY 2024 spend of \$143 million exceeded the \$140 million in FY 2024 tax collections. Unspent dollars represent carryover, reserves or contingency funds from previous years.

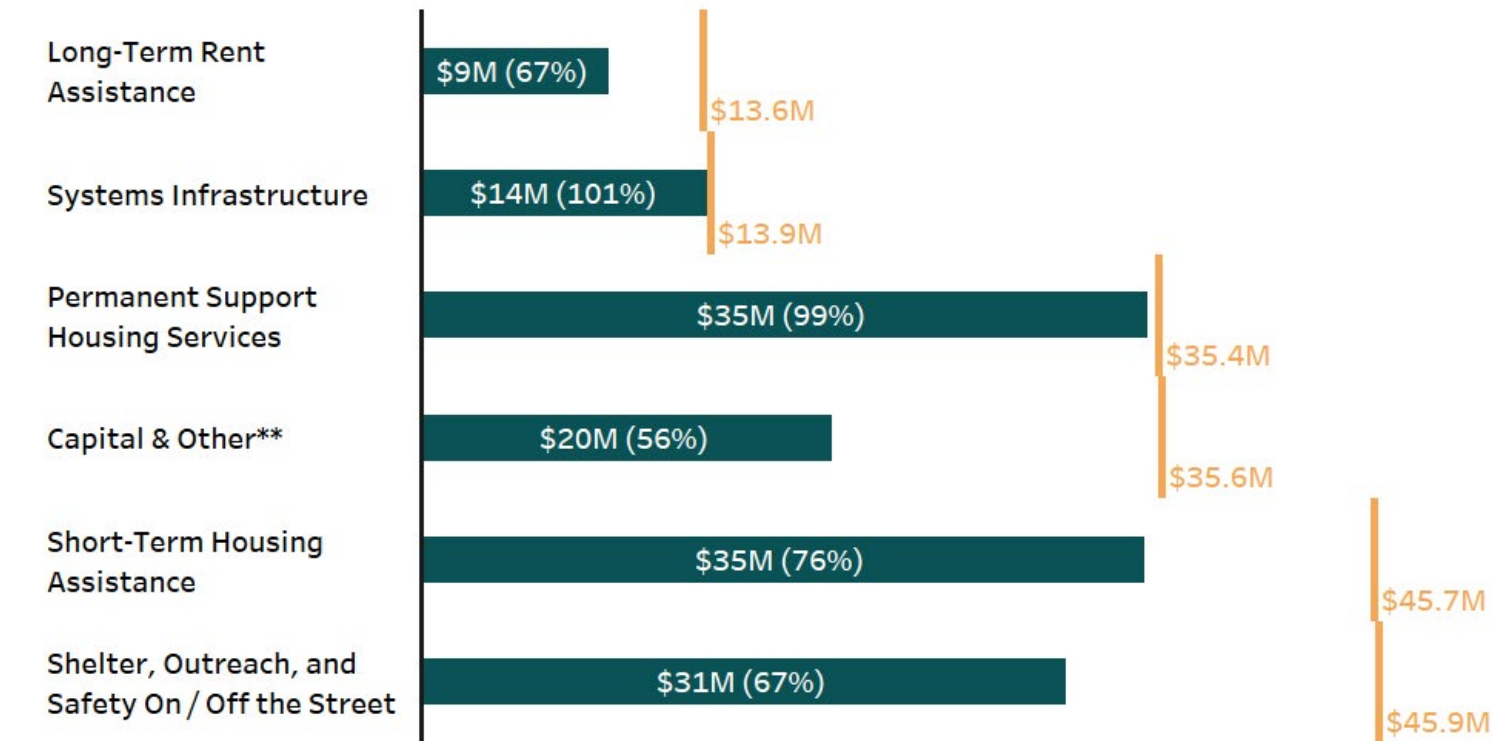
Any carryover dollars that went unspent in FY 2024, along with those held in contingency and reserves, are included in our FY 2025 budget.

The percentage of budget spent varied by major category, with 99% of the permanent supportive housing budget spent and 76% of the short-term housing assistance budget spent.

Carryover funding from previous fiscal years was used for strategic one-time only investments across major categories, with the majority of carryover funding budgeted in shelter, street outreach, safety on and off the streets, and short-term housing assistance. Specific investments included \$10 million in workforce stabilization grants distributed by United Way to support recruitment, retention and staff development; funding for the rapid rehousing program Housing Multnomah Now; and capital investments that increased the availability of housing units with behavioral health support.

Leveraging funding streams

Partnership across governments and funding streams is key to the success of our homeless services system, allowing us to leverage the expertise and resources of the different governments and organizations that are coming to this work. An example of this in FY 2024 was our use of State funds to stand up emergency shelters. Going forward, the County is investing general funds to purchase capital in support of the Community Sheltering Strategy in alignment with the Homelessness Response Action Plan.



Financial Data

Over the 10-year life of the Supportive Housing Services (SHS) Measure, 75% of the funding is to be prioritized for households experiencing chronic homelessness and who have one or more disabling conditions (Population A) and 25% is to be utilized for households experiencing or at significant risk of experiencing homelessness (Population B). Considering the 75/25 split is a cumulative goal, it is expected that the year-over-year percentage will fluctuate as the County builds out programming across service types and regional needs shift over time.

In FY 2024, the Joint Office spent \$84,240,691.60 (71%) on services for Population A and \$34,210,854.30 (29%) on services for Population B, resulting in a 71/29 split. In year 3, the Population B percentage is higher than the overarching 25% goal largely due to a substantial increase in rapid rehousing placements that occurred through the Housing Multnomah Now initiative.

FY 2024 SHS Spending: 71% Population A, 29% Population B

Programmatic Category	Sum of Amount	Pop A People Served & % of Total	Pop B People Served & % of Total	Applied Pop A % to \$ spent on Programmatic Category	Applied Pop B % to \$ spent on Programmatic Category	Total People Served
Long-term Rent Assistance Rent payments for PSH & other permanent housing administered by our housing authority	\$10,105,527.70 Incl. County long-term admin	731 people, 90.5%	62 people, 9.5%	\$9,145,502.60	\$960,025.10	793 people
Other Supportive Services Employment and legal services	\$7,232,701.75	375 people, 72%	144 people, 28%	\$5,207,543.30	\$2,025,156.50	519 people
Permanent Supportive Housing Services Wraparound support services, move-in costs & flexible client assistance	\$34,948,640.88	1,286 people, 85%	582 people, 15%	\$29,706,344.70	\$5,242,296.10	1,868 people
Shelter, Outreach, Safety On & Off the Street Outreach, shelter, coordinated entry, hygiene, behavioral health outreach, navigation	\$31,589,736.06	2,250 people, 68%	1,066 people, 32%	\$21,481,020.50	\$10,108,715.50	3,316 people
Short-term housing assistance Rapid rehousing and homelessness prevention	\$34,574,939.47	1,342 people, 46%	1,550 people, 54%	\$18,700,278.5	\$15,874,661.00	2,892 people
Total Spent	\$118,451,545.86	5,984 people	3,404 people	\$84,240,691.60	\$34,210,854.30	9,388 people
Pop A/ B Split				71%	29%	

Please note that we used the Population A/B methodology from the previous fiscal year, following guidance provided by Metro. We calculated our split using the total number of people served with SHS funds during FY 2024. This includes both people who were newly served as well as people who began receiving services prior to this fiscal year and continued receiving those services during the reporting period. Additionally, \$25,023,863.63 has been excluded from our analysis. This excluded amount encompasses primarily built infrastructure, administrative costs labeled as

“Other,” the Regional Strategy Implementation Fund, system support, planning and coordination, and systems infrastructure expenses. Additionally, the number of people served is captured in HMIS; however, we acknowledge that there may be duplicated households that were served across different programs or not captured in this data set. For example, at the high end of our outreach efforts, we are able to serve thousands of people through our mobile hygiene van, but that data is not collected in HMIS.



Performance Assessment



Evaluating the effectiveness and efficiency of SHS-funded programs to improve resource allocation and accountability, and support strategies.

Performance Assessment

The third year of Supportive Housing Services (SHS) implementation was characterized by **both system growth and stabilization** as Multnomah County continued to ramp up services and sustain SHS-funded programming from previous fiscal years. Building upon lessons learned and initial work, **we achieved a majority of the annual work plan goals we set and have made significant progress on others.**

Over the course of this past year, we have effectively leveraged extra SHS funding to support our annual work plan goals and remained flexible when needing to balance the use of SHS funds and other funding streams. At the close of FY 2024, we are keeping pace with the overarching goals set forth in Multnomah County's Local Implementation Plan (LIP) and remain focused on accomplishing annual goals to meet the evolving needs of our community.

For details about our annual work plan goals, please see **Attachment A.**

SHS Implementation in Review

Our local implementation plan notes the following anticipated outcomes by the end of the 10-year measure:

- Adding 2,235 supportive housing units
- Increasing appropriately supported permanent housing opportunities for folks experiencing homelessness who have significant behavioral health challenges.
- Reducing the number of households who become homeless by 1,000 per year.
- Reducing the number of people returning to the homeless services system within two years after entering permanent housing.
- Ensuring communities of color are served at higher rates than they experience homelessness with the goal of reducing racial disparities.
- Increasing number of eligible households who exit homelessness for permanent housing by at least 2,500 households per year.



Since starting SHS implementation, the Joint Office has been working diligently to increase the number of permanent supportive housing (PSH) opportunities in Multnomah County. Within the first two years of SHS funding, we added 1,114 supportive housing options, with 612 of those units coming online in year two alone. In FY 2024, we increased SHS-funded supportive housing units by 35%, from 1,114 to 1,515 and ended the year 67% of the way to our 10-year goal of adding 2,235 supportive housing units.

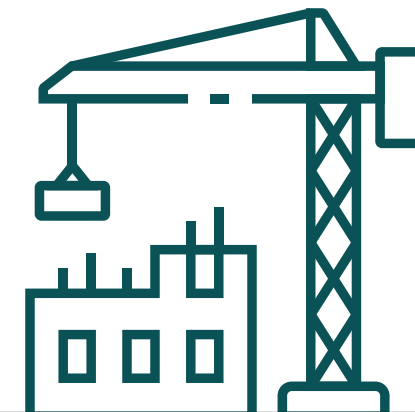
Year one of SHS | 502 supportive housing units brought online

Year two of SHS | 612 supportive housing units brought online

Year three of SHS | 308 supportive housing units brought online

While we are motivated by this progress, we are also grounded in the fact that demand for PSH is also increasing over time. In fact, this year saw a 5% increase in the number of people in Multnomah County experiencing chronic homelessness who are not yet in housing.

Throughout the first three years of SHS implementation, one focus has been increasing supportive housing opportunities for people with behavioral health needs. Notably, in year one of SHS implementation, we made foundational efforts to partner with Multnomah County's Behavioral Health Division, Assertive Community Treatment (ACT) teams, and Home Forward to create a Regional Long-Term Rent Assistance (RLRA) program for people with serious mental illness who are experiencing homelessness. This fully SHS-funded program has since expanded to include 150 vouchers. In FY 2024, we also added 25 vouchers for intensive case management and treatment specifically to support folks living with both behavioral health challenges and substance use disorders.



Since the COVID-19 pandemic, the County has had access to federal American Rescue Plan (ARPA) dollars, which were used, among other things, to help people stay in housing during the pandemic. In FY 2022 and FY 2023, the Joint Office was able to leverage these unprecedented federal funds to prevent thousands of community members from becoming homeless in partnership with the Department of County Human Services. As of FY 2024, County operations had largely returned to pre-pandemic norms, and ARPA funds were set to expire by the end of the fiscal year.

Performance Assessment (Continued...)

In September 2023, the Multnomah County Board of Commissioners approved a plan that included \$50 million in unanticipated SHS revenue and \$12 million in unspent American Rescue Plan (ARPA) funds. As part of this plan, \$8 million in ARPA funds were budgeted for homelessness prevention in lieu of SHS funding. This decision was made after our 2024 SHS Annual Work Plan's homelessness prevention goal number was set, which had assumed SHS funds would be the primary funding stream for homelessness prevention.

While our SHS-funded prevention outcomes alone appear low, leveraging these two funding streams together ultimately allowed us to not only meet but also exceed our homelessness prevention goals. This success demonstrates the effectiveness of adapting to evolving needs in addressing homelessness in our County. By the end of FY 2024, 18,802 people had received homelessness prevention services throughout Multnomah County across funding streams with 8,070 people served with ARPA funds.



