SUPPORTIVE HOUSING SERVICES Quarterly Report

Submitted by (County):   **Multnomah**

Fiscal Year: **2025**

Quarter: **Quarter 1**

SUPPORTIVE HOUSING SERVICES

QUARTERLY REPORT

*The following information should be submitted **45 calendar days after the end of each quarter**, per IGA requirements. When that day falls on a weekend, reports are due the following Monday.*

	Q1	Q2	Q3	Q4
Report Due	**Nov 15**	**Feb 15**	**May 15**	**Aug 15**
Reporting Period	Jul 1 – Sep 30	Oct 1 – Dec 31	Jan 1 – Mar 31	Apr 1 – Jun 30

Please do not change the formatting of margins, fonts, alignment, or section titles.

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hyperlinked

Section 1. Progress Narrative

In no more than 3-5 pages, please tell us about your investments and programming during the reporting period, focusing on at least one of the following topics per quarter: racial equity, capacity building, regional coordination and behavioral health, new investments, leverage, service systems coordination or any other topic connected to your local implementation plan.

Please also provide updates and information (including numbers or data) to demonstrate progress towards your work plan goals. Note that each topic/work plan goal must be covered in at least one quarterly report during the year. [Example, if you set an annual goal to increase culturally specific provider organizations by 15%, please tell us by quarter 2 how much progress you've made towards that goal (e.g. 5%)]

Please also address these areas in each quarter's narrative.
- *Overall challenges and barriers to implementation*
- *Opportunities in this quarter (e.g. promising findings in a pilot)*
- *Success in this quarter (e.g. one story that can represent overall success in this quarter)*
- *Emerging challenges and opportunities with service providers*

Executive Summary

This report represents the beginning of the fourth year of SHS implementation in Multnomah County. As demonstrated in our recently released Annual Report, Multnomah County turned a corner in our SHS implementation last year. We sent millions of SHS dollars out into the community, where they reached thousands of people most in need of housing and support services. We are steadily working toward fulfilling the 10-year promises of the measure, in alignment with our Local Implementation Plan, and prioritizing Black, Indigenous, and People of Color who have been most affected by housing discrimination, and experience homelessness at greater rates. As we open this new year we have both incredible progress to build upon, and future growth to strive for.

Some of our key highlights from Q1 include:
- Exceeding our spending goal for this quarter and spending $28 million — nearly triple the amount spent during the same time period last year.
- Leveraging SHS funds across three additional County departments to help serve community members within their sphere of influence.
- Placing 421 people into housing — a 166% increase over Q1 last year.
- Funding a new community justice day center program to promote mental and behavioral health for people on parole or probation, and provide pathways to housing.
- Sustaining and expanding our emergency shelter capacity to 1,170 existing units and supporting the opening of Avalon Village, a new alternative shelter in Southeast Portland.

Annual Work Plan Progress

This quarter the Joint Office made progress on several key Annual Work Plan goals, including exceeding previous housing placements, taking initial steps to increase our supply of permanent supportive housing, strengthening our cross-department partnerships to serve key populations, and expanding shelter availability and services.

Evaluating Annual Work Plan Goal Progress
Continuing with the momentum gained from FY 2024, Multnomah County saw encouraging progress across all quantitative Annual Work Plan Housing Goals and a record number of 421 folks exiting houselessness into housing by the close of Q1; a 166% increase in placements from last year.

When comparing Q1 outcomes across fiscal years it is important to take into account how qualitative annual work plan goals have changed over time in tandem with the stages of SHS implementation. Specifically, FY 2025 is the beginning of year four of the 10-year Measure and signifies a shift in focus from ramping up programming to sustaining it long term. In alignment with this transition period, Multnomah County's qualitative housing goals are slightly lower to coincide with the level of ongoing investments in each service type as housing placements stabilize over time yet remain competitive to better meet the needs of folks living unhoused.

Q1 Progress Toward Annual Work Plan Goals			
Program Type	FY 25 Goals	FY 25 Q1 Actuals	% to FY 25 Goal in Q1

Permanent Supportive Housing (PSH)	360 people 300 households	106 people 85 households	29% people 28% households
Rapid Rehousing (RRH)/Short-term Rent Assistance	550 people 440 households	270 people 152 households	49% individual 35% households
Other Permanent Housing (OPH) *Includes Transitional Housing*	162 people 135 households	45 people 34 households	28% individual 36% households
Homeless Prevention	800 people 600 households	253 people 157 households	32% individual 26% households

In Q1, 106 people were placed into Permanent Supportive Housing (PSH). What appears to be a decrease in the number of people placed in FY 2024 at this point, is **actually due to an update from Metro in how this category should be reported**. Previously, the Permanent Supportive Housing (PSH) category was referred to as Supportive Housing and included transitional housing placement numbers under this wider umbrella of services. Metro recently released guidance to the tri-counties to report only PSH in the Supportive Housing category and include programs like transitional housing into the Other Permanent Housing (OPH) section. If we were using last year's format for reporting outcomes, combining PSH and OPH outcomes from Q1, 151 people have been placed — **marking a slight increase over the previous year.**

By the end of Q1, an unprecedented 270 people moved into SHS-supported rapid rehousing (RRH) programs, a 201% increase over RRH placements at this time last year. This early progress is attributed to key one-time-only investments in rapid rehousing programs and residual impacts of the FY 2024 Corrective Action Plan (CAP) and unanticipated revenue packages, which allocated a significant portion of funding to RRH services expansion.

The Joint Office's eviction prevention outcomes for Q1 are 26% higher than they were in Q1 for FY 2024. As shared in previous reports, SHS eviction prevention outcomes for FY 2024 were lower than previous years because the County primarily used non-SHS funding sources for eviction prevention. As predicted in those reports, now that the County is using SHS for eviction prevention instead of federal relief funding, the SHS-funded eviction prevention outcomes are now at expected levels. Our outcomes support this claim, as SHS supported 253 people with homelessness prevention in Q1. This represents 64% of the total number of people served with these SHS-funded services last year and is 32% of the way to our FY 2025 annual goal.

