

SUPPORTIVE HOUSING SERVICES QUARTERLY REPORT

SUBMITTED BY (COUNTY): CLACKAMAS

FISCAL YEAR: 2025-2026

QUARTER: Q3

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
<i>Report Due</i>	Nov 15	Feb 15	May 15	Aug 15
<i>Reporting Period</i>	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.

	Permanent Supportive Housing <i>(Households)</i>	Rapid Re-Housing <i>(Households)</i>	Housing with Services <i>(Households)</i>	Prevention <i>(Households)</i>	Shelter Units
YTD Progress ¹	60	186	69	1,480	246
Goal	20	200	40	1,500	230
SHS Year 1 to Current Date	1,171	568	69	4,815	246

Section 1. Progress narrative

Executive Summary

Supportive Housing Services programs are transforming Clackamas County's residents' lives, from preventing homelessness to stabilizing people in housing for good. By the end of the third quarter of this fiscal year Clackamas County is on track to exceed all of its quantitative goals and fulfill all qualitative goals set forth in the Annual Work Plan. Staff are working on budget development and contract renewals, which will frame our work for the upcoming fiscal year.

¹*The data received each quarter may be slightly different than the revised and most up-to-date information received in the Annual Report. Data from the Annual Report will be used for final year-end figures.*

Training and Engagement

Throughout the fiscal year, Clackamas County has offered a diverse menu of trainings, technical assistance, and professional development opportunities, meeting our annual work plan commitment to do so. Service providers have deepened their expertise in subject matter areas from coordinated entry to case management to health and housing integration. Collectively, these trainings and engagements are advancing system-wide quality of service and reinforcing provider capacity.

The **Program Team** facilitated a range of trainings and technical assistance to address both skill development and day-to-day operational support for providers. Of note, the **Assertive Engagement** training series, in partnership with Clackamas Women's Services, El Programa Hispano Católico, and Northwest Family Services, were well-attended, drawing 45 to 70 trainees at each of the six 90-minute sessions. Assertive Engagement skills augment case management through strengths-based and trauma-informed practices. Attendees have embraced Assertive Engagement practices and reported the approach as helpful in both internal case conferencing and one-on-one meetings in which challenging situations are discussed. Additional trainings have featured topics including **domestic violence**, the social security benefits process, de-escalating interactions, home visit safety, **extreme weather shelter**, hoarding, and financial education. A **suicide prevention** training was also hosted in partnership with the County's Public Health division, teaching staff how to recognize warning signs of suicidality and intervene. Hands-on **technical assistance** was also provided to providers to support onboarding processes, policy review, program navigation, and capacity building.

The **Health-Housing Integration Team** launched new on-demand, self-paced **e-learning modules** for housing case managers on topics like privacy and security, terminations and evictions, and Oregon landlord-tenant law basics. Providers delivering Health-Related Social Needs (HRSN) services are also welcomed to monthly meetings to share best practices and navigate HRSN processes and policy changes; providers share their successes, troubleshoot immediate challenges, and problem-solve for systems level improvement. The Health-Housing Integration Team also provides step-by-step workflows, how-to documents, and standard communication templates with provider partners navigating HRSN service delivery.

Several equity-focused engagement events have reached providers across the county with opportunities to learn, reflect, and apply culturally responsive practices. Three **Equity Connections Lunch & Learn** sessions have focused on topics like elevating unheard voices, identity and belonging in service delivery, and supporting immigrants and refugees in housing systems. The sessions are consistently drawing participation from seven to eight service providers and are strengthening collaboration, peer learning, and practical strategies to incorporate culturally responsive approaches across housing programs. In addition to the Lunch & Learns, two **Housing Services Community Meetings** have engaged more than 50 participants each in structured dialogue on language access, documentation barriers, trauma-informed property management, and fair housing protections.

The **Data Team** hosts **Quarterly Data Quality Meetings**, covering a broad range of topics intersecting with HMIS such as service transactions, client profiles, and releases of information. Top performers in data quality and completeness are recognized and celebrated in the meetings, reinforcing the space as a community of practice. The Data Team also revamped their **HMIS new user orientation**, offering a standardized HMIS orientation with no registration necessary, held weekly, virtually and in-person, in the

mornings and afternoons, and in Spanish. Monthly **booster trainings** supplement learnings on topics like housing move-in dates, households and referrals, and reporting.