89%

FY 2024: one-year retention rate for SHS-funded permanent supportive housing (PSH)

85%

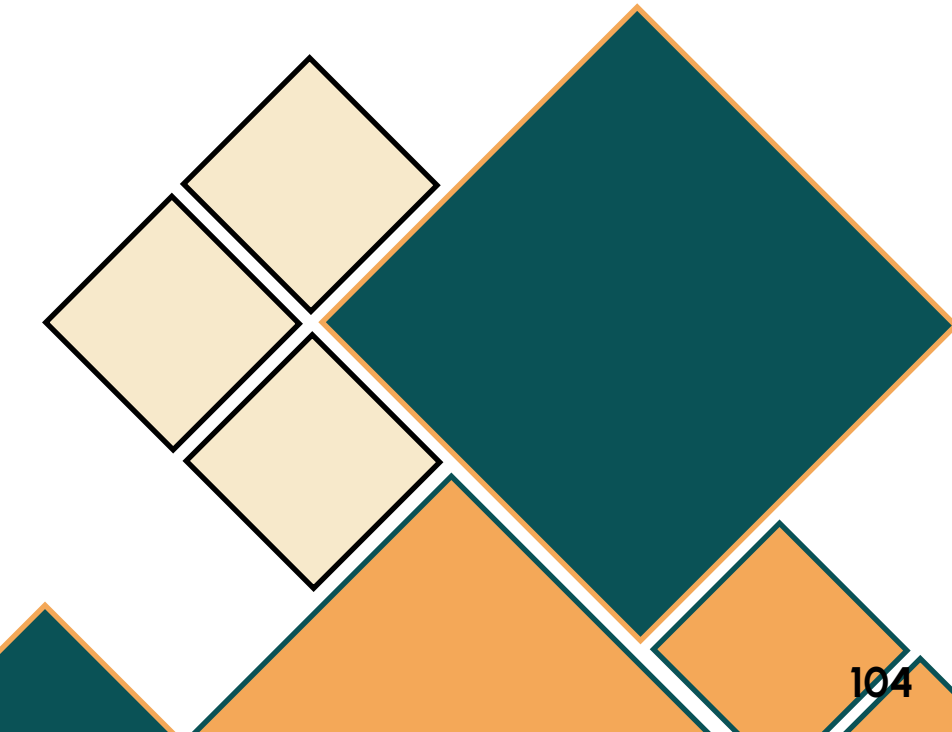
FY 2024: one-year post-subsidy retention rate for rapid rehousing (RRH)

In fiscal year 2023, Multnomah County was able to report SHS-specific retention rates for the first time, reporting that 99% of households in SHS-funded PSH remained housed one year after move-in. As mentioned earlier we knew this was a remarkably high number and that it would likely fall as the program continued and grew to include more people. Indeed, that is what happened this year: for FY 2024, our one-year retention rate for SHS-funded PSH was 89%. For our RRH programs, between 2023 and 2024 we saw a slight increase in our one-year post-subsidy retention rates, from 84% to 85%, on par with **national trends** for this service type.

The Joint Office will monitor retention rates to ensure that our programming supports folks as it should, and leverage innovative strategies to support higher retention rates and mitigate growing acuity. For instance, in FY 2025 the Joint Office is greatly increasing the amount of funding that providers can use to support households in PSH programs. **Most programs will see a 50% increase in available supportive service dollars per household**, and certain culturally specific, family, and site-based projects with more than 25% of units designated as PSH will see a 75% increase (for more information, **see Provider Partnerships & Capacity Building**).

Central to the SHS Measure is the regional commitment to addressing racial disparities in homelessness and housing services. In FY 2022, the Joint Office reported Black, Indigenous and other People of Color (BIPOC) were served with SHS-funded programs at higher rates than they were represented in the houseless population. In year two of SHS implementation, this trend continued, with nearly 80% of people who received SHS-funded programming identifying as part of a community of color. In FY 2024, Multnomah County continued to serve folks who identify as BIPOC at prioritized rates across housing placements.

However, this year the data show that BIPOC communities received SHS-funded homelessness prevention services at slightly lower rates than their White counterparts (**see Advancing Racial Equity** section for comprehensive details) mainly due to a drop in the number of folks who identified as Black along with the total people served with SHS-funded homelessness prevention services. Going into FY 2025, we anticipate seeing the rates of communities of color served get back on track as the level of SHS investment in homelessness prevention services resumes in line with previous years and services are administered through a set of culturally specific partners in partnership with the Department of County Human Services (DCHS).





Appendices & Attachments



Our appendices contain a range of content that provide an in-depth / quantitative understanding of the information and stories presented throughout this annual report.

Attachment A: Annual Work Plan Progress

Section 1: Housing / Program Quantitative Goals

Regional Metric	Annual Goal	Actual Outcomes	If goal not met, explain why and improvement performance plan.
# of supportive housing units / vouchers brought into operation	550 PSH opportunities	308 PSH opportunities	<p>We achieved 56% of this goal. Although we funded the full amount, the remaining 242 units we needed to meet this goal are located within site-based PSH projects that experienced construction delays in FY 2024.</p> <p>Despite that, we have made significant progress toward our overall 10-year goal for added PSH opportunities. Multnomah County currently sustains 987 households (1,128 people) in PSH, which is already 44% of our 10-year Local Implementation Plan goal to provide ongoing PSH to 2,235 households by 2031 — seven years from now.</p>
# of housing placements (people and households) PSH & RRH combined	1,345 People 1,005 HH	2,084 People 1,352 HH	We exceeded this goal by 135%.
# of PSH placements (households)	655 People 490 HH	574 People 442 HH	<p>We achieved 90% of this goal. As noted above, construction delays affected the opening of four new affordable housing developments that will include 242 units of supportive housing. The Joint Office and the Behavioral Health Division are working closely with the four developments to ensure that they successfully lease up Population A households into supportive housing units when the buildings open.</p>

Regional Metric	Annual Goal	Actual Outcomes	If goal not met, explain why and improvement performance plan.
# of RRH placements (households)	690 People 515 HH	1,510 People 910 HH	We exceeded this goal by 177%.
# of preventions (households)	800 People 600 HH	<p>SHS Specific: 398 People 334 HH</p> <p>ARPA Specific: 8,070 People 3,199 HH</p>	<p>We achieved 55% of this goal with SHS funds, but met the service goal using other funds.</p> <p>In September 2023, the Multnomah County Board of Commissioners approved a plan that included \$50 million in unexpected SHS revenue and \$12 million in American Rescue Plan (ARPA) funds. As part of this plan, \$8 million of ARPA funds were used for homelessness prevention instead of SHS funding. This decision was made after we set our 2024 SHS Annual Work Plan's homelessness prevention goal, which assumed the use of SHS funds.</p> <p>Ultimately, this blended approach allowed Multnomah County to not only meet but also exceed our homelessness prevention goals, demonstrating the effectiveness of leveraging multiple funding streams and adapting to evolving needs in addressing homelessness in our County.</p>
PSH Retention Rate	85%	89%	We exceeded this goal.
RRH Retention Rate	85%	85%	We achieved this goal.
Other: # of emergency shelter beds the JOHS supported with SHS funds	245 beds	800 beds	We exceeded this goal by 327%.

Attachment A: Annual Work Plan Progress (Continued...)

Category 2: Racial Equity

Objective	Details	Did you achieve it?
100% of contracted service providers will submit the race, ethnicity, gender identity and sexual orientation data of their employees.	The Joint Office currently requires contracted service providers to annually submit demographic data about the employees in their organizations. At this time, there are service providers that do not submit this data. Over the next year, the Joint Office will develop a strategy to increase awareness and participation by socializing the overarching reason we ask for demographic data.	We achieved 91% of this goal.

Description of Progress: Multnomah County collects this data from our contracted providers via a survey to inform our demographics and pay equity analysis for the SHS Annual Report (see **Provider Partnerships and Capacity Building** for more information).

This request created some confusion amongst providers last year, as it appeared similar to the Compensation, Classification, and Benefits study the Joint Office ran in FY 2022, and it was not immediately clear to recipients that our request was based on an annual requirement from Metro. To prevent this in year three, we clarified our messaging to providers and began outreach several months before the Annual Report deadline. We also briefed the Joint Office program team early in the process, and worked with contract managers to communicate with providers we had not heard from by the survey deadline. As a result, we had a very strong response rate, with 49 of 54 providers submitting data this year.

If goal not met, explain why and plans for doing so: We had a strong response rate. Providers shared that gathering sexual orientation data (a new request this year) was a challenge since it is not something that all organizations collect. While we want to include information from all providers in future years, and will improve our communications and outreach strategy in order to achieve this, the information we received from participants this year was incredibly informative and provides us with an understanding of the general landscape of provider staff demographics and wages.

We look forward to learning from this data to inform our ongoing work to advance equitable service delivery and culturally specific/responsive services.

Category 2: Racial Equity (Continued...)

Objective	Details	Did you achieve it?
Six SHS Advisory Committee meetings and one annual retreat. SHS committee recommendations for SHS planning work including the design of the FY 2025 SHS annual work plan goals and overall FY 2025 investment portfolio.	The SHS Advisory Committee provides the insight, perspective and technical experience needed for the Joint Office to establish culturally responsive policies, standards and frameworks for anti-racist and gender-affirming systems.	We achieved this goal.

Description of Progress: The SHS Advisory Committee demonstrated an incredible appetite to help improve SHS programming and guide SHS investments, drawing from its significant lived and learned experience to produce three sets of recommendations for Joint Office leadership. **The committee met far more frequently than the minimum requirement, choosing to hold 11 regular virtual meetings, 14 subcommittee meetings, one special session and one in-person retreat in FY 2024.**

Recommendations addressed various topics, including:

- How to best leverage unanticipated and carryover SHS funding.
- How to increase the operational capacity of the Joint Office's homeless services providers, especially those identifying as culturally specific.
- How to improve Multnomah County's homeless system of care through investments in shelter and housing, behavioral health, and system coordination.
- How to ensure equity in SHS programming and support anti-racist and gender-affirming systems (in development at the end of FY 2024).

The committee's recommendations have played an active role in shaping the SHS program in year four. For example, our FY 2025 annual work plan goal of piloting a grants process to expand support and increase capacity directly for new, emerging, and culturally specific providers is directly linked to the committee's capacity building recommendations. This alignment with committee priorities is also mirrored in our FY 2025 budget, which continues the work of building system capacity, including targeted funding for emerging and culturally specific providers, with the goal of increasing culturally specific and culturally responsive capacity in our system of care.

Attachment A: Annual Work Plan Progress (Continued...)

Category 2: Racial Equity

Objective	Details	Did you achieve it?
Coordinate 12 training opportunities that prioritize Culturally Specific Organizations and expand Assertive Engagement training capacity for SHS providers.	JOHS will coordinate training opportunities that prioritize culturally specific organizations, as well as training opportunities that are informed by needs identified by providers. JOHS will also double the Assertive Engagement training capacity which will increase AE training opportunities and slots for SHS-funded providers.	We achieved this goal.

Description of Progress:

Training Opportunities for Culturally Specific Providers

Throughout FY 2024 the Joint Office coordinated more than 12 training opportunities that prioritized culturally specific organizations. Equity staff shared a monthly equity-based learning calendar with contracted providers to promote Joint Office and community trainings covering various equity-based topics for ongoing learning and capacity building, such as Cultural Competency, Intersections of Trauma and Race, and Supporting Youth Who Encounter Racial Stress & Trauma. The calendar features more than 15 no- or low-cost training opportunities each month, and showcases events hosted by local and national community based organizations, higher education institutions and other governmental entities.

Assertive Engagement

We met our racial equity goal to expand Assertive Engagement training for SHS providers by offering in-person trainings and developing a brand new e-learning series. By the end of FY 2024 the Assertive Engagement team had enrolled 372 participants in the new e-learning series and certified 143 new Assertive Engagement practitioners. Assertive Engagement trainings are highly sought after and typically fill up within an hour of opening to providers. Offering an online option has increased our capacity to certify more providers and meet the demand for the training, which in turn will support healthier, more effective service delivery for clients and service providers alike.

One post-training evaluation showed that 98% of participants felt the training was relevant to their professional and personal growth, and 91% felt that the training objectives were clearly met and that trainers exceeded expectations in presenting the material.

The Assertive Engagement Initiative's focus on equity, anti-oppression and trauma-informed care furthers our goal of building a provider network imbued with anti-racist, gender-affirming practices.

Category 2: Racial Equity (Continued...)

Objective	Details	Did you achieve it?
100% of SHS-funded providers submit an equity goal or work plan.	JOHS will support providers in identifying and eliminating barriers to work plan creation, as well as creating plans to monitor progress on equity goals and work plans.	We achieved 60% of this goal.