Strategically using SHS to sustain essential emergency shelters
In line with Multnomah County's Community Sheltering Strategy, the Joint Office used SHS funds to support operations for 11 emergency shelter providers in Q1. Across these providers, 1,170 units were sustained and 10 new units were brought online. Out of the 1,170 sustained units, 87 were administered in partnership with Multnomah County's Behavioral Health Department (BHD) to better meet the sheltering needs of people living unhoused who experience behavioral health barriers. When reviewing

Annual Work Plan progress, we note the emergency shelter goal originally set did not include SHS-funded shelter capacity outside of the Joint Office. The following table examines Q1 emergency shelter progress accounting for this distinction.

Q1 Progress Toward Emergency Shelter Capacity				
	FY 25 Emergency Shelter Goal	**Joint Office SHS-Funded Shelter Units**	**Health Department SHS-Funded Shelter Units**	**% to FY 25 Goal in Q1** *Health Dept. Included*
Sustained Units	1,088	1,083	87	1,170 (108%)
New Units	309	10	0	10 (3%)
Total Units	1,397	N/A	N/A	1,180 (84%)

In Q1, Multnomah County achieved 108% of the sustained shelter unit goal set in the FY 2025 Annual Work Plan. This was to be expected as sustained shelter units belong to programs that are already operational and represent a continuation of services that have been underway in previous fiscal years. In contrast, adding new units to the shelter system requires a ramp-up period between when funding is granted to a shelter provider and when those units become accessible to participants. Following this thread, the Joint Office added 10 new units in Q1; achieving a modest 3% of the annual goal. As new units are developed, we anticipate the number of total new units to increase steadily over the next quarters.

$7M funding opportunity released for the expansion of permanent supportive housing
The Joint Office recently released a funding solicitation in support of our goal to place 360 new people and 300 new households into permanent supportive housing (PSH) this year.

The PSH Notice of Funding Availability (NOFA) was released in September and is attached to about $7 million in ongoing SHS funds to support the expansion of project-based and tenant-based PSH. This money is earmarked for rent assistance and support services for up to 200 households who earn at or below 30% of area median income; are experiencing or at imminent risk of long-term, literal homelessness; and include a head of household with a disabling condition.

We expect to fund multiple new or expanded PSH projects and create approximately 170 new PSH opportunities in Multnomah County through this NOFA. This will include approximately 50 new PSH apartments for families with children and 120 new PSH apartments for adult-only households, prioritizing projects that include culturally-specific services and projects that focus on serving older adults. Additionally, the project aims to:

- **Expand our contracted pool of PSH providers:** Over the past several years, a large number of organizations have newly qualified to contract with the Joint Office to provide supportive housing. Many of these newly qualified vendors do not yet have contracts to provide PSH

programming. The Joint Office hopes to expand the number of qualified vendors funded to do this work through this NOFA.

- **Expand culturally specific PSH for Black and Indigenous communities and other communities of color:** Black and African American, Native American and Alaska Native, and Native Hawaiian and Pacific Islander communities continue to be dramatically overrepresented within the population experiencing long-term, literal homelessness. We also see a significant need for PSH among Latine communities. A critical priority of this NOFA is to fund projects focused on serving these and other communities of color, with an emphasis on expanding culturally specific services.

- **Expand PSH focused on serving older adults (ages 50+):** Older adults are one of the fastest growing segments of the population experiencing homelessness. While most PSH programming can serve older adults, there is a critical need to expand PSH that is intentionally designed for this population.

The Joint Office is also prioritizing project-based PSH projects that include studios, one bedrooms, and larger sized apartments over projects that include Single Room Occupancy (SRO) PSH apartments for this NOFA. This is because there are a large number of SRO PSH apartments already in our system, and there are significant limitations to the ability of SROs to meet the needs of PSH households. We are also prioritizing project-based PSH projects that include ADA-accessible units.

As we begin PSH expansion through this NOFA process, we anticipate that half of the total capacity will be filled this fiscal year due to the time it will take to make awards and for projects to staff up, start working with people, and place people into units. We expect to notify applicants about funding awards for this NOFA by late in Q2 and look forward to providing additional updates throughout the year.

Positive trends in existing permanent supportive housing: community building, mental health support
We are eager to expand our supply of permanent supportive housing because we know it is an effective solution to ending homelessness for people experiencing chronic homelessness. Every quarter we continue to hear success stories about the impact of PSH, not only in transitioning people from homelessness to housing, but creating conditions in which participants can receive the wraparound support they need to thrive, create community, and rebuild their lives.

At Cedar Commons, an SHS-funded PSH project run by Multnomah County's Health Department, this wraparound support took the form of skills and relationship building, as well as mental and behavioral health resources. While many PSH projects offer community building activities, not all PSH projects have access to mental and behavioral health-specific resources. Facilities like Cedar Commons that combine these resources represent an opportunity to double down on strategies that support residents' overall health and housing success.

For example, when several residents began struggling with increased symptoms of severe mental illness, Cedar Commons staff partnered across specialties to develop behavior support plans. These plans offer a consistent, informed approach to behavior management by providing guidance on intervention and redirection that all team members can utilize, from clinical staff to property management. The program has also evolved to support the stability of its residents this quarter by strengthening external behavioral

supports specific to medication management and crisis intervention. In the coming months, the team hopes to fill key vacancies and orient all staff to the variety of external supports available to Cedar Commons residents.

Expanding county partnerships to create more on-ramps to housing
The Joint Office leveraged SHS funds this quarter to enhance coordination between our service systems by bringing on new Multnomah County departments to serve people experiencing or at risk of homelessness. This is in alignment with our Local Implementation Plan, which noted the need for increased coordination across County departments, as well as our SHS Annual Work Plan for FY 2025, in which we committed to investing $35M in cross-departmental programs to reduce homelessness.

In addition to the Health Department (HD), Department of County Human Services (DCHS), and Department of Community Justice (DCJ), the Office of Emergency Management, the Multnomah County Library system and District Attorney's Office are now able to use SHS funding to support the unique populations they serve.

Our existing partnerships with the HD, DCHS, and DCJ over the last three years have provided pathways to housing for key populations of people experiencing homelessness, including folks with behavioral health needs, disabilities, and experience with the justice system, among others. These relationships have been essential and effective by equipping County departments that already interact with folks experiencing or at risk of homelessness with an array of resources to meet their housing needs.

The $36.3M investment will build upon the strengths of these existing partnerships while also expanding the reach of SHS across the County. The funds will support 13 cross-departmental programs offering critical services such as mental health support, shelter expansion, eviction prevention, and emergency response.

