

Multnomah County's Homelessness Crisis Is Deepening — And Our Strategy Must Change

I. The 2025 Point-in-Time (PIT) Count: Homelessness Is Rising, and Multnomah County Carries the Burden

According to the 2025 Tri-County PIT Count summary report (Nov. 2025), homelessness across the Portland region totaled **12,034 people** on January 22, 2025. The distribution across the three counties shows how disproportionately Multnomah County bears the regional crisis:

- **Multnomah County:** 10,526 people (87.5% of all tri-county homelessness)
- **Washington County:** 940 people (7.8%)
- **Clackamas County:** 568 people (4.7%)

This represents a major jump from 2023, when the tri-county total was **7,483**, of which **6,300** were in Multnomah County. The **Multnomah County homelessness count increased by 67%** in just the past 2 years. Importantly, the number of people experiencing **chronic homelessness in Multnomah County increased by a staggering 91.0%** to 5,154 in 2025. This rapid growth in the chronic population is highly significant, demonstrating that the problem is becoming clinically intractable.

Even accounting for improved counting methodology, the trend is unequivocal: **Multnomah County's homeless population has grown substantially**, while neighboring counties remain comparatively stable.

II. The Regional Imbalance: Homelessness vs. Population vs. Funding

From the PIT numbers:

- Multnomah County holds 87% of the homeless population but only ~44% of the region's total population.
- Washington & Clackamas Counties together hold ~56% of population but only 13% of homelessness.

Yet the distribution of Supportive Housing Services (SHS) tax revenue—which is based on high-income earners, not regional homeless burden—allocates funds roughly as:

- **Multnomah County:** ~60%
- **Washington County:** ~25%
- **Clackamas County:** ~15%

This means **Multnomah County absorbs almost 90% of the region's homelessness with only 60% of the dedicated regional homelessness tax revenue**. The mismatch forces Multnomah County to shoulder the overwhelming majority of behavioral-health, street-level response, and shelter obligations for the entire tri-county region.

The numbers tell a clear story: **the SHS tax structure does not align with where homelessness actually exists**

homelessness actually exists.

III. Housing Costs Are Comparable Across the Region —but Homelessness Is Not

A common narrative claims homelessness is driven primarily by the cost of housing. But the data does not support this in the Portland region.

1. Zillow Average Asking Rent (Sept 2025)

- **Multnomah County:** ~\$1,729
- **Washington County:** ~\$1,981
- **Clackamas County:** ~\$2,014

2. HUD FY2025 Fair Market Rent (2-Bedroom)

- **\$1,997 (one metro-wide benchmark for all three counties)**

Despite similar (or lower) rental costs, Multnomah County's homelessness rate per capita is vastly higher than Washington or Clackamas.

If high rents were the dominant factor, the counties would show similar homelessness patterns. They do not.

This points to a different driver: **the scale and severity of untreated fentanyl addiction, methamphetamine-related psychosis, and serious mental illness concentrated in Multnomah County.**

IV. The Root Problem: Untreated Addiction and Mental

Illness — Not Just Housing

The 2025 PIT data presents an overwhelming share of unsheltered, high-acuity individuals in Multnomah County:

- Nearly **65% of Multnomah County's homeless population is unsheltered** (combined UNS-SCS and UNS-BNL categories).
- Serious mental illness and substance use disorders are major drivers of chronic homelessness (documented in PIT demographic tables). Even such staggering self-reported data is invariably an undercount as many individuals on our streets suffer from anosognosia, a condition that impairs insight into illness.

Housing First without treatment now produces a predictable pattern:
Clinical deterioration → Eviction → Street return → Higher acuity → Repeat.

Housing-only interventions cannot succeed with a population that is increasingly dominated by fentanyl addiction and meth-induced psychosis. As summarized in **A Call for Change in Multnomah County's Homelessness Strategy**, the region lacks:

- Psychiatric beds
- Detox and withdrawal management beds
- Residential treatment beds
- ACT teams and clinical stabilization capacity

The report states plainly that **Housing First has collapsed into "Housing Only," because the clinical foundation is missing.**

V. The Deflection Center: Multnomah County's Failing Addiction Strategy

The county's Deflection Center, intended as a front door to addiction treatment, is performing disastrously. As documented in **A Critical Look at Multnomah County's Addiction Crisis Response**:

- In Q1, **only 4 individuals out of a total of 221 referrals** resulted in initial contact with a detox provider (1.8%).
- In Q2, **only 1 person** made initial detox contact.
- The misleading metric of "success rate" (which counts something as minor as a food referral) fell to **9.7%**.
- Cost for a mere referral (not treatment) skyrocketed to **\$98,943 per person**.