Description of Progress: As described in the FY 2024 annual work plan, the Joint Office made efforts throughout the year to support providers in meeting this requirement by offering training, technical assistance, identifying provider-specific barriers and developing plans to monitor progress. The Joint Office's Equity Manager collaborated with the JOHS Program Team to establish clearer expectations for developing, collecting and monitoring equity work plans and goals in partnership with providers. To expand on this work, Joint Office staff presented a session on Equity Work Plans at the Joint Office's second Provider Conference in spring 2024. During the session, providers received information on equity work plan requirements, asked questions, and engaged in small group activities to brainstorm equity plan ideas and goals with other providers and Joint Office staff.

The Joint Office also sought feedback and received recommendations from our Equity and SHS advisory committees. Members from the Equity Advisory Committee were consulted to determine best practices for monitoring equity plans and the SHS Advisory Committee formed a workgroup focused on enhancing equity considerations within SHS programming. The feedback and recommendations provided by the advisory bodies will continue to help guide future equity efforts within our department and our network of providers.

To close this fiscal year, we note that 60% of providers receiving SHS funds have submitted either an equity work plan or have an equity-focused goal identified in their contract, and 76% of all SHS-funded providers submitted either equity work plans, an equity goal, or included equity considerations in their narrative reporting.

If goal not met, explain why and plans for doing so:

While we did not meet the goal, we made significant strides to respond to provider hurdles to completing the equity work plans and setting equity-focused goals, many of which have been historically attributed to both provider and JOHS capacity limitations. Thanks to improved internal capacity in FY 2024 the Joint Office made a collective push to provide widespread technical support for providers in the creation of equity work plans or goals. In addition, we made significant investments in provider workforce stabilization for all contracted providers, thereby supporting provider capacity to set and adhere to equity commitments.

Due to both the stabilization investments and equity work plan session with providers occurring later in the fiscal year, we have yet to see the full impact of these efforts; however, we are confident that the work in FY 2024 has laid a solid foundation for the years to come and fostered a shared dedication to addressing racial disparities while recognizing equity work is an ongoing process and there is still room for growth.

Attachment A: Annual Work Plan Progress (Continued...)

Category 3: Capacity Building

Objective	Details	Did you achieve it?
Provide technical assistance and/or capacity building funds for 15-20 new and expanding providers.	Technical assistance can include NOFA qualification navigation support, connection to technical writing TA, as well as capacity-building funds to support organizational growth and development, which is intended to build new competencies, strategies, systems, and structures to support key elements of organizational stability, effectiveness, as well as support the ability to provide culturally relevant services or further advance racial equity across the organization.	We achieved this goal.

Description of Progress: We surpassed our goal to provide technical assistance and/or capacity building funds to 15-20 new and expanding providers. This was due in large part to the efforts of the Equity Engagement Coordinator at the Joint Office, an SHS-funded position that has been instrumental in building capacity among new, expanding, and culturally specific organizations seeking SHS funding. The analyst surpassed this goal primarily through designing and implementing a new System Development grant pilot designed to help smaller providers build administrative infrastructure and secure contracts with the Joint Office.

The pilot leverages County general funds (CGF) for new and emerging providers to strengthen their infrastructure and enhance services. The analyst collected feedback on the grant design from a group of 27 culturally specific providers, then supported that same group with the application process, including helping with technical writing and budgeting. Of the 27 original providers, 12 applied, with 11 selected as inaugural grant recipients.

Providers will use grant funding for various projects such as Human Resources support, strategic planning, data management infrastructure, equity consultations, and gender identity training. These projects will support organizations in expanding their service capability and position them to more easily contract with the Joint Office in the future. The Joint Office has budgeted over \$1 million in SHS funding for FY 2025 to continue this work, and will rely on insights gleaned from the pilot to inform program design going forward.

Additionally, the Joint Office supported new and expanding providers this fiscal year through improvements to our contracting, invoicing, and payment processes. Joint Office staff conducted quarterly contract management retreats to support ongoing training and development, and created updated tools to simplify performance reviews, communication, and monitoring. A recent Multnomah County audit showed these efforts are paying off. The Joint Office was recognized for leading the County in timely invoice payments, which are crucial for smaller, emerging providers dependent on prompt reimbursements.

Category 3: Capacity Building (Continued...)

Objective	Details	Did you achieve it?
Engage and provide support to 10-15 new and emerging Culturally Specific Organizations.	Engagement and support with new and emerging culturally specific providers who are aspiring to qualify to provide services, who are qualified but not yet contracted, and who are working to build capacity to contract with JOHS. Engagement and support can include general support and Q&A, community engagement, NOFA navigation support, and connection to technical assistance (for technical writing in a qualification process or capacity-building).	We achieved this goal.

Description of Progress: We also surpassed our goal to engage and provide support to 10 to 15 new and emerging culturally specific organizations thanks to the Equity Engagement Coordinator's work on the System Development grant pilot, which engaged 27 culturally specific providers.

Beyond the grant pilot, the analyst actively supported culturally specific organizations by connecting them to the equity team for learning opportunities and fostering their engagement in Joint Office processes. This work is in alignment with the SHS Community Advisory Committee's recommendation to build capacity among small, newly qualified organizations, and prioritize culturally specific providers for capacity building funds.

Attachment A: Annual Work Plan Progress (Continued...)

Category 3: Capacity Building (Continued...)

Objective	Details	Did you achieve it?
Complete analysis of effective shelter models, specifically focusing on (i) best practices in moving from unsheltered homelessness to housing and (ii) assessing the effectiveness of alternative shelter models.	The SHS expansion of the JOHS Data, Research and Evaluation program supports evaluation activities that focus on priorities outlined in the SHS Local Implementation Plan. These projects include a community-based needs assessment of geographic equity in the provision of homelessness services (Geographic Equity Study), a quantitative and qualitative analysis of the determinants of successful exits from unsheltered homelessness (Pathways to Housing Study), a qualitative analysis of effective alternative shelter programs (Alternative Shelter Evaluation) and an analysis of best practices in providing emergency shelter services (Effective Shelter Models Evaluation).	We nearly achieved this goal.

Description of Progress: The analysis of effective shelter models has been mostly completed. Additional research and evaluation is also underway, in an effort to build upon these objectives.

The **Alternative Shelter Evaluation** was completed and published by the Homelessness Research & Action Collaborative (HRAC) in early 2024, with the findings implemented into our sheltering strategy work. This evaluation concluded that, "congregate shelters [...] generate worse participant experiences, place fewer people into housing, and return more people into homelessness." The evaluation also suggested that "integrating a range of small, alternative shelters across a community is likely a more effective path to scale than focusing on a few, large shelters of any type."

The **Effective Shelter Report**, which outlines best practices in emergency shelter, is near complete. Additional data is being collected from shelter providers to provide more clarity around staffing levels, housing navigation, and shelter safety. This additional data will provide further insight into improvements needed in our shelters, and how these factors may be influencing shelter outcomes. This data collection and analysis is taking place from July-August, and the full report will be completed in early fall.

The contract for the **two-year Pathways Project** with HRAC was finalized in early 2024, and the project kicked off with a series of collaborative work sessions between HRAC and the Joint Office. This project aims to investigate the factors that enable or impede people experiencing homelessness to move into housing. HRAC is currently in the early stages of recruiting for a Lived Experience Committee, and developing a survey to be conducted in the Fall. The survey results and report for year one will be complete in early 2025. The final report for the project is planned to be complete near the end of 2025.

If goal not met, explain why and plans for doing so:

The **Effective Shelter Report** was slightly delayed because the team identified a need for additional data from shelter providers to provide clarity around staffing levels, housing navigation, and shelter safety. Joint Office evaluation staff are currently collecting and analyzing this final data, and will release the finished report in early FY 2025.

The **Pathways Project** is a two-year study, so it was not meant to be complete by the end of FY 2024, though progress was made.

Category 3: Capacity Building (Continued...)

Objective	Details	Did you achieve it?
Develop a quality By-Name List for chronically homeless adult households in order to have current and detailed information on every person that meets the Population A definition.	Built for Zero serves as a framework to expand data collection, increase data quality and utilize data for system and client-level prioritization of services. FY 2024 goals include: Develop, in alignment with the development of a new Coordinated Access (CA) Assessment Tool, a new data collection form to be used during outreach and engagement.	We are continuing to make progress toward this goal.
Expand data collection and update coordinated entry processes to be more timely, more accurate, and more comprehensive.	Pilot data collection using the new staged assessment tool, as well as other aggregate data monitoring processes, in areas currently not collecting data completely, such as outreach and navigation. Report Built for Zero core metrics for Population A, including inflow and outflow, as well as key demographics and contextualizing data to better understand Population A.	

Description of Progress: In alignment with the goals of the Built for Zero (BfZ) initiative, the Joint Office has been collecting real-time data on the people who meet the Population A definition of chronic homelessness, and has created a "by-name list" of everyone experiencing chronic homelessness in Multnomah County. At the end of FY 2024 we were in the final stages of ensuring our by-name list meets BfZ data standards, and had completed 20 of 29 data and planning tasks to ensure quality and comprehensiveness. We also completed an outreach data collection pilot to perform a gap analysis and inform data collection in the field. While we did develop the data collection form for the pilot in alignment with the new CA assessment tool, it was not implemented due to technical limitations. We have also developed cross-sector data sharing agreements to allow for more holistic data gap analysis.

When complete, the quality by-name list will help us match individuals with services. It has already proven a valuable resource to better understand inflow, outflow, demographics, and other key data about Multnomah County residents who meet the criteria for Population A. In FY 2025 we will integrate our list into coordinated entry processes and begin using the list in critical environments such as case conferencing and outreach work.

If goal not met, explain why and plans for doing so:

Portland continues to experience high levels of unsheltered homelessness, which creates unique challenges to dynamic data utilization in the field. Our current procurement for a more sophisticated HMIS system will directly address this issue.

Over the next year we plan to continue to assess gaps in data-supported outreach coordination, and more effectively utilize the by-name list in case conferencing forums such as Coordinated Housing Access Team (CHAT) and cross-sector case conferencing.

Attachment A: Annual Work Plan Progress (Continued...)

Category 3: Capacity Building (Continued...)

Objective	Details	Did you achieve it?
Launch a new Coordinated Access (CA) tool for the adult and family systems of care.	The Joint Office is working with two consultants and community organizations to revise the CA process and create a new assessment tool to be more responsive, effective, and culturally appropriate.	We made significant progress in FY 2024 and will achieve this goal in early FY 2025.

Description of Progress: Over the last three years, the Joint Office has worked to redesign the CA tool and process. In FY 2024 SHS unanticipated revenue supported the final phase of the redesign — training and testing. This training and testing period led the way for a pilot phase that concluded in July.

The CA tool helps identify unhoused people in our community who are most over-represented in homelessness, and have the highest housing barriers, and connects them with permanent and supportive housing.

Before the redesign, Multnomah County's CA System used the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) to prioritize people for housing services. The improved tool — called the Multnomah Services and Screening Tool (MSST) — is based on feedback from stakeholders, including people with lived experience of homelessness, local service providers, and local data.

The MSST is shorter and easier to understand than the previous tool. The questions on the form are more trauma-informed. They also align with local priorities and they promote equity in access to available housing resources.

Households who fill out this assessment and receive placement on our community's priority housing list will also now fill out a Housing Preferences & Matching Questionnaire — another new tool produced through the redesign that helps identify suitable housing resources.

In addition, housing problem-solving will be formally added to the CA system. This process — with some financial resources — will support households who are facing a housing crisis but whose scores do not rank high enough to be placed in the priority housing pool or who can be successfully diverted from the Coordinated Access system with housing problem-solving support.

The redesign process is being led in partnership with an Oversight Committee, a committee of staff from the adult and family CA partner agencies, and the Housing Connections Collaborative, a lived experience advisory body.

If goal not met, explain why and plans for doing so:

Thorough testing took longer than expected. However, the redesign team completed the pilot phase in July, and will finalize the scoring methodology and test the priority housing pool in August. We are on track to launch the new tool and process in October.

In the meantime, the Joint Office will host community sessions to train assessors in the new tool and process, update CA policies and procedures, and communicate the timeline and steps for transitioning from the old tool and process to the new one.

Category 4: Other Annual Goals based on LIP

Objective	Details	Did you achieve it?
Complete analysis of unmet needs and Joint Office investments in Multnomah's East County.	The East County Analysis is the initial part of research work on geographic equity, and will address the following issues: <ul style="list-style-type: none"> ● How are the outcomes of "equitable access" and "services meeting needs" defined and measured? ● What are the unmet needs in East County? ● What investments is the Joint Office currently providing in East County? What investments can the Joint Office make to better meet those unmet needs? 	We nearly achieved this goal.

Description of Progress: The Joint Office is committed to geographic equity, particularly in serving east Multnomah County, an area historically underserved by all government programs, including homeless services.