Programming is still in the early stages; however, we anticipate that 75% of the new SHS programs will reach full implementation by the end of FY 2025. Two key investments with new cross-department partners include a peer support specialist program in the Multnomah County Library system and an ongoing investment in the County's Office of Emergency Management.

We look forward to sharing the impact of these new partnerships throughout the year, as we collaborate across County departments to effectively tackle homelessness and provide comprehensive housing support to our community.

New SHS-funded community justice program promotes stability for people on parole or probation
One of the new cross-department investments that launched this quarter was a day center program promoting stability for people on parole or probation. The Department of Community Justice (DCJ) Stabilization and Readiness Program (SARP) is currently operated by a manager and two staff who provide basic case management and housing engagement services. The program also provided medical services this quarter through partnerships with the nursing program at OHSU and Portland Street Medicine. These health teams have connected with participants to address medical needs that would typically prevent them from engaging with treatment and housing. Through these partnerships two participants with serious head wounds were able to receive proper medical care and work with a physician's assistant to formulate a health care plan, and in the process built trust with medical

personnel, paving the way for meaningful and authentic ongoing relationships.

The program also experienced success in removing barriers for participants with limited housing options by helping them build the skills to be successful in housing and treatment placements, and connecting them to those services.

When fully staffed, the team will include three community health specialists to connect participants to mental health and treatment services, three corrections counselors to develop case plans and provide intensive skills training, and a peer mentor to support with engagement. The community health specialists and peer mentor will also provide at-home support and skill building so that folks can remain successfully housed. All positions are anticipated to be hired and onboarded by Q3.

Expanding shelter capacity and services in our systems of care
The Joint Office is allocating $9.3 million to expand shelter availability and services across our systems of care this fiscal year. These funds will support the addition of 250 additional shelter units, with the following distribution:

- 25 units for immigrant youth
- 45 units for domestic violence survivors
- 90 units for families
- 90 units for adults

In support of this goal, in Q1 the Joint Office's adult system team released a competitive solicitation to all qualified shelter vendors, requesting proposals for entirely new sheltering programs or expansions of existing programs. We received 15 proposals, which the team is currently evaluating through a racial and geographic equity lens, and for alignment with Multnomah County's SHS Local Implementation Plan, the Homelessness Response Action Plan, and overall feasibility.

Our intention with this goal is to reduce service barriers for underserved populations by creating more inclusive and accessible shelter options, and ultimately build a more supportive and equitable response to homelessness in Multnomah County. We look forward to reporting on continued progress as projects are selected and units begin to launch throughout the fiscal year.

New microvillage prioritizes equity & accessibility, expands shelter capacity
Located in the Hosford Abernathy neighborhood of inner Southeast Portland, the new Avalon Village alternative shelter has already helped us grow our emergency shelter capacity by offering sleeping pods and services for 10 adults. Priority is given to those who identify as LGBTQIA2S+, Black, Indigenous, and People of Color (BIPOC) communities, those with disabilities, and campers living nearby. SHS funds paid for the development of the site and contract rebasing. The contract rebasing is part of the Joint Office's efforts in FY 2025 to 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.

Community provider WeShine runs the site, which opened in late August. City of Portland general funds are covering ongoing operations at the site. Staff offer peer support and housing navigation services, and

promote accessibility by assisting residents with medical appointments, prescriptions, and transportation to appointments. The site design itself also prioritizes accessibility, as two of the units are accessible for individuals with disabilities, and the common spaces feature shorter countertops, wheelchair accessible counters, and grab bars. Neighborhood volunteers have given the village a warm welcome by donating items to the food pantry and assisting residents with household tasks.

Avalon Village was under construction in FY 2023 and 2024. With its completion this year, this site will help expand the shelter options in our community.

Investments & Programming

Strong spending in the first quarter indicates early success with SHS spending in year four
The Joint Office exceeded our 10% spending goal for Q1 and nearly tripled our spending in the first quarter of this fiscal year compared to the same time period last year. We spent $28 million this quarter, which represents 13.5% of our program budget.

This substantial increase in spending can be attributed to several factors. One key factor was the timely execution of contracts. At the beginning of FY 2025 the Joint Office had executed a remarkable 88% of contracts, enabling providers to submit invoices promptly. This efficient contract execution facilitated the smooth flow of funds and contributed to increased spending.

Another contributing factor was the expansion of programming that took place in FY 2024. This expansion was largely driven by unanticipated revenue collected by Metro in FY 2023. These additional resources allowed the Joint Office to enhance our programming and services. The expansion of programming from the previous fiscal year significantly contributed to the observed increase in spending in Q1.

For FY 2025, the Joint Office has established a spending target of 80% of our program budget. This is aligned with spending in FY 2024. Based on current Q1 trends and the expansion of our programming and services, we anticipate meeting this goal.

Successes, opportunities, and challenges this quarter
As we enter year four of the measure, the Health Department, Department of County Human Services, and the Department of Community Justice have all seized opportunities to both refine their existing SHS programs and launch new ones to better serve people experiencing homelessness who interact with their services.

Health Department Recovery Housing
$5.1 million investment yields 83 new recovery housing beds in Multnomah County
Recovery housing options can provide residents with a safe, stable, substance-free living environment conducive to improved health, and can offer a way for those individuals to build social capital and recovery supports and receive holistic care while they continue their wellness journey. Increasing service access and options for these populations was identified as an unmet need and system gap in Multnomah County's Local Implementation Plan (LIP) for Supportive Housing Services funding. SHS funding represents an incredible opportunity because of its flexibility to fill programming gaps for individuals who are in long-term recovery and remove barriers to housing.

As of this quarter, six of seven new recovery houses serving people experiencing homelessness and addiction are now open and accepting residents in Multnomah County. The Addiction Services Team at the Multnomah County Health Department used $5.1 million in one-time SHS funding to support longstanding community treatment providers in acquiring the sites and performing renovations. A seventh home is currently undergoing renovations and is anticipated to open in Q3.

This investment allowed us to expand our options for sober living environments for individuals experiencing literal long-term homelessness, housing instability, or who are living in an unstable environment. Taken together, these homes represent an increase to our recovery housing capacity in Multnomah County of 83 beds.

