METRO SUPPORTIVE HOUSING SERVICES:

A SYSTEM EVALUATION REPORT

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TAC TECHNICAL ASSISTANCE COLLABORATIVE

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Note: Important terms in this report are differentiated by text shading; the dotted underscore beneath such terms indicates a link to the Glossary in Appendix A.

Executive Summary

In May 2020, voters in the Greater Portland region approved Measure 26-210 to fund services for people experiencing or at risk of homelessness. Since it was created, this voter-approved tax has funded the Supportive Housing Services (SHS) program in the region's three counties, covering services in outreach and shelter; placement into housing; rental assistance; advocacy and case management; mental and physical health; language and cultural needs; education; employment; addiction and recovery; tenant rights; and efforts to strengthen and expand the systems that deliver these services.

Based on the most recent annual county reports on Metro's website, the program has resulted in significant gains:

- 10,468 households being placed in housing;
- 21,823 households being served through homelessness prevention; and
- 3,216 shelter units created and sustained

The Metro Regional Government (Metro) and the counties and cities that make up the Portland region can rightfully celebrate these major accomplishments in serving so many households, especially in a time when deeply affordable housing was in short supply, the COVID pandemic disrupted systems, and the nation coped with a steep rise in lethal illicit drug use. Many of the leaders in the region who guided these efforts have dedicated their careers to ending homelessness, and some have shaped policies and practices both locally and federally. Still, there is more work to be done to improve cross-system alignment, efficiency, and efficacy.

In April 2025, Metro Council President Lynn Peterson engaged the Technical Assistance Collaborative (TAC) — a nonprofit organization dedicated to supporting our nation's human services, health care, homelessness, and affordable housing systems — to evaluate how monies from the 2020 voter-approved SHS tax are used, and to recommend ways to improve cross-county and cross-system alignment and regionalization.

TAC reviewed data, reports, and other materials related to SHS funds and spoke in depth with area key informants with subject matter expertise. Throughout, TAC focused on:

- Gaps, duplications, and slowdowns in the SHS system that hinder efficiency and efficacy
- Interacting entities and participating systems (homelessness response, behavioral health, etc.) alignment or conflict

- Places where participants in SHS-funded housing and services are receiving support, and places where they are experiencing harm
- How systems and practices support or hinder the equity principles built into SHS

Priorities and Recommendations

Area key informants consistently highlighted five priorities as essential to improve system functioning. These priorities are listed below, along with a high-level summary of our recommendations to address each one.

Priority I:
Clarification of Metro's authority, roles, responsibilities, and limitations

Metro must "own" the oversight of SHS, with responsibility to steward taxpayer-invested funds and to convene decision-makers. At the same time, many area leaders also recognized that counties must drive SHS local implementation strategy.

Summary of Recommendations for Priority I

Our recommendations related to clarifying Metro's authority, roles, responsibilities, and limitations are given in two sections: those pertaining to Metro's role as the steward of SHS funds and those related to its function as the regional convener of county partners.

Steward

SHS's success depends on clarity in its purpose and roles; collaboration between key decision partners; and the disciplined stewardship of funds. For SHS investments to have the desired impact, partner entities responsible for achieving outcomes require sufficient discretion, resources, and support to deliver programs in clear and accountable ways. Setting regional outcome targets based upon county-identified priorities, establishing realistic timelines, and providing implementation support as defined by each county can help Metro continue to steward the evolution of SHS performance in service of voters, partners, and communities throughout the region.

Convener

Area key informants consistently affirmed that Metro is most effective as a neutral convener and a stabilizing regional entity, rather than as a direct operator or a prescriptive manager.

Priority II: Regional problem-solving for shared concerns

Counties are in the best position to know which programs and methods of service delivery will work best for their community members who are experiencing homelessness. However, regional solutions are needed for cross-county population movement and strategic placement of resources to cover the full Portland region.

Summary of Recommendations for Priority II

Each of the three counties in the Greater Portland region has its own unique strengths and culture — and each invests SHS funding in the programs and service delivery methods that work best for its community members. At the same time, participants across the Greater Portland region shared their desire for more efficient and effective service delivery for cross-county population migration; for ways to ensure coverage of the full geography through strategic placement and resource sharing; and for opportunities to address gaps in the regional continuum of services.

Priority III: Consistent, accessible marketing and public communication

Key informants noted the urgency of helping the public better understand 1) the role of SHS funding in enabling the larger social safety net to address homelessness, and 2) the program's limitations. Additionally, people experiencing homelessness desire clearer communications explaining how to access the housing and services they want and need.

Summary of Recommendations for Priority III

Increasing external communication that uses plain and concise language, and that promotes a common narrative about success, is key to educating the public about the impact these funds are making. Transparent and timely communications internal to the SHS governance structure will allow stakeholders to better identify who makes what decisions, when, and why. Finally, communications about how to access SHS resources can be improved through shared communication practices across the Greater Portland region.

Priority IV: Continuity and sustainability

For the full potential of SHS investments to be realized, participants need a continuous service delivery array, guiding principles behind methods, and a definition of success that can serve as a north star throughout SHS's funding, regardless of changes in leadership within various government and nonprofit partner entities.

Summary of Recommendations for Priority IV

Metro can safeguard continuity in SHS service delivery arrays by examining ways for the Intergovernmental Agreement (IGA) to codify and sustain guiding principles through leadership transitions.

Priority V: Wider recognition that SHS is critical to the social safety net

Ending homelessness requires interventions from several sectors, including housing, health care, behavioral health care, social services, and benefit and entitlement partners (e.g., SNAP, Social Security Administration, Disability Determination Services).

A strong focus on equity in service provision and on opportunities for people with lived experience to contribute to regional and county decisions was a throughline in our key informants' responses. The Lived Experience Advisory Boards section describes groups that further these goals, with recommendations for elevating their contributions to SHS oversight.

Summary of Recommendations for Priority V

Forming strategic partnerships and building on the strengths and resources from each system of care are critical steps.

Maps to Support Clarification and Improvement

A set of maps was created in response to community feedback desiring a clearer understanding of SHS system aspects. Each map is a high-level, simplified representation intended to aid the reader in visualizing a specific process or role within the SHS system. These graphic representations are not meant to stand on their own, independent of the report.

Structure & Oversight Map: Oregon Metro SHS (Appendix B) illustrates how SHS tax revenue flows from the community, through the City of Portland to the Greater Portland region, and back to supporting the community. While SHS is co-created with the counties, this map diagrams and zooms in on the specific roles of Metro Council and the Metro Housing Department in directing SHS funds to county partners. Examine this map first, followed by the *Program Investment Maps* (Appendices C1–C3), which depict individual county-level investments as of the end of FY 2025. These maps provide a visual snapshot of the level of SHS funding each county is working with; explains how SHS funds are determined; and shows the impact of these investments on counties' plans to address homelessness and housing instability.

Next, the *Pathways to Housing Map: Greater Portland Region* (Appendix D) was created to respond to feedback from multiple stakeholders asking for a clear representation of how an individual or household (HH) moves through the homelessness response system. This map shows the journey of an individual or household that is experiencing a homelessness or housing instability crisis, and identifies the avenues available to access homelessness prevention, emergency shelter, and permanent housing resources in the area.

Finally, *Decision Pathway: Greater Portland Region Roles & Responsibilities* (Appendix E) outlines recommendations to improve SHS continuous quality improvement and performance monitoring, program delivery, funding allocation, investment strategy, and the identification of needs and gaps.

Each of these maps can be found in a separate Appendix at the end of the document.

Building on a Strong Foundation

The Greater Portland region has been committed to the work of ending homelessness for as long as homelessness has existed in this area. Thanks to local leaders with the vision to fund the system more substantially across the region, Measure 26-210 was approved — and SHS funding has brought an unprecedented level of investment in services. These funds are far more flexible than those provided by the federal government, and thousands of people have successfully been served. Still, SHS's impact could increase with improved coordination and through leveraging additional funding sources. TAC recognizes the many potential impacts of new U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding priorities and Medicaid work requirements on the Portland region's efforts to end homelessness for everyone. If implemented, the recommendations in this report could reduce the negative impact of federal cuts — and will surely improve transparency and communication to the public on the significance of SHS for community members who experience homelessness.

Introduction

In May 2020, voters in the Greater Portland region approved Measure 26-210 to fund services for people experiencing or at risk of homelessness. Revenues fund the Supportive Housing Services (SHS) program, which is overseen by the Metropolitan Regional Government (Metro) and assists each of the three counties in the Greater Portland region by funding services in outreach and shelter; placement into housing; rental assistance; advocacy and case management; mental and physical health; language and cultural needs; education; employment; addiction and recovery; tenant rights; and efforts to strengthen and expand the systems that deliver these services.

Based on the most recent annual county reports on Metro's website, Metro and its counties report significant gains, resulting in:

- 10,468 households being placed in housing
- 21,823 households being served through homelessness prevention
- 3,216 shelter units being created and sustained

Metro and the counties and cities that make up the Portland region should be proud of their unrelenting work to implement SHS, and can rightfully celebrate their major accomplishments in serving so many households — especially in a time when deeply affordable housing was in short supply, the COVID pandemic disrupted systems, and the nation coped with a steep rise in lethal illicit drug use. Leadership within the Portland region includes people who have dedicated their entire careers to ending homelessness, and many lives have been directly affected by their work. These leaders bring exceptional subject matter expertise in federal, state, and local policy areas; in the implementation of evidence-based practices; and in frontline program experience. The region is home to individuals who have shaped the policy and practice landscape both locally and federally, and who have worked to pass legislation and local measures to infuse more funding into programs and initiatives that address the needs of people who are homeless. Still, there is more work to do to fight the root causes of homelessness — causes which will persist until the United States can address its severe shortage of deeply affordable housing and sufficiently fund community behavioral health systems and services as well as benefit and entitlement programs.

Ongoing efforts to create greater efficacy and efficiency will produce additional gains, but new threats are yet to be fully understood, such as changing guidelines to HUD Continuum of Care funding and potential new Medicaid eligibility requirements, including participation in work and treatment.

In April 2025, Metro Council President Lynn Peterson engaged the Technical Assistance Collaborative (TAC) — a nonprofit organization dedicated to supporting our nation's human services, health care, homelessness, and affordable housing systems — to evaluate how the 2020 voter-approved SHS taxes are utilized and to recommend opportunities to improve cross-county and cross-system alignment and regionalization. TAC's contract to support this evaluation began on June 1, 2025, and will be completed by the end of August 2026.

The SHS program is a complex system co-created by Metro Regional Government and the three Greater Portland counties to invest in solutions addressing homelessness and housing instability in the region. Metro Regional Council authorized the tax measure, which is collected through the City of Portland and distributed through the Metro Housing Department to Clackamas, Multnomah, and Washington counties. The Regional Policy and Oversight Committee (RPOC) is supported by the Metro Housing Department and is charged with SHS oversight and planning. The ***Structure & Oversight Map*** (Appendix B) illustrates the roles of Metro Regional Government and RPOC in collecting, overseeing, and distributing SHS tax funds as they flow from the community through the City of Portland to the Greater Portland region and back to supporting the community.

Many content-rich reports, data dashboards, and visual depictions have been developed to explain how each county and the Greater Portland region measure the output, outcomes, and impact of SHS fund investments in service of larger county goals to address homelessness and housing instability. However, this information is not always packaged in an easily digestible way. Key informants, listening session participants, and survey respondents noted that data showing impact is often embedded in multi-page reports; infographics and dashboards differ in how data is collected and presented; and it is hard for people to grasp how SHS complements and enhances other key funding that local jurisdictions use to achieve shared homelessness prevention and intervention goals.

To begin to address these concerns, TAC designed a set of ***Program Investment Maps*** (Appendices C1–C3), which present a quick snapshot of individual county-level investments as of the end of FY 2025, highlighting the level of SHS funding each county is working with; how SHS funds are determined; and the impact of these investments on counties' plans to address homelessness and housing instability.[1]

1. Limitations of *Program Investment Maps*: A multitude of data is collected across the region; however, communities do not share the same methodologies to report data. Data for these maps is pulled from each county's quarterly and annual SHS reports to Metro. Further, due to limitations in time and in data access, these investment maps represent only SHS data points. A stronger map could be created showing the full universe of homelessness response system funding and numbers served in a county, specifically indicating the impact (percentage) of SHS investments in supporting the county's overall efforts.