In FY 2024, the Joint Office performed a Geographic Equity Study, an analysis of the extent to which the Joint Office fulfills that mandate equitably in all areas of the county. In Q4, the Joint Office began the final phases of the study, which will be completed in FY 2025.

To assess whether the Joint Office is providing services equitably across the county, the study includes both a needs assessment for different areas of the County and an analysis of Joint Office investments, services, and participant outcomes for different areas.

Overall, this assessment suggests that unmet housing needs among low-income households are highest in Gresham, East County and North Portland, as measured by the number of people living in cost-burdened and overcrowded households. Gresham and East County also have a higher share of the population who identify as BIPOC and have lower levels of economic resources than the county overall.

Looking at the geographic distribution of Joint Office investments, the analysis identifies projects in the FY 2024 and FY 2025 Joint Office budgets that are either contracted to providers located in East County, targeted towards residents of East County communities, or are sites (e.g. shelters and housing) located in East County. To name a few, in line with the East County analysis, the Joint Office has made key updates to investments in East County for FY 2025 such as increasing designated SHS funding for furniture banking and a \$300,000 increase in homeless services in East County cities. Using the findings, the analysis will summarize the level of investment and bed/unit capacity in shelter and housing in East County, as well as the number of participants served in these programs and performance outcomes such as housing retention rates. The takeaways from this analysis will include programmatic and policy recommendations for improving geographic equity across the county.

If goal not met, explain why and plans for doing so:

The project team is reviewing and updating the Joint Office's list of East County investments. Using the findings, the analysis will summarize the level of investment and bed/unit capacity in shelter and housing in East County, as well as the number of participants served in these programs and performance outcomes such as housing retention rates. The takeaways from this analysis will include programmatic and policy recommendations for improving geographic equity across the County. The team is on track to complete this final phase in early FY 2025.

Attachment A: Annual Work Plan Progress (Continued...)

Category 4: Other Annual Goals based on LIP (Continued...)

Objective	Details	Did you achieve it?
Wage Study Goal: Conduct follow-up outreach with participating agencies regarding their planned actions and support needs in classification, compensation, and benefits.	<p>Multnomah County has completed the initial study phase of this compensation study. The next steps include:</p> <ul style="list-style-type: none"> ● Socializing study findings with relevant partners ● Soliciting feedback from participating agencies on how they could address the issues identified in the study ● Conducting follow-up outreach with participating agencies to learn how JOHS can support agencies' efforts ● Identifying action items that can be carried through in contracting and technical assistance. 	We achieved this goal.

Description of Progress: Through SHS funding, the Joint Office has expanded staff capacity to focus on the development of provider engagement, including holding its first Provider Conference in late October 2023. The Joint Office held a session at this conference to follow up with agencies that participated in the wage study regarding their planned actions and needs in employee recruitment, retention, and workforce equity.

In March 2024, the Joint Office (in partnership with the United Way) distributed \$10 million in flexible workforce stabilization grants across 61 providers of homeless services. The goal of these grants is to support employee retention and reduce position vacancy rates, and the funding will support over 3,500 individuals employed in the housing and homelessness services system. Of the 61 recipients, 10 are culturally specific providers addressing the needs of marginalized communities disproportionately affected by homelessness.

We heard from providers both in the wage study and during the provider conference that each organization faces specific and unique challenges in recruitment and retention, and so these grants are intentionally flexible, allowing providers to use the dollars to address their specific workforce stabilization and organizational health needs. Providers have outlined diverse plans for the funding, including increasing employee compensation, creating new positions, and enhancing employee wellness services.

At the end of the calendar year, providers will provide reports on how the funds were used and provide updated employee retention and vacancy rates — helping the Joint Office assess the effectiveness of the funding at stabilizing the workforce.

Attachment B: SHS-Funded Programs Overview

Abbreviations Meaning: A = Adult System All = All Systems HH = Households Pop = Population SO = Street Outreach

Street Outreach					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Outreach Team	SO, A	10/2015	30 HH	A/B	Urban League of Portland (UL PDX)
Intensive Street Engagement Program	SO, A	07/2023	13 HH	A/B	Native American Rehabilitation Association of the Northwest (NARA NW)
Navigation Team Expansion	SO, A	04/2022	50 HH	A/B	Central City Concern (CCC)
Housing Multnomah Now Outreach	SO, A	06/2023	75 HH	A/B	Transition Projects (TPI)
	SO, A	10/2023	47 HH	A/B	Cultivate Initiatives
	SO, A	02/2024	50 HH	A/B	Rockwood Community Development Corporation (Rockwood CDC)
	SO, A	11/2023	30 HH	A/B	Urban League of Portland (UL PDX)
IDDS Coordinated Access Outreach	SO, A	07/2022	50 HH	A/B	Multnomah County Department of County Human Services (DCHS)
Promoting Access to Hope PATH Team Addiction Treatment Services	SO, A	07/2021	180 HH	A/B	Multnomah County Health Department (HD)
Behavioral Health Resource Center Community Van Outreach	SO, A	07/2022	500 HH	A/B	Do Good Multnomah
Countywide Severe Weather Shelter	SO, All	07/2023	-	A/B	Multnomah County Logistics
Aging, Disability & Veterans Services Mobile Outreach Team	SO, A	07/2022	200 HH	A/B	Multnomah County Department of County Human Services (DCHS)
Housing Outreach Team	SO, A	07/2023	150 HH	A/B	Cascadia Health
Total Capacity to Serve			1,375 HH		

Attachment B: SHS-Funded Programs Overview (Continued...)

Abbreviations: CA = Coordinated Access CHAT = Coordinated Housing Access Team HH = Households Pop = Population

Coordinated Entry (CE) (A = Adult System DSV = Domestic & Sexual Violence System F = Family System)					
Program Name	Type	Start Date	Capacity	Pop A/B	Contracted Provider
CHAT Expansion	CE, A	07/2022	50 HH	A/B	El Programa Hispano Católico
CA Assessor	CE, A	07/2023	125 HH	A/B	NARA NW
Culturally Specific CHAT Expansion	CE, A	07/2022	200 HH	A/B	Urban League of Portland (UL PDX)
CA Navigation & Referral Program	CE, DSV	07/2022	200 HH	A/B	Volunteers of America
Outreach & Housing Navigator	CE, F	07/2022	60 HH	A/B	El Programa Hispano Católico
Housing Navigator	CE, F	07/2022	60 HH	A/B	Our Just Future
	CE, F	01/2020	60 HH	A/B	NAYA
Total Capacity to Serve			725 HH		

Day Center (A = Adult System DS = Day Services Y = Youth System)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Survival Outreach Day Services	DS, A	12/2023	1,200 HH	A/B	Operation Night Watch
Survival Meal Day Services	DS, A	12/2023	75,000 HH	A/B	Blanchet House
Day Services for Women	DS, A	12/2023	480 HH	A/B	Rose Haven
Day Services	DS, A	12/2023	767 HH	A/B	Ecumenical Ministries of Oregon
Day Services for LGBTQIA2S+	DS, A	12/2023	500 HH	A/B	The Marie Equi Center
Youth Drop-In Day Services	DS, Y	12/2023	300 HH	A/B	New Avenues for Youth
Day Services	A	12/2023	8,900 HH	A/B	Do Good Multnomah
Day Services	A	12/2023	45 HH	A/B	Trash for Peace
Day Services	A	12/2023	5,126 HH	A/B	Transition Projects
Total			91,608 Day Services / Year (including repeat visits)		

Abbreviations Meaning: A = Adult System DSV = Domestic & Sexual Violence System

ES = Emergency Shelter F = Family System Pop = Population

Emergency Shelter					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Lilac Meadows	ES, F	07/2023	39 Units	A/B	Our Just Future
Laurelwood / Foster Center	ES, A	07/2022	120 Units	A/B	Transition Projects (TPI)
Bradley Angle	ES, DSV	06/2005	41 Units	A/B	Bradley Angle
Raphael House	ES, DSV	06/2005	44 Units	A/B	Raphael House
Behavioral Health Resource Center	ES, A	05/2023	33 Units	A/B	Do Good Multnomah
Stark Street Motel	ES, A	01/2022	43 Units	A/B	Do Good Multnomah
Cultivating Community	ES, A	05/2022	20 Units	A/B	New Narrative
Best Value Inn Shelter	ES, A	07/2021	35 Units	A/B	New Narrative
Golden Knight	ES, A	07/2021	35 Units	A/B	New Narrative
Family Village Lents Shelter	ES, F	12/2017	17 Units	A/B	Path Home
Rockwood Tower Family Shelter	ES, F	11/2021	50 Units	A/B	Rockwood CDC
Rockwood 8 Bridge	ES, A	07/2023	44 Units	A/B	Sunstone Way (formerly All Good NW)
Bybee Lakes Hope Center Shelter	ES, A/F	09/2023	175 Units	A/B	Helping Hands
Family Promise of Metro East	ES, F	12/2023	15 Beds	A/B	Family Promise
15-Room Winter Shelter	ES, F	11/2023	15 Units	A/B	Rockwood CDC
Total Shelter Units			800 Shelter Units, will serve add'l individuals		
			205 units, new units in FY 2024 funded by SHS		
			288 units, existing units funded by SHS		
			307 units, partially funded by SHS in FY 2024		

Attachment B: SHS-Funded Programs Overview (Continued...)

Abbreviations Meaning: A = Adult System HH = Households
 HP = Homelessness Prevention Pop = Population RRH = Rapid Rehousing

Homelessness Prevention, often described as eviction prevention					
Program Name	Type	Start Date	Capacity	Pop A/B	Contracted Provider
Placement out of COVID-19 Shelter	HP, A	02/2023	120 HH	A/B	Our Just Future
Rosemont Relocation	HP, A	03/2022	20 HH	A/B	Northwest Pilot Project
Rosemont Relocation	HP, A	04/2022	25 HH	A/B	Urban League of Portland
Seniors (Adults 55+) Rent Assistance	HP, A	07/2023	150 HH	A/B	Northwest Pilot Project
Total Capacity to Serve			315 HH		

Rapid Rehousing					
Program Name	Type	Start Date	Capacity	Pop A/B	Contracted Provider
Adult Street Outreach Team	RRH, A	07/2022	120 HH	A/B	JOIN
College Housing Placement & Retention	RRH, A	07/2023	26 HH	A/B	College Housing NW
College Housing RRH & Peer Support	RRH, A	04/2023	8 HH	A/B	College Housing NW
Gresham In-Reach Team	RRH, A	07/2023	25 HH	A/B	City of Gresham
Gresham Oregon All In RRH	RRH, A	10/2023	25 HH	A/B	City of Gresham
Housing Multnomah Now	RRH, A	06/2023	75 HH	A/B	Transition Projects
	RRH, A	10/2023	43 HH	A/B	Cultivate Initiatives
	RRH, A	10/2023	50 HH	A/B	Rockwood CDC
	RRH, A	10/2023	20 HH	A/B	Trash for Peace

Abbreviations Meaning: A = Adult System HH = Households Pop = Population RRH = Rapid Rehousing

Rapid Rehousing (Continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Housing Placement & Retention	RRH, A	07/2023	25 HH	A/B	JOIN
	RRH, A	01/2023	70 HH	A/B	Northwest Pilot Project
	RRH, A	07/2023	16 HH	A/B	Rahab's Sisters
	RRH, A	07/2023	20 HH	A/B	NARA NW
	RRH, A	05/2023	25 HH	A/B	Black Community of Portland
Intensive Street Engagement	RRH, A	05/2023	9 HH	A/B	NARA NW
In-Reach Teams	RRH, A	07/2023	100 HH	A/B	JOIN
Mobile Intensive Support Team	RRH, A	11/2021	189 HH	A/B	Do Good Multnomah
Mobile Shelter Team	RRH, A	07/2021	575 HH	A/B	Transition Projects
Move In Multnomah	RRH, A	10/2023	2 HH	A/B	NARA NW
	RRH, A	10/2023	37 HH	A/B	JOIN
	RRH, A	10/2023	43 HH	A/B	Cultivate Initiatives
Placement out of Shelter	RRH, A	07/2021	69 HH	A/B	Do Good Multnomah
Placement out of COVID-19 Shelter GWS	RRH, A	07/2021	30 HH	A/B	Our Just Future
Placement out of Shelter	RRH, A	07/2021	40 HH	A/B	Urban League of Portland
Placement out of Adult Shelter	RRH, A	07/2021	30 HH	A/B	Cultivate Initiatives
Seniors (Adults 55+) Rent Assistance	RRH, A	07/2023	150 HH	A/B	Northwest Pilot Project
Housing Multnomah Now & Oregon All In	RRH, A	02/2024	77 HH	A/B	Sunstone Way (formerly All Good Northwest)
Housing Placement & Retention	RRH, A	07/2023	29 HH	A/B	Catholic Charities

Attachment B: SHS-Funded Programs Overview (Continued...)