Of the seven providers who received the funding, three are culturally specific: Juntos NW, serving Latine and Indigenous communities, Miracles Club, serving Black and African American communities, and Quest Center for Integrative Health, serving the LGBTQIA2S+ community.

Recovery housing can be a critical asset in supporting an individual on their journey. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships.

These projects are already creating opportunities for residents to rebuild their lives: Quest Center for Integrative Health shared a story of a resident who was estranged from her mother and daughter during the three years she was homeless. She just had her first visit with her daughter at the recovery house and was thrilled to be reunited.

Communicable Disease Supportive Housing Services Program
First-ever SHS investment in public health goes live
Multnomah County launched its first SHS investment in public health this quarter through a new Health Department program that offers temporary housing and services for up to 50 people a year who are living with a communicable disease and experiencing homelessness. At the end of Q1, program staff were actively supporting four participants to recover or stabilize in motels.

The program provides temporary, safe housing and case management that allows participants to isolate and treat conditions such as tuberculosis and HIV. Referrals come from throughout the Health Department and are processed by an SHS-funded program technician, who works with participants to secure lodging using a Home Forward voucher at a partnering motel in the Portland area.

SHS funds can also be used to provide wraparound support to program participants in the form of grocery and hygiene items, cell phones, and transportation. If requested, staff can also work with participants to get them into shelter or permanent housing — whatever the person identifies as their top need — after their time in the program ends and they are no longer infectious. One former participant stayed for about 30 days in isolation at the motel and then exited to shelter at Arbor Lodge.

Staff are looking forward to expanding this new program in coming months as newly developed processes and procedures gain momentum.

Behavioral Health Resource Center
Resource center staff collaborate on new outreach process to support those in crisis
This quarter, community members experiencing homelessness and behavioral health crises found refuge at the Health Department's Behavioral Health Resource Center (BHRC) shelter thanks to increased collaboration between day center, shelter, and outreach staff.

The SHS-funded facility launched in FY 2023 with three components: a day center, run by the Mental Health and Addiction Association of Oregon (MHAAO); a 33-bed mental health shelter, run by Do Good Multnomah; and a Bridge Housing program designed to help people move to stable housing, also run by Do Good Multnomah.

In addition to 30 mixed-gender beds, the shelter is equipped with three urgent beds for individuals experiencing mental health or addiction crises. These beds can be filled by established community providers and the Portland Police Bureau. This quarter, Do Good's shelter staff and MHAAO's day center and outreach staff demonstrated significant coordination and partnership by collaborating to fill these beds, creating a coordinated process to urgently move people from street to shelter:

- Outreach teams identify individuals on the street who are seeking services and communicate these needs to shelter staff.
- Shelter staff then work with outreach teams to conduct an initial low-barrier assessment to ensure they can safely support the needs of the individuals, and then perform an intake.
- Outreach staff walk alongside the person and perform a warm handoff to the shelter team, engaging in follow up with the participant and staff as needed.

Strengthening community partnerships and engagement
In Q1, in conjunction with County staff, MHAAO also sought to strengthen community partnerships and create strong relationships with residents who live near the BHRC. Day center staff attended several community events that created opportunities for communication and potential referral sources for participants. In addition, the team launched a formal business outreach campaign proposal that community members and local businesses vetted and endorsed with enthusiasm. The proposal was approved by the Health Department director and is in the early stages of implementation. Among other initiatives, the campaign will engage neighbors through a survey, quarterly newsletter, and invitations to monthly meetings.

Limited options create challenges for individuals seeking treatment
Day center staff at the Behavioral Health Resource Center work with many individuals who are willing and ready to engage in detox or treatment services. However, a number of barriers prevent this from happening in a timely manner. There are a very limited amount of detox and treatment beds in the Portland area, many of which are competed for by dozens of providers coordinating care.

In quarter one alone the day center made over 68 formal and informal referrals related to substance use treatment, and over 48 related to mental health. Additionally, street outreach teams interact with approximately six individuals every day, with a total of 541 total encounters this period.

This makes the work of day center and outreach teams more challenging as they are not able to successfully connect people to the resources they have requested. As the winter weather approaches, access to services becomes even more essential.

Cross-Department Regional Long-Term Rent Assistance (RLRA) Programs
Key populations housed thanks to combination of rent assistance and wraparound support
Last year the Joint Office partnered with our cross-department partners to launch SHS-funded Regional Long-Term Rent Assistance (RLRA) programs in the Department of County Human Services (DCHS), the Department of Community Justice (DCJ), and the Health Department (HD). The RLRA program provides a rent subsidy to qualified low-income tenants and allows private landlords to rent apartments and homes to these tenants at fair market rates.

After a ramp-up period these programs are now thriving, having placed over 150 community members into housing as of this quarter. Some of the highlights include:

Promoting housing stability for people with disabilities
The RLRA program in the Department of County Human Services experienced success this quarter in housing people with Intellectual and Developmental Disabilities (IDD), developing trusting relationships with participants to support their ongoing housing success, and deepening partnerships to support their behavioral health needs.

As of this quarter DCHS has successfully leveraged all 15 of its assigned vouchers to house participants in the IDD RLRA program. Rental assistance paired with specialized support and resources has been particularly effective in supporting this population to gain, and maintain, housing over time. For instance, this quarter DCHS staff used an RLRA voucher to move "Danny," a 22-year-old with cerebral palsy, from a men's shelter to an apartment near his grandmother in Gresham. Staff further supported Danny's success by setting up in-home care, helping him obtain new crutches, and connecting him to Vocational Rehabilitation for employment opportunities. Danny has taken pride in decorating his new apartment with personal touches.

Even with wraparound support, it can be challenging for some participants to adjust to stable housing as they navigate ongoing substance use disorders, mental health issues, intimate partner violence, and health needs that went untreated during their time of homelessness. To address this, IDD staff are strengthening their partnerships with Multnomah County's Behavioral Health Division and other community resources. Stronger connections with these organizations will allow the program to better address the trauma, mental health, and addiction challenges that participants face and ultimately support their long-term housing stability.

Overcoming barriers to housing for justice-involved individuals
As of this quarter the Department of Community Justice's tenant-based RLRA program has used 42 of its 45 vouchers to house justice-involved individuals who face significant barriers to housing. The remaining three vouchers are assigned to participants who are actively searching for housing. This program initially experienced challenges during tenant screening due to participants' legal history, but has gained momentum and reported encouraging metrics in support of SHS goals this quarter:

- 100% of households assisted are below 30% of the area median income.