Homelessness response is a complex system of care designed to help individuals and households who are experiencing a homelessness crisis. The *Pathways to Housing Map: Greater Portland Region* (Appendix D) shows the journey of an individual or household that is experiencing a homelessness or housing instability crisis. With a simplified format, this map shows methods to access homelessness prevention and crisis services, such as emergency shelter. It depicts how the pathway to permanent housing resources — like Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and regional long-term rental assistance (RLRA) — leads through local Coordinated Entry systems. The map also identifies locations within the system where households are at risk of falling into or returning to homelessness, and shows how street outreach teams and social service agencies can connect people with shelter, services, and access points.[2]

This map can be customized by individual counties with local names and contact information for key resources and services, helping both people in crisis and concerned community members to quickly identify how to get help and link to access points. At a policy level, the map can help orient new policy leaders to the complexity of the homelessness response system, highlighting strengths as well as opportunities for improvement and additional safety net services.

Scope of Work and Methodology

Phase 1: Conduct pre-scoping activities

During Phase 1 of this contract, TAC consultants met weekly with the Metro Housing Department project manager, and conducted a desk review of websites; data; reports; audits and evaluations; and media coverage generated from each county's work to end homelessness. Metro staff invited key informants representing the Metro Housing Department; Washington, Clackamas, and Multnomah counties; and the Mayors' Consortium to contribute their input, which TAC collected using a semi-structured interview guide developed in partnership with the Metro Housing Department. Findings from the combined interview responses were used to finalize the TAC scope of work in September 2025.

Pre-scoping interviews and the desk review made clear that SHS is a complex system with multiple interrelated entities and interactions, working with local and regional systems to address homelessness and housing stability in the Greater Portland region. These interrelated systems have their own performance indicators, outcomes, interventions, and evaluation processes in place at the program level, the city/town level, and the county level. Complex systems are non-linear, with feedback loops that display new collective behavior arising from the interaction of simpler components.

2. Limitations of *Homeless System Flow Map*: There was insufficient time to build a comprehensive system flow map for each county; however, using the general flow map provided, counties can create a simplified visualization of the process from the individual/household perspective.

For example, a city's effort to address unsheltered homelessness may not align with the county's efforts, which may not align with the regional effort. The result of ongoing prevention and intervention methods in the homelessness response, health, behavioral health, law enforcement, and other sectors could have greater impact if the systems were functioning better and if services more consistently complemented each other toward desired outcomes.

Evaluating a complex system requires moving beyond the individual entities and jurisdiction-level policies, procedures, and outcomes found in guiding documents and reports. Through the pre-scoping activities described above, TAC was able to determine its system evaluation parameters to examine areas of interaction that are supporting or hindering the SHS program in fulfilling its taxpayer-funded mandate. Specifically, TAC was interested in these questions:

- Where are gaps, duplications, and slowdowns in the SHS system hindering efficiency and effectiveness?
- Where are the interacting entities and participating systems (homelessness response, behavioral health, etc.) in alignment or in conflict?
- Where are the people who participate in SHS-funded housing and services receiving support? Where are they experiencing harm?
- How do systems and practices support or hinder the equity principles built into SHS?

The strengths and challenges illuminated by this system analysis offer opportunities to work on solutions that will smooth system misalignment and improve system efficiency and efficacy. Only when these interaction spaces are identified and elevated can the community work toward shared solutions.

Phase 1 Deliverables

- Source catalogue of websites, media, data, and reports that can be added to as needed
- Clearly defined scope of work for the system evaluation

Phase 2: Engage community partners, government entities, and people with lived experience of homelessness[3]

From late October through mid-November 2025, TAC conducted 10 key informant interviews with Metro, county, and partner organizations representing decades of experience in affordable housing and services to end homelessness. TAC designed an interview guide and a prototype of *Structure & Oversight Map: Oregon Metro Supportive Housing Services (SHS)* (for final version, see Appendix B) to use during these interviews.

Of 15 individuals identified as potential key informants, TAC was able to schedule interviews with 10:

- Two Metro Housing Department SHS representatives
- Two Multnomah County representatives (one of whom staffed the Tri-County Planning Body (TCPB))
- Two Clackamas County representatives (one of whom also served on the TCPB)
- Three Washington County representatives (one of whom also served on the TCPB)
- One community-based provider

In early January 2026, TAC facilitated four virtual listening sessions with thirty-two community partners identified by Metro Housing Department staff (including business leaders, housing and service providers, Metro staff, and SHS staff from the three counties). In partnership with the Metro Housing Department, TAC developed an interview guide for these sessions which explored SHS's local and regional priorities; SHS's strengths; and unrealized opportunities to address system gaps, clarify roles, and improve system efficiency. Additionally, TAC shared the prototype structure and oversight map to clarify Metro and the counties' roles.

In late January, the TAC team facilitated six in-person listening sessions in the three counties. SHS staff, service providers, and community partners were invited to join the morning sessions. During the afternoon sessions, TAC met with people who had experienced homelessness in the county where the session was being held (largely members of each county's Consumer Advisory Board); these participants were compensated with stipends for their time. TAC facilitators and Metro Housing Department staff informed all listening session participants that they would receive a summary of findings following the analysis. In total, 51 people participated in the in-person listening sessions; 30 were people with lived experience of homelessness, and 21 were SHS Metro and county staff, SHS contracted providers, or partners who do not receive SHS funding. TAC developed the interview guide for these sessions in partnership with Metro Housing Department staff, as well an updated

3. Limitations of community participation: TAC staff worked with the Metro Housing Department to identify and locate participants from across the tri-county region, seeking diversity in experiences and demographics. Despite a strong focus on increasing diversity and culturally specific organizations, representation of people of color was limited, with the greatest diversity of providers, system leaders, and people with lived experience located in Multnomah County. The recruitment of people with lived experience was conducted through lived experience advisory bodies, which may have excluded some voices and perspectives, including local Tribal communities. These demographic limitations mean that we may have missed some key areas of system function.

prototype of the *Structure & Oversight Map* (see final version in Appendix B), informed by the virtual listening session respondents.

In addition to offering another round of updates to the prototype Structure and Oversight map, morning session participants were asked to prioritize four areas for improvement pulled from the key informant interviews and virtual listening sessions. They largely affirmed these priorities and added a fifth. These five priorities are outlined in the Priorities and Recommendations section below. Afternoon sessions were focused on personal experiences with system flow and accountability, and on recommendations to improve system function and increase meaningful participation and decision-making for people with lived experience.

Upon completion of all listening sessions, TAC, in partnership with Metro Housing Department staff, developed a survey instrument to solicit input from other Metro-identified groups and individuals who had not participated in any of the above engagements. Metro Housing Department staff disseminated the survey by email in late March. A total of 56 people completed the survey before the two-week deadline.

Figure 1. Survey Respondent Representation

- People who have Experienced Homelessness: 27%
- Service Providers: 68%
- Community and Business Partners: 21%
- Metro, County, and City Administrators: 7%
- Other: 21%

Throughout Phase 2, TAC conducted theme analyses of findings from each of the engagements, and of survey results. Deliverables from Phase 2 include:

- *Structure & Oversight Map: Oregon Metro Supportive Housing Services* (Appendix B) shows the specific role of Metro departments and the Regional Policy and Oversight Committee in the flow of SHS investments to counties.
- Three county-level *Program Investment Maps* (Appendix C) show both the impact of SHS investments through FY 2025 and the percentage of SHS funds relative to other funding sources used to address homelessness and housing instability.
- *Pathways to Housing: Greater Portland Region* (Appendix D) is a template of the journey an individual or household takes from a homelessness crisis back to stable housing. This template can be customized by county to help the community understand how programs and services flow together to prevent and intervene in a homelessness crisis.
- *Decision Pathway: Greater Portland Region Roles and Responsibilities* (Appendix E) shows the high-level roles and responsibilities of each entity in the SHS system with relation to authority and decisions about appropriations of funds, reporting, and accountability processes.
- *The Homeless Data Crosswalk for the Greater Portland Region* (Appendix F), for use by Metro staff and the newly formed Regional Policy and Oversight Committee, identifies data sources currently available for use in decision-making and strategic planning.

- The TAC Metro SHS On-Site (January 2026) Summary (Appendix G) describes findings from in-person and virtual listening sessions.
- Metro Council Supportive Housing Services (SHS) Online Survey: High-Level Themes & Key Trends (Appendix H) describes findings from in-person and virtual listening sessions.

Phase 3: Generate and present report

TAC generated this report during Phase 3 and is scheduled to present its priorities and recommendations at the August 2026 SHS RPOC meeting.

Priorities and Recommendations

Based on findings from the engagements described in Phase 2, TAC identified five priorities for improved efficiency and efficacy. These priorities are detailed here, accompanied by recommendations to address each one.

One of the strengths of the community is the many engaged partners and initiatives underway to continuously improve both the SHS system and the experience of the providers and participants. TAC acknowledges that some of the following recommendations may already be in place or underway in the community.

Priority I:
Clarification of Metro's authority, roles, responsibilities, and limitations

"Transparency isn't just about what's posted online, it's about knowing who decides what, and why." — SHS PROVIDER

Based on stakeholder engagement and survey findings, Metro's primary responsibilities under the SHS funding initiative are to steward funded programs and to convene partners to address issues that cross jurisdictional boundaries. Area key informants consistently affirmed that Metro is most effective as a neutral convener and a stabilizing regional entity, rather than as a direct operator or prescriptive manager. For maximum effectiveness in SHS, clear boundaries must be evident between the roles, authorities, and responsibilities of each entity in the system. Key informants who brought this priority forward specifically recognize that people with lived experience should play an important role in all levels of decision-making, design, implementation, and evaluation.

Priority I Recommendations

Metro as Steward

1. Metro and the RPOC will need to examine the SHS Intergovernmental Agreement (IGA) for an analysis of feasibility and gaps that need to be addressed in order to implement the recommendations throughout this report.

2. Focus on standardizing expectations for counties, while recognizing that counties may each choose different ways to meet the same expectations. Rather than prescribing program design, Metro should focus its accountability efforts on outcomes (e.g., housing stability, access equity, system flow).

3. Orient oversight functions within Metro and RPOC toward outcomes, system performance, equity, and continuous quality improvement rather than compliance alone. Address any misalignment between administrative expectations and frontline conditions, drawing on service provider insights in determining how to improve alignment. Providers further emphasized that their expertise is underutilized at the system level.

> *"There is a huge gap between administrative requirements and what actually happens on the ground."* — SERVICE PROVIDER
>
> *"More service provider insight is needed at the decision-making tables."*
>
> — SERVICE PROVIDER

4. Without superseding county contracting and implementation processes, establish funding and contracting structures that support accountability and regional consistency, including:

   - Multi-year contracts, where feasible
   - Predictable and timely reimbursement
   - Clear expectations for data reporting — including efforts to minimize duplicative reporting and administrative burden in all jurisdictions
   - Clear explanations of how data is used in decision-making
   - Mechanisms for candid provider feedback without fear of retaliation

5. Fund cost/benefit analyses to document for the public both the costs of different interventions (shelter, Regional Long-Term Rent Assistance vouchers, Rapid Re-Housing, rental assistance, Permanent Supportive Housing) as well as the potential savings from successful interventions (fewer emergency department visits, inpatient bed days, and deployments of emergency services; higher reliance on Federally Qualified Health Centers, Community Mental Health Centers, and substance treatment providers to manage health and behavioral health conditions).

6. Invest in evaluating SHS-contracted services and assessing performance against adopted outcome measures and client and provider satisfaction. Incorporate satisfaction surveys into monitoring protocols to support transparency, accountability, and continuous quality improvement.

7. Enlist trusted messengers from community-based organizations to elicit honest feedback from clients and providers who identify as members of those communities.

> *"We need a mechanism for sharing feedback from our direct service staff about what they see at the client levels."* — SHS SERVICE PROVIDER
>
> *"Have a hotline or ombudsperson for people to report observations, experiences, or concerns that they might be fearful of sharing publicly."*
>
> — SHS SERVICE PROVIDER

8. Support training and technical assistance (TA) for providers who are not meeting performance indicators, helping them standardize their practices, policies and procedures, data collection, documentation, and monitoring.

9. Offer TA and learning support when performance gaps are identified, before escalating corrective action. Explore this level of TA based upon a county's specific needs.

    - Work together with culturally specific service providers to ensure that performance indicators do not carry hidden bias; accept promising practices and "practice-based evidence" when such interventions are shown to work more effectively in specific populations.

Metro as Regional Convener

Strategic Oversight and Alignment

10. Position RPOC as a learning and accountability bridge, not an enforcement body. Rather than relying on strict compliance checks, the committee can use shared data to highlight what is working and collectively troubleshoot what isn't. Reinforce each county's autonomy and existing expertise in adapting is its own use of funding to meet its needs.

11. Track state, county, and city homeless-related plans and investment to inform the RPOC and partners about available solutions, overlapping priorities, and critical service gaps.

Operational Coordination

12. Convene diverse stakeholders to address system integration. Bring together counties, providers, and lived experience advisory boards (LEABS) to tackle mobility and service gaps.

13. Facilitate transparent communication and promote regional alignment while preserving county decision-making authority and flexibility in service design and delivery.