Abbreviations Meaning: CAP = Corrective Action Plan CoC = Continuum of Care DSV = Domestic & Sexual Violence System
 F = Family System HH = Households HUD = Department of Housing & Urban Development MHT = Mobile Housing Team
 OTO = One-Time-Only Funding Pop = Population RRH = Rapid Rehousing UR = Unanticipated Revenue

Rapid Rehousing (Continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Long-Term RRH Program	RRH, DSV	07/2023	12 HH	A/B	Ecumenical Ministries of Oregon
	RRH, DSV	07/2023	12 HH	A/B	Immigrant & Refugee Community Organization (IRCO)
DSV In-Reach Services	RRH, DSV	07/2023	20 HH	A/B	YWCA of Greater Portland
CAP OTO Shelter Diversion Rent	RRH, DSV	10/2023	10 HH	A/B	YWCA of Greater Portland
Move In Multnomah OTO	RRH, DSV	11/2022	3 HH	A/B	YWCA of Greater Portland
Match HUD CoC RRH	RRH, DSV	07/2021	4 HH	A/B	IRCO
	RRH, DSV	10/2022	4 HH	A/B	YWCA of Greater Portland
Move In Multnomah OTO	RRH, F	11/2021	189 HH	A/B	IRCO
Housing Placement & Retention	RRH, F	05/2023	9 HH	A/B	Black Community of Portland
MHT Placement	RRH, F	11/2022	25 HH	A/B	Family Essentials
Housing Transition Program	RRH, F	07/2023	40 HH	A/B	Catholic Charities
OTO Shelter Flow Thru Lilac Meadows	RRH, F	10/2023	12 HH	A/B	Our Just Future
OTO Family Village Shelter Flow Thru	RRH, F	10/2023	34 HH	A/B	Path Home
Shelter-Placement out of Shelter	RRH, F	03/2022	35 HH	A/B	Rockwood CDC
OTO Metro SHS UR Block Shelter	RRH, F	10/2023	15 HH	A/B	Rockwood CDC
Housing Navigator	RRH, F	07/2022	129 HH	A/B	Self Enhancement, Inc.

Abbreviations Meaning: A = Adult System CAP = Corrective Action Plan DSV = Domestic & Sexual Violence System
 EHV = Emergency Housing Voucher F = Family System HH = Households OTO = One-Time-Only Funding
 PH = Permanent Housing Pop = Population RRH = Rapid Rehousing Y = Youth System

Rapid Rehousing (Continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
CAP Housing Placement	RRH, Y	10/2023	6 HH	A/B	New Avenues for Youth
Move In Multnomah	RRH, Y	07/2022	1 HH	A/B	New Avenues for Youth
CAP OTO Housing Placement	RRH, Y	10/2023	5 HH	A/B	New Avenues for Youth
New Day Butterfly House	RRH, Y	07/2023	5 HH	A/B	New Avenues for Youth
Total Capacity to Serve			2,313 HH		

Permanent Housing, not PSH, no disability required, provides fewer wrap-around services					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
EHV w/lease-up services PH	PH, A	01/2022	30 HH	A/B	Cascadia Health
	PH, A	01/2022	30 HH	A/B	Do Good Multnomah
	PH, A	01/2022	30 HH	A/B	Native American Rehabilitation Association of the Northwest (NARA NW)
	PH, A	01/2022	30 HH	A/B	Urban League of Portland
EHV Retention	PH, DSV	07/2021	30 HH	A/B	Raphael House
	PH, DSV	07/2021	30 HH	A/B	Volunteers of America
	PH, F	12/2021	30 HH	A/B	Immigrant & Refugee Community Organization (IRCO)
	PH, DSV	10/2023	30 HH	A/B	YWCA of Greater Portland
	PH, F	12/2022	60 HH	A/B	IRCO
	PH, F	12/2021	30 HH	A/B	JOIN

Attachment B: SHS-Funded Programs Overview (Continued...)

Abbreviations Meaning: A = Adult System DSV = Domestic & Sexual Violence System EHV = Emergency Housing Voucher
 F = Family System HH = Households PH = Permanent Housing Pop = Population
 ROTH = Recovery Oriented Transitional Housing RRH = Rapid Rehousing Y = Youth System

Permanent Housing, not PSH, no disability required, provides fewer wrap-around services (Continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
EHV Retention	PH, F	12/2021	30 HH	A/B	Path Home
	PH, F	12/2021	30 HH	A/B	Self Enhancement, Inc.
	PH, Y	10/2021	30 HH	A/B	New Avenues for Youth
	PH, Y	10/2021	30 HH	A/B	Outside In
DSV Mainstream Voucher	PH, DSV	12/2022	30 HH	A/B	YWCA of Greater Portland
Homeless Preference Units	PH, F	03/2023	32 HH	A/B	Family Essentials
Fostering Youth to Independence	PH, Y	02/2022	40 HH	A/B	New Avenues for Youth
Mainstream Voucher	PH, Y	10/2021	30 HH	A/B	New Avenues for Youth
	PH, Y	10/2021	30 HH	A/B	Outside In
The Ellington Homeless Preference Units	PH, A	07/2021	32 HH	A/B	Family Essentials
The Vibrant Homeless Preference Units	PH, F	07/2021	20 HH	A/B	Innovative Housing Inc.
Karibu Stabilization Treatment Program	ROTH, A	07/2022	14 HH	A/B	Imani Center, CCC
River Haven	ROTH, A	07/2022	35 HH	A/B	Central City Concern (CCC)
River Haven	TH, A	07/2022	30 HH	A/B	Central City Concern (CCC)
Total Capacity to Serve			713 HH		

Abbreviations Meaning: A = Adult System DSV = Domestic & Sexual Violence System
 F = Family System HH = Households MSI = Multnomah Stability Initiative PH = Permanent Housing
 Pop = Population PSH = Permanent Supportive Housing RLRA = Regional Long-Term Rent Assistance

Regional Long-Term Rent Assistance, Permanent Supportive Housing & Permanent Housing					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Youth and Family Services MSI RLRA	PH, F	05/2023	150 HH	A/B	Multnomah County Department of County Human Services (DCHS)
DV System Tenant-based RLRA	PSH, DSV	07/2023	12 HH	A/B	Bradley Angle
Housing Opportunities to Better Medical Outcomes (HOBMO) Tenant-Based RLRA	PSH, A	07/2023	30 HH	A	Cascade Aids Project (CAP NW)
TNBH Tenant-Based RLRA	PSH, A	07/2023	30 HH	A	CAP NW
Las Adelitas Project-Based RLRA	PSH, F	07/2021	10 HH	A	Cascadia
Cathedral Village Project-Based RLRA	PSH, A	11/2022	8 HH	A	Catholic Charities
Move On Tenant-Based RLRA	PH, A	07/2023	15 HH	A/B	Central City Concern (CCC)
Crescent Court Tenant-Based RLRA	PSH, A	04/2022	7 HH	A	CCC
The Henry Tenant-Based RLRA	PSH, A	09/2021	15 HH	A	CCC
Cedar Commons Tenant-Based RLRA	PSH, A	07/2021	30 HH	A	CCC
DCHS Tenant-Based RLRA	PSH, A	07/2022	30 HH	A	DCHS
Multnomah County Department of Community Justice Tenant-Based RLRA	PH, A	07/2022	45 HH	A/B	DCJ
Argyle Gardens Project-Based RLRA	PSH, A	05/2023	12 HH	A	DCJ & Transition Projects
Findley Commons Project-Based RLRA	PSH, A	12/2021	15 HH	A	Do Good Multnomah & Veterans Administration
Family System Tenant-Based RLRA	PSH, F	07/2023	10 HH	A	El Programa Hispano Católico

Attachment B: SHS-Funded Programs Overview (Continued...)

Abbreviations Meaning: A = Adult System ACT = Assertive Community Treatment F = Family System HH = Households
 ICM = Intensive Case Management PH = Permanent Housing Pop = Population PSH = Permanent Supportive Housing
 RLRA = Regional Long-Term Rent Assistance

Regional Long-Term Rent Assistance, Permanent Supportive Housing & Permanent Housing (continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Frequent Users System Engagement Tenant-Based RLRA	PSH, A	07/2023	40 HH	A	Greater New Hope Family Services
ACT- ICM Tenant-Based RLRA	PSH, A	07/2021	150 HH	A	Multnomah County Health Department
IRCO Tenant-Based RLRA	PSH, F	07/2022	30 HH	A	IRCO
JOIN Tenant-Based RLRA	PSH, F	07/2023	15 HH	A	JOIN
Original Long-Term Rent Assistance Created before 07/2021	PH/PSH, A	07/2021	15 HH	A	JOIN Mobile PSH
The Magnolia II Project-Based Created before 07/2021	PSH, A	07/2023	3 HH	A	JOIN Mobile PSH
Youth System Tenant-Based RLRA	PSH, Y	07/2022	30 HH	A	New Avenues for Youth
Elder PSH Tenant-Based RLRA	PSH, A	01/2022	45 HH	A	Native American Rehabilitation Association of the NW (NARA NW)
Hayu Tilixam Project-Based RLRA	PSH, F	11/2022	1 HH	A	NARA NW
Hazel Heights Project-Based RLRA	PSH, A	07/2023	5 HH	A	NARA NW
Nesika Illahee Project-Based RLRA	PSH, F	03/2023	25 HH	A	NARA NW
Family System Tenant-Based RLRA	PSH, F	07/2023	10 HH	A	Native American Youth and Family Center
Behavioral Health Tenant-Based RLRA	PSH, A	07/2021	100 HH	A	New Narrative

Abbreviations Meaning: A = Adult System DSV = Domestic & Sexual Violence System EHV = Emergency Housing Voucher
 F = Family System HH = Households MSI = Multnomah Stability Initiative PH = Permanent Housing Pop = Population
 PSH = Permanent Supportive Housing RLRA = Regional Long-Term Rent Assistance

Regional Long-Term Rent Assistance, Permanent Supportive Housing & Permanent Housing (continued...)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Douglas Fir Project-Based RLRA	PSH, A	04/2023	15 HH	A	New Narratives & Native American Rehabilitation Assn. of the NW
Senior Long-Term Rent Assistance Tenant-Based RLRA	PH, A	07/2021	40 HH	A/B	Northwest Pilot Project
Elder PSH Tenant-Based RLRA	PSH, A	05/2021	55 HH	A	Northwest Pilot Project
Family System Tenant-Based RLRA	PSH, F	07/2023	30 HH	A	Self Enhancement Inc.
Family System Tenant-Based RLRA	PSH, F	07/2023	10 HH	A	Self Enhancement Inc.
Adult System Tenant-Based RLRA	PSH, A	07/2022	68 HH	A	Transition Projects
Umoja Timu Project-Based RLRA	PSH, A	01/2022	30 HH	A	Urban League of Portland
Renaissance Commons Project-Based RLRA	PSH, A	07/2021	30 HH	A	Urban League of Portland
DV System Tenant-Based RLRA	PSH, DSV	07/2023	12 HH	A/B	Volunteers of America
Total RLRA Vouchers			1,243 HH		
			PH (Population A/B) RLRA: 315 PSH (Population A) RLRA created before 07/2021: 18 PSH (Population A) RLRA created after 02/2021: 910		

Abbreviations Meaning: A = Adult System F = Family System HH = Households ICM = Intensive Case Management
 PH = Permanent Housing Pop = Population PSH = Permanent Supportive Housing RLRA = Regional Long-Term Rent Assistance
 ROTH = Recovery-Oriented Transitional Housing

Permanent Supportive Housing, not including RLRA PSH					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Anna Mann Project-Based	PSH, F	04/2023	12 HH	A	Innovative Housing Inc.
The Aurora Project-Based	PSH, F	07/2023	16 HH	A	Our Just Future
Bridges to Housing across multiple OJF buildings Created before 07/2021	PSH, A	07/2021	25 HH	A	Our Just Future
Breitung Building Project-Based	PSH, A	07/2021	28 HH	A	Do Good Multnomah
Cedar Commons	PSH, A	07/2021	10 HH	A	Central City Concern
The Ellington Project-Based	PSH, A	09/2023	20 HH	A	IRCO
Emmons Place Project-Based	PSH, A	10/2022	48 HH	A	Northwest Pilot Project
Findley Commons Project-Based	PSH, A	12/2021	20 HH	A	Do Good Multnomah
Joyce Project-Based	PSH, A	07/2023	66 HH	A	CPAH, NARA NW, CAP NW, Cascadia Health
Veterans Affairs Supportive Housing Collaborative VASH Tenant-Based	PSH, A	11/2023	30 HH	A	NARA NW
Starlight Project-Based	PSH, A	10/2022	70 HH	A	Central City Concern & NARA NW
Powellhurst Place	PSH, A	07/2023	12 HH	A	NARA NW & NW Housing Alternatives
Hazel Ying Lee	PSH, A	07/2022	30 HH	A	IRCO & Cornerstone Community Housing
Hayu Tilixam	PSH, A	07/2022	9 HH	A	NARA NW
The Fairfield	PSH, A	07/2023	75 HH	A	Urban League of Portland
Las Adelitas	PSH, A	07/2021	8 HH	A	Cascadia Health
Total Capacity to Serve			538 HH		

Support Services Only (SSO)					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Hygiene Station	SSO, A	07/2021	--	A/B	Cultivate Initiatives
Community Law Division	SSO, All	07/2021	500 HH	A/B	Metropolitan Public Defender
Barrier Mitigation Legal Services	SSO, All	07/2021	840 HH	A/B	Oregon Law Center
Expanding Pathways to Employment	SSO, All	07/2021	25 HH	A/B	Cultivate Initiatives
Clean Start Program Expansion	SSO, A	07/2023	25 HH	A/B	Central City Concern
Community Volunteer Corp	SSO, A	07/2021	400 HH	A/B	Central City Concern
Employment Program	SSO, A	07/2023	80 HH	A/B	Stone Soup PDX
Film Workforce Development	SSO, A	07/2022	32 HH	A/B	Outside the Frame
DSV In-Reach - Information & Referral	SSO, DSV	07/2023	60 HH	A/B	YWCA
Total			1,962 HH	The Hygiene Station can serve up to 6,000 people per year including repeat visits by the same person.	