- 44 of the 45 vouchers are held by Population A heads of household, meaning they are experiencing chronic homelessness and have one or more disabilities.
- 52% of households identify as Black, Indigenous, and people of color (BIPOC).
- 30 households have maintained stable housing for over a year.

Staff also made key improvements to policies and procedures to ensure that voucher holders who are no longer under DCJ supervision continue to receive the support they need to stay housed. This quarter the team developed and implemented an exit checklist for participants transitioning off supervision and case management to verify that they have adequate support before exiting the program. So far, four participants have been reassigned to new case managers for additional support in securing housing and retaining their vouchers. DCJ will closely monitor the effectiveness of this exit procedure and make any necessary adjustments throughout the year. The program is also in close communication with Home Forward — the organization that administers the RLRA program in Multnomah County — to stay informed about the ongoing needs of participants who have exited supervision and offer additional resources and support as needed.

Overall Challenges & Barriers

While we celebrate our progress over the last three years and our strong start in year four, we still have room to grow as we support our neighbors in moving out of chronic homelessness through SHS-funded housing and services. Anecdotally, we heard from staff in several service systems this quarter that the number of homeless individuals and families requesting permanent housing appeared to be growing, without a corresponding increase in available housing for those with fixed or very low/no incomes.

Finding appropriate housing that meets participants' needs is also a challenge. For instance, the Department of County Human Services' Intellectual and Developmental Disabilities Division (IDD) reported a growing number of IDD families seeking housing, but with nowhere to go as residential and foster care options do not accommodate parents with children. On the local level, this challenge presents an opportunity to collaborate with organizations specializing in family housing services. The program is also actively working to build relationships with landlords and advocate for increased housing and Regional Long-Term Rent Assistance (RLRA) vouchers to enable these individuals to live independently. Regionally, there is also an orchestrated effort to increase education and recruitment for landlords as part of the Tri-County Planning Body's Regional Landlord Recruitment goal.

One way we can influence the demand for housing in Multnomah County is through homelessness prevention. While we aim to prevent homelessness for a minimum of 800 people and 600 households this year using SHS funds, the sunsetting of American Rescue Plan Act (ARPA) prevention funding at the end of last fiscal year may have a ripple effect in Multnomah County in terms of overall inflow of people entering homelessness—a phenomenon that SHS funding alone cannot control.

However, we are in a better place than ever to address the crisis before us. While SHS alone cannot solve homelessness in Multnomah County, it is a key piece of the puzzle. Our continued efforts to sustain our existing programs, launch new ones to fill gaps, and support healthy conditions for providers and their staff to continue doing this life-saving work are essential to our SHS implementation in FY 2025.

Section 2. Data & Data Disaggregation

Please use the following table to provide and disaggregate data on Housing Placement and Homelessness Prevention outcomes for Populations A and B. Please use your local methodologies to track and report Populations A and B. You can provide context for the data you provided in the context narrative below.

Data Disclaimer

HUD Universal Data Element data categories will be used in this template for gender identity and race/ethnicity until county data teams develop regionally approved data categories that more accurately reflect individual identities.

Section 2.A Housing Stability Outcomes: Placements & Preventions

Housing Placements By Intervention Type: Supportive Housing

# Housing Placements – Supportive Housing*	This Quarter		Year to Date	
	#	%	#	%
Total people	*106*		*106*	
Total households	*85*		*85*	
Race & Ethnicity				
Asian or Asian American	2	2%	2	2%
Black, African American or African	28	26%	28	26%
Hispanic or Latin(a)(o)(x)	14	13%	14	13%
American Indian, Alaska Native or Indigenous	21	20%	21	20%
Native Hawaiian or Pacific Islander	9	8%	9	8%
Middle Eastern or North African	0	0%	0	0%
White	50	47%	50	47%
Non-Hispanic White (subset of White category)	39	37%	39	37%
Client Doesn't Know	0	0%	0	0%
Client Refused	0	0%	0	0%
Data Not Collected	2	2%	2	2%
Disability Status				
	#	%	#	%
Persons with disabilities	79	75%	79	75%
Persons without disabilities	23	23%	23	23%
Disability unreported	4	4%	4	4%
Gender Identity				
	#	%	#	%
Male	54	51%	54	51%
Female	47	44%	47	44%
A gender that is not singularly 'Male' or 'Female'	3	3%	3	3%
Transgender	1	1%	1	1%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client refused	0	0%	0	0%
Data not collected	2	2%	2	2%

Housing Placements By Intervention Type: Rapid Re-Housing & Short-term Rent Assistance

# Housing Placements – Rapid Re-Housing (RRH)**	This Quarter		Year to Date	
	#	%	#	%
Total people	*270*		*270*	
Total households	*152*		*152*	
Race & Ethnicity				
Asian or Asian American	9	3%	9	3%
Black, African American or African	87	32%	87	32%
Hispanic or Latin(a)(o)(x)	60	22%	60	22%
American Indian, Alaska Native or Indigenous	11	4%	11	4%
Native Hawaiian or Pacific Islander	10	4%	10	4%
Middle Eastern or North African	6	2%	6	2%
White	108	40%	108	40%
Non-Hispanic White (subset of White category)	88	33%	88	33%
Client Doesn't Know	0	0%	0	0%
Client Refused	1	0.4%	1	0.4%
Data Not Collected	11	4%	11	4%
Disability Status				
	#	*%*	*#*	*%*
Persons with disabilities	114	42%	114	42%
Persons without disabilities	117	43%	117	43%
Disability unreported	39	14%	39	14%
Gender Identity				
	#	%	#	%
Male	112	41%	112	41%
Female	141	52%	141	52%
A gender that is not singularly 'Male' or 'Female'	5	2%	5	2%
Transgender	2	1%	2	1%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client refused	1	0.4%	1	0.4%
Data not collected	9	3%	9	3%

Housing Placements By Intervention Type: Other Permanent Housing Programs (if applicable)