Finally, the **Coordinated Housing Access Team** hosted two **Housing First Response** trainings this year. Two cohorts have completed this intensive two-day training covering system mapping, diversion, crisis neuroscience, de-escalation, and resource navigation. By request, the team also offers a System Tour to new community partners, orienting them to the county's coordinated entry system, the By Name List process, and referral workflows.

Health-Housing Case Conferencing

Health-Housing Case Conferencing is helping people experiencing and at risk of homelessness to meet their health needs, increase referrals to primary care, specialty care, and other programs and services, and coordinate care to help case managers and participants to navigate health systems. The forum brings together health system partners, including Health Share, CareOregon, Providence, Kaiser Permanente, OHSU, Trillium, ODHS Aging and People with Disabilities, Veterans Affairs, Clackamas Behavioral Health, and a peer representative from Mental Health & Addiction Association of Oregon, alongside housing providers who bring cases of people needing health services.

Households served typically face heightened barriers to health care access, including individuals who do not use English as their primary language, immigrants and refugees, and people of color. To habituate increased care and attention to these households, Clackamas County implemented a follow-along policy for all participants receiving Health-Housing Case Conferencing, engaging health care partners and housing managers, and ensuring equitable outcomes. In practice the Health-Housing Integration Team follows up with case managers to track past-conferenced participant outcomes and needs. Through Q3, 99% of all Health-Housing Case Conferencing households reported their needs were fully or partially met. The implementation of the follow-along policy marks the achievement of our annual work plan goal, and the results speak to the improvement of health and housing outcomes for some of our most vulnerable community members, while advancing equity and building lasting capacity across the provider network.

Leveraged Funds

Continuum of Care

In April, Clackamas County was awarded \$2M in HUD Continuum of Care renewal funding, supporting our Homeless Management Information System, coordinated entry, and permanent housing and rapid rehousing projects. The renewal funds projects whose funding is expiring and is expected to be a partial award for the year. Funding advances the community-wide goal of ending homelessness by supporting community based organizations in permanent supportive housing and rapid rehousing programs, along with coordinated entry and system planning projects.

Resource Centers

Supported by state funds from Oregon House Bill 5202 and Senate Bill 5011, the Molalla and Estacada Resource Centers represent rural investment in homeless services. Grant agreements for architectural, design, and construction improvements were developed in Q3 and executed early in Q4. The resource centers will serve as a welcoming access point where people experiencing homelessness can connect with shelter placement, permanent housing, recovery services, public benefits, and employment services.

Blossom & Community



Blossom & Community

In Q3 families continued moving into the newly completed Blossom & Community, a 100-unit affordable housing development, including 8 Permanent Supportive Housing units backed by project-based vouchers and services funded by SHS. One resident, a survivor of domestic violence, describes Blossom & Community as “a blessing” for herself and her young daughter, offering the safety and stability they needed after leaving temporary DV housing in Portland. Another resident, a longtime public housing resident in her late 70s, was initially nervous about leaving her old unit but has settled in comfortably and regularly welcomes family into her new apartment. Another resident credits Blossom & Community with transforming her family’s trajectory; after being selected from the waitlist, securing housing allowed her to fulfill the final requirement of her Child Protective Services reunification plan, resulting in dropped charges and a fresh start for her family. Across generations and circumstances, Blossom & Community is providing safe, stable, and affordable housing for the residents who call it home.

Program Highlights

City of Happy Valley HEART Program

The Happy Valley Empathy and Assistance Resource Team Program is a city-led initiative that provides direct engagement, service navigation, and community coordination through a community service officer who encounters individuals experiencing or at risk of homelessness. One recent success story involves L (name redacted for privacy), a chronically homeless individual with substance use challenges. At first, L declined assistance, but the HEART officer maintained a respectful, supportive presence. About two weeks later, L reinitiated contact following a relapse and expressed a genuine willingness to accept help. The HEART officer assessed L’s needs and identified addiction support, a stable environment free from negative influences, and access to reliable communication as priorities. L was connected with LoveOne’s outreach worker Hollie, who initiated services based on L’s needs. HEART has a patient, person-centered approach, meets people where they are, honors their autonomy, and is ready to help when the time is right.