Addiction Treatment One-Time Only					
Program Name	Program Type	Start Date	Capacity	Pop A/B	Contracted Provider
Sober Living (scheduled to open 10/2024)	ROTH, A	04/2024	11 HH	A/B	Juntos NW
Sober Living (scheduled to open 11/2024)	ROTH, A	04/2024	9 HH	A/B	Miracles Club
Sober Living	ROTH, A	04/2024	9 HH	A/B	Quest
Sober Living	ROTH, A	04/2024	12 HH	A/B	Project Patchwork
Sover Living	ROTH, A	04/2024	13 HH	A/B	West Coast Sober Housing
Sober Living (scheduled to open 05/2025)	ROTH, A	04/2024	14 HH	A/B	Volunteers of America
Sober Living	ROTH, A	04/2024	15 HH	A/B	Lasko Refuge
Residential Treatment & Housing	ROTH, A	04/2024	22 HH	A/B	Bridges to Change
Total new sober living / residential treatment beds			105 HH		

Attachment C: SHS Service Provider Contracts (July 1, 2023 to June 30, 2024)

Abbreviation Meanings: PSH: Permanent Supportive Housing RRH: Rapid Rehousing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
211 Info	Prevention	N	N/A	\$34,598.00	\$34,598.00	\$34,598.00
AllOne Community Services	Shelter, RRH	N	N/A	\$72,321.48	\$72,321.48	\$72,321.48
Beacon Village	Shelter, RRH	N	N/A	\$113,595.00	\$79,096.65	\$79,096.65
Black Community of Portland	Prevention, RRH, PSH, Rent Assistance	Y	Black / African American	\$450,550.00	\$217,253.32	\$217,253.32
Blanchet House of Hospitality	Day Services	N	N/A	\$349,973.00	\$349,973.00	\$349,973.00
Bradley Angle	Shelter, RRH, PSH	N	N/A	\$238,596.00	\$166,205.84	\$166,205.84
Bridges to Change	Recovery Housing	N	N/A	\$850,000.00	\$850,000.00	\$850,000.00
Call to Safety	Coordinated Entry	N	N/A	\$66,000.00	\$66,000.00	\$66,000.00
Cascade AIDS Project (CAP NW) (Culturally specific programming)	PSH, RRH	N	Latine, LGBTQIA2S+	\$1,072,585.00	\$852,120.85	\$852,120.85
Cascadia Clusters	Shelter, Employment	N	N/A	\$408,993.00	\$408,991.00	\$408,991.00
Cascadia Health (Culturally specific programming)	PSH	N	Black, African American, LGBTQIA2S+	\$2,205,978.00	\$2,107,753.97	\$2,107,753.97
Catholic Charities (Culturally specific programming)	PSH, outreach, shelter, RRH	N	Immigrants, Refugees	\$830,459.50	\$830,459.50	\$830,459.50

Abbreviations: PSH: Permanent Supportive Housing RRH: Rapid Rehousing, TH: Transitional Housing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
Central City Concern (Culturally specific programming)	PSH, supportive services, TH	N	Black / African American	\$11,536,339.43	\$9,821,669.67	\$9,821,669.67
City of Gresham	RRH, outreach	N	N/A	\$525,000.00	\$378,881.72	\$378,881.72
City of Portland	Shelter, outreach	N	N/A	\$22,124,756.00	\$7,507,256.82	\$7,507,256.82
College Housing Northwest	RRH	N	N/A	\$665,554.00	\$665,554.00	\$665,554.00
Community Development Corporation	PSH, RRH, shelter, outreach	N	N/A	\$4,598,319.00	\$4,598,319.00	\$4,598,319.00
Community Partners for Affordable Housing	PSH	N	N/A	\$94,200.00	\$94,200.00	\$94,200.00
Cultivate Initiatives	Shelter, outreach employment, RRH	N	N/A	\$2,718,741.00	\$1,935,554.71	\$1,935,554.71
Do Good Multnomah	PSH, RRH, shelter, supportive services	N	N/A	\$6,815,397.00	\$5,711,624.58	\$5,711,624.58
Ecumenical Ministries of Oregon (Culturally specific programming)	Day services, shelter, RRH	N	Slavic, Immigrants, Refugees	\$362,061.00	\$126,652.19	\$126,652.19
El Programa Hispano Católico	Supportive services, short-term housing assistance, PSH	Y	Latine	\$837,127.00	\$492,955.01	\$492,955.01
Family Essentials	Shelter, RRH	N	N/A	\$92,170.00	\$92,170.00	\$92,170.00
Family Promise of Metro East	Shelter	N	N/A	\$68,000.00	\$67,783.00	\$67,783.00

Attachment C: SHS Service Provider Contracts (Continued...)

Abbreviation Meanings: PSH: Permanent Supportive Housing RRH: Rapid Rehousing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
Greater New Hope Family Services	Shelter, PSH	Y	Black, Indigenous, and people of color	\$851,412.00	\$412,697.00	\$412,697.00
Helping Hands Reentry Outreach Centers	Shelter	N	N/A	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00
Home Forward (Culturally specific programming)	Rent assistance/ administration, PSH, permanent housing	N	-	\$19,995,747.00	\$18,942,026.12	\$18,942,026.12
Innovative Housing, Inc.	Supportive services	N	N/A	\$458,520.00	\$458,478.16	\$458,478.16
Immigrant and Refugee Community Organization (IRCO)	Permanent housing, PSH, RRH, outreach	Y	Immigrants and Refugees	\$2,662,842.00	\$2,447,977.62	\$2,447,977.62
Janus Youth Programs	Shelter	N	N/A	\$77,213.00	\$407,688.11	\$407,688.11
JOIN (Culturally specific programming)	Permanent housing, RRH, PSH, outreach	N	-	\$8,275,598.00	\$6,712,003.66	\$6,712,003.66
Juntos NW	Recovery housing	Y	Latine, Indigenous	\$800,000.00	\$800,000.00	\$800,000.00
Lasko Refuge	Permanent housing, prevention, RRH	N	N/A	\$275,000.00	\$275,000.00	\$275,000.00

Abbreviations: CE: Coordinated Entry PH: Permanent Housing PSH: Permanent Supportive Housing RRH: Rapid Rehousing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
Latino Network	Prevention, PH	Y	Latine	\$95,860.00	\$95,859.50	\$95,859.50
Marie Equi Center	Day services	Y	LGBTQIA2S+	\$752,286.00	\$751,944.96	\$751,944.96
Mental Health & Addiction Association of Oregon (MHA AO)	Street outreach, supportive services	N	N/A	\$32,734.00	\$5,894.00	\$5,894.00
Metropolitan Public Defender	Supportive services	N	N/A	\$933,025.00	\$932,665.95	\$932,665.95
Miracles Club	Recovery housing	Y	Black / African American	\$789,850.00	\$789,850.00	\$789,850.00
Native American Rehabilitation Association of the NW	CE, PH, PSH, Prevention, Supportive Services, RRH, Transitional Housing	Y	Native American, Alaska Native	\$3,479,164.00	\$2,119,406.67	\$2,119,406.67
Native American Youth and Family Center	Prevention, RRH, PSH	Y	Native American	\$372,957.00	\$286,097.28	\$286,097.28
Neighborhood House	RRH	N	N/A	\$116,951.00	\$116,951.00	\$116,951.00
New Avenues for Youth (NAFY)	PH, PSH, RRH day services	N	N/A	\$2,109,567.00	\$2,404,417.14	\$2,404,417.14
New Narrative	PSH, shelter	N	N/A	\$5,577,580.77	\$5,087,166.10	\$5,087,166.10
Northwest Pilot Project	PSH, RRH, prevention	N	N/A	\$2,732,171.00	\$2,729,356.02	\$2,729,356.02
Operation Nightwatch Portland	Day services	N	N/A	\$199,450.00	\$199,450.00	\$199,450.00
Oregon Law Center	Supportive services	N	N/A	\$319,600.00	\$317,742.79	\$317,742.79

Attachment C: SHS Service Provider Contracts (Continued...)

Abbreviation Meanings: PSH: Permanent Supportive Housing RRH: Rapid Rehousing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
Our Just Future	PSH, RRH, supportive services	N	N/A	\$2,844,236.00	\$2,944,858.88	\$2,944,858.88
Outside In	PSH, short-term housing assistance, day services	N	N/A	\$617,271.00	\$904,242.52	\$904,242.52
Outside the Frame	Supportive services	N	N/A	\$529,765.00	\$529,765.00	\$529,765.00
Path Home	Shelter, RRH	N	N/A	\$1,645,458.00	\$1,633,174.69	\$1,633,174.69
Portland Street Medicine	Outreach	N	N/A	\$14,148.17	\$7,262.00	\$7,262.00
Project Patchwork	Recovery housing	N	N/A	\$690,000.00	\$690,000.00	\$690,000.00
Project Quest	Recovery housing	Y	LGBTQIA2S+	\$720,000.00	\$720,000.00	\$720,000.00
Rahab's Sisters (Culturally specific programming)	RRH	N	-	\$223,411.00	\$223,411.00	\$223,411.00
Raphael House of Portland (Culturally specific programming)	Permanent housing, RRH, shelter	N	-	\$774,165.00	\$763,558.02	\$763,558.02
Rose Haven	Day services	N	N/A	\$350,000.00	\$350,000.00	\$350,000.00
The Salvation Army	PSH, outreach, shelter	N	N/A	\$222,640.00	\$222,639.96	\$222,639.96
Self Enhancement Inc.	Permanent housing, prevention, RRH, PSH, supportive services	Y	Black / African American	\$1,122,459.86	\$801,247.63	\$801,247.63

Abbreviation Meanings: PSH: Permanent Supportive Housing RRH: Rapid Rehousing TH: Transitional Housing

Provider Name	Programs / Services in Contract	Culturally Specific Provider?	Population Served	FY 2023-24 Contract Amount	Total Invoiced in FY 2023-24	Total Paid in FY 2023-24
Somali Empowerment Circle	Landlord engagement, supportive services	Y	Somali women and families	\$502,896.00	\$502,896.00	\$502,896.00
Stone Soup PDX	Supportive services	N	N/A	\$168,333.00	\$168,333.00	\$168,333.00
Sunstone Way (formerly All Good NW) (Culturally specific programming)	Shelter, RRH, outreach	N	-	\$3,605,188.00	\$2,462,914.97	\$2,462,914.97
Telecare Mental Health Services of Oregon	PSH	N	N/A	\$18,000.00	\$15,175.78	\$15,175.78
Transition Projects	PSH, prevention, RRH, shelter, outreach, supportive services	N	N/A	\$5,650,960.00	\$5,149,559.81	\$5,149,559.81
Trash for Peace	Supportive services, day services	N	N/A	\$725,080.00	\$400,490.19	\$400,490.19
Urban League of Portland	PSH, RRH, prevention, supportive services, outreach, shelter	Y	Black / African American	\$4,255,340.01	\$2,014,167.35	\$2,014,167.35
Volunteers of America Oregon	Coordinated entry, permanent housing, PSH	N	N/A	\$613,555.00	\$477,102.36	\$477,102.36
WeShine Initiative	Shelter	N	N/A	\$1,088,570.00	\$833,540.66	\$833,540.66
West Coast Sober Housing	Recovery housing	N	N/A	\$732,500.00	\$732,500.00	\$732,500.00
Worksystems	Employment services	N	N/A	\$480,000.00	\$480,000.00	\$480,000.00
YWCA of Greater PDX	TH, RRH	N	N/A	\$1,484,114.00	\$1,231,987.17	\$1,231,987.17

Attachment D: Additional Housing & Services Data

Metric

Housing retention.