If your county does not have Other Permanent Housing, please write N/A

# Housing Placements – Other Permanent Housing Programs (OPH)***	This Quarter		Year to Date	
	#	%	#	%
Total people	*45*		*45*	
Total households	*34*		*34*	
Race & Ethnicity				
Asian or Asian American	1	2%	1	2%
Black, African American or African	22	49%	22	49%
Hispanic or Latin(a)(o)(x)	3	7%	3	7%
American Indian, Alaska Native or Indigenous	4	9%	4	9%
Native Hawaiian or Pacific Islander	7	16%	7	16%
Middle Eastern or North African	0	0%	0	0%
White	12	27%	12	27%
Non-Hispanic White (subset of White category)	8	18%	8	18%
Client Doesn't Know	0	0%	0	0%
Client Refused	0	0%	0	0%
Data Not Collected	2	4%	2	4%
Disability Status				
	#	*%*	*#*	*%*
Persons with disabilities	32	71%	32	71%
Persons without disabilities	13	29%	13	29%
Disability unreported	0	0%	0	0%
Gender Identity				
	#	%	#	%
Male	28	62%	28	62%
Female	16	36%	16	36%
A gender that is not singularly 'Male' or 'Female'	1	2%	1	2%
Transgender	0	0%	0	0%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client refused	0	0%	0	0%
Data not collected	0	0%	0	0%

Eviction and Homelessness Prevention

# Houseless Prevention – Newly Served	This Quarter		Year to Date	
	#	%	#	%
Total people	*277*		*277*	
Total households	*165*		*165*	
Race & Ethnicity				
Asian or Asian American	11	4%	11	4%
Black, African American or African	102	37%	102	37%
Hispanic or Latin(a)(o)(x)	51	18%	51	18%
American Indian, Alaska Native or Indigenous	35	13%	35	13%
Native Hawaiian or Pacific Islander	7	3%	7	3%
Middle Eastern or North African	0	0%	0	0%
White	97	35%	97	35%
Non-Hispanic White (subset of White category)	84	30%	84	30%
Client Doesn't Know	1	0.4%	1	0.4%
Client Refused	0	0%	0	0%
Data Not Collected	10	4%	10	4%
Disability Status				
	#	%	#	%
Persons with disabilities	100	36%	100	36%
Persons without disabilities	141	51%	141	51%
Disability unreported	36	13%	36	13%
Gender Identity				
	#	%	#	%
Male	127	46%	127	46%
Female	145	52%	145	52%
A gender that is not singularly 'Male' or 'Female'	0	0%	0	0%
Transgender	2	1%	2	1%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client refused	0	0%	0	0%
Data not collected	3	1%	3	1%

Section 2. B Regional Long-Term Rent Assistance Program

*The following data represents a **subset** of the above Housing Placements data. The Regional Long-term Rent Assistance Program (RLRA) primarily provides permanent supportive housing to SHS priority Population A clients (though RLRA is not strictly limited to PSH or Population A).*

RLRA data is not additive to the data above. The housing placements below are duplicates of those shown in the data above.

*Please disaggregate data for the **total number of people in housing using an RLRA voucher** during the quarter and year to date.*

Regional Long-term Rent Assistance Quarterly Program Data	This Quarter		Year to Date	
	#	%	#	%
# of RLRA vouchers issued during reporting period	97		97	
# of people newly leased up during reporting period	257		257	
# of households newly leased up during reporting period	132		132	
# of people in housing using an RLRA voucher during reporting period	1453		1453	
# of households in housing using an RLRA voucher during reporting period	891		891	
Race & Ethnicity				
Asian or Asian American	24	1.7%	24	1.7%
Black, African American or African	574	39.5%	574	39.5%
Hispanic or Latin(a)(o)(x)	335	23.1%	335	23.1%
American Indian, Alaska Native or Indigenous	152	10.5%	152	10.5%
Native Hawaiian or Pacific Islander	62	4.3%	62	4.3%
White	0	0%	0	0%
Non-Hispanic White (subset of White category)	731	50.3%	731	50.3%
Client Doesn't Know	492	33.9%	492	33.9%
Client Refused	0	0%	0	0%
Data Not Collected	0	0%	0	0%
Disability Status				
	#	%	#	%
Persons with disabilities	849	58.4%	849	58.4%
Persons without disabilities	613	42.2%	613	42.2%
Disability unreported	2	0.1%	2	0.1%
Gender Identity				
	#	%	#	%
Male	654	45.0%	654	45.0%
Female	777	53.5%	777	53.5%
A gender that is not singularly 'Male' or 'Female'	23	1.6%	23	1.6%
Transgender	11	0.8%	11	0.8%
Questioning	1	0.1%	1	0.1%

Client doesn't know	0	0%	0	0%
Client refused	1	.01%	1	.01%
Data not collected	1	.01%	1	.01%

Definitions

The number of RLRA vouchers issued during the reporting period: Number of households who were issued an RLRA voucher during the reporting period. (Includes households still looking for a unit and not leased up.)

The number of households/people newly leased up during the reporting period: Number of households/people who completed the lease-up process and moved into their housing during the reporting period.

The number of households/people in housing using an RLRA voucher during the reporting period: Number of households/people who were in housing using an RLRA voucher at any point during the reporting period. Includes (a) everyone who has been housed to date with RLRA and is still housed and (b) households who became newly housed during the reporting period.

Context narrative (optional): In no more than 500 words, please share any additional context about the data you provided above on the RLRA program.

Section 2. C Subset of Housing Placements and Preventions: Priority Population Disaggregation

*The following is a **subset** of the above Housing Placements and Preventions data (all intervention types combined), which represents housing placements/preventions for SHS priority population A.*

Population A Report	This Quarter		Year to Date	
	#	%	#	%
Population A: Total **people** placed into permanent housing/prevention	302		302	
Population A: Total **households** placed into permanent housing/prevention	207		207	
Race & Ethnicity				
Asian or Asian American	7	2%	7	2%
Black, African American or African	100	33%	100	33%
Hispanic or Latin(a)(o)(x)	40	13%	40	13%
American Indian, Alaska Native or Indigenous	31	10%	31	10%
Native Hawaiian or Pacific Islander	15	5%	15	5%
Middle Eastern or North African	0	0%	0	0%
White	133	44%	133	44%
(Subset of White): Non-Hispanic White	111	37%	111	37%
Client Doesn't Know	0	0%	0	0%
Client Refused	0	0%	0	0%
Data Not Collected	15	5%	15	5%
Disability Status				
	#	%	#	%
Persons with disabilities	194	64%	194	64%
Persons without disabilities	73	24%	73	24%
Disability unreported	35	12%	35	12%
Gender Identity				
	#	%	#	%
Male	182	43%	182	43%
Female	231	55%	231	55%
A gender that is not singularly 'Male' or 'Female'	1	0.2%	1	0.2%
Transgender	1	0.2%	1	0.2%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%

Population A Report	This Quarter		Year to Date	
	#	%	#	%
Population A: Total **people** placed into permanent housing/prevention	*302*		*302*	
Population A: Total **households** placed into permanent housing/prevention	*207*		*207*	
Client refused	0	0%	0	0%
Data not collected	4	1%	4	1%

The table above asks for the number of people and households placed into permanent housing and/or *prevention*. Population A, by definition, excludes people in housing. We do not include homeless prevention (eviction prevention) outcomes in the Population A Report.