Resource Navigation Program

J (name redacted for privacy) is a Certified Nursing Assistant who was working two jobs 80 miles apart and had been living in his car for two months after leaving an unsafe, unsanitary housing situation that had harmed his health. Clackamas County Resource Navigator Kelley began working with J in January and

quickly recognized that immediate stabilization was essential to preserving his employment. Using SHS flexible funds, Kelley provided practical support, like a gas card for J's long commutes, an ice chest for food storage, and a camp stove for meal preparation. When J's car was towed while he was at work, putting both his belongings and his livelihood at risk, Kelley secured supervisor approval to retrieve the vehicle to prevent further crisis. Through consistent, creative problem-solving and steady engagement, J remained connected to services, and in April, he secured a small accessory dwelling unit, finally giving him a stable foundation from which to, in his own words, "focus on self and future tasks."

Oregon City Caring Court

This fiscal year Oregon City launched its first Caring Court, a city-led initiative combining judicial supervision with coordinated supportive services. Caring Court is designed specifically to connect individuals that commit low level crimes with resources that will help them build accountability, resilience, and life skills, and reduce the rate of recidivism. Participants meet regularly with their support team, which includes their court judge, court staff, prosecutor, attorney, outreach specialists, and treatment providers, following structured plans often including counseling, substance use treatment, mental health care, job training, and community service. Those who meet their goals graduate from the program with greater stability and a significantly reduced risk of returning to the justice system.



Oregon City Caring Court Team

Although Caring Court is relatively new, outcomes align with national research on problem-solving courts. Studies consistently show that participants in these courts are significantly less likely to reoffend than those processed through traditional systems. Oregon City Caring Court has a recidivism rate of 0.03%, an extremely low rate that is reducing strain on law enforcement and emergency services, and increasing overall safety of the community.

Recent graduates illustrate the program's reach: one completed a substance use treatment program, celebrated 60 days of sobriety, reconnected with family, and secured six months of stable housing; another obtained identification and social security cards, reunited with family members, and secured a shelter bed. Another graduate created a resume, found employment, stabilized in housing, and applied to rental assistance waiting lists.

Caring Court has 30 current participants and 15 graduates, with an average court attendance rate of 85%. Average length of court engagement is 12 weeks, with follow-up services and support available for one year.

Caring Court Participants actively contribute to the community by completing community service while building pro-social skills, accountability, and a sense of belonging. Service projects are short in duration and tailored to participant abilities. To date Caring Court participants completed 244 hours of community service and contributed to projects including making cards for Meals on Wheels, assembling naloxone kits, organizing a clothing closet, and painting rocks for the Pioneer Community Garden.

Recognizing the importance of meeting people’s basic needs before they are able to engage in services, every Caring Court session begins with a large sack lunch—200 served to date through a partnership with The Father’s Heart. Additional food support is provided through Clackamas Service Center and a partnership with Ten O’Clock Church Food Pantry and OC Price.

Caring Court also functions as an open-door resource hub, with providers like LoveOne, Parrot Creek, NAMI, DHS, and 4D maintaining a steady presence. Individuals can check on their benefits, access treatment, or get hygiene supplies or a sack lunch. At least one service provider is present at every session, and 21 walk-in guests have accessed services since launch.

Caring Court reflects both the depth of need in the community and the effectiveness of a justice model built on barrier-reducing supportive interventions that meet people where they are.

Section 2. Data and data disaggregation ²

Please use the following table to provide and disaggregate data on Population A, Population B housing placement outcomes and homelessness prevention outcomes. Please use your local methodologies for tracking and reporting on Populations A and B. You can provide context for the data you provided in the context narrative below.

Section 2.A Housing Stability Outcomes: Placements & Preventions

Housing Placements By Intervention Type: Permanent Supportive Housing

Number of housing placements-Permanent Supportive Housing	Current Quarter	Year to Date					
	Number	Subset-Population A placed into PSH	Percentage: Population A	Subset-Population B placed in PSH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	36					118	--

² *The data received each quarter may be slightly different than the revised and most up-to-date information received in the Annual Report. Data from the Annual Report will be used for final year-end figures.*