This is Multnomah County's flagship addiction intervention, and it is not delivering treatment access or stabilization.

VI. 2026 Brings a Major Opportunity — If the County Can Execute

The legislative change provided by HB 2005 represents the most critical opportunity for Multnomah County to legally and clinically address the high-acuity homeless population, though the county's lack of operational readiness threatens to neutralize this tool. Beginning **January 2026**, Oregon's civil commitment reforms (HB 2005) will:

- Expand criteria for civil commitment
- Remove the "imminent danger" requirement
- Allow intervention for individuals unable to meet basic needs due to serious mental illness
- Make it easier to stabilize individuals living on the streets in acute psychosis or medical crisis

Families interviewed in the report describe exactly what the new law fixes: Oregon repeatedly discharging people still in psychosis because they did not meet the narrow “imminent threat” standard—only to spiral into homelessness or danger.

Multnomah County, as the central authority for behavioral and mental health services, is responsible for executing the operational prerequisites of HB 2005. But **the law will only work if Multnomah County builds the clinical infrastructure needed:**

- More psychiatric beds
- More secure residential treatment centers
- More ACT teams
- More detox and withdrawal management beds

The county has no plan to scale these to the level required.

The only viable path forward is the adoption of a "**Treatment First**" or "Engaged Social Housing" model, which mandates clinical stabilization prior to or concurrent with housing. This requires confronting the "Uncomfortable Truth" of balancing "Client Choice vs. Clinical Necessity". For individuals in the throes of active psychosis or life-threatening addiction, assertive clinical intervention is ethically required to restore their capacity for meaningful autonomy and prevent death or protracted suffering on the street.

VII. HRAP 2.0 and Steering/Oversight Committee Documents Still Focus on Housing KPIs — Not Treatment

The October 15 Draft Homelessness Response Action Plan and Steering/Oversight Committee materials continue to prioritize housing KPIs:

- Housing exits (KPI #11)
- Reductions in unsheltered homelessness (KPI #8)
- Affordable housing production (KPI #3)

These documents **barely address behavioral-health capacity, detox expansion, psychiatric stabilization, or civil-commitment readiness.**

Multnomah County remains on a trajectory where **housing is measured, but addiction and mental illness are not.**

This contradicts overwhelming evidence — including PIT trends, Central City Concern’s warnings, and national research — showing that untreated addiction and psychosis are now the dominant drivers of unsheltered homelessness.

VIII. Call for Change: Recommendations for a Strategic Pivot

Based on the 2025 Point in Time Count, the analysis of disproportionate resource allocation, the Deflection Center’s operational failure, and the strategic resistance reflected in the HRAP 2.0, this report mandates immediate, non-negotiable strategic and financial reallocations.

1. Financial Accountability and Funding Realignment: Multnomah County must initiate an urgent effort to reform the Metro SHS Measure allocation formula to align the funding (45.3%) with the service burden (87.5%). Furthermore, the Deflection Center program must be suspended and its funding immediately redirected from the astonishing \$94,444 cost per contact into a proven, high-acuity outreach and clinical case management model like Seattle’s LEAD program.

2. Emergency Behavioral Health Implementation (HB 2005): The MCHD must

declare an emergency plan to staff the Behavioral Health Division for the full and timely implementation of the January 2026 civil commitment changes (HB 2005). Failure to secure the necessary clinical practitioner FTE capacity for rapid five-day assessments risks rendering HB 2005 clinically useless.

3. Strategic HRAP KPI Restructuring: The HRS Steering and Oversight Committee (SOC) must immediately revise the HRAP 2.0 Key Performance Indicators (KPIs) to impose necessary clinical accountability. The strategy of addressing chronic homelessness is contingent on measuring treatment success directly, not exclusively through housing metrics.

Housing matters — but **housing without treatment is not a homelessness strategy**. It is a slow-motion humanitarian collapse. **Until Multnomah County treats addiction and mental illness with the seriousness they require, homelessness will continue to grow — no matter how much housing we build.**

District 3 City Councilor Angelita Morillo has introduced a budget amendment to reduce the budget for the city's Impact Reduction Program by \$4,346,514. IRP minimizes the impacts of homelessness by providing garbage removal, hygiene access, resource referral and job opportunities – and removes campsites that pose the highest risk to health and safety. It is an integral part of Mayor Keith Wilson's efforts to address the humanitarian and public safety crisis on our streets.

Please support the Impact Reduction Program and provide written and/or verbal testimony by [clicking here](#). Testimony can be as simple as "I oppose the proposed Morillo Amendment 1 which reduces funding for the Impact Reduction Program." City Council will hear testimony and vote on budget changes on the morning of November 12, 2025.

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