*The following is a **subset** of Housing Placements and Preventions data (all intervention types combined), representing housing placements and preventions for SHS priority population B.*

Population B Report	This Quarter		Year to Date	
	#	%	#	%
Population B: Total **people** placed into permanent housing/prevention	419		419	
Population B: Total **households** placed into permanent housing/prevention	236		236	
Race & Ethnicity				
Asian or Asian American	16	4%	16	4%
Black, African American or African	153	37%	153	37%
Hispanic or Latin(a)(o)(x)	92	22%	92	22%
American Indian, Alaska Native or Indigenous	40	10%	40	10%
Native Hawaiian or Pacific Islander	18	4%	18	4%
Middle Eastern or North African	6	1%	6	1%
White	145	35%	145	35%
(Subset of White): Non-Hispanic White	113	27%	113	27%
Client Doesn't Know	0	0%	0	0%
Client Refused	0	0%	0	0%
Data Not Collected	12	3%	12	3%
Disability Status				
	#	%	#	%
Persons with disabilities	142	34%	142	34%
Persons without disabilities	233	56%	233	56%
Disability unreported	44	115	44	115
Gender Identity				
	#	%	#	%
Male	182	43%	182	43%
Female	231	55%	231	55%
A gender that is not singularly 'Male' or 'Female'	1	0.2%	1	0.2%
Transgender	1	0.2%	1	0.2%
Questioning	0	0%	0	0%
Client doesn't know	0	0%	0	0%
Client refused	0	0%	0	0%
Data not collected	4	1%	4	1%

Context narrative (optional): In no more than 500 words, please share any additional context about the data you provided above on Population A/B.

Section 2.D Other Data: Non-Housing Numeric Goals

This section shows progress toward quantitative goals set in county annual work plans. Housing placement and prevention progress are already included in the above tables. This section includes goals such as shelter beds, outreach contacts, and other quantitative goals that should be reported quarterly. This data in this section may differ from county to county and will differ year to year, as it aligns with goals set in county annual work plans.

Instructions: Please complete the tables below, as applicable to your annual work plans:

FY 25 SHS-Funded Shelter Breakdown (Q1)			
	Fully SHS Funded Units	**Partially SHS Funded Units**	**Total Units**
Sustained Units	1,025	145	1,170*
New Units	10	0	10
Shelter Beds Created or Sustained in FY 25			1,180
*Please note that the 1,170 units include SHS-funded shelter capacity in other Multnomah County Departments outside of the Joint Office.			

If applicable for quarterly reporting, other goals from your work plan, if applicable (e.g., people served in outreach, other quantitative goals).

Goal Type	Your FY 23-24 Goal	Progress this Quarter	Progress YTD
N/A			

Context narrative (optional): In no more than 500 words, please share any additional context about the data you provided in the above tables.

Methodology to Track Shelter Bed Goal
The JOHS measures the programmatic capacity in HMIS of the active SHS-funded shelter beds, which is the number of beds the provider reports as active in HMIS.

Emergency shelter beds include non-congregate, alternative, and congregate programs that will serve adults, youth, families with children, and people fleeing domestic violence.

Section 3. Financial Reporting

Please complete the quarterly financial report and include the completed financial report to this quarterly report as an attachment.

FINANCIAL REPORT ON FOLLOWING PAGES

Metro Supportive Housing Services

Financial Report for Quarterly Progress Report (IGA 7.1.2) and Annual Program Report (IGA 7.1.1)

Financial Report (by Program Category)   COMPLETE THE SECTION BELOW EVERY QUARTER. UPDATE AS NEEDED FOR THE ANNUAL REPORT.

	Annual Budget	Q1 Actuals	Q2 Actuals	Q3 Actuals	Q4 Actuals	Total YTD Actuals	Variance Under / (Over)	% of Budget	Comments
Metro SHS Resources									
Beginning Fund Balance	148,302,574	128,047,329				128,047,329	20,255,245	86%	*Counties will provide details and context on any unbudgeted amounts in Beginning Fund Balance in the narrative of their report, including the current plan and timeline for budgeting and spending it.*
Metro SHS Program Funds	156,506,965	4,335,440				4,335,440	152,171,525	3%	
Interest Earnings[5]		1,011,953				1,011,953	(1,011,953)	N/A	
insert addt'l lines as necessary						-	-	N/A	
Subtotal Program Revenue	156,506,965	5,347,393	-	-	-	**5,347,393**	151,159,572	3%	
Total Metro SHS Resources	304,809,539	133,394,722	-	-	-	**133,394,722**	171,414,817	44%	
Metro SHS Requirements									
Program Costs									
			Individual Support Costs						
Permanent Supportive Housing (PSH)									
Support to individuals who have extremely low incomes and one or more disabling conditions, who are experiencing long-term or frequent episodes of literal homelessness or imminent risk of experiencing homelessness									
Support Services	45,368,798	2,871,304				2,871,304	42,497,494	6%	
Long-term Rent Assistance (RLRA)	18,617,810	1,753,734				1,753,734	16,864,076	9%	
Long-term Rent Assistance Admin	542,630	124,843				124,843	417,787	23%	Administrative Costs for long-term rent assistance equals 7% of Partner's YTD expenses on long-term rent assistance.
Subtotal PSH	64,529,238	4,749,880	-	-	-	**4,749,880**	59,779,358	7%	
Rapid Re-housing (RRH)									
Support to individuals experiencing a loss of housing									
Rapid Re-housing (RRH)	35,256,726	4,354,417				4,354,417	30,902,309	12%	
Subtotal RRH	35,256,726	4,354,417	-	-	-	**4,354,417**	30,902,309	12%	
Other Housing and Services Programs (not otherwise listed)									
Support to individuals who are experiencing homelessness or have substantial risk of homelessness									
Housing Only	5,076,060	507,675				507,675	4,568,385	10%	
Housing with Services	9,225,275	548,037				548,037	8,677,238	6%	
Subtotal Other Housing and Services Programs	14,301,335	1,055,712	-	-	-	**1,055,712**	13,245,623	7%	
Eviction & Homelessness Prevention									
Support to individuals experiencing a potential loss of housing									
Eviction & Homelessness Prevention	7,521,663	515,188				515,188	7,006,475	7%	
Subtotal Eviction & Homelessness Prevention	7,521,663	515,188	-	-	-	**515,188**	7,006,475	7%	
Safety On/Off the Street									
Support to individuals unhoused or in temporary housing									
Shelter	74,804,261	10,065,225				10,065,225	64,739,036	13%	