Total Households	22	53	88.3%	7	11.7%	60	300.0%
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Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	1	2.8%	2	1.7%
Asian or Asian American	--	--	1	0.8%
Black, African American or African	4	11.1%	6	5.1%
Hispanic/Latina/e/o	12	33.3%	27	22.9%
Middle Eastern or North African	--	--	--	--
Native Hawaiian or Pacific Islander	--	--	1	0.8%
White	30	83.3%	92	78.0%
Non-Hispanic White (subset of White category)	20	55.6%	67	56.8%
Client doesn't know	1	2.8%	1	0.8%
Client prefers not to answer	1	2.8%	1	0.8%
Data Not Collected	1	2.8%	2	1.7%
Disability status				
	#	%	#	%
Persons with disabilities	25	69.4%	65	55.1%
Persons without disabilities	10	27.8%	50	42.4%
Disability unreported	1	2.8%	3	2.5%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	26	72.2%	76	64.4%
Man (Boy, if child)	10	27.8%	37	31.4%
Culturally Specific Identity	--	--	--	--
Non-Binary	--	--	2	1.7%
Transgender	--	--	2	1.7%
Questioning	--	--	--	--
Different Identity	--	--	--	--
Client doesn't know	--	--	----	--
Client prefers not to answer	--	--	----	--
Data not collected	--	--	1	0.8%

(Only if Applicable) Housing Placements By Intervention Type: Housing with Services

Number of housing	Current Quarter	Year to Date
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placements- Housing with Services	Number	Subset- Population A placed into PSH	Percentage: Population A	Subset- Population B placed in PSH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	94					196	--
Total Households	34	9	13.0%	60	87.0%	69	172.5%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	5	5.3%	16	8.2%
Asian or Asian American	--	--	2	1.0%
Black, African American or African	27	28.7%	54	27.6%
Hispanic/Latina/e/o	11	11.7%	43	21.9%
Middle Eastern or North African	--	--	--	--
Native Hawaiian or Pacific Islander	7	7.4%	11	5.6%
White	63	67.0%	139	70.9%
Non-Hispanic White (subset of White category)	55	58.5%	89	45.4%
Client doesn't know	--	--	--	--
Client prefers not to answer	--	--	--	--
Data Not Collected	--	--	--	--
Disability status				
	#	%	#	%
Persons with disabilities	14	14.9%	34	17.3%
Persons without disabilities	80	85.1%	162	82.7%
Disability unreported	--	--	--	--
Gender identity				
	#	%	#	%
Woman (Girl, if child)	55	58.5%	135	68.9%
Man (Boy, if child)	39	41.5%	61	31.1%
Culturally Specific Identity	--	--	--	--
Non-Binary	--	--	--	--
Transgender	--	--	--	--
Questioning	--	--	--	--
Different Identity	--	--	--	--
Client doesn't know	--	--	--	--
Client prefers not to answer	--	--	--	--
Data not collected	--	--	--	--

Housing Placements By Intervention Type: Housing Only

N/A

Housing Placements By Intervention Type: Rapid Re-Housing (all Rapid Re-Housing subtypes)

Number of housing placements- Rapid Re-housing	Current Quarter	Year to Date					
	Number	Subset-Population A placed into PSH	Percentage: Population A	Subset-Population B placed in PSH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	100					360	--
Total Households	52	19.9%	37	80.1%	149	186	93.0%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	7	7.0%	20	5.6%
Asian or Asian American	--	--	4	1.1%
Black, African American or African	18	18.0%	73	20.3%
Hispanic/Latina/e/o	32	32.0%	110	30.6%
Middle Eastern or North African	--	--	--	--
Native Hawaiian or Pacific Islander	6	6.0%	9	2.5%
White	75	75.0%	237	65.8%
Non-Hispanic White (subset of White category)	45	45.0%	142	39.4%
Client doesn't know	--	--	--	--
Client prefers not to answer	--	--	3	0.8%
Data Not Collected	--	--	2	0.6%
Disability status				
	#	%	#	%
Persons with disabilities	47	47.0%	153	42.5%
Persons without disabilities	53	53.0%	202	56.1%
Disability unreported	--	--	5	1.4%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	59	59.0%	211	58.6%
Man (Boy, if child)	37	37.0%	138	38.3%
Culturally Specific Identity	--	--	--	--
Non-Binary	1	1.0%	2	0.6%
Transgender	2	2.0%	4	1.1%
Questioning	1	1.0%	1	0.3%
Different Identity	--	--	--	--
Client doesn't know	--	--	--	--
Client prefers not to answer	--	--	1	0.3%
Data not collected	--	--	3	0.8%

Housing Placements By Intervention Type: Eviction and Homelessness Prevention

Number of Preventions	Current Quarter	Year to Date					
	Number	Subset-Population A placed into PSH	Percentage: Population A	Subset-Population B placed in PSH	Percentage: Population B	Number	Percentage of Annual Goal
Total People	886					3,070	--
Total Households	446	89	6.0%	1,391	94.0%	1,480	98.7%

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	31	3.5%	121	3.9%
Asian or Asian American	29	3.3%	57	1.9%
Black, African American or African	88	9.9%	368	12.0%
Hispanic/Latina/e/o	106	12.0%	608	19.8%
Middle Eastern or North African	1	0.1%	3	0.1%
Native Hawaiian or Pacific Islander	12	1.4%	47	1.5%
White	638	72.0%	2,085	67.9%
Non-Hispanic White (subset of White category)	270	30.5%	949	30.9%
Client doesn't know	8	0.9%	12	0.4%
Client prefers not to answer	43	4.9%	135	4.4%
Data Not Collected	8	0.9%	50	1.6%
Disability status				
	#	%	#	%
Persons with disabilities	253	28.6%	796	25.9%
Persons without disabilities	516	58.2%	1,875	61.1%
Disability unreported	117	13.2%	399	13.0%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	490	55.3%	1,694	55.2%
Man (Boy, if child)	360	40.6%	1,163	37.9%
Culturally Specific Identity	--	--	--	--
Non-Binary	4	0.5%	17	0.6%
Transgender	2	0.2%	14	0.5%
Questioning	--	--	--	--
Different Identity	--	--	--	--
Client doesn't know	--	--	2	0.1%
Client prefers not to answer	24	2.7%	139	4.5%

Data not collected	6	0.7%	41	1.3%
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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. Housing placements shown below are duplicates of the placements 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	Current Quarter	Year to Date				
	Number	Subset - Population A in RLRA	Percentage: Population A	Subset-Population B in RLRA	Percentage: Population B	Number
Number of RLRA vouchers issued during reporting period	1	4	100.0%	0	--	4
Number of people newly leased up during reporting period	18	36	90.0%	4	10.0%	40
Number of households newly leased up during reporting period	16	25	96.1%	1	3.9%	26
Number of people in housing using an RLRA voucher during reporting period	1,576	1,233	70.4%	519	29.6%	1,752
Number of households in housing using an RLRA voucher during reporting period	840	720	78.2%	201	21.8%	921

Program to Date – Since July 1, 2021						
	Subset - Population A in RLRA	Percentage: Population A	Subset-Population B in RLRA	Percentage: Population B	Number	
Number of people in housing using an RLRA voucher	1,384	70.6%	575	29.4%	1,959	
Number of households in housing using an RLRA voucher	826	78.6%	225	21.4%	1,051	

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	107	6.8%	126	7.2%
Asian or Asian American	28	1.8%	30	1.7%
Black, African American or African	244	15.5%	282	16.1%
Hispanic/Latina/e/o	351	22.3%	388	22.2%
Middle Eastern or North African	--	--	--	--
Native Hawaiian or Pacific Islander	52	3.3%	60	3.4%
White	1233	78.5%	1372	78.5%
Non-Hispanic White (subset of White category)	822	52.3%	904	51.7%
Client doesn't know	1	0.1%	1	0.1%
Client prefers not to answer	0	0.0%	0	0.0%
Data Not Collected	32	2.0%	33	1.9%
Disability status				
	#	%	#	%
Persons with disabilities	758	48.2%	823	47.1%
Persons without disabilities	813	51.8%	925	52.9%
Disability unreported	--	--	--	--
Gender identity				
	#	%	#	%
Woman (Girl, if child)	1007	64.1%	1128	64.5%
Man (Boy, if child)	558	35.5%	611	35.0%
Culturally Specific Identity	--	--	--	--
Non-Binary	3	0.2%	5	0.3%
Transgender	--	--	--	--
Questioning	1	0.1%	1	0.1%
Different Identity	--	--	--	--
Client doesn't know	1	0.1%	1	0.1%
Client prefers not to answer	1	0.1%	2	0.1%

Data not collected	1	0.1%	1	0.1%
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Section 2.C Other Data: Non-Housing Numeric Goals

This section shows progress to 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 units and outreach contacts and other quantitative goals that should be reported on a quarterly basis. This data in this section may differ 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 in Quarter 2 and Quarter 4 Reports.