14. Support best practices in cross-county care coordination: host case conferencing across

counties using by-name lists, facilitate warm handoffs, and assist people with basic needs while they wait for enrollment.

Centering Equity and Lived Experience

15. Promote meaningful racial equity, diversity, and inclusion; examine system processes that may advantage or disadvantage specific demographic groups; and move beyond baseline representation by establishing clear pathways to impact. One SHS provider stated, "Representation doesn't always mean voices are heard."

16. Embed a regional LEAB within the SHS governance structure to ensure that lived experience directly informs funding priorities, system performance, and program design. Ensure that LEAB members are integrated into key advisory and oversight discussions to improve alignment between policy and frontline realities.

17. Value and integrate advisory input: compensate individuals with lived experience for their time and subject matter expertise, and ensure that advisory input is visibly reflected in Metro and RPOC decisions and communicated back to participants, partners, and the public. People with lived experience expressed readiness to contribute at a deeper level, noting they are "hungry to be involved to help design what actually works," and wish to weigh in on designing the places they want to live and the programming they need most.

Priority II: Regional problem-solving for shared concerns

"I want more services that are easily accessible for those already homeless and those who it is still preventable for. Navigation centers that help with lots of basic needs: health care, childcare, education, employment, rental assistance."

— SURVEY RESPONDENT WITH LIVED EXPERIENCE

Each of the counties in the Greater Portland region has its own unique strengths and culture — and each has invested SHS funding into programs and service delivery methods that work best for its own community. At the same time, key informants across the Greater Portland region elevated shared concerns, such as the desire for more efficient and effective service delivery for cross-county population migration; ways to ensure coverage of the region's full geography through strategic program placement and the sharing of resources; and opportunities to address gaps in the regional continuum of services. While the Metro Housing Department is uniquely positioned to advance several desired regional activities, the IGA currently requires that counties agree before work can advance.

Priority II Recommendations

1. Analyze and consider amending the IGA to grant more independent authority for the Metro Housing Department to move RPOC-identified regional actions forward.

2. Work with RPOC on policies to determine whether and how specific SHS-funded services can be accessed by people who move from one county to another, and how people can access services that are offered nearby but in a neighboring county. One regional solution suggested by key informants in Phase 2 was to build a universal application that people experiencing homelessness can fill in once to apply for multiple temporary and permanent housing solutions. Pairing this with "shared data, shared coordinated access, and shared HMIS [Homeless Management Information System]" would enable people in crisis to move between counties without restarting the application process.

3. Monitor state and local government agendas for policies that relate to the aims of SHS investments, and apply a policy analysis for opportunities and potential conflicts. Apply an equity analysis for unintended bias. Prepare briefs on opportunities to work collaboratively to achieve regional policy goals.

4. Establish and disseminate an accessible catalogue of data and evaluation sources to save time and resources and assist the RPOC and county partners in regional decision-making. For example, the *Homeless Data Crosswalk for the Greater Portland Region* (Appendix F) prepared by TAC and the Metro Housing Department identifies where different data sets are located and could save partners from having to request data from Metro and counties.

5. Support RPOC in developing shared metrics that identify gaps in services, and fund services in those geographic areas to meet the immediate stabilization needs of people experiencing a housing crisis.

6. A regional LEAB (see "Metro as Regional Convener" recommendations above) can elevate consistent insights from people navigating homelessness services. The regional LEAB can convene representatives from each county's LEAB, with strong representation of racial, ethnic, and other marginalized identities, who can identify systemic barriers, highlight emerging trends, and co-develop solutions to cross-jurisdictional challenges such as service access, mobility, and coordinated entry processes. By pairing lived expertise with regional data and policy analysis, the regional LEAB can help identify trends and gaps in service delivery and inform the design of more seamless and user-centered systems, including shared applications or navigation improvements.

7. Ensure that additional resources are invested in the infrastructure necessary to sustain and expand the existing partnership between counties and Health Share of Oregon.

8. Utilize and analyze population health-related data and scale care coordination pilots with promising early results. By continuing to identify high-acuity individuals who are frequent utilizers of emergency departments, inpatient beds, and crisis response, leaders can offer more tailored and intensive stabilization services (e.g., medical and behavioral health respite care, residential treatment) and housing that meets these individuals' needs.

Priority III: Consistent, accessible marketing and public communication

"It feels like decisions are being made somewhere else, and by the time we hear about them, they're already done."

— SERVICE PROVIDER

This priority encompasses Metro's external communications projects, its internal communication protocols, and the practical information shared with users of SHS services. Many listening session participants and survey respondents want Metro to more assertively promote a common narrative of its successes through social and news media using concise, plain language. TAC's review also identified uncertainty among partners regarding how decisions are made internally, which has contributed to frustration, reduced trust, and implementation delays. Finally, those with lived expertise of homelessness desire clear and consistent communication from county service providers on how they can access the resources they need. These key informants expressed frustration at not being able to access support resources; inability to obtain a clear answer on where they are on housing waitlists and how long the housing placement process will take; and lack of clear and consistent guidance and support from street outreach workers, intake specialists, peer providers, and housing case management programs.

Priority III Recommendations

External Communications

TAC heard from representatives of each government body and its contracted providers that the public doesn't understand how SHS funds are being deployed, what they can and can't be used for, or that SHS is only one source of funding among many others that are needed to address root causes of homelessness. Yet SHS funding has contributed to massive gains in serving thousands of households across the region.

1. Create an accessible dashboard on Metro's website and promote it through town halls, other public forums, social media, and news coverage. Data should reflect what matters to the community and include cost-per-outcome.

2. Engage a reputable marketing firm to develop clear and accessible materials that communicate (via social media, news outlets, and public forums) the purpose, impact, and achievements of SHS. These materials should elevate the voices of people experiencing homelessness, presenting their stories with dignity and respect for the whole person and reflecting their stated needs, drawing from the 2025 *Finding Home* study and the 2026 *Pathways Study*.

3. Consider developing relationships with local media to promote stories of success. Find area providers who do this well, and explore partnerships with them to promote successes resulting from SHS.

4. ✓ Develop a region-wide public information campaign to make the public aware of SHS achievements and its strategies to continuously improve.

   - Consider holding Town Halls in which the public is invited to learn about SHS's achievements, and SHS recipients can share their success stories.

   - Move beyond the dashboard. Utilize *Decision Pathway: Greater Portland Region Roles and Responsibilities* (Appendix E) and the county-level *Program Investment Maps* (Appendix C) to help partners quickly understand the structure and oversight function of Metro in stewarding SHS investments and the impact SHS funding is having in local communities.

Internal Communication

Some partners and their staff members lack comprehensive and historical knowledge of federal, state, and local efforts to end homelessness, and of evidence-based practices that optimize housing, health, and behavioral health stabilization. Key informants frequently shared their wish for timely communication using plain language to explain decisions, reports, and changes. This theme was often framed as a need for greater transparency within Metro.

5. ✓ Create or modify Metro's communications plan to be more responsive to partners' needs for information in real time. Consider engaging partners in a workgroup to help inform an updated communications plan. Delineate which decisions are made and communicated by Metro vs. Counties in the plan.

   - Consider designing a graphic showing who must review and approve decisions, and in what timeframe. *Decision Pathway: Greater Portland Region Roles and Responsibilities* (Appendix E) was designed by TAC to represent proposed improvements and a graphic on how decisions are made and by whom to serve this need. Metro and its partners may opt to revise this resource to include more details and/or changes.

   - Develop brief summaries informing partners of what SHS funds are and are not accomplishing, including evaluation findings and an explanation of how and why equity was centered in the creation of SHS. Key informants acknowledged the necessity of thorough documentation but noted that providers don't have the resources (time, knowledge, context) to synthesize these. Metro should distill high-level conclusions into easily accessible summary presentations, which county leaders can customize to their specific locale.

   - Disseminate marketing materials to partners in a timely manner and support counties by offering face-to-face training on the proposed use of these materials.

   - Develop an easy-to-understand "data case study" with Health Share of Oregon that illustrates how data can be interpreted and used to inform continuous quality improvement. This could be accompanied by a FAQ in plain language.

Resource Access Communication

Metro is well positioned to work with providers in the Greater Portland region toward shared communication practices, which would greatly improve client satisfaction with services and help providers — particularly staff new to the field — explain service benefits, limitations, and expectations.

6. Integrate a regional LEAB (see Metro as Regional Convener recommendations above) into the development, review, and evaluation of both internal and external communications to ensure that they are accessible, relevant, and grounded in real experiences. Regional LEAB members can co-create plain language standards, test communication tools such as dashboards and outreach materials, and ensure that messaging accurately reflects how individuals navigate services.

7. Provide sample templates for physical resource cards or one-page documents that feature plain language and icons to direct people to local resources. Whenever possible, widely distributed physical materials should include numbers and one-stop locations to reduce the handoffs or referrals a person in crisis will experience in trying to access help.

    - Website landing pages can direct people in crisis to help. Make 24-hour hotline numbers and resource buttons immediately noticeable.

8. Work with providers toward a universal education model of resource sharing (see definition sidebar). People who have used services to address homelessness would prefer to receive all critical information up front so that they can make informed decisions about their lives. This includes program eligibility criteria, a list of all documentation that may be needed, non-negotiable rules and expectations, location and hours, and a realistic timeframe for follow-up communication.

    - Invest in coordinated entry navigation resources. Service users and providers alike expressed frustration with coordinated entry systems (CES) that do not offer a clear, easily accessed way to check the status of applications for housing and assistance. Investing SHS dollars in housing navigation resources could close this communication gap and help improve system flow. Some examples of effective navigation resources:

        - Portals that participants can use to identify location on housing waitlists and self-assess eligibility for housing resources

Universal Education

Universal education is a particularly effective and trauma-informed method of sharing information that does not require disclosure of need. Universal education models can help inform friends and family, community members, health care, and businesses about homelessness prevention and intervention options, so that they are prepared to respond to a person in crisis. One example of effective universal education is the CUES intervention for survivors of interpersonal violence, developed by Futures without Violence. While not specifically focused on homelessness, the elements could easily be adapted to the homelessness response system in the Greater Portland region.

- CES navigators who regularly contact participants on waiting lists to engage in housing problem solving, share affordable housing resources, and enroll participants in services and programs. See *In Their Own Words: Californians' Journeys from Encampments to Housing (May 2026)*.

Priority IV: Continuity and sustainability

"There is a sense of urgency and economic drivers; a narrative that homelessness is the driver of the poor economic impact. Everyone has their own plan, the Governor, the city, and the county." — SHS SERVICE PROVIDER

Addressing the homelessness crisis in the Greater Portland region is a multi-year initiative. Programs and services take time to implement, and to show success. People with lived experience of homelessness, providers of housing and support services, and policymakers all identified a need for solutions that protect continuity of service provision and support long-term sustainability. In the recommendations below, "leadership" is defined broadly to include elected individuals at Metro and in counties and cities; local leaders; nonprofit leadership; and paid professional consultants.

Priority IV Recommendations

1. Safeguard the SHS service delivery and array, its guiding principles, and its definitions of success through the IGA or regulations for continuity through leadership transitions.

2. Formalize the regional LEAB through the IGA, policy, bylaws, or other governance structures to ensure its continuity as a standing advisory board within Metro's SHS work. Establishing staggered terms, ongoing training, and leadership development for LEAB members will help preserve institutional knowledge and sustain meaningful engagement. As a stabilizing voice grounded in long-term system experience, the regional LEAB can help ensure that policy and program changes remain aligned with established principles and do not disrupt services for the most vulnerable populations.

3. Develop standard procedures to orient new leaders to SHS's commitment to equity; its continuity of service delivery and array; its guiding principles; and its definitions of success.

4. Continue to support continuous quantitative and qualitative data collection for data-driven decision-making. Explore opportunities to replicate successful efforts in Medicaid and homeless system data-matching. Connecticut offers one example of a state that matches these data sets. One county SHS listening session participant suggested, "Regionalize HMIS and continue cross-sector data integration." While building a data warehouse or developing data

use agreements may be time-consuming and complicated, in the long term these steps can produce improved data-driven budgeting, evaluation of SHS efficacy, and opportunities for more focused continuous quality improvement and accountability metrics. See Data Sharing Resources for Health and Housing Partnerships, published by the National Academy for State Health Policy.

5. Invest in customizable data collection and reporting templates that allow municipalities to streamline their data collection processes; multiple data points collected through one form could then be pulled separately for reporting purposes. Include a qualitative outcomes section in reporting to better contextualize the impact of investments.

> *"Making everything electronic and online would help to make it easier. Use of user-friendly platform or portals to send reports for simpler process."*
>
> —SHS PROVIDER SURVEY RESPONDENT

6. Draw from the *Finding Home* study and the *Pathways Study* to curate a collection of real-life case studies from people with lived experiences that highlight successes and challenges in their own words; broadcast these through a variety of social media so that the general public, leaders, and partners remain focused on the principles and practices of SHS.