Outreach	14,654,131	1,813,402				1,813,402	12,840,729	12%
Subtotal Safety On/Off the Street	89,458,392	11,878,628	-	-	-	**11,878,628**	77,579,764	13%

System Support Costs								
System Support Costs								
Systems Infrastructure	7,371,556	1,589,237				1,589,237	5,782,319	22%
Built Infrastructure	13,050,000	108,607				108,607	12,941,393	1%
Other supportive services	15,234,281	1,853,259				1,853,259	13,381,022	12%
Subtotal System Support Costs	35,655,837	3,551,104	-	-	-	**3,551,104**	32,104,733	10%

Regional Strategy Implementation								
Regional Strategy Implementation								
Investments to support SHS program alignment, coordination and outcomes at a regional level								
Coordinated Entry						-	-	N/A
Regional Landlord Recruitment	3,732,945	222,665				222,665	3,510,280	6%
Healthcare System Alignment	434,183	32,442				32,442	401,741	7%
Training						-	-	N/A
Technical Assistance						-	-	N/A
Employee Recruitment and Retention	10,330,000					-	10,330,000	0%
Homeless Management Information System	2,000,000					-	2,000,000	0%
Subtotal Regional Strategy Implementation	16,497,128	255,107	-	-	-	**255,107**	16,242,021	2%

County Administrative Costs								
County Administrative Costs								
County Administrative Costs	8,302,364	1,656,357				1,656,357	6,646,007	20%
Subtotal County Administrative Costs	8,302,364	1,656,357	-	-	-	**1,656,357**	6,646,007	20%

Subtotal Program Costs	271,522,683	28,016,393	-	-	-	**28,016,393**	243,506,290	10%

Ending Fund Balance (incl. Contingency and Reserves)	33,286,856			**105,378,329**	
Budgeted Contingency and Reserves					
Contingency [3]	7,825,348			7,825,348	
Regional Strategy Implementation Contingency	9,344,552			9,344,552	
Stabilization Reserve[4]	15,650,697			15,650,697	
RLRA Reserves	466,259			466,259	
Other Programmatic Reserves					
insert addt'l lines as necessary					
Subtotal Contingency and Reserves	33,286,856			**33,286,856**	

Service Provider Administrative Costs (including RLRA) are reported as part of Program Costs above. Counties will provide details and context for Service Provider Administrative Costs in their Annual

County SHS Administrative Costs equals 6% of County's annual Program Funds.

This section reflects budgeted contingency and reserve figures.

Contingency equals 5% of Partner's budgeted annual Program Funds.

Stabilization Reserve equals 10% of Partner's budgeted annual Program Funds.

Program Category Descriptions

Support Services	case management, behavioral health, mental health and addiction services, peer support, other connections to healthcare programs
Rapid Re-housing (RRH)	RRH services, short-term rent assistance, housing retention, case management
Housing Only	rent assistance
Housing with Services	support services and rent assistance
Eviction & Homelessness Prevention	short-term rent assistance geared toward preventing evictions, diversion assistance, one-time stabilization assistance, other relevant services
Shelter	congregate shelter, alternative shelter, motel shelter, transitional housing, recuperative centers
Outreach	support and services other than overnight shelter, including case management, hygiene programs, survival gear, day centers, and navigation to other services
Systems Infrastructure	service provider capacity building and organizational health, system development/management, technical assistance, community engagement, advisory body support, etc
Built Infrastructure	property purchases, capital improvement projects, etc
Other supportive services	broad services which cannot be allocated under individual support costs above, including: Systems Access and Navigation, Coordinated Access, Housing Navigation, employment, benefits, ancillary homeless services that support overall programmatic objectives, etc
County Administrative Costs	Costs not specifically attributed to a particular SHS program or program delivery, including: senior management personnel, general facilities costs, general services such as HR, accounting, budget development, procurement, marketing, agency audit and agency insurance, etc.

[1] Per IGA Section 3.4.2 ADMINISTRATIVE COSTS, Metro recommends, but does not require, that in a given Fiscal Year Administrative Costs for SHS should not exceed 5% of annual Program Funds allocated to Partner; and that Administrative Costs for administering long-term rent assistance programs should not exceed 10% of annual Program Funds allocated by Partner for long-term rent assistance.

[2] Per IGA Section 8.3.3 REGIONAL STRATEGY IMPLEMENTATION FUND, each County must contribute not less than 5% of its share of Program Funds each Fiscal Year to a Regional Strategy Implementation Fund to achieve regional investment strategies.

[3] Per IGA Section 5.5.4 CONTINGENCY, partner may establish a contingency account in addition to a Stabilization Reserve. The contingency account will not exceed 5% of Budgeted Program Funds in a given Fiscal Year.

[4] Per IGA Section 5.5.3 PARTNER STABILIZATION RESERVE, partner will establish and hold a Stabilization Reserve to protect against financial instability within the SHS program with a target minimum reserve level will be equal to 10% of Partner's Budgeted Program Funds in a given Fiscal Year. The Stabilization Reserve for each County will be fully funded within the first three years.

[5] Per IGA Section 6.1.4 "Program Funds" includes interest earnings. As such, calculations of the % of Program Funds spent on various budget lines will include interest earnings in the formula.