Data Points

12-month housing retention rate in RRH: overall (households) and disaggregated by race / ethnicity (individuals)

Race & Ethncitiy	Retention Rate
Black, Indigenous, Person of Color (BIPOC)	87%
Non-Hispanic White	83%
Asian or Asian American	71%
Black, African American or African	85%
Hispanic or Latino/a/x	88%
Middle Eastern or North African	N/A
American Indian, Alaska Native or Indigenous	89%
Native Hawaiian or Pacific Islander	85%
White	83%
Client doesn't know, client prefers not to answer, data not collected, field left blank (combined)	67%
Overall	85%

Metric

Number of households experiencing housing instability or homelessness compared to households placed into stable housing each year and outflow.

Data Points

Inflow and outflow data: overall (households) and disaggregated by race-ethnicity (individuals)

Race & Ethncitiy	Inflow Disaggregated Rate	Outflow Disaggregated Rate
Black, Indigenous, Person of Color (BIPOC)	41%	42%
Non-Hispanic White	56%	55%
Asian or Asian American	1%	1%
Black, African American or African	16%	15%
Hispanic or Latino/a/x	5%	4%
Middle Eastern or North African	0.2%	0.1%
American Indian, Alaska Native or Indigenous	6%	5%
Native Hawaiian or Pacific Islander	2%	2%
Unknown	3%	3%
Average Inflow: 553		Average Outflow: 419

Length of and returns to homelessness	Average time spent in SHS programs until being housed	93 days
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Attachment E: Populations Served

Metric

Race and ethnicity of people served in SHS-funded programs.

Race & Ethnicity	PSH Placements	RRH Placements	Housing Only Placements (Other Permanent Housing)	Preventions
Asian or Asian American	17	50	4	8
Black, African American or African	196	507	76	114
Hispanic or Latino/a/x	99	303	44	37
American Indian, Alaska Native or Indigenous	118	119	25	24
Native Hawaiian or Pacific Islander	21	116	8	4
Middle Eastern or North African	1	3	0	2
White	255	650	127	241
Non-Hispanic White (subset of White category)	178	498	95	209
Client Doesn't Know	0	0	0	0
Client Refused	0	0	0	0
Data Not Collected	16	51	6	14
Total	574 People 442 Households	1,510 People 910 Households	N/A	398 People 334 Households

Note: Racial identity responses can be selected alone or in combination, so the raw numbers added up can be greater than the total people served.

Metric

Disability status of people served in SHS-funded programs.

Disability Status	PSH Placements	RRH Placements	Housing Only Placements (Other Permanent Housing)	Preventions
Persons with Disabilities	426	641	187	278
Persons without Disabilities	124	745	45	94
Disability Unreported	24	124	6	26

Metric

Gender identity of people served in SHS-funded programs.

Gender Identity	PSH Placements	RRH Placements	Housing Only Placements (Other Permanent Housing)	Preventions
Male	289	705	143	154
Female	243	758	87	228
A gender that is not singularly 'Male' or 'Female'	23	25	3	8
Transgender	13	6	2	5
Questioning	2	1	0	0
Client Doesn't Know	0	0	0	0
Client Refused	1	3	1	2
Data Not Collected	11	17	3	2

Note: Gender identity responses can be selected alone or in combination, so the raw numbers added up can be greater than the total people served.

Attachment E: Populations Served (Continued...)

Metric

Population A and B status of households newly served in SHS-funded programs.

Population Status	PSH Placements	RRH Placements	Housing Only Placements (Other Permanent Housing)	Preventions
Population A	358	509	133	42
Population B	84	401	64	292

Attachment F: Additional Workforce Equity Analysis Data

Wage and Salary Overview, FY 2024					
	# of Agencies Reporting Wage / Salary	# of Employees Reported	Min Pay	Avg. Pay	Max Pay
Position Type					
Case Managers	40	546	\$43,680	\$54,822	\$73,750
Housing Navigators	30	237	\$47,258	\$54,704	\$75,000
Outreach Workers	25	156	\$43,800	\$53,460	\$72,800
Facilities Staff	29	208	\$39,312	\$57,464	\$87,550
Other Direct Services / Client-Facing Roles	45	2758	\$16,640	\$54,978	\$85,900
Administration	39	772	\$41,600	\$65,878	\$110,000
Management	45	929	\$53,000	\$77,358	\$125,800
Executive Leadership	43	196	\$66,560	\$120,282	\$196,000
Organization Size					
Fewer than 25 Staff	15	190	\$16,640	\$54,317	\$170,000
25-75 Staff	12	520	\$39,312	\$57,305	\$175,666
75-210 Staff	13	1388	\$43,680	\$53,565	\$144,200
Over 210 Staff	9	3704	\$45,677	\$53,888	\$196,000
Culturally-Specific Provider					
Culturally-Specific	15	1955	\$43,680	\$55,084	\$196,000
Not Culturally-Specific	34	3847	\$16,640	\$54,705	\$175,666

Average Rates of Pay by Position Category and Organization Size						
Position Type	All Organizations		Large Organizations (>100 staff reporting)		Small Organizations (<100 staff reporting)	
	Number of Employees	Average Pay	Number of Employees	Average Pay	Number of Employees	Average Pay
Case Managers	546	\$54,822	417	\$53,824	129	\$55,515
Housing Navigators	237	\$54,704	194	\$54,464	43	\$55,045
Outreach Workers	156	\$53,460	122	\$52,727	34	\$54,414
Facilities Staff	208	\$57,464	136	\$57,736	72	\$57,129
Other Direct Services / Client-Facing Roles	2,758	\$54,978	2,461	\$54,374	297	\$55,359
Administration	772	\$65,878	692	\$68,905	80	\$63,640
Management	929	\$77,358	821	\$75,260	108	\$78,673
Executive Leadership	196	\$120,282	129	\$133,541	67	\$113,406

The table above reports average pay rates for selected position categories, and the number of employees in each position category, overall and for small and large organizations. Large organizations are those employing more than 100 people, and small organizations employ fewer than 100 people. Our smaller providers reported slightly higher rates of pay for direct service employees and for management positions, and lower rates of pay for administrative and executive leadership positions. Generally speaking, these differences were small — amounting to less than 5% of total pay — except for executive positions.

The higher compensation levels among small organizations for direct service and client-facing roles may reflect the fact that a higher percentage of these staff are funded by SHS funds than among larger organizations. Among small organizations, 48% of the positions reported were funded all or in part by SHS funds, compared to only 18% of the positions reported among large organizations. The discrepancy in executive compensation between small and large providers likely reflects the work experience required to lead larger organizations.

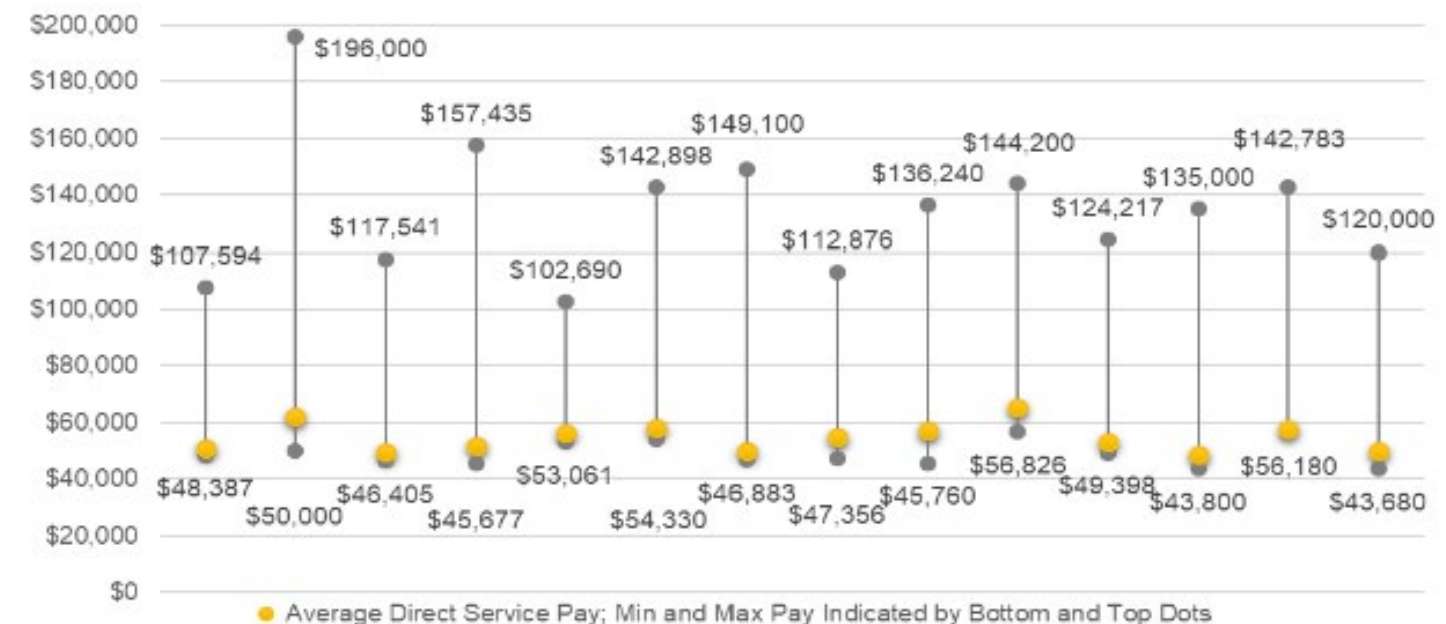
Attachment F: Additional Workforce Equity Analysis Data (Continued...)

Pay Differential between Lowest and Highest Paid Employees, by category and agency size

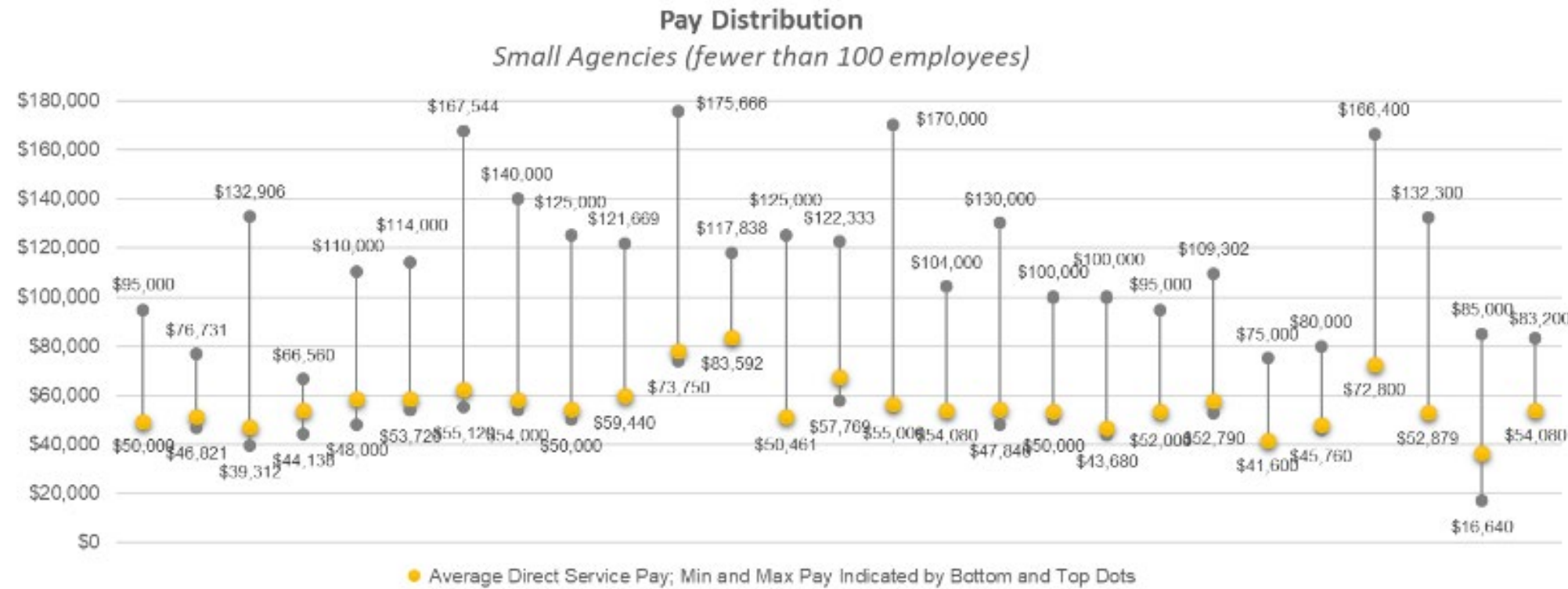


As previously mentioned, smaller agencies tend to have more compressed wage schedules — all three of the agencies with pay differentials of less than \$30,000 are smaller agencies employing fewer than 100 people. Smaller agencies are more likely to have pay differentials of less than \$60,000, while large agencies are more likely to have pay differentials greater than \$60,000. Among the eight agencies not reporting this information, five did not report executive compensation and three did not provide any wage data.