7. Institute multi-year contracting (referenced earlier under "Clarification of Metro's authority, roles, responsibilities, and limitations") to bridge changes in leadership and provide continuity of services.

Priority V: Wider recognition that SHS is critical to the social safety net

"We must first understand the complete funding landscape - federal, state, and local - to be able to prioritize populations and types of services to be funded. SHS is a flexible local source that can be used to braid with, and fill gaps left by, more rigid funding streams." — COUNTY STAFF MEMBER

1. Ending homelessness requires interventions from several sectors, including housing, health care, behavioral health care, social services, Medicaid Coordinated Care Organizations, criminal justice, workforce development, and benefit and entitlement partners (e.g., SNAP, Social Security Administration, Disability Determination Services). Developing strategic partnerships and building on the strengths and resources from each system of care is critical to achieving the region's collective goals.

Priority V Recommendations

2. Consider developing an inventory of systems working together in the counties, noting any results that they track. For example, are there supportive housing or shelter operators who have co-located community health clinics, or days and times in which a mobile medical clinic is on site? Do homeless street outreach programs have streamlined referrals and warm hand-off relationships with landlords? Does a substance use disorder detox operator have memorandums of understanding (MOUs) with recovery housing operators or residential treatment programs?

    - Continue to build on the existing work to convene partners and explore opportunities to scale up these system partnerships, enhancing opportunities for integrated supportive services between housing, health, behavioral health care, and employment programs that are funded through a variety of sources such as Medicaid, HUD CoC grants, state opioid settlement funds, and Workforce One Stop Centers.
    - Continue to offer technical assistance to help SHS providers engage in other systems and develop partnerships that braid or integrate resources.

3. To show why partnering with these systems to optimize SHS funding takes time, consult with a contracted marketing firm on how to convey to the public that SHS is just one of many sources of funding awarded to counties and service providers, each with its own contractual obligations for use. This messaging should be part of the efforts to improve communications and marketing (see Priority III).

    - Move beyond dashboards to create graphics that show how SHS funds interact with other sources of funding for greater impact. For example, the Program Investment Maps for Clackamas, Multnomah, and Washington counties (Appendices C1–C3) show both real numbers served and how SHS funds have contributed to homeless services.

4. Engage the regional LEAB in funding alignment efforts, partnership development, and evaluation of braided funding strategies to ensure that people using services experience them as coordinated and accessible. Regional LEAB members can also assess the impact of funding decisions and inform priorities for populations with the greatest needs. Additionally, involving the regional LEAB in public communication about SHS funding can help clarify how multiple funding streams interact and build public understanding of the complexity of the social safety net. This approach reinforces the importance of centering lived experience in maximizing the effectiveness and impact of SHS as a critical regional investment.

Additionally, TAC worked to understand the opportunities in which people with lived experiences contribute to county decisions (see Lived Experience Advisory Boards sidebar on the next page).

Lived Experience Advisory Boards in the Portland Metro Region

Clackamas County

The Community Homelessness Advisory Board (CHAB) advises the Board of County Commissioners on the county's homelessness response strategies with input from staff, the Housing Services Advisory Group, and other stakeholders. Recommendations from members of the CHAB are advisory in nature and will not direct staff or the Board. Rather, their feedback will be considered in department and County Board decision making on issues pertaining to homelessness.

Multnomah County

The Lived Experience Advisory Committee (LEAC) is not a decision-making body but acts in an advisory capacity to the Homeless Services Department (HSD) leadership, including the HSD Director and Deputy Director. The HSD provides regular updates about how the LEAC's recommendations were used and the outcomes of those recommendations.

The LEAC may conduct the following:

- Provide input and recommendations on new and continuing Homeless Services Department programming, funding, and policy
- Share information and identify emerging issues and trends within the homeless, recently housed, and at-risk of homelessness communities
- Ensure that the Homeless Services Department is advancing goals, steering policy, and making decisions identified by first-voice people
- Participate in and/or facilitate community engagement activities and events
- Provide a solutions-driven forum for those with lived experience of homelessness to listen to and support each other
- Build community and advocacy capacity of those with lived experience of homelessness
- Participate in specific funding application processes where Lived Experience participation is expected or required

Supportive Housing Services (SHS) Advisory Committee: This group includes individuals with lived experience who help monitor the county's implementation of regional housing and homelessness strategies.

Lived Experience Council: Facilitated in partnership with local nonprofits like Shelter Now PDX and the Ground Score Association, this advocacy group holds regular meetings and influences policy

The Transformation Research for Equity & Experience in Shelter (TREES) Committee was established in 2024 to assist with informing procedures for the Pathways study. The committee is made up of 17 members with diverse backgrounds and lived experience of houselessness.

Washington County

Lived Experience Advisory Committee (LEAC): This committee will be comprised of persons who have experienced homelessness in our community and who are interested in providing feedback and input into the design, impact, and/or discussions about all aspects of the implementation of the Homeless Services strategic and annual work plans, and the various programs making up the homelessness services in Washington County.

The LEAC provides advice and counsel to the Solutions Council, the Washington County Dept of Housing Services, and its partners in support of efforts that strive to end homelessness, as well as to ensure that the unique voice of those with lived experience of homelessness is incorporated throughout the Washington County homeless crisis response system. Council designated entities and committees are encouraged to consult with LEAC while carrying out their delegated responsibilities. The LEAC may be convened in partnership with the Resident Advisory Board that advises Housing Authority activities as well.

Conclusion

The Greater Portland Region has been committed to the work of ending homelessness for as long as homelessness has existed in this area. Thanks to local leaders with the vision to more substantially fund the system across the region and see a vote approved on the ballot, SHS funding has brought a new level of investment in services to address homelessness and housing instability. These funds are far more flexible than those that come from the federal government and have successfully served thousands of people since the program's inception. This report suggests opportunities to increase the impact of these funds through improved system infrastructure, greater regional coordination between system partners, a strengthened commitment to center the voices of people with lived experience, and leveraging multiple funding and data sources to address shared goals. TAC recognizes the many potential impacts of new federal funding priorities and requirements on the Portland region's efforts to end homelessness for everyone. The strengths and challenges illuminated through this Metro SHS system analysis offer community-driven and best practice opportunities to work on solutions that will smooth the areas of system misalignment and improve both efficiency and efficacy.

Appendices A–I

APPENDIX A

Glossary of Terms

Affordable housing – Housing affordable to individuals or families whose income is below the median income of a community, typically costing no more than 30% of the person's income. Affordable housing includes low- to moderate-income households and may or may not involve government programs or subsidies.

Case management – A collaborative process where a professional works with individuals to assess their needs, set individualized goals, coordinate services, and ensure that they receive appropriate care.

Community Mental Health Centers – State-certified, publicly funded clinics that provide accessible, community-based psychiatric and behavioral health care. They are foundational entry points for the public mental health system and are designed to deliver continuous treatment, particularly to uninsured and low-income populations.

Detox – A medical process that helps individuals safely withdraw from substances, particularly alcohol or opioids, while managing withdrawal symptoms that can be dangerous or life-threatening.

Equity principles – Lead with racial equity and work toward social justice, by meaningfully engaging Black, Indigenous and people of color, people with low incomes, and other historically marginalized communities in decision making, establishing outcomes, and implementing and evaluating the program.

Evidence-based practices – Clinical practices or interventions based on research and empirical evidence demonstrating their effectiveness. It should be noted that the existing evidence base has historically been developed by people who benefitted from institutional racism and at times excludes perspectives from Black, Brown, and Indigenous communities. Culturally specific and emerging and promising practices should always be considered.

Federally Qualified Health Center (FQHC) – Federally funded nonprofit community-based health centers or clinics that serve medically underserved areas and populations. FQHCs provide primary care regardless of one's ability to pay. Specialized FQHCs designated as Health Care for the Homeless clinics support specific services to people experiencing homelessness, making their services accessible to the hardest to reach populations of people who are unsheltered. In the Portland region, Central

City Concern, Multnomah County Health Department, Native American Rehabilitation Association, Outside In, and Wallace Medical Concern are Health Care for the Homeless FQHCs. The Oregon Primary Care Association offers a full list of FQHCs in the Portland region.

High-acuity – Physical and behavioral health conditions that seriously affect a person's ability to function, so that the highest level of resources and staffing are necessary to help them successfully access housing, stabilize in housing, and remain housed.

Homelessness prevention – Short-term support for households who are already housed housed, so that they can avoid homelessness. This includes rental assistance and, in many situations, a case manager who provides support and connection to other resources that help a household stay housed.

Homelessness – HUD defines a homeless person as someone who lacks a fixed, regular, and adequate nighttime residence. However, some advocates argue it carries a negative stigma and can imply that the person lacks family, community, or identity.

Houselessness – Preferred by many advocates and people living without stable shelter, this term emphasizes that a person lacks a physical house but may still have a home — such as a tent, a vehicle, or a community of social connections.

HUD Continuums of Care (CoCs) – A coordinated system of services funded by the U.S. Department of Housing and Urban Development (HUD) designed to assist individuals experiencing homelessness. Continuums of Care are regional and facilitate the coordination of services between different entities supporting individuals experiencing homelessness, such as nonprofit homeless providers, faith-based organizations, governments, public housing agencies, school districts, social service providers, and mental health agencies. CoCs are responsible for planning and implementing programming to support the homeless individuals and families in their region.

Lived Experience Advisory Board – A leadership or consulting body made up of individuals who are currently, or were formerly, unhoused. These bodies empower those with firsthand experience to shape policies, program design, and funding decisions in the homeless response system.

Medicaid – A joint federal and state program that helps cover medical costs for people with limited income and resources. The federal government has general rules which all state Medicaid programs must follow, but each state runs its own program. This means that eligibility requirements and benefits vary from state to state.

Medicaid work requirements – The Centers for Medicare & Medicaid Services (CMS) released an Interim Final Rule with Comment (IFC) requiring that certain adult Medicaid applicants and enrollees must, as a condition of Medicaid eligibility, meet an 80 hours per month work requirement, through employment, education, work programs, or community service. The rule establishes a nationwide operational framework designed to promote economic stability, self-sufficiency, and independence.

Outreach activities – Activities that 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 Emergency Solutions Grant street outreach model.

People with lived experience (PWLE) – Individuals who have personally experienced homelessness or are currently experiencing housing instability.

Performance indicators – Quantifiable metrics used to evaluate the success of an organization, employee, or project in achieving defined objectives.

Permanent housing – A community-based housing model, the purpose of which is to provide housing without a designated length of stay.

Permanent Supportive Housing (PSH) – A specific housing intervention that pairs a housing unit with long-term rental assistance and long-term health and social services that help households maintain housing stability. PSH is nationally recognized and prioritized for households who have barriers to housing stability. SHS prioritizes PSH for households who have experienced long-term homelessness (usually defined as 12 or more months over three years), live with one or more disabilities, and have very low incomes.

Placed in housing – Three different types of support are meant by this housing metric: Permanent Supportive Housing, Rapid Re-Housing, and other housing programs. "Placed in housing" also includes some households who were facing imminent homelessness due to the end of another long-term program.

Racial equity – Metro's Strategic Plan to Advance Racial Equity, Diversity and Inclusion guides all of Metro's work. For SHS it is operationalized by the following: a) People of color will be served at higher rates; b) People of color will get affirming and effective services; and c) Communities of color shape the program.

Rapid Re-Housing – Transitional Housing that is designed to support people and families who have recently entered homelessness. It provides short- and medium-term rental assistance, typically for up to two years. Participants also receive help finding housing if needed, in addition to case management to support stability after moving into a new home. The type of services and length of the rental assistance period are tailored to each individual's or household's unique needs.

Recovery – A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Regional Long-Term Rent Assistance (RLRA) – Rental assistance that provides a flexible and continued rent subsidy that will significantly expand access to housing for households with extremely or very low incomes. RLRA subsidies are provided for as long as the household needs and remains eligible for the subsidy, with no predetermined 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.

Regional Policy and Oversight Committee (RPOC) – The RPOC serves as the governance committee for the Supportive Housing Services measure. It is charged with accountability responsibilities for the measure, guiding regional coordination and approving regional investments.

Shelter units created and sustained – This metric designates new emergency shelter capacity that has been added to a community's overnight shelter system and may also include shelter units that were set to expire (due to lack

of funding) but have been turned into permanent capacity with SHS funding, as well as winter shelter. In addition to congregate (group) shelter beds, this category also includes rooms. This can be a motel room or other type of shelter space to accommodate a family or individual. Shelter units provide a temporary place to stay for people while they resolve their housing crisis.

Supportive Housing Services – All SHS-funded housing interventions, including Permanent Supportive Housing, Rapid Re-Housing, housing only, housing with services, homelessness prevention, Regional Long-Term Rent Assistance (RLRA) vouchers, shelter, outreach, navigation services, employment services, or any other services to help households exit homelessness and transition into safe, stable housing.