Number of people in Shelter*	Current Quarter	Year to Date				
	Number	Subset-Population A placed into PSH	Percentage: Population A	Subset-Population B placed in PSH	Percentage: Population B	Number
Total People	456					1,235
Total Households	385	543	57.6%	399	42.4%	942

*(Includes Transitional Housing (TH), e.g., Recovery-Oriented Transitional Housing)

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	56	12.3%	157	12.7%
Asian or Asian American	8	1.8%	18	1.5%
Black, African American or African	32	7.0%	101	8.2%
Hispanic/Latina/e/o	59	12.9%	235	19.0%
Middle Eastern or North African	1	0.2%	1	0.1%
Native Hawaiian or Pacific Islander	14	3.1%	39	3.2%
White	266	58.3%	764	61.9%
Non-Hispanic White (subset of White category)	235	51.5%	628	50.8%
Client doesn't know	3	0.7%	6	0.5%
Client prefers not to answer	65	14.3%	96	7.8%
Data Not Collected	1	0.2%	3	0.2%
Disability status				
	#	%	#	%
Persons with disabilities	185	40.6%	563	45.6%
Persons without disabilities	139	30.5%	418	33.8%
Disability unreported	132	28.9%	254	20.6%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	149	32.7%	510	41.3%

Man (Boy, if child)	293	64.3%	669	54.1%
Culturally Specific Identity	1	0.2%	5	0.4%
Non-Binary	1	0.2%	10	0.8%
Transgender	4	0.9%	8	0.6%
Questioning	--	--	--	--
Different Identity	--	--	1	0.1%
Client doesn't know	1	0.2%	2	0.2%
Client prefers not to answer	7	1.5%	28	2.3%
Data not collected	--	--	2	0.2%

Number of people in Outreach **, †	Current Quarter	Year to Date				
	Number	Subset - Population A Engaged	Percentage: Population A	Subset - Population B Engaged	Percentage: Population B	Number
Total People	481					1,603
Total households	399					1,388
Sub-Set – Total people “Engaged” during reporting period	210	589	61.0%	377	39.0%	966
Sub-Set – Total households “Engaged” during reporting period	207	545	60.2%	360	39.8%	905

**The Following Section is only for participants that have a “Date of Engagement”

† Includes Access Centers and Navigation Centers

Race & Ethnicity	This Quarter		Year to Date	
	#	%	#	%
American Indian, Alaska Native or Indigenous	10	4.8%	58	6.0%
Asian or Asian American	3	1.4%	9	0.9%
Black, African American or African	13	6.2%	74	7.7%
Hispanic/Latina/e/o	17	8.1%	76	7.9%
Middle Eastern or North African	--	--	2	0.2%
Native Hawaiian or Pacific Islander	--	--	16	1.7%

White	173	82.4%	724	74.9%
Non-Hispanic White (subset of White category)	38	18.1%	427	44.2%
Client doesn't know	--	--	1	0.1%
Client prefers not to answer	--	--	37	3.8%
Data Not Collected	--	--	19	2.0%
Disability status				
	#	%	#	%
Persons with disabilities	110	52.4%	472	48.9%
Persons without disabilities	58	27.6%	287	29.7%
Disability unreported	42	20.0%	207	21.4%
Gender identity				
	#	%	#	%
Woman (Girl, if child)	105	50.0%	458	47.4%
Man (Boy, if child)	104	49.5%	485	50.2%
Culturally Specific Identity	--	--	--	--
Non-Binary	--	--	2	0.2%
Transgender	1	0.5%	3	0.3%
Questioning	--	--	--	--
Different Identity	--	--	--	--
Client doesn't know	--	--	--	--
Client prefers not to answer	--	--	13	1.3%
Data not collected	--	--	5	0.5%

Section 3. Financial Reporting

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

Glossary:

Supportive Housing Services: All SHS funded housing interventions that include PSH, RRH, Housing Only, Housing with Services, Preventions, and RLRA Vouchers. This also includes shelter, outreach, navigation services, employment services or any other SHS funding to help households exit homelessness and transition into safe, stable housing.

Supportive Housing: SHS housing interventions that include PSH, Housing Only and Housing with Services.

Regional Long Term Rent Assistance (RLRA): provides a flexible and continued rent subsidy that will significantly expand access to housing for households with extremely and very low incomes across the region. RLRA subsidies will be available for as long as the household needs and remains eligible for the subsidy, with no pre-determined end date. Tenant-based RLRA subsidies will leverage existing private market and regulated housing, maximizing tenant choice, while project-based RLRA subsidies will increase the availability of units in new housing developments. RLRA program service partners will cover payments of move-in costs and provide supportive services as needed to ensure housing stability. A Regional Landlord Guarantee will cover potential damages to increase participation and mitigate risks for participating landlords.

Shelter: Overnight shelter, congregate shelter, alternative shelter, motel shelter, tiny houses, pod villages, recuperative centers, shelter, that consists of congregate shelter beds PLUS non/semi-congregate units. Shelter definition also includes Local Alternative Shelters that have flexibility around limited amenities compared to HUD defined overnight shelters. Includes in-reach services.

Recovery Oriented Transitional Housing, Stabilization Transitional Housing, Transitional Housing: Provides temporary lodging and is designed to facilitate the movement of individuals and families experiencing homelessness into permanent housing within a specified period, but normally no longer than 24 months. Requirements and limitations vary.

Navigation Center, Access Center, Day Center, Access Services: Provides indoor shelter during daytime hours, generally between 5am and 8pm. Primarily serve households experiencing homelessness. The facilities help connect people to a wide range of resources and services daily. Including on-site support services such as restrooms, showers, laundry, mail service, haircuts, clothing, nutrition resources, lockers, ID support, etc.

Outreach: Activities are designed to meet the immediate needs of people experiencing homelessness in unsheltered locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. *Metro is using the HUD ESG Street Outreach model. The initial contact should not be focused on data. Outreach workers collect and enter data as the client relationship evolves. Thus, data quality expectations for street outreach projects are limited to clients with a date of engagement.*

Outreach Date of Engagement “Engaged”: the date an individual becomes engaged in the development of a plan to address their situation.

Population A: Extremely low-income; AND have one or more disabling conditions; AND Are experiencing or at imminent risk* of experiencing long-term or frequent episodes of literal homelessness.

Imminent Risk: Head of household who is at imminent risk of long-term homelessness within 14 days of the date of application for homeless assistance and/or has received an eviction. The head of household will still need to have a prior history of experiencing long-term homelessness or frequent episodes of literal homelessness.

Population B: Experiencing homelessness; OR have a substantial risk* of experiencing homelessness.

Substantial risk: A circumstance that exists if a household is very low income and extremely rent burdened, or any other circumstance that would make it more likely than not that without supportive housing services the household will become literally homeless or involuntarily doubled-up.

The following list are HUD HMIS approved Project Types. Metro recognizes SHS programs do not align with these project types exactly, and value that flexibility. However, to ensure the interpretations and findings are based upon correct interpretations of the data in quarterly reports and HMIS reports, we will reference these Project Types by the exact HUD name.

Here are the HUD Standards if needed, <https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf>

Permanent Supportive Housing, “PH - Permanent Supportive Housing (disability required for entry)”: A long-term intervention intended to serve the most vulnerable populations in need of housing and supportive services to attribute to their housing success, which can include PBV and TBV programs or properties. Provides housing to assist people experiencing homelessness with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.

Housing with Services, “PH - Housing with Services (no disability required for entry)”:

A project that offers permanent housing and supportive services to assist people experiencing homelessness to live independently but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability. May include any other type of housing, not associated with PSH/RRH, that does include supportive services.

Housing Only, “PH - Housing Only”:

A project that offers permanent housing for people experiencing homelessness but does not make supportive services available as part of the project. May include RLRA Only programs.

Rapid Re-Housing, “PH - Rapid Re-Housing” (Services Only and Housing with or without services):

A permanent housing project that provides housing relocation and stabilization services and/or short and/or medium-term rental assistance as necessary to help an individual or family experiencing homelessness move as quickly as possible into permanent housing and achieve stability in that housing. May include Move-In Only programs.

Prevention, “Homelessness prevention”:

A project that offers services and/or financial assistance necessary to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation. Component services and assistance generally consist of short-term and medium-term tenant-based or project-based rental assistance and rental arrears. Additional circumstances include rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. This term differs from retention in that it designed to assist nonsubsidized market rate landlord run units.