Pay Distribution
Large Agencies (more than 100 employees)



Attachment F: Additional Workforce Equity Analysis Data (Continued...)



Languages Spoken Among Provider Staff		
	Number of Employees	Percent of Employees
Language		
Spanish	400	13.1%
Russian	73	2.4%
Arabic	55	1.8%
French	52	1.7%
Somali	39	1.3%
Vietnamese	37	1.2%
Ukrainian	33	1.1%
Chinese	27	0.9%
Swahili	22	0.7%
Persian / Farsi	21	0.7%
Amharic or Tigrinya	14	0.5%
Burmese	14	0.5%
Dari	14	0.5%
German	12	0.4%
Japanese	10	0.3%
Pashto	10	0.3%
*Languages with fewer than 10 speakers not included		

Age Categories of Provider Staff		
	Number of Employees	Percent of Employees
Generation		
Baby Boomers (1946-1964)	507	7.9%
Generation X (1965-1976)	1,078	16.7%
Xennials / Oregon Trail Generation (1977-1985)	1,200	18.6%
Millennials / Generation Y (1986-1994)	52	1.7%
Gen Z (1995-2012)	1,121	17.4%
*Percentages do not sum to 100% due to missing data.		

Attachment G: Additional Racial Equity Analysis Data

Homelessness Prevention Services PiT: Point-in-Time	Baseline Data		Current Year Data	
	SHS Prevention Services FY 2022	Jan. 2022 PiT Count: Not Chronically Homeless	SHS Prevention Services FY 2024	Jan. 2024 By-Name List: Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported				
BIPOC	72.7%	44.1%	44.0%	49.8%
Non-Hispanic White	23.6%	51.9%	52.5%	38.3%
Not Reported	3.7%	4.0%	3.5%	11.9%
Race / Ethnicity Detail				
Asian or Asian American	6.0%	1.1%	2.0%	4.0%
Black, African American, or African	39.3%	22.0%	28.6%	23.1%
Hispanic / Latino/a/x	22.3%	12.1%	9.3%	15.3%
American Indian, Alaska Native, or Indigenous	6.0%	11.9%	6.0%	7.9%
Native Hawaiian or Pacific Islander	4.5%	3.1%	1.0%	4.4%
White	40.2%	65.2%	60.6%	47.7%
Ethnicity				
Hispanic / Latino/a/x	22.3%	12.1%	9.3%	15.3%
Not Hispanic / Latino/a/x	74.0%	83.9%	87.2%	72.8%
Not Reported	3.7%	4.0%	3.5%	11.9%
Gender Identity				
Male		65.6%	38.7%	49.4%
Female		29.2%	57.3%	40.5%
No Single Gender		1.7%	2.0%	1.9%
Transgender		1.6%	1.3%	1.0%
Questioning		0.2%	0.0%	0.5%
Not Reported		2.3%	1.0%	7.3%

Attachment G: Additional Racial Equity Analysis Data (Continued...)

Homelessness Prevention Services Table Summary

The JOHS continued to provide access to permanent supportive housing and rapid re-housing for Black, Indigenous and other people of color (BIPOC) at greater rates than BIPOC communities experiencing chronic homelessness. Among homelessness prevention programs, performance was mixed. Overall, BIPOC communities were slightly underrepresented among homelessness prevention clients relative to their representation among people experiencing short-term homelessness. However, people identifying as Black, African American or African were more represented among homeless prevention clients than among people experiencing short-term homelessness.

Our most up-to-date measure of local homelessness, the Multnomah County By-Name List, had a higher representation of BIPOC communities in January 2024 than our first-year measure of homelessness, the January 2022 Point-in-Time Count. Even so, during FY 2024 we continued to have greater representation of BIPOC communities among those housed with SHS funds than among those experiencing chronic homelessness (as defined by HUD). This was especially true for individuals identifying as Black, Hispanic/Latino/a/x, and Native Hawaiian or Pacific Islander. Moreover, BIPOC overrepresentation among clients housed with SHS funds was larger in FY 2024 than in FY 2022 in both permanent supportive housing and rapid rehousing programs and for all racial and ethnic identities.

Permanent Housing Placements PiT: Point-in-Time PSH: Permanent Supportive Housing RRH: Rapid Rehousing	Baseline Data		Current Year Data		
	SHS Total Housing Placements FY 2022	Jan. 2022 PiT Count: Chronically Homeless	SHS PSH Placements FY 2024	SHS RRH Placements FY 2024	Jan. 2024 By-Name List: Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported					
BIPOC	41.2%	38.5%	66.2%	63.6%	41.9%
Non-Hispanic White	37.1%	58.0%	31.0%	33.0%	55.2%
Not Reported	21.7%	3.5%	2.8%	3/4%	2.9%
Race / Ethnicity Detail					
Asian or Asian American	1.7%	2.1%	3.0%	3.3%	1.8%
Black, African American, or African	24.0%	14.9%	34.1%	33.6%	18.6%
Hispanic / Latino/a/x	13.6%	9.5%	17.2%	20.1%	11.0%
American Indian, Alaska Native, or Indigenous	8.9%	15.0%	20.6%	7.9%	13.6%
Native Hawaiian or Pacific Islander	2.9%	2.7%	3.7%	7.7%	2.6%
White	49.1%	72.7%	44.4%	43.0%	67.0%
Ethnicity					
Hispanic / Latino/a/x	13.6%	9.5%	17.2%	20.1%	11.0%
Not Hispanic / Latino/a/x	64.7%	87.0%	80.0%	76.6%	86.1%
Not Reported	21.7%	3.5%	2.8%	3.4%	2.9%
Gender Identity					
Male		59.6%	50.3%	46.7%	58.4%
Female		35.4%	42.3%	50.2%	36.8%
No Single Gender		2.0%	4.0%	1.7%	2.5%
Transgender		1.7%	2.3%	0.4%	1.6%
Questioning		0.1%	0.3%	0.1%	0.3%
Not Reported		1.5%	2.1%	1.3%	1.2%

Attachment G: Additional Racial Equity Analysis Data (Continued...)

Housing Retention PSH: Permanent Supportive Housing RRH: Rapid Rehousing	SHS PSH FY 2024	SHS RRH FY 2024	JOHS System RRH FY 2024
BIPOC / Non-Hispanic White / Not Reported			
BIPOC	90.1%	87.1%	90.0%
Non-Hispanic White	87.8%	82.5%	82%
Not Reported	91.7%	66.7%	87%
Race / Ethnicity Detail			
Asian or Asian American	92.6%	71.4%	88%
Black, African American, or African	93.4%	84.6%	90%
Hispanic / Latino/a/x	90.4%	88.0%	90.0%
American Indian, Alaska Native, or Indigenous	80.9%	88.6%	92.0%
Native Hawaiian or Pacific Islander	85.7%	85.2%	86%
White	89.0%	83.1%	83.0%
Ethnicity			
Hispanic / Latino/a/x	90.4%	84.6%	
Not Hispanic / Latino/a/x	89.2%	83.7%	
Not Reported	91.7%	66.7%	
Gender Identity			
Male	90.3%	85.5%	
Female	88.6%	84.4%	
No Single Gender	90.9%	50.0%	
Transgender	86.7%	40.0%	
Questioning	100.0%	50.0%	
Not Reported	85.7%	100.0%	

Housing Retention Table Summary

During FY 2024, overall housing retention rates for both PSH and RRH clients were higher for BIPOC communities overall than for non-Hispanic White people. Looking at specific groups, permanent supportive housing retention rates were higher among people identifying as Asian or Asian American; Black, African American or African; or Hispanic/Latino/a/x, than among non-Hispanic white persons. Meanwhile, RRH retention rates were higher for persons identifying as Black, African American or African; Hispanic/Latino/a/x; American Indian, Alaska Native, or Indigenous; or Native Hawaiian or Pacific Islander; than those for non-Hispanic white persons. Comparing SHS-funded programs to our programming overall, RRH retention rates are slightly lower for all racial and ethnic groups in SHS-funded programs, and this gap is largest for persons identifying as Asian or Black.

RRH retention rates are calculated as the percentage of persons who ended a rapid rehousing subsidy in FY 2023 who did not return to homelessness in Multnomah County, were housed at their 12-month follow up interview, were in a new permanent housing program in Multnomah County, or whose last observed program exit was to a permanent housing destination. Meanwhile, permanent supportive housing retention rates are calculated as the percentage of people who were placed in permanent supportive housing in FY 2023 and were still housed in a permanent housing program one year later, or whose last observed program exit was to a permanent housing destination and did not return to homelessness in Multnomah County.

Chronic Homelessness	Population Data (Census Data)		Chronic Homelessness (System Data)		
	Multnomah County, 2022	Renter Households <30%AMI + at least one severe housing issue	Jan. 2022 PiT Count: Chronically Homeless	Jan. 2023 By-Name List: Chronically Homeless	Jan. 2024 By-Name List: Chronically Homeless
BIPOC / Non-Hispanic White / Not Reported					
BIPOC	34.2%	37.4%	38.5%	42.5%	41.9%
Non-Hispanic White	65.8%	57.0%	58.0%	54.8%	55.2%
Not Reported	0.0%	5.6%	3.5%	2.7%	2.9%
Race / Ethnicity Detail					
Asian or Asian American	10.4%	5.5%	2.1%	1.7%	1.8%
Black, African American, or African	7.8%	14.8%	14.9%	18.9%	18.6%
Hispanic / Latino/a/x	12.9%	15.3%	9.5%	11.4%	11.0%
American Indian, Alaska Native, or Indigenous	3.4%	1.0%	15.0%	15.2%	13.6%
Native Hawaiian or Pacific Islander	1.2%	0.7%	2.7%	2.7%	2.6%
White	80.0%	57.0%	72.7%	69.5%	67.0%
Ethnicity					
Hispanic / Latino/a/x	12.9%	15.3%	9.5%	11.4%	11.0%
Not Hispanic / Latino/a/x	87.1%	84.7%	87.0%	85.9%	86.1%
Not Reported	0.0%	0.0%	3.5%	2.7%	2.9%
Gender Identity					
Male			59.6%	57.0%	58.4%
Female			35.4%	37.2%	36.8%
No Single Gender			2.0%	3.3%	2.5%
Transgender			1.7%	1.6%	1.6%
Questioning			0.1%	0.5%	0.3%
Not Reported			1.5%	1.5%	1.2%

Attachment G: Additional Racial Equity Analysis Data (Continued...)

Chronic Homelessness Table Summary

Overall, people with BIPOC identities are over-represented among persons experiencing chronic homelessness, and this problem is concentrated among persons identifying as Black; American Indian, Alaska Native, or Indigenous; and Native Hawaiian or Pacific Islander. Between FY 2023 and FY 2024, representation of BIPOC persons among the chronically homeless fell slightly. This decline was driven by modest decreases in the percentages of chronically homeless people identifying as Black, Hispanic/Latino/a/x, and American Indian/Alaska Native/Indigenous.

BIPOC communities represent around 34% of the total Multnomah County population, and a higher percentage (37%) of renter households earning less than 30% of the area median income with at least one severe "housing problem" (defined as paying more than half of their income in rent, having more than one person per room, or lacking a kitchen or indoor plumbing). These households face a high risk of experiencing homelessness. In the 2022 Point in Time Count, BIPOC people were more represented among the chronically homeless than among Multnomah County households at high risk of experiencing homelessness.

Due to the numerous limitations of the Point-in-Time Count, the Joint Office is moving toward using a By-Name List of people experiencing homelessness, which provides timely and accurate counts of the population experiencing homelessness. BIPOC communities represent a larger share in this more comprehensive count than in the Point-in-Time Count. Between FY 2023 and FY 2024, representation of BIPOC persons among the chronically homeless in the systemwide By-Name list fell slightly, from 42.5% to 41.9%. This decline was driven by modest decreases in the percentages of chronically homeless persons identifying as Black, Hispanic/Latino/a/x, and American Indian/Alaska Native/Indigenous.



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