Substance use disorder – A chronic disease where people compulsively seek and use drugs despite harmful consequences. Repeated drug use changes the brain, making it hard to resist intense cravings. These changes can persist, which is why addiction is considered a "relapsing" disease — people may return to drug use even after long periods of sobriety. Relapse is common but doesn't mean treatment failed. As with other chronic illnesses, addiction treatment must be ongoing and adapted to fit the person's needs.

Trauma-informed – An approach to treatment that recognizes and responds to the effects of trauma, emphasizing safety, trustworthiness, and empowerment for individuals receiving care.

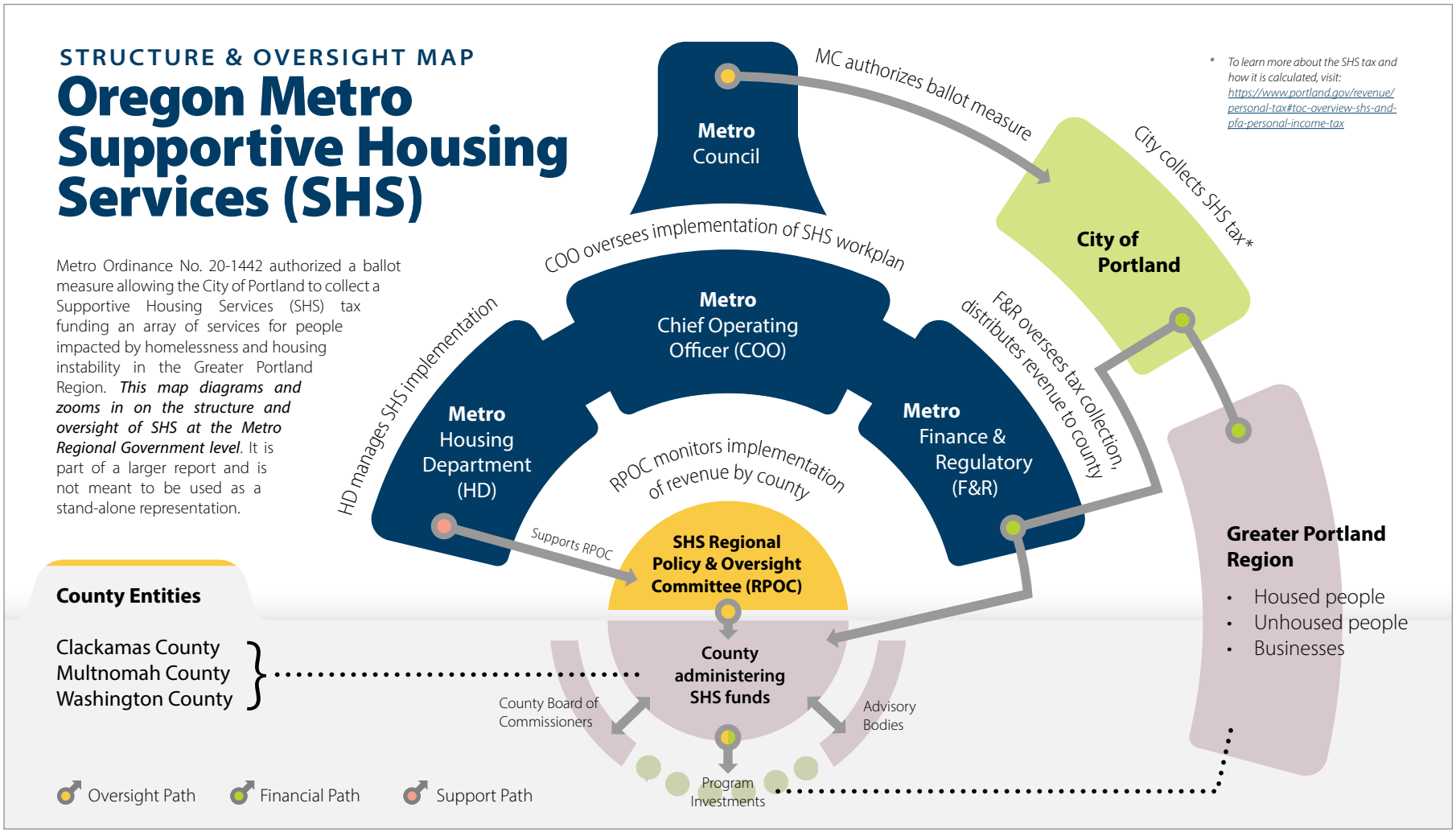
Trusted-messengers – are those who have shared identities and experiences of living in, working in, and caring about the same community, is trusted by and can build rapport with people from culturally diverse backgrounds

Unsheltered homelessness – A form of homelessness where individuals do not have access to any form of shelter or housing and may be living on the streets or in other places not meant for human habitation.

APPENDIX B

Structure & Oversight Map

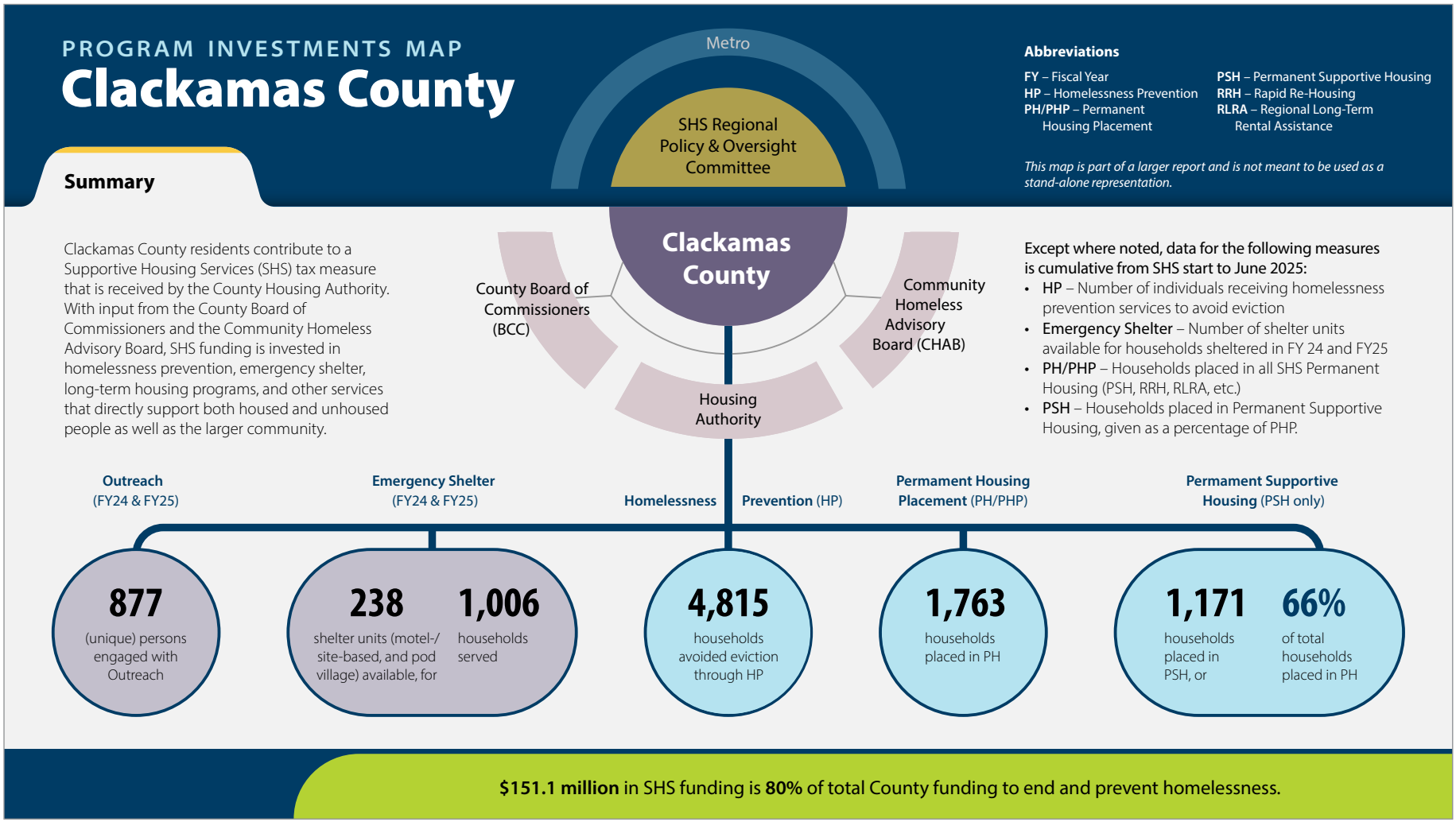
Oregon Metro Supportive Housing Services (SHS)



APPENDIX C1

Program Investment Map

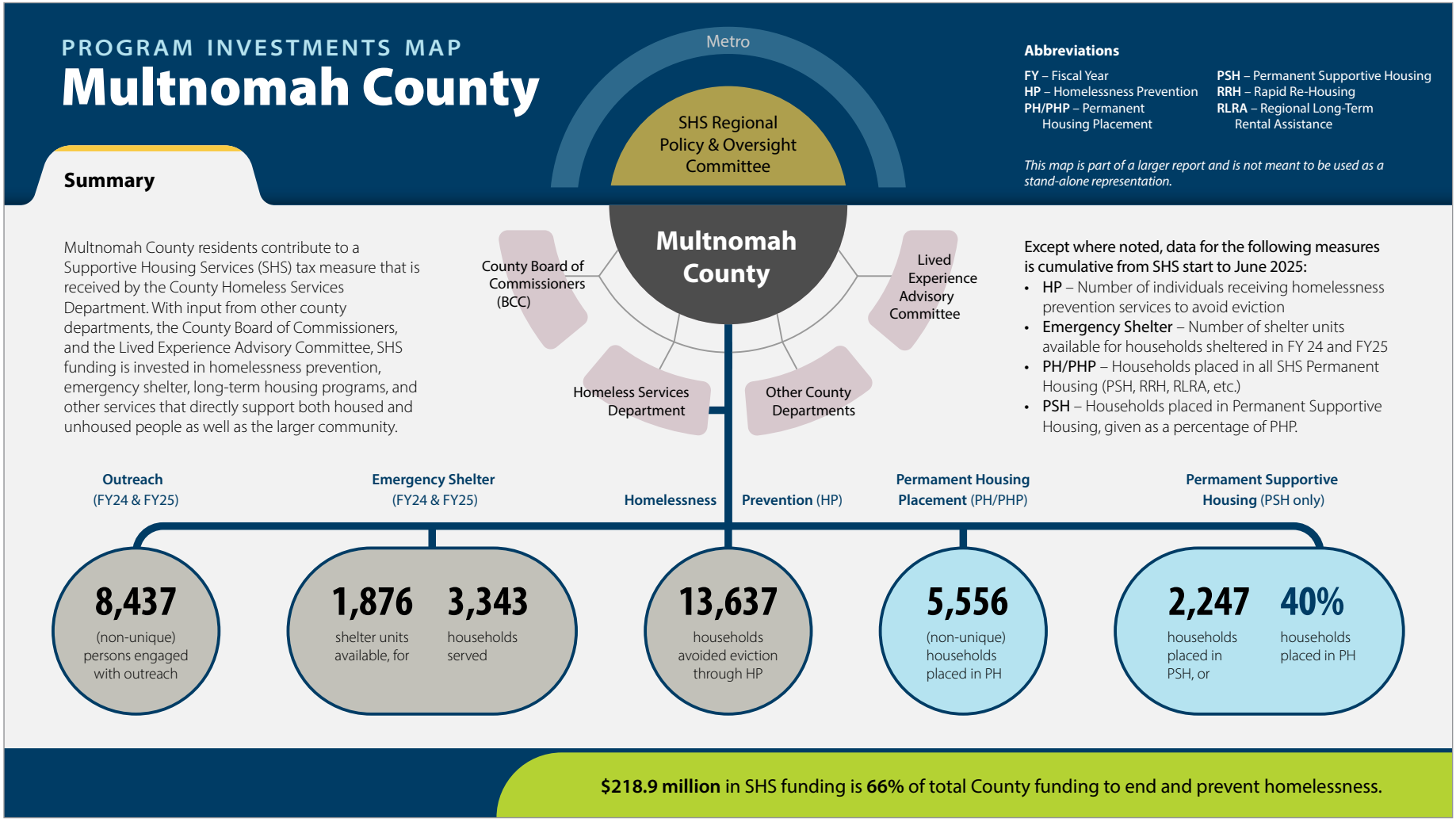
for Clackamas County



APPENDIX C2

Program Investment Map

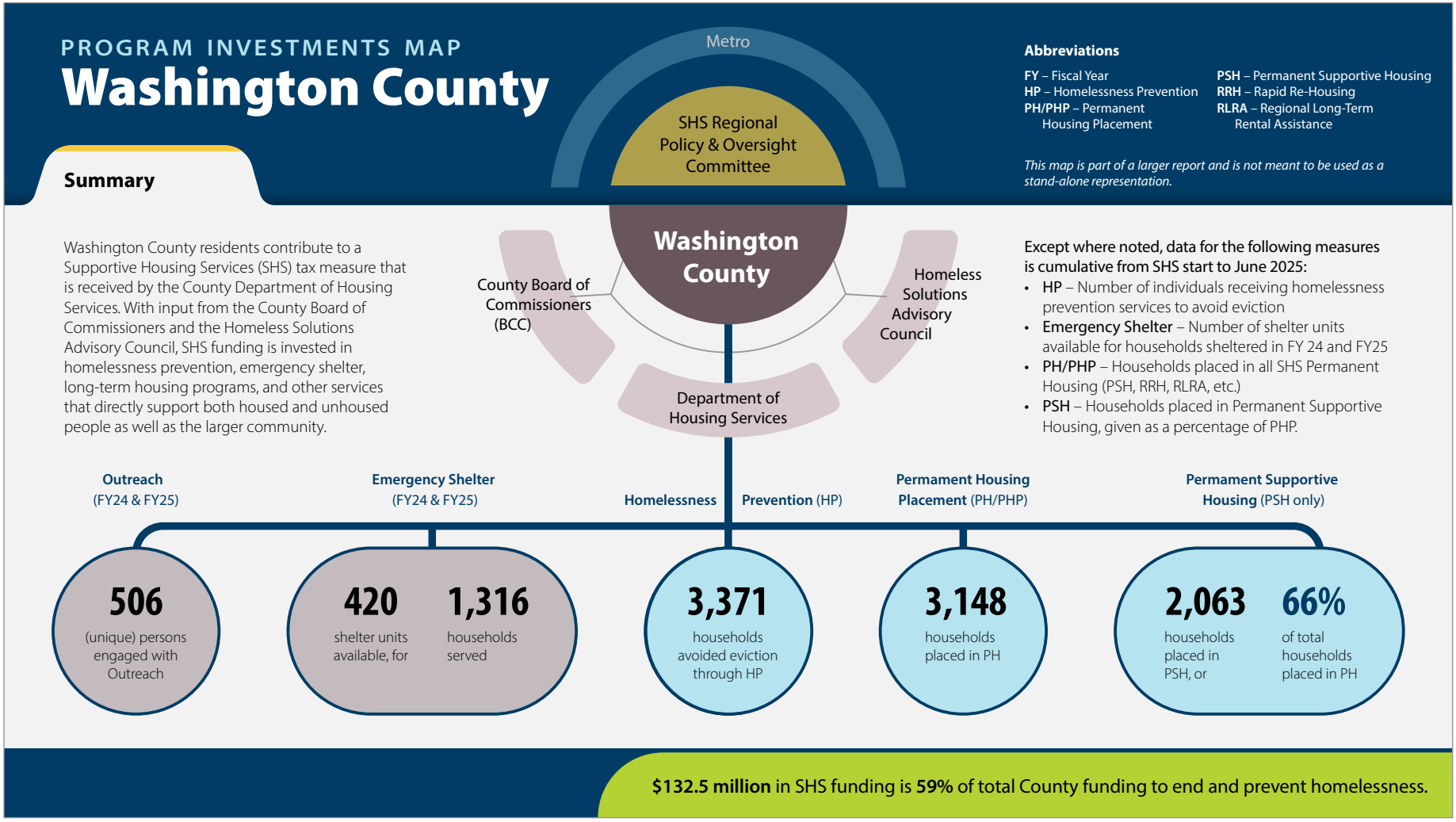
for Multnomah County



APPENDIX C3

Program Investment Map

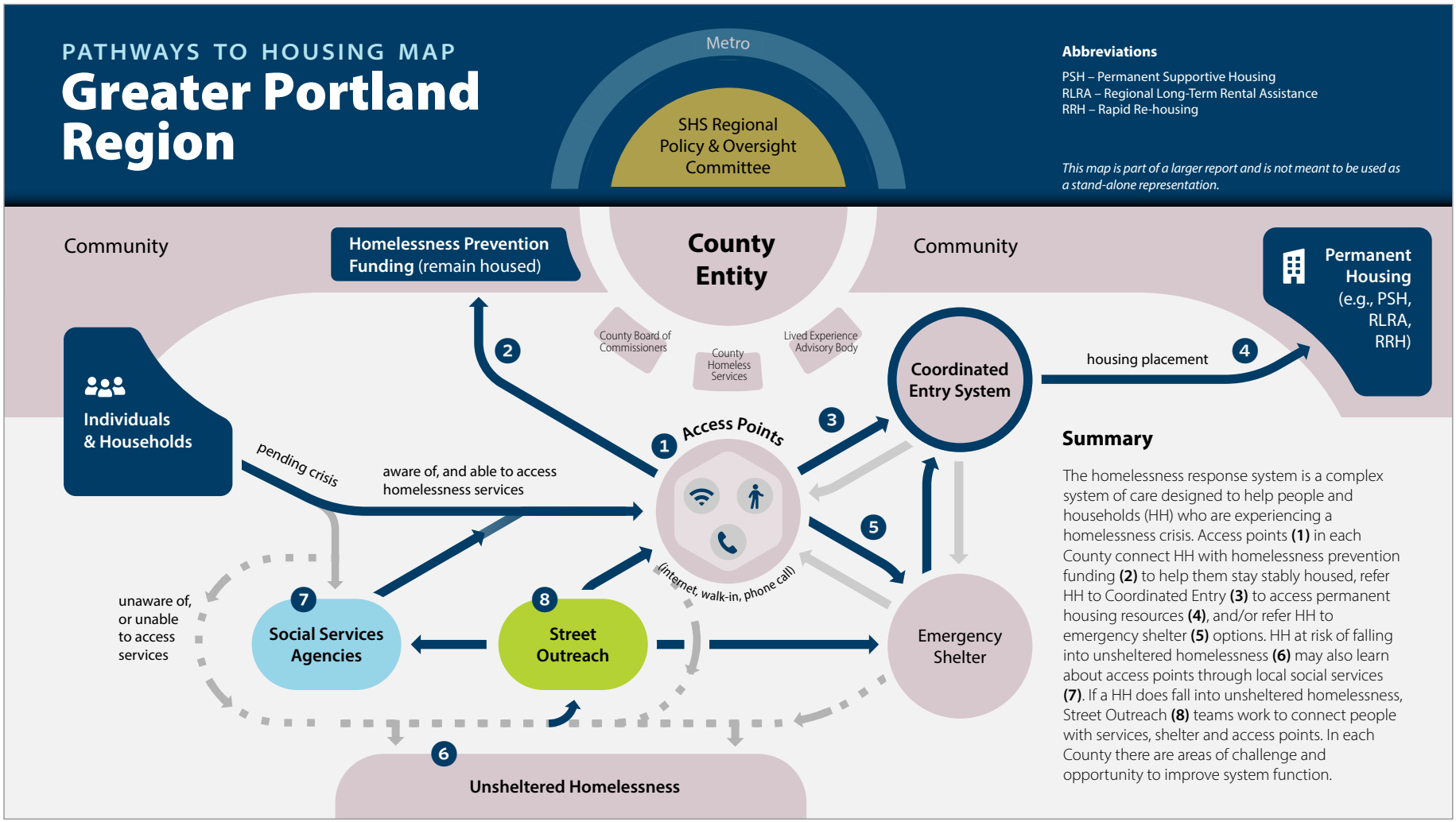
for Washington County



APPENDIX D

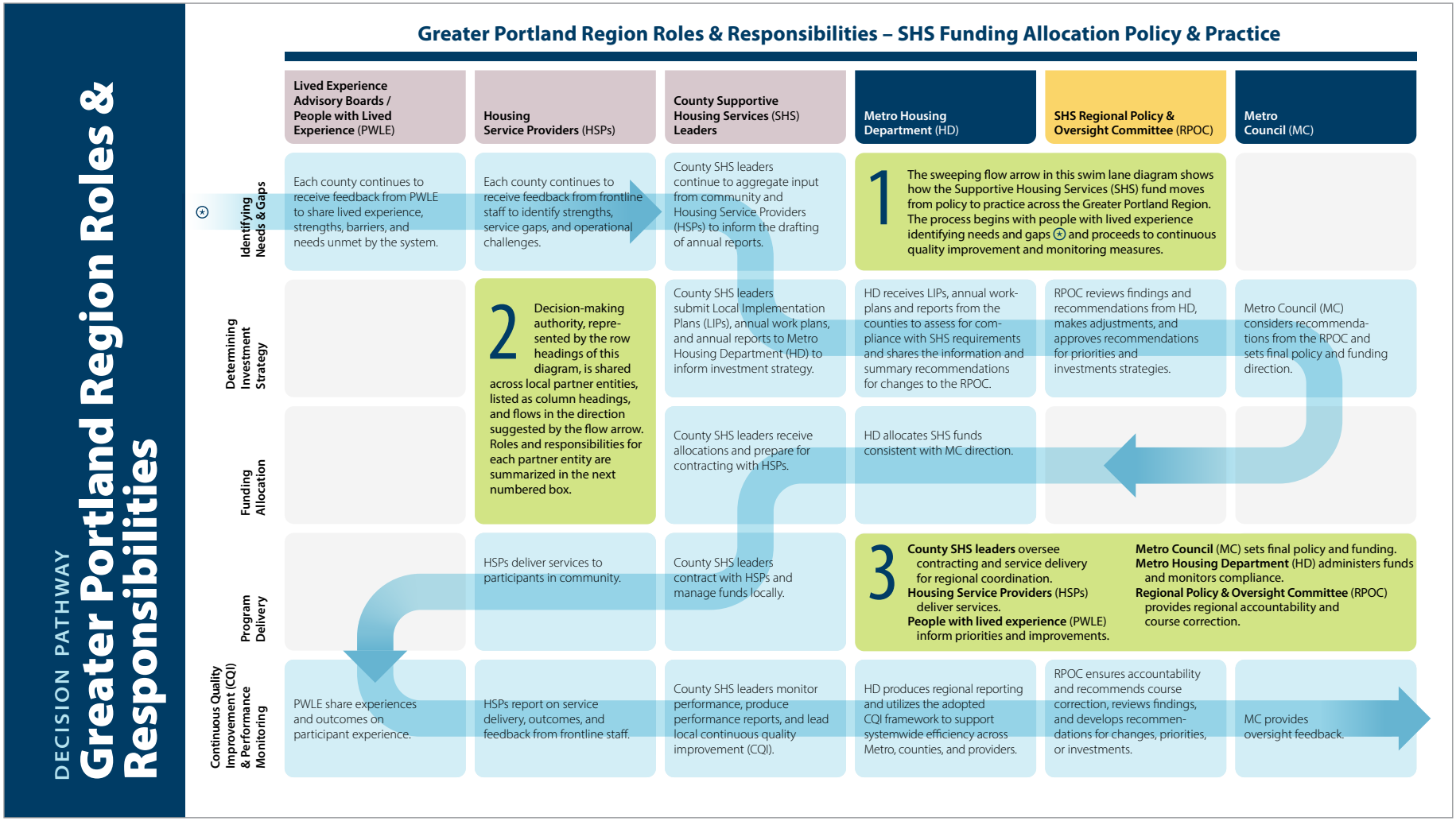
Pathways to Housing Map

for the Greater Portland Region



APPENDIX E

Decision Pathway Greater Portland Region Roles & Responsibilities[1]



1. This map depicts a vision of how decisions can flow through each entity involved in the SHS system. Some system partners that interact with the core entities are not represented in the map, for example the health care system. It is also not possible in this high-level overview to dive into key system functions such as monitoring requirements. This pathway framework may be useful as a template to build out more complex decision-making structures and processes within the overall system.

APPENDIX F

Homeless Data Crosswalk for the Greater Portland Region

This crosswalk reflects the full range of SHS tax measure investments, including Eviction Prevention, Shelter, and Regionally Funded Services. The template aligns investment categories to intended outcomes, indicators, data sources, and system impact.

SHS Investment Category	Activity	Outcome	Key Indicator or Metric	Primary Data Source	Oversight

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	Increase long-term housing stability	• Number of households placed
			• Advance Housing Equity
			• % retained at 12 & 24 months
				• HMIS
				• County reports to Metro quarterly.
				  • Washington (Year 5, 25_26, Q2)
				  • Multnomah (Year 5, 25_25, Q2)
				  • Clackamas (Year 5, 25_26, Q2)
				• County reports to Metro annually.
				  • Washington (Year 4, 25_25)
				  • Multnomah (Year 4, 24_25)
				  • Clackamas (Year 4, 24_25)
				• Metro creates a Regional (Year 4, 24_25) Annual Report.
				View SHS progress page for all County quarterly reports, annual reports, and Metro's regional annual reports. It will direct you to each county's housing reporting site for even more detailed information.
					Metro Regional Policy Oversight Committee and Counties

SHS Investment Category	Activity	Outcome	Key Indicator or Metric	Primary Data Source	Oversight
Rapid Rehousing (RRH)	Support to individuals who are experiencing a loss of housing, including short- to medium-term rental assistance, case management, housing retention	Reduce length of home-lessness	• Number of households placed • Advance Housing Equity • % retained at 12	• HMIS • County reports to Metro quarterly. • County reports to Metro annually. • Metro creates a Regional Annual Report. View SHS progress page for all County quarterly reports, annual reports, and Metro's regional annual reports. It will direct you to each county's housing reporting site for even more detailed information.	Metro Regional Policy Oversight Committee and Counties
Other Housing and Services Programs	Support to individuals who are experiencing homelessness or have substantial risk of homelessness	Reduce housing instability	• Number of households placed • Advance Housing Equity • Number of households sustained in non-place-ment pro-grams	• HMIS • County reports to Metro quarterly. • County reports to Metro annually. • Metro creates a Regional Annual Report. View SHS progress page for all County quarterly reports, annual reports, and Metro's regional annual reports. It will direct you to each county's housing reporting site for even more detailed information.	Metro Regional Policy Oversight Committee and Counties
Homeless-ness and Eviction Prevention	Support for individuals experiencing a potential loss of housing, including rental assistance, diversion assistance, one-time stabilization assistance or other relevant services	Prevent displace-ment and reduce inflow into home-lessness	• Number of households served • Advance Housing Equity	• HMIS • County reports to Metro quarterly. • County reports to Metro annually. • Metro creates a Regional Annual Report. View SHS progress page for all County quarterly reports, annual reports, and Metro's regional annual reports. It will direct you to each county's housing reporting site for even more detailed information.	Metro Regional Policy Oversight Committee and Counties

SHS Investment Category	Activity	Outcome	Key Indicator or Metric	Primary Data Source	Oversight
Shelter and Transitional Housing	Support to individuals unhoused or in temporary housing	Reduce unsheltered homeless-ness and increase exits to housing	• Number of Shelter Units cre-ated and/or sustained • Advance Housing Equity	• HMIS • County reports to Metro quarterly. • County reports to Metro Annually. • Metro creates a Regional Annual Report. View SHS progress page for all County quarterly reports, annual reports, and Metro's regional annual reports. The link above will also point to each county's housing reporting sites for more detailed information. Regional Point-in-Time Count (for comparison and context)	Metro Regional Policy Oversight Committee and Counties
Outreach and Access Services	Street outreach, day centers, access centers, hygiene programs, access services, housing navigation	Increase engage-ment of unsheltered individuals	• Number of people being con-tacted • Number of people engaged • Advance Housing Equity	• HMIS • County reports to Metro quarterly. • County reports to Metro Annually. • Metro creates a Regional Annual Report. View SHS progress page page for all County quarterly reports, annual reports, and Metro's regional annual reports. The link above will also point to each county's housing reporting sites for more detailed information. Regional Point-in-Time Count (for comparison and context) Some qualitative components *Homeless Services Department (HSD) pro-vides aggregate information via an innovative data collection pilot program	Metro Regional Policy Oversight Committee and Counties

SHS Investment Category	Activity	Outcome	Key Indicator or Metric	Primary Data Source	Oversight
Other Support Services	Individualized services which provide auxiliary support to participants for overall stability, including behavioral health, wellness, and/or recovery supports, navigation, employment and financial assistance, legal assistance, etc.	Promotes engagement and stabilization of SHS recipients.	Varies greatly by county and services, but generally service connectivity	• County qualitative quarterly and annual reports to Metro. • Metro creates a Regional Annual Report.	Metro Regional Policy Oversight Committee and Counties
Regional Investment Fund supports SHS implementation across 6 areas: Coordinated Entry Regional Landlord Recruitment Health Care System Alignment Technical Assistance Training Employee Recruitment and Retention	Strengthening SHS implementation through regional solutions	Increased regional capacity; systems alignment; and aligning on standards and metrics	Regional System of Care Advance Housing Equity	• Metro creates the Quarterly Reporting internally • Qualitative based • Some narrative progress is provided via Annual Reporting submitted by Counties: • https://www.oregonmetro.gov/what-metro-does/housing-and-homelessness/supportive-housing-services/progress *In addition to the reporting above, the Multnomah County Homeless Services Department (HSD) recently launched their own Data Dashboard. This reporting tool includes all HSD data (not solely SHS) including the number of people falling into homelessness (inflow) and the number exiting homelessness (outflow)	Metro Regional Policy Oversight Committee and Counties

APPENDIX G

TAC Metro SHS On-Site (January 2026) Summary

From January 27 to29, 2026, TAC conducted six local SHS listening sessions. Area partners were invited to discuss high-level themes collected from virtual listening sessions in late 2025. Attendees included people with lived experience of homelessness; leaders from Metro, Clackamas, Multnomah, and Washington counties; service providers; and other area partners. To promote accessibility, two sessions were offered in each of the three counties. Several weeks in advance, the listening sessions were announced via email to a list of partners developed by Metro SHS staff. Metro staff then reached out to partners to encourage registration. For participants with lived experience of homelessness, Metro SHS staff connected TAC to the Consumer Advisory Board contact in each of the three counties. TAC staff then shared listening session marketing flyers with points of contact and supported registration of people with lived experiences of homelessness. These participants were notified that cash stipends were available to compensate them for their time.

At the beginning of all sessions, participants were oriented to a high-level, rough draft system map to show how the SHS funds flow from the community, through Metro, and back out to the counties and providers supporting local communities. The map also illustrated a high-level draft flow of decision making to include the Regional Policy and Oversight Committee (RPOC) and county bodies. Participants in each listening session were given an opportunity to react and offer modifications or additional framing of the map.

Participation by number of attendees:

- **January 27, 2026**: Non-SHS Partners Morning Listening Session conducted in Washington County — 7 attendees
- **January 27, 2026**: People with Lived Experience Afternoon Listening Session conducted in Washington County — 15 attendees
- **January 28, 2026**: SHS County and Metro System Partners Morning Listening Session conducted in Clackamas County — 8 attendees
- **January 28, 2026**: People with Lived Experience Afternoon Listening Session conducted in Clackamas County — 9 attendees
- **January 29, 2026**: SHS Providers Morning Listening Session conducted in Multnomah County — 6 attendees
- **January 29, 2026**: People with Lived Experience Afternoon Listening Session conducted in Multnomah County — 6 attendees

Total Attendees: 51

High-Level Themes from People with Lived Experience of Homelessness

Feedback analyzed from the three afternoon sessions (29 total participants) resulted in these six high-level themes:

1

System Navigation and Map Clarity: *While housing resources provide important support, the system remains complex and difficult to navigate, highlighting opportunities to strengthen clarity, transparency, and coordination and improve equitable access.*

Key concerns and potential solutions include:

- The housing system is difficult to understand and navigate due to fragmented information, inconsistent processes, and unclear guidance on where to start or how to access services.
- There is a strong need for clearer visual pathways, step-by-step explanations, and plain-language information about program eligibility, waitlists, prioritization, and how county entities administer funds.
- Many participants expressed a desire for transparency and accountability, particularly around how public funding is used, who is responsible for decision-making, and whether outcomes are being tracked and communicated.
- The system was frequently described as overly complex and dependent on insider knowledge, where access often relies on "knowing someone" rather than following a transparent and consistent process.
- Participants emphasized the importance of stronger cross-county coordination and data sharing, so individuals do not have to repeat their histories or restart processes when moving between counties.

2

Access to Temporary Housing: *Participants recognized the value of case management, outreach, and collaborative models that support access to temporary housing, while also highlighting gaps in consistency, communication, and coordination that make the process difficult to navigate and often dependent on persistence.*

Key concerns and potential solutions include:

- Access to temporary housing was described as inconsistent and persistence-based rather than needs-based. Participants cited long waitlists, unclear prioritization, and the perception that luck or personal connections influence outcomes. Participants described waiting months or years without updates, navigating multiple call points and systems, and needing to follow up constantly to understand their status or next steps.
- Participants reported mixed but frequently frustrating experiences with shelters, noting concerns about safety, burdensome rules, and limited wraparound services, along with weak coordination between agencies.
- Communication gaps and unclear status updates — particularly after life disruptions such as incarceration — create instability and make transitions from shelter to permanent housing difficult to navigate.
- Case management, street outreach, and models like Washington County's case conferencing were identified as helpful, but participants emphasized the need for more transparent processes, stronger advocacy, and shelter systems that prioritize pathways into permanent housing.

3

Access to Permanent Housing: *Participants described permanent housing as transformative when accessed, but also highlighted ongoing barriers such as long waitlists, affordability challenges, and certain landlord practices.*

Key concerns and potential solutions include:

- Participants described permanent housing as life-changing but difficult to access. Barriers cited include having a criminal record, high income requirements, landlord discrimination, rising rents, and bureaucratic delays.
- Participants expressed frustrations with long waitlists and a prolonged "limbo state," and expressed a desire for individuals to be able to quickly identify where their position is in the process, instead of having to repeatedly check in to avoid losing their spot.
- Concerns were raised about vacant units remaining unused while people remain unhoused. They would like to see more transparency about how current funding and housing resources are being allocated, and about the outcomes associated with these efforts.
- Housing stability was described as financially fragile ("living paycheck to paycheck"), with rent increases, utility costs, and unstable wages creating fear of returning to homelessness even after securing housing.

Participants emphasized the need for expanded rental assistance, income-based housing options, better alignment between housing placements, service supports and ensuring individual readiness for long-term stability.

4 **Support Services:** *Relationship-based supports such as case management and peer support were highlighted as important in helping people achieve housing stability. Participants also noted a need to strengthen existing service capacity, coordination, and individualized support to meet diverse needs.*

Key concerns and potential solutions include:

- Participants identified consistent case management and peer support as two of the most powerful elements in helping people navigate services, secure housing, and maintain stability. They recommended greater training, funding, and formal integration of peer roles into programs.
- Key supports such as flexible funding, legal advocacy, workforce connections, and behavioral health services were viewed as critical. Participants also emphasized the need for more case managers and expanded mental health and substance use treatment.
- The experience of people seeking services is that these services are fragmented, underresourced, and unevenly distributed, with high caseloads limiting effectiveness and leaving some individuals without adequate support.

5 **Fairness and System Accountability:** *Transparent, accountable, and inclusive governance of housing resources was emphasized. Opportunities to strengthen coordination, equity protections, and the integration of lived experience in decision-making were identified.*

Key concerns and potential solutions include:

- Greater transparency and accountability in how housing and homeless funding is used, including clearer communication about outcomes and how tax dollars translate into results.
- Participants expressed a desire for stronger oversight, equity protections, and landlord accountability, particularly to address discrimination and inequitable practices in housing access.

- Recurring solutions centering the importance of authentically including people with lived experience of homelessness in decision-making include dedicated seats on advisory boards, hiring panels, and other formal accountability mechanisms.
- Participants experienced a lack of coordination and siloed operations across agencies, which limited effective referrals, documentation sharing ("hate having to share information over and over again"), and alignment of services to individual needs.

6 **System Reform:** *Participants emphasized that while supportive staff and resources foster hope and stability, there are missed opportunities to strengthen coordination, trauma-informed supports, and community connection to ensure that housing truly promotes dignity, belonging, and long-term stability.*

Key concerns and potential solutions include:

- Housing stability goes beyond placement, requiring dignity, safety, belonging, and supportive environments that help people heal from the trauma of homelessness.
- Participants emphasized the emotional toll of homelessness, including fear of eviction, aging while unhoused, family separation, incarceration, untreated trauma, and prolonged instability.
- Transitioning from homelessness to housing can entail significant challenges, such as adjusting to isolation, relearning life skills, and navigating identity shifts after long periods of being unsheltered.
- Increasing coordination between the partners is one solution. This may include universal applications, better communication between agencies, and accessible navigation support to reduce duplication and confusion.

Despite challenges, participants expressed hope and appreciation for supportive staff and existing resources, and a strong desire for systems that recognize effort, incorporate lived experience, and create clear pathways toward stability and opportunity.

High-Level Themes from SHS System and Non-System Partners

Key informant interviews and virtual learning sessions in late 2025 produced five high-level findings (themes), which were shared with participants in each of the three morning listening sessions**.** Small group discussions surfaced participant perspectives and contextualized solutions on these themes. After this discussion, each participant identified the top three themes to be addressed for improved system function, ranked from highest priority (#1) to lowest priority (#3). TAC then con-

ducted coding and analysis of participants' discussion to look for commonly endorsed concerns and recommendations, which were summarized within each theme area. Below are the overall combined results from the three morning sessions:

1 **Regional problem solving on shared concerns:** *Counties are in the best position to know which programs and methods of service delivery will work best for their community members who are experiencing or at risk of homelessness. Key informants noted that regionalization is needed for cross-county population movement (HIPAA-compliant data sharing, streamlined cross-county transfers, shared coordinated entry); strategic placement of resources to cover the full geography; and a full continuum of services to address gaps and ensure standards of service quality. (***41 points***)*

Potential solutions to improve system functioning include:

- Use SHS funding to center best practices that address the needs of people who experience homelessness.
- Shared HMIS data, by-name lists, and other data-sharing to coordinate participants' flow in and out of homelessness and throughout the region's housing and services continuum. This would help leaders demonstrate population housing and health outcomes, utilization of emergency service system cost savings, and uptake of appropriate levels of care. Health Share of Oregon should be engaged as a significant partner, as this entity holds Medicaid data that is necessary to make these assessments.
- Rather than being prescriptive or directive, Metro can empower counties to design their specific community system alignments, offering support for consensus building among their county-specific partners, including city and county government.
- Sometimes cities within a county have a strategy to address homelessness that is at odds with the county strategy or the strategy proposed by RPOC. Participants recommend determining how to address and resolve these conflicting priorities. One participant suggested that a non-government entity administer SHS funds rather than Metro and the counties. Houston was listed as an example of a place where this has been effective.
- Work toward a regionalized system for ending homelessness where all parties prioritize policy development and deprioritize politics.
- Metro could curate trust through greater transparency and humility with all parties, creating space for engagement and open dialogue that promotes integrity to the mission and vision of SHS.

2 **Metro's authority, roles and responsibilities**: *Oversight of the funding must be provided by one entity, and there is consensus that Metro is best positioned to do this. However, counties must be able to drive the local strategy to address homelessness within their geographic locale. Clarification of the parameters of Metro's role, responsibilities, authority, and limitations to their oversight have been raised as a top priority to be addressed. Additionally, key informants said that more transparency is needed to understand the oversight committee's role and the qualifications of those who are to be seated on it (Formerly the Regional Oversight Committee; effective 4/1, this body became the Regional Policy and Oversight Committee, or RPOC).* (**37 points**)

Potential solutions to improve system functioning include:

- Increased transparency and clearer accountability measures. Metro might explore creating a simple dashboard for each grantee that shows how much SHS funding it received and the outcomes it produces. This dashboard could be promoted to the public to demonstrate accountability.
- Refocus Metro's role to be that of a convener, not the authority/decision-maker. Representatives suggested that Metro could help standardize and facilitate regional decisions, rather than dictating decisions.

3 **Consistent and accessible marketing and public communication:** *Participants called for a communication plan that is coordinated across the three counties and helps the community understand both how SHS funding enhances existing efforts to address homelessness and the limitations of the funding.* (**26 points**)

Potential solutions to improve system functioning include:

- Representatives from each county endorsed the need for stronger marketing and public communications that uplifts success stories of people who were housed and achieved greater health and wellness, countering news stories that are critical of local, regional, or statewide efforts to end homelessness. "We need to promote what *is* working to change hearts and minds!" "Consider hiring an outside marketing firm who may have expertise in public relations campaigns." "Metro isn't the right messenger.

- Each county requested public communications written in plain language, ("not 100-page reports") to explain what the tax measure does and doesn't (or can't) do, and the results it has generated.
- Engage trusted messengers (faith leaders, community members) and tailor communications to specific counties or communities.

4

Strengthen the system to withstand political fluctuations: *SHS policies, practices, contracting, and monitoring must be designed to maximize the stability and continuity of services to avoid harm to program participants and ensure that changes to funding priorities are based on data-driven decision making. (***18 points)**

Potential solutions to improve system functioning include:

- Participants are concerned when sudden changes or shifts in priorities are presented by elected officials. A more gradual adjustment or opportunity to discuss proposed policy shifts can prevent disruptions to programs and services on track to meet the intended outcomes of SHS.
- Improve transition planning for provider organizations to reduce the potential for burnout and strain in times of policy and priority shifts.
- Create a framework for elected positions to partner with SHS service providers to understand the impact of policy shifts on constituents.

5

SHS funding is just one aspect of a coordinated regional effort to build a social safety net in the Greater Portland region: *A system map and set of recommendations must show the interaction of SHS funding with other funding sources and entities (including sectors not directly involved with homelessness response such as health care, behavioral health care, benefits and entitlements, hospitals, CCOs, criminal legal, and workforce development* **(10 points)**

Potential solutions to improve system functioning include:

- Participants desire a single document that shows all available funding resources, including braided resources that localities use to support safety net responses (e.g. Medicaid, HUD, block grants, county general funds) with SHS.

- Clarify and delineate the authority of Metro related to contractually obligated SHS funds and county authority to braid SHS with other sources of funding directly granted to counties or provider organizations. "The word 'system' doesn't fit because this map is just representing oversight of one (SHS) resource."
- Create a way to share information and data across counties if there is an intent to braid funding and to achieve better outcomes.
- A recurring solution was presented to build collaborative partnerships and coalitions across systems. "What if Metro created county-wide "system navigators" to focus on facilitating and sustaining partnership relations across the systems?" "Can Metro provide opportunities to bring these navigators/facilitators together regionally to problem-solve system gaps and system holdups?"

Conclusion

TAC appreciates the time, thoughtfulness, and deep subject matter expertise shared by the 51 listening session attendees. They represented those with lived experience, county government, Metro, SHS providers, and systems not currently receiving SHS funding, but who are very much interfacing with populations experiencing homelessness. Every person with whom TAC has engaged cares deeply about the future sustainability of SHS and about ending homelessness in the region. Readers will see some overlap in areas that are desired for improvement across the themes, which can be interpreted as reinforcing the areas that can be improved to further advance the success of SHS.

Next Steps: TAC is working with Metro to disseminate a survey in Mid-March to a broad group of public partners to capture the perspectives of those who were unable to attend virtual or in-person listening sessions. Survey findings will be synthesized into their own section of the final report and will further inform the system map and its features as well as TAC's recommendations for Metro to optimize the SHS work ahead.

APPENDIX H

Metro Council Supportive Housing Services (SHS) Online Survey: High Level Themes & Key Trends

Several key themes and crosscutting trends were identified in responses to the Greater Portland Metro SHS Survey, which Metro Housing disseminated through email lists at the end of March 2026. The survey was open for responses for two weeks, through early April. Responses reflect perspectives from service providers, people who have experienced homelessness, system administrators, and community partners working in Multnomah, Washington, and Clackamas counties.

The survey was completed and submitted by 56 respondents from across the Greater Metro region.

Demographics

Roles

Respondents were invited to select "all that apply."

- Person who has experienced homelessness: 27%
- Service Providers: 68%
- Community or business partners: 21%
- Metro/County/City administrators: 7%
- Other: 21%

Geography

Survey respondents lived and/or worked in each of the three counties in the Greater Metro Portland region (see Table A).

Table A. Home & Workplace Locations of Survey Respondents

County	Percentage of respondents who live here	Percentage of respondents who work here
Multnomah	70%	68%
Washington	16%	21%
Clackamas	11%	27%
Other	4%	3.6%

- County of Lived Experience of Homelessness
  - Multnomah County: 22%
  - Washington County: 2%
  - Clackamas County: 4%
  - N/A: 60% (30)

Service Landscape

Services Provided (respondents were invited to select "all that apply":

- Supportive services: 61%
- Rapid Re-Housing: 46%
- Homelessness prevention: 46%
- Permanent Supportive Housing: 38%
- Emergency shelter: 29%
- Street outreach: 30%
- Transitional housing: 21%
- Access, day and/or navigation centers: 16%
- In-reach (hotlines): 13%
- Other: 20%
- I do not work for a service agency: 21% (12)

Key Themes and Trends

Regional Problem-Solving to Address Shared Concerns (36 respondents)

Respondents see regional problem-solving as essential to effectiveness, efficiency, and public trust. A strong majority emphasized the need for true regional coordination between Multnomah, Washington, and Clackamas counties.

Strengths

- Across counties, there is a broad agreement that homelessness is regional in cause and consequence, not county-specific. This shared framing is a meaningful starting point.
- Several responses referenced the pandemic response as an example of fast, aligned regional action when barriers were temporarily removed.
- Cross-county learning, shared Homeless Management Information System (HMIS) improvements, and informal provider networks are evidence that regional cooperation can work when supported.

Growth Opportunities

- Desire for one regional strategy rather than three county approaches
- Calls for shared standards, braided funding, and cross-county data systems
- Recognition that homelessness dynamics (inflow, affordability, federal/state cuts) are regional, not jurisdictional

Metro's Authority, Roles, and Responsibilities (31 respondents)

Respondents want defined authority, regional accountability, and local flexibility. While some see Metro as a necessary convener, others expressed concern about power consolidation, overreach, and governance confusion.

Strengths

- Metro is widely recognized as the only entity positioned to convene counties, standardize expectations, and set regional direction.
- Some pointed to the establishment of the revised oversight bodies and coalitions as a step toward clearer accountability.

Growth Opportunities

- Confusion about who decides what (Metro vs. counties vs. cities)
- Calls for Metro to act as a convener, coordinator, and stabilizer, rather than as an implementer
- Concerns that governance changes are politically driven rather than evidence-based

Consistent and Accessible Marketing and Public Communication (44 respondents)

This was one of the most dominant themes. Respondents consistently described SHS communications as unclear, inaccessible, jargon-heavy, and disconnected from what the public experiences.

Strengths

- Respondents acknowledged improvements in HMIS reporting, dashboards, and public-facing materials compared to earlier years.
- Several responses praised recent efforts by staff and partners to speak more candidly about limits, inflow, and structural drivers.
- Respondents emphasized that strong, credible stories do exist within provider and lived-experience communities, although these are under-resourced and under-utilized.

Growth Opportunities

- Need for plain-language explanations of what SHS does and does not do
- Desire for centralized dashboards, consistent messaging, and visual storytelling
- Shift away from "PR scorecards" (i.e., what looks good, but isn't necessarily doing well) toward transparent framing of inflow/outflow and system limits and capacity

Strengthen the System to Withstand Political Fluctuations (29 respondents)

Respondents highlighted how election cycles, media pressure, and political turnover repeatedly destabilize programs that are beginning to work. Essentially, many want a system designed to endure political change, not one that resets with each new administration or news cycle.

Strengths

- Respondents acknowledged that longer-term planning, outcome tracking, and contract standardization are being discussed more seriously than in the past.
- There is strong agreement among respondents about what should insulate the system, multi-year contracts, stable metrics, provider engagement, even if not fully implemented.
- Some respondents described emerging coalitions and advisory bodies as stabilizing forces that could transcend election cycles.

Growth Opportunities

- Consider multi-year contracting and stable funding
- Desire for governance structures insulated from "headline-driven" reforms (goes back to consensus of feeling things are done for "PR")
- Emphasis on maintaining evidence-based approaches even during political backlash (a sort of "holding the line")

SHS Funding as One Piece of a Regional Social Safety Net (41 respondents)

Respondents repeatedly stressed that SHS is not, and was never intended to be, a standalone solution. SHS is widely viewed as an essential but partial tool within a much larger regional safety net and must be planned, described, and evaluated as such. Many shared that evaluating SHS in isolation misrepresents both its impact and its limits.

Strengths

- Most respondents agreed that SHS is a gap filler, not a standalone solution.
- Some respondents pointed to cases where SHS successfully leveraged U.S. Department of Housing and Urban Development (HUD), Medicaid, or state funds to sustain programs that would otherwise collapse.
- Many respondents used consistent concepts for shared system coordination such as braided funding, inflow/outflow data sharing, and continuum of care partnership.

Growth Opportunities

- Consider using SHS funding to fill gaps left by federal, state, Medicaid, and housing dollars cuts
- Need for a full system map showing how all funding streams interact
- Work to address narratives that suggest SHS is a “silver bullet” for structural poverty

APPENDIX I

Acknowledgments

Thank you to all the people who were interviewed and surveyed for this report. We recognize the brilliance and passion of those who are engaged in the work to end homelessness and housing insecurity and appreciate the significant learnings we gathered from those who have experienced homelessness. "Compassion fatigue," vicarious trauma, and trauma are risks for people working in this field, and there is often trauma in the lives of people who have experienced homelessness and injustices as well. We are grateful to the community for your impassioned engagement with us and for your unrelenting work to end homelessness for as many people as possible. We are honored to be working with you in addressing the root causes of homelessness at the national level. Thank you for your courage!

– Maseta, Janice, and